

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2016**  
Open to Public Inspection

**A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017**

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

**C** Name of organization  
UNITED WAY OF THE GREATER LEHIGH VALLEY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
1110 AMERICAN PARKWAY NE NO F-120

City or town, state or province, country, and ZIP or foreign postal code  
ALLENTOWN, PA 18109

**D** Employer identification number  
23-2657933

**E** Telephone number  
(610) 807-5732

**F** Name and address of principal officer  
DEBRA KLOCEK  
1110 AMERICAN PARKWAY NE  
ALLENTOWN, PA 18109

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶ 3751

**I** Tax-exempt status  501(c)(3)  501(c) ( ) (Insert no )  4947(a)(1) or  527

**J** Website: ▶ WWW UNITEDWAYGLV ORG

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1992

**M** State of legal domicile PA

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
UNITED WAY BELIEVES THAT EVERY PERSON IN THE LEHIGH VALLEY DESERVES AN OPPORTUNITY FOR A GOOD LIFE WE WORK TIRELESSLY TO ENSURE THAT YOUTH GRADUATE FROM HIGH SCHOOL, OLDER ADULTS REMAIN AS INDEPENDENT AS POSSIBLE, AND THAT LEHIGH VALLEY RESIDENTS RECEIVE SUPPORT FOR EMERGENCIES AND BASIC NEEDS UNITED WAY OF THE GREATER LEHIGH VALLEY HAS COMPLETED ITS 2011-2014 COMMUNITY INVESTMENT PLAN THESE INVESTMENTS, FOCUSED ON LOW-INCOME RESIDENTS AND EDUCATIONALLY AT-RISK CHILDREN, AND PURSUE THE FOLLOWING THREE COMMUNITY PRIORITIES EDUCATION, OLDER ADULTS AND BASIC NEEDS UNITED WAY LEADS MULTI-PARTNER INITIATIVES THAT ADVANCE EVIDENCE-BASED SOLUTIONS TO COMMUNITY CHALLENGES AND INVESTS IN HIGH QUALITY, AGENCY-DELIVERED PROGRAMS THESE PROGRAMS ARE ALIGNED WITH UNITED WAY'S COMMUNITY PRIORITIES, CONNECT WITH SYSTEMS-CHANGE EFFORTS, AND DEMONSTRATE MEASURABLE RESULTS IN CUSTOMERS' LIVES

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	27
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	26
<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	45
<b>6</b> Total number of volunteers (estimate if necessary)	1,769
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	11,625,546	12,325,592
<b>9</b> Program service revenue (Part VIII, line 2g)	102,776	202,510
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	180,690	224,707
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	89,890	73,949
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,998,902	12,826,758

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,756,161	9,553,054
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,579,097	2,881,557
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,388,137		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,194,541	1,285,253
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	12,529,799	13,719,864
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-530,897	-893,106

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	11,716,638	10,955,573
<b>21</b> Total liabilities (Part X, line 26)	2,956,761	2,599,452
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	8,759,877	8,356,121

**Part II Signature Block**

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

**Sign Here**  
Signature of officer: \_\_\_\_\_ Date: 2017-11-09  
DEBRA KLOCEK VICE PRESIDENT OF FINANCE  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: MELISSA A GRUBE CPA  
Preparer's signature: MELISSA A GRUBE CPA  
Date: 2017-11-09  
Check  if self-employed  
PTIN: P00102173  
Firm's name: CAMPBELL RAPPOLD & YURASITS LLP  
Firm's EIN: 23-1386942  
Firm's address: 1033 S CEDAR CREST BLVD  
ALLENTOWN, PA 181035443  
Phone no: (610) 435-7489

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission  
 TO PROVIDE LEADERSHIP, CREATE THE PARTNERSHIPS, AND DEVELOP THE RESOURCES AND SOLUTIONS THAT IMPROVE OUR COMMUNITY

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 5,645,048 including grants of \$ 5,645,048 ) (Revenue \$ )  
 See Additional Data

**4b** (Code ) (Expenses \$ 3,908,006 including grants of \$ 3,908,006 ) (Revenue \$ 68,619 )  
 See Additional Data

**4c** (Code ) (Expenses \$ 1,820,781 including grants of \$ ) (Revenue \$ 202,510 )  
 See Additional Data

**4d** Other program services (Describe in Schedule O )  
 (Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** ▶ 11,373,835

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	Yes	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		No
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (27); 1b Enter the number of voting members included in line 1a, above, who are independent (26); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (PA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [X] Own website, [ ] Another's website, [X] Upon request, [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ORGANIZATION 1110 AMERICAN PARKWAY NE ALLENTOWN, PA 18109 (610) 807-5732

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

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

<b>1b Sub-Total</b> . . . . .	▶			
<b>1c Total from continuation sheets to Part VII, Section A</b> . . . . .	▶			
<b>1d Total (add lines 1b and 1c)</b> . . . . .	▶		276,032	0 23,168

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		No

**Section B. Independent Contractors**

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

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **0**



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>	147,304				
	<b>b</b> Membership dues . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . .	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	12,178,288				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____		365,137				
	<b>h Total.</b> Add lines 1a-1f . . . . .			12,325,592			
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2a</b> SPONSORSHIPS		900099	181,604	181,604		
	<b>b</b> FEES		900099	20,906	20,906		
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f . . . . .			202,510				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			226,483		226,483	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less rental expenses					
		<b>c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses		581,881			
		<b>c</b> Gain or (loss)		583,657			
		<b>d</b> Net gain or (loss) . . . . .		-1,776	-1,776		-1,776
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events . . . . .						
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b> DONOR CHOICE FEES		900099	68,619	68,619			
<b>b</b> MISCELLANEOUS		900099	5,330			5,330	
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			73,949				
<b>12 Total revenue.</b> See Instructions . . . . .			12,826,758	271,129	0	230,037	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	9,553,054	9,553,054		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	305,733	78,671	130,866	96,196
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages	1,974,564	915,892	363,598	695,074
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	96,997	45,595	17,154	34,248
<b>9</b> Other employee benefits . . . . .	332,419	145,107	73,562	113,750
<b>10</b> Payroll taxes . . . . .	171,844	75,271	36,872	59,701
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .	32,000		32,000	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	211,901	158,557	17,366	35,978
<b>12</b> Advertising and promotion . . . . .	226,049	92,425	26,155	107,469
<b>13</b> Office expenses . . . . .	17,116	8,562	3,133	5,421
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	197,127	86,795	40,411	69,921
<b>17</b> Travel . . . . .	36,482	16,880	1,794	17,808
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	56,986	34,864	5,600	16,522
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	60,634	26,697	12,430	21,507
<b>23</b> Insurance . . . . .	14,031	6,178	2,876	4,977
<b>24</b> Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> DUES	150,340	22,383	126,349	1,608
<b>b</b> EQUIPMENT MAINTENANCE &	122,467	53,922	25,106	43,439
<b>c</b> PRINTING AND PUBLICATIO	61,755	33,162	1,864	26,729
<b>d</b> COMMUNICATIONS	43,594	19,194	8,937	15,463
<b>e</b> All other expenses	54,771	626	31,819	22,326
<b>25</b> Total functional expenses. Add lines 1 through 24e	13,719,864	11,373,835	957,892	1,388,137
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	680,757	<b>2</b>	200,267
	<b>3</b> Pledges and grants receivable, net . . . . .	4,777,762	<b>3</b>	4,281,761
	<b>4</b> Accounts receivable, net . . . . .	48,254	<b>4</b>	53,336
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	40,659	<b>9</b>	72,284
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	698,565		
	<b>b</b> Less accumulated depreciation	302,708		
		90,894	<b>10c</b>	395,857
	<b>11</b> Investments—publicly traded securities . . . . .	3,731,222	<b>11</b>	2,886,861
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	2,081,436	<b>12</b>	2,788,260
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
<b>15</b> Other assets See Part IV, line 11 . . . . .	265,654	<b>15</b>	276,947	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	11,716,638	<b>16</b>	10,955,573	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	406,752	<b>17</b>	479,522
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	22,063	<b>21</b>	19,976
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	2,527,946	<b>25</b>	2,099,954
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	2,956,761	<b>26</b>	2,599,452
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	-1,288,074	<b>27</b>	-1,790,432
	<b>28</b> Temporarily restricted net assets . . . . .	8,104,694	<b>28</b>	7,824,031
	<b>29</b> Permanently restricted net assets	1,943,257	<b>29</b>	2,322,522
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	8,759,877	<b>33</b>	8,356,121
<b>34</b> Total liabilities and net assets/fund balances . . . . .	11,716,638	<b>34</b>	10,955,573	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	12,826,758
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	13,719,864
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	-893,106
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	8,759,877
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	489,350
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	8,356,121

**Part XII Financial Statements and Reporting**

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

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

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-2657933

**Name:** UNITED WAY OF THE GREATER LEHIGH VALLEY

Form 990 (2016)

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## Form 990, Part III, Line 4a:

COMMUNITY IMPACT INVESTMENTSIN SUPPORT OF OUR 2022 COMMUNITY GOAL OF INCREASING BY 50% THE NUMBER OF 3RD GRADERS IN THE LEHIGH VALLEY READING ON GRADE LEVEL, OUR EDUCATION INVESTMENTS TOTALED \$3,865,725, THIS INCLUDES 85 PROGRAMS PROVIDING 3,885 AT-RISK CHILDREN AND FAMILIES WITH EARLY LITERACY SKILLS SUPPORT , HIGH QUALITY EARLY LEARNING, PARENT AND CHILD DEVELOPMENT EDUCATION SUMMER KINDERGARTEN READINESS, SKILL BUILDING COURSES FOR EARLY CHILDHOOD TEACHERS AS WELL AS PROVIDING ELEMENTARY AND MIDDLE SCHOOL STUDENTS WITH TARGETED ACADEMIC INTERVENTIONS, SUMMER LEARNING, MENTORING, POSITIVE YOUTH DEVELOPMENT, BEHAVIORAL HEALTH SERVICES, AND FAMILY CASE MANAGEMENT IN SUPPORT OF OUR 2022 COMMUNITY GOAL OF INCREASING BY 50% THE NUMBER OF DEPENDENT SENIORS IN THE LEHIGH VALLEY WHO ARE SUPPORTED, OUR HEALTHY AGING INVESTMENTS TOTALED \$500,443 THIS INCLUDES 20 PROGRAMS PROVIDING 939 OLDER ADULTS WITH GROCERY SHOPPING SERVICES, FALL PREVENTION PROGRAMS, TRANSPORTATION SERVICES, CHRONIC DISEASE PROGRAMS, AND IN-HOME SUPPORT SERVICES IN SUPPORT OF OUR 2022 COMMUNITY GOAL OF DECREASING BY 50% FOOD INSECURITY IN THE LEHIGH VALLEY, OUR FOOD ACCESS INVESTMENTS TOTALED \$367,875, THIS INCLUDES 11 PROGRAMS PROVIDING 41,407 PEOPLE WITH FOOD FROM PANTRIES, HOME DELIVERED MEALS, AND NUTRITION EDUCATION COURSES FOR CONTINUED SUPPORT OUR COMMUNITY IMPACT INVESTMENTS INCLUDE \$601,255 IN 15 EMERGENCY SERVICES PROGRAMS THAT PROVIDE 14,470 LEHIGH VALLEY RESIDENTS WITH EMERGENCY SHELTER, VIOLENCE AND CRISIS SHELTER, DISASTER RELIEF, EMERGENCY FOOD, VIOLENCE AND CRISIS SUPPORTS, HOUSING-BASED LEGAL SERVICES, RESOURCE AND ASSISTANCE INFORMATION REFERRALS, AND DAY OF CARING VOLUNTEER SERVICES UNITED WAY SERVING CARBON COUNTY INVESTED \$14,750 INTO 15 PROGRAMS IN THE REGION THESE PROGRAMS RANGED IN SERVICES FROM INTERVENING IN HOUSING/UTILITY CRISES TO AVOID EVICTION, HOUSING FOR THE HOMELESS, AFTERSCHOOL PROGRAMS, AND DENTAL VAN SERVICES FOR STUDENTS UNITED WAY COMMUNITY SCHOOLSUNITED WAY COMMUNITY SCHOOLS LINKS 14 AREA SCHOOLS WITH THEIR COMMUNITIES IN WAYS THAT ARE GIVING PUBLIC EDUCATION IN THE LEHIGH VALLEY RESOURCES AND SUPPORT THAT IS CRUCIAL DURING THESE TOUGH ECONOMIC TIMES UNITED WAY PROVIDES FUNDING, CONVENES PARTNERS TO IDENTIFY SYSTEMS-LEVEL STRATEGIES TO SUPPORT YOUTH SUCCEEDING IN SCHOOL, CONNECTS RESOURCES AND PROGRAMS TO SCHOOL SITES TO SUPPORT ENHANCED SCHOOL DAY LEARNING, ASSISTS WITH ON-SITE COACHING AND TRAINING TO SUPPORT IMPLEMENTATION OF THE COMMUNITY SCHOOL MODEL AND COLLECTS AND ANALYZES DATA TO MONITOR PROGRESS OF THIS SYSTEMS LEVEL WORK UNITED WAY COMMUNITY SCHOOLS HAVE EXPERIENCED TREMENDOUS GROWTH IN FAMILY AND COMMUNITY INVOLVEMENT, IMPROVEMENTS IN ACADEMIC PERFORMANCE FOR INDIVIDUAL STUDENTS, AND IMPROVED SCHOOL CLIMATE UNITED WAY ALLIANCE ON AGINGTHE UNITED WAY ALLIANCE ON AGING IS A MULTI-PARTNER INITIATIVE RUN BY UNITED WAY OF THE GREATER LEHIGH VALLEY THAT ADVANCES MODEL SOLUTIONS TO COMMUNITY PROBLEMS AFFECTING OLDER ADULTS RATHER THAN FUNDING PROGRAMS IN THE CURRENT SYSTEM, THE UNITED WAY ALLIANCE ON AGING BRINGS TOGETHER NON-PROFIT, FOR PROFIT, GOVERNMENT AND COMMUNITY ADVOCATES TO WORK TOGETHER TO CREATE SYSTEMS-LEVEL CHANGE BY FOSTERING COLLABORATION AND SUPPORTING INNOVATIVE BEST PRACTICE STRATEGIES, WE IMPROVE LIVES BY CHANGING THE VERY WAY SUPPORTS ARE DELIVERED

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**Form 990, Part III, Line 4b:**

AGENCY DESIGNATIONS ACHIEVEMENTS UNITED WAY OF THE GREATER LEHIGH VALLEY HONORS DONOR REQUESTS TO DESIGNATE THEIR CONTRIBUTIONS TO ANY 501  
(C)(3) AGENCY WITH HEALTH AND HUMAN SERVICE PROGRAMS UNITED WAYS AROUND THE COUNTRY PERFORM THIS SERVICE FOR AGENCIES AS A COURTESY TO  
DONORS

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**Form 990, Part III, Line 4c:**

COMMUNITY EDUCATION WORK WITH MEDIA ON BEHALF OF AGENCIES, DAY OF CARING ACTIVITIES, FUNDS DISTRIBUTION, COORDINATION OF HEALTH/HUMAN SERVICE PROGRAMS IN THE LEHIGH VALLEY, AND LABOR COMMUNITY SERVICES

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**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID LEWIS ..... PRESIDENT	60 00 .....	X		X				173,338	0	16,220
MARIA TERESA DONATE ..... BOARD MEMBER	0 50 .....	X						0	0	0
DOLORES LAPUTKA ..... BOARD MEMBER	0 50 .....	X						0	0	0
MEGAN BESTE ..... BOARD MEMBER	0 50 .....	X						0	0	0
CARLOS HODGES ..... BOARD MEMBER	0 50 .....	X						0	0	0
DREW LEWIS ..... BOARD MEMBER	0 50 .....	X						0	0	0
MARC GRANSON ..... BOARD MEMBER	0 50 .....	X						0	0	0
RAFAEL DE LA HOZ ..... BOARD MEMBER	0 50 .....	X						0	0	0
AMEESH PATEL ..... BOARD MEMBER	0 50 .....	X						0	0	0
JOANNE RAPHAEL ..... BOARD MEMBER	0 50 .....	X						0	0	0



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN REINHART ..... BOARD MEMBER	0 50 .....	X						0	0	0
DAVID NOEL ..... BOARD MEMBER	0 50 .....	X						0	0	0
PETER RUGGIERO ..... CHAIR	0 50 .....	X		X				0	0	0
ASHLEY RUSSO ..... BOARD MEMBER	0 50 .....	X						0	0	0
DOROTA GASIENICA-KOZAK ..... BOARD MEMBER	0 50 .....	X						0	0	0
JOHN WERKHEISER ..... BOARD MEMBER	0 50 .....	X						0	0	0
CELESTE RAU ..... BOARD MEMBER	0 50 .....	X						0	0	0
TINA RICHARDSON ..... BOARD MEMBER	0 50 .....	X						0	0	0
MATTHEW PYE ..... BOARD MEMBER	0 50 .....	X						0	0	0
ANNE BAUM ..... BOARD MEMBER	0 50 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH ROY ..... BOARD MEMBER	0 50 .....	X						0	0	0
WENDY BORN ..... BOARD MEMBER	0 50 .....	X						0	0	0
BILL SCHANINGER ..... BOARD MEMBER	0 50 .....	X						0	0	0
SALEEM SAAB ..... BOARD MEMBER	0 50 .....	X						0	0	0
TIMOTHY RAUSCH ..... BOARD MEMBER	0 50 .....	X						0	0	0
JOHN MARZANO ..... BOARD MEMBER	0 50 .....	X						0	0	0
TRISHA HIGGINS ..... BOARD MEMBER	0 50 .....	X						0	0	0
DEBRA KLOCEK ..... VICE PRESIDENT, FINANCE	40 00 .....			X				102,694	0	6,948

**SCHEDULE A**  
**(Form 990 or 990EZ)**

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UNITED WAY OF THE GREATER LEHIGH VALLEY

Employer identification number

23-2657933

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	7,484,833	8,501,275	8,306,117	8,391,735	8,484,427	41,168,387
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3	7,484,833	8,501,275	8,306,117	8,391,735	8,484,427	41,168,387
<b>5</b>	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)						5,392,377
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						35,776,010

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>7</b>	Amounts from line 4	7,484,833	8,501,275	8,306,117	8,391,735	8,484,427	41,168,387
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	193,135	221,264	195,977	181,332	226,483	1,018,191
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	68,308	63,222	95,425	117,162	209,618	553,735
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						42,740,313
<b>12</b>	Gross receipts from related activities, etc. (see instructions)					<b>12</b>	

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

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	83.710 %
<b>15</b>	Public support percentage for 2015 Schedule A, Part II, line 14	<b>15</b>	84.960 %

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

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14</b>	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2015</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a</b>	<b>33 1/3% support tests—2016.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>b</b>	<b>33 1/3% support tests—2015.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>20</b>	<b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <span style="float: right;">► <input type="checkbox"/></span>		

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

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

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

**Section A - Adjusted Net Income**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> 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)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

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

**Section C - Distributable Amount**

		Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b> Enter 85% of line 1	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		



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

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

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

**Part VI Supplemental Information.**

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

**Facts And Circumstances Test**

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2016**

**Open to Public Inspection**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**  
**[www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization UNITED WAY OF THE GREATER LEHIGH VALLEY	Employer identification number 23-2657933
---	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

<b>1</b> Provide a description of the organization's direct and indirect political campaign activities in Part IV		
<b>2</b> Political expenditures	▶	\$ 0
<b>3</b> Volunteer hours		0

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

<b>1</b> Enter the amount of any excise tax incurred by the organization under section 4955	▶	\$ 0
<b>2</b> Enter the amount of any excise tax incurred by organization managers under section 4955	▶	\$ 0
<b>3</b> If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4a</b> Was a correction made?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b> If "Yes," describe in Part IV		

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

<b>1</b> Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶	\$
<b>2</b> Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶	\$
<b>3</b> Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶	\$
<b>4</b> Did the filing organization file Form 1120-POL for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5</b> Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV		

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)	0												
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	0												
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)	0												
<b>d</b> Other exempt purpose expenditures	37,628												
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)	37,628												
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns	7,526												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:												
Not over \$500,000	20% of the amount on line 1e												
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000												
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000												
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000												
Over \$17,000,000	\$1,000,000												
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)	1,882												
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-	0												
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-	0												
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount		2,777	6,144	7,526	16,447
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					24,671
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount		694	1,536	1,882	4,112
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					6,168
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year	<b>2a</b>
<b>b</b> Carryover from last year	<b>2b</b>
<b>c</b> Total	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART I-A, LINE 1	THE ORGANIZATION HAS NOT SUPPORTED ANY POLITICAL CANDIDATE

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

▶ 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.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
UNITED WAY OF THE GREATER LEHIGH VALLEY

**Employer identification number**  
23-2657933

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year	3	
<b>2</b> Aggregate value of contributions to (during year)	9,843	
<b>3</b> Aggregate value of grants from (during year)	11,930	
<b>4</b> Aggregate value at end of year	19,976	

- 5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No
- 6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

- 1** Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e g , recreation or education)  Preservation of an historically important land area
- Protection of natural habitat  Preservation of a certified historic structure
- Preservation of open space

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
<b>a</b> Total number of conservation easements	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>

- 3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No
- 6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- 9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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 ▶ \$ \_\_\_\_\_
- 2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- b** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	1,378,469	1,378,964	1,582,194	1,478,733	1,311,317
<b>b</b> Contributions . . . . .	258,000			90,095	166,309
<b>c</b> Net investment earnings, gains, and losses	132,795	7,847	26,770	18,617	1,107
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	65,000	8,342	230,000	5,251	
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	1,704,264	1,378,469	1,378,964	1,582,194	1,478,733

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 81 710 %
  - b** Permanent endowment ▶ 18 190 %
  - c** Temporarily restricted endowment ▶ 0 100 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		698,565	302,708	395,857
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				395,857

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) MONEY MARKET INSTRUMENTS	692,280	F
(B) SPLIT INTEREST AGREEMENTS	83,433	F
(C) OUTSIDE PERPETUAL TRUSTS	2,012,547	F
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.)	2,788,260	

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DESIGNATIONS PAYABLE	2,073,422
LIABILITY TO DONORS UNDER SPLIT-INTEREST TRUSTS	26,532
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	2,099,954

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



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	9,890,991
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	489,350	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	482,889	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 972,239
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 8,918,752
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	3,908,006	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 3,908,006
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12) . . . . .			<b>5</b> 12,826,758

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	10,294,747
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	482,889	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 482,889
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 9,811,858
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	3,908,006	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 3,908,006
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18) . . . . .			<b>5</b> 13,719,864

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-2657933

**Name:** UNITED WAY OF THE GREATER LEHIGH  
VALLEY

## Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	EDUCATION 2020 DISBURSEMENT OF FUNDS ARE AUTHORIZED BY THE CO-CHAIRS OF THE PROFESSIONAL STAFF COMMITTEE UNITED WAY OF THE GREATER LEHIGH VALLEY IS A LIMITED FISCAL SPONSOR AND HAS NO LEGAL CONTROL OF FUNDS, HAS NO VARIANCE POWER OVER FUNDS AND PROVIDES NO ADMINISTRATIVE SUPPORT UNITED WAY OF THE GREATER LEHIGH VALLEY PROVIDES A MONTHLY REPORT OF RECEIPTS AND DISBURSEMENTS DISBURSEMENTS HELP TOP EXECUTIVES OF NON-PROFIT HUMAN SERVICES AGENCIES IN THE LEHIGH VALLEY TO ATTEND A TUITION AND EXPENSE-PAID COURSE OR SEMINAR WORK AT A LEADING UNIVERSITY TRAINING IS MATCHED WITH EXPRESSED NEED AS DETERMINED BY UNITED WAY COMMUNITY IMPACT STAFF

**Supplemental Information**

Return Reference	Explanation
PART V, LINE 4	<p>THE ORGANIZATION'S ENDOWMENT CONSISTS OF FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS. THE BOARD OF DIRECTORS OF THE ORGANIZATION HAS INTERPRETED THE LAWS OF THE COMMONWEALTH OF PENNSYLVANIA AS REQUIRING THE PRESERVATION OF THE FAIR VALUE OF THE ORIGINAL GIFT AS OF THE GIFT DATE OF THE DONOR-RESTRICTED ENDOWMENT FUNDS ABSENT EXPLICIT DONOR STIPULATIONS TO THE CONTRARY. AS A RESULT OF THIS INTERPRETATION, THE ORGANIZATION CLASSIFIES AS PERMANENTLY RESTRICTED NET ASSETS (A) THE ORIGINAL VALUE OF GIFT DONATED TO THE PERMANENT ENDOWMENT, (B) THE ORIGINAL VALUE OF SUBSEQUENT GIFTS TO THE PERMANENT ENDOWMENT, AND (C) ACCUMULATIONS TO THE PERMANENT ENDOWMENT MADE IN ACCORDANCE WITH THE DIRECTION OF THE APPLICABLE DONOR GIFT INSTRUMENT AT THE TIME THE ACCUMULATION IS ADDED TO THE FUND. THE REMAINING PORTION OF THE DONOR-RESTRICTED ENDOWMENT FUND THAT IS NOT CLASSIFIED IN PERMANENTLY RESTRICTED NET ASSETS IS CLASSIFIED AS TEMPORARILY RESTRICTED NET ASSETS UNTIL THOSE AMOUNTS ARE APPROPRIATED FOR EXPENDITURES BY THE ORGANIZATION IN A MANNER CONSISTENT WITH THE STANDARD OF PRUDENCE PRESCRIBED BY THE LAWS OF THE COMMONWEALTH OF PENNSYLVANIA. IN ACCORDANCE WITH THE LAWS OF THE COMMONWEALTH OF PENNSYLVANIA, THE ORGANIZATION CONSIDERS THE FOLLOWING FACTORS IN MAKING A DETERMINATION TO APPROPRIATE OR ACCUMULATE DONOR-RESTRICTED ENDOWMENT FUNDS: (1) THE DURATION AND PRESERVATION OF THE VARIOUS FUNDS, (2) THE PURPOSES OF THE DONOR-RESTRICTED ENDOWMENT FUND, (3) GENERAL ECONOMIC CONDITIONS, (4) THE POSSIBLE EFFECT OF INFLATION AND DEFLATION, (5) THE EXPECTED TOTAL RETURN FROM INCOME AND THE APPRECIATION OF INVESTMENTS, (6) OTHER RESOURCES OF THE ORGANIZATION, AND (7) THE ORGANIZATION'S INVESTMENT POLICIES. INVESTMENT RETURN OBJECTIVES, RISK PARAMETERS, AND STRATEGIES. THE ORGANIZATION HAS ADOPTED INVESTMENT POLICIES, APPROVED BY THE BOARD OF DIRECTORS, FOR DONOR-RESTRICTED ENDOWMENT FUNDS AND BOARD-DESIGNATED ENDOWMENTS. THE PRIMARY PURPOSE OF THE BOARD DESIGNATED OPPORTUNITY INVESTMENT FUND IS TO MAINTAIN A QUASI ENDOWMENT FUND WHICH WILL BE UTILIZED FOR OPPORTUNISTIC INVESTMENTS OF A STRATEGIC NATURE, BOTH PROGRAMMATICALLY AND FOR RESOURCE GENERATION INCLUDING GRANT MATCHES. THE TARGET BALANCE OF THE FUND IS A MINIMUM OF \$1M. THE BOARD OPPORTUNITY FUND COMMITTEE AND THE FINANCIAL INVESTMENT COMMITTEE WILL OVERSEE THE MANAGEMENT OF THE FUND. THE PRIMARY PURPOSE OF THE DONOR-RESTRICTED ENDOWMENT FUND IS TO ALLOW FOR PRESERVATION OF PRINCIPAL FOR GIFTS GIVEN IN PERPETUITY, WHOSE EARNINGS WILL BE UTILIZED AS DEFINED BY THE DONOR UPON CREATION OF THE GIFT. THE TARGET BALANCE OF THE FUND IS \$10M SHORT-TERM AND \$100M LONG-TERM. THE FUND EXCLUDES THE PERPETUAL TRUSTS. THE FINANCE</p>

## Supplemental Information

Return Reference	Explanation
PART V, LINE 4	COMMITTEE AND THE FINANCIAL INVESTMENT COMMITTEE WILL OVERSEE THE MANAGEMENT OF THE FUND SPENDING POLICY THE SPENDING POLICY OF THE OPPORTUNITY INVESTMENT FUND SHALL BE 5% ANNUALLY OR AT THE DISCRETION OF THE BOARD OF DIRECTORS GIVEN A GRANT MATCHING OPPORTUNITY IF THE FUND BALANCE FALLS BELOW MINIMUM LEVEL, MEASURES MUST BE TAKEN TO RESTORE THE FUND BALANCE WITHIN A THREE YEAR PERIOD THE SPENDING POLICY OF THE DONOR-RESTRICTED ENDOWMENT FUND SHALL BE 4% ANNUALLY AS PART OF THE ANNUAL BUDGET THE PURPOSE OF ESTABLISHING AN INVESTMENT POLICY ASSET MIX IS TO CONSTRUCT A TARGET OR "NORMAL" SET OF INVESTMENTS, WELL DIVERSIFIED AMONG SUITABLE ASSET CLASSES THAT WILL GENERATE, ON AVERAGE, THE LEVEL OF EXPECTED RETURN NECESSARY TO MEET ENDOWMENT OBJECTIVES AT THE LOWEST VOLATILITY CONSISTENT WITH ACHIEVING THAT RETURN

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2	THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS UNDER THAT GUIDANCE, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE ORGANIZATION AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBIT) THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THE 50% LIKELIHOOD OF BEING REALIZED UPON SETTLEMENT THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES IN THE FISCAL YEAR THE ORGANIZATION FILES ITS FORM 990, RETURN OF ORGANIZATION EXEMPT FROM TAX, WITH THE UNITED STATES INTERNAL REVENUE SERVICE AND WITH THE BUREAU OF CHARITABLE ORGANIZATIONS IN PENNSYLVANIA

# Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS 3,908,006

# Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS 3,908,006



**Schedule I  
(Form 990)**

Department of the  
Treasury  
Internal Revenue Service

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

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization  
UNITED WAY OF THE GREATER LEHIGH  
VALLEY

**Employer identification number**  
23-2657933

**Part I**

**General Information on Grants and Assistance**

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

**Part II**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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See Additional Data Table

(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 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 . . . . . ▶ \_\_\_\_\_

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

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

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

Return Reference	Explanation
PART I, LINE 2	MONITORING POLICIES FOR ALLOCATED FUNDING BEGINS WITH A SCREENING PROCESS CALLED THE QUALIFICATION REVIEW PROCESS ALL ORGANIZATIONS RECEIVING UNITED WAY FUNDING MUST COMPLETE AND PASS A RIGOROUS QUALIFICATIONS CRITERIA APPLICATION FOR FUNDING CONSIDERATION QUALIFYING FOR FUNDING, HOWEVER, DOES NOT GUARANTEE FUNDING SERVICE PROVIDERS MUST MEET ALL 18 QUALIFICATIONS CRITERIA - LEGAL, GOVERNANCE, FINANCE, AND ORGANIZATIONAL QUALITY ASSURANCE - TO BE CONSIDERED FOR UNITED WAY FUNDING THE 73 PROGRAMS OPERATING WITH UNITED WAY SUPPORT ARE MONITORED ANNUALLY ON CUSTOMER COUNT, LOW-INCOME STATUS OF CUSTOMERS, AND RESULTS - BASED ACCOUNTABILITY DATA COLLECTION AND RESULTS REPORTING MEASUREMENTS

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 23-2657933  
**Name:** UNITED WAY OF THE GREATER LEHIGH VALLEY

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AIDS SERVICES CENTER AT ST LUKE'S 801 OSTRUM ST STE 1 BETHLEHEM, PA 180151065	23-1352213	501C3	5,639				DONOR DESIGNATED FOR GENERAL SUPPORT
AIR PRODUCTS FOUNDATION 645 HAMILTON ST STE 400 ALLENTOWN, PA 18101	23-2130928	501C3	45,000				DONOR DESIGNATED FOR GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALLENTOWN ART MUSEUM - ART OUTREACH 31 N 5TH ST ALLENTOWN, PA 18101	23-1548101	501C3	17,683				DONOR DESIGNATED FOR GENERAL SUPPORT
ALLENTOWN DRIVE BASEBALL 840 HAMILTON ST STE 201 ALLENTOWN, PA 181012455	27-1768416	501C3	15,000				DONOR DESIGNATED FOR GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALLENTOWN RESCUE MISSION INC 355 E HAMILTON ST PO BOX 748 ALLENTOWN, PA 181050748	23-6005983	501C3	41,878				DONOR DESIGNATED FOR GENERAL SUPPORT
ALLENTOWN SYMPHONY ASSOC 23 N 6TH ST ALLENTOWN, PA 18101	23-6272140	501C3	18,020				DONOR DESIGNATED FOR GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALLENTOWN YMCA AND YWCA 425 S 15TH ST ALLENTOWN, PA 181024617	23-1365989	501C3	26,658				DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN CANCER SOCIETY LEHIGH VALLEY UNIT 3893 ADLER PL BETHLEHEM, PA 180179000	23-7040934	501C3	15,489				DONOR DESIGNATED FOR GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN CANCER SOCIETY PA DIVISION PO BOX 897 HERSHEY, PA 170330897	25-1798733	501C3	5,000				DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN HEART ASSOCIATION 968 POSTAL RD STE 110 ALLENTOWN, PA 181099301	23-7283923	501C3	5,659				DONOR DESIGNATED FOR GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN RED CROSS OF THE GREATER LEHIGH VALLEY 3939 BROADWAY ALLENTOWN, PA 18104	23-1381431	501C3	69,936				DONOR DESIGNATED FOR GENERAL SUPPORT
ANGEL 34 FOUNDATION PO BOX 494 NAZARETH, PA 180640494	41-2155385	501C3	6,235				DONOR DESIGNATED FOR GENERAL SUPPORT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ANGEL SOCIETY CATHOLIC CHARITIES 900 S WOODWARD ST ALLENTOWN, PA 18103	23-1598117	501C3	13,447				DONOR DESIGNATED FOR GENERAL SUPPORT
ARC - LEHIGHNORTHAMPTON COUNTIES 2289 AVENUE A BETHLEHEM, PA 180172107	23-1679102	501C3	6,148				DONOR DESIGNATED FOR GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARTSQUEST 25 W 3RD ST STE 300 BETHLEHEM, PA 180151238	23-2280560	501C3	45,337				DONOR DESIGNATED FOR GENERAL SUPPORT
BAUM SCHOOL OF ART PO BOX 653 ALLENTOWN, PA 181050653	23-1607174	501C3	13,761				DONOR DESIGNATED FOR GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF THE LEHIGH VALLEY 878 MINESITE RD ALLENTOWN, PA 181039206	23-1746895	501C3	37,599				DONOR DESIGNATED FOR GENERAL SUPPORT
BOY SCOUTS OF AMERICA MINSI TRAILS COUNCIL 991 POSTAL RD ALLENTOWN, PA 181099516	23-1708585	501C3	69,688				DONOR DESIGNATED FOR GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOYS & GIRLS CLUB OF ALLENTOWN INC 720 N 6TH ST ALLENTOWN, PA 181021608	23-1352042	501C3	93,069				DONOR DESIGNATED FOR GENERAL SUPPORT
BOYS & GIRLS CLUB OF BETHLEHEM 1430 FRITZ DR BETHLEHEM, PA 180176734	23-6298476	501C3	21,129				DONOR DESIGNATED FOR GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOYS & GIRLS CLUB OF EASTON INC PO BOX 741 EASTON, PA 180440741	23-1941228	501C3	49,262				DONOR DESIGNATED FOR GENERAL SUPPORT
BURN PREVENTION FOUNDATION 236 N 17TH ST 2ND FL ALLENTOWN, PA 181045605	22-2839595	501C3	8,188				DONOR DESIGNATED FOR GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAMELOT FOR CHILDREN 2354 W EMMAUS AVE ALLENTOWN, PA 181036605	23-2565740	501C3	7,873				DONOR DESIGNATED FOR GENERAL SUPPORT
CANCER SUPORT COMMUNITY GREATER LEHIGH VALLEY 3400 BATH PIKE BETHLEHEM, PA 180172466	73-1657537	501C3	19,895				DONOR DESIGNATED FOR GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CARE NET PREGNANCY CENTER OF THE LV 1034 W HAMILTON ST ALLENTOWN, PA 181011036	23-2185001	501C3	15,636				DONOR DESIGNATED FOR GENERAL SUPPORT
CASA GUADALUPE CENTER 143 W LINDEN ST ALLENTOWN, PA 181011946	23-1988203	501C3	16,745				DONOR DESIGNATED FOR GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CATHOLIC CHARITIES DIOCESE OF ALLENTOWN 2141 DOWNYFLAKE LN ALLENTOWN, PA 181034774	23-1598117	501C3	110,821				DONOR DESIGNATED FOR GENERAL SUPPORT
CENTER FOR VISION LOSS 845 W WYOMING ST ALLENTOWN, PA 181033991	23-1352260	501C3	14,035				DONOR DESIGNATED FOR GENERAL SUPPORT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CENTER OF HOPE PO BOX 1961 COLUMBIA, TN 384021961	62-1375056	501C3	7,600				DONOR DESIGNATED FOR GENERAL SUPPORT
CHILDREN'S HOME OF EASTON 2000 S 25TH ST EASTON, PA 180426031	24-0806100	501C3	22,470				DONOR DESIGNATED FOR GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF THE LEHIGH VALLEY INC PO BOX 722 ALLENTOWN, PA 181050722	23-2222874	501C3	203,387				DONOR DESIGNATED FOR GENERAL SUPPORT
COMMUNITY ACTION COMMITTEE OF LEHIGH VALLEY 1337 E 5TH ST BETHLEHEM, PA 180152103	23-2735252	501C3	50,418				DONOR DESIGNATED FOR GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY BIKE WORKS 235 N MADISON ST ALLENTOWN, PA 181023737	23-2867945	501C3	11,490				DONOR DESIGNATED FOR GENERAL SUPPORT
COMMUNITY SERVICES FOR CHILDREN 1520 HANOVER AVE ALLENTOWN, PA 18109	23-2204725	501C3	28,867				DONOR DESIGNATED FOR GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COUNCIL ON ALCOHOL & DRUG ABUSE 1031 W LINDEN ST STE 202 ALLENTOWN, PA 181023954	23-1631767	501C3	6,015				DONOR DESIGNATED FOR GENERAL SUPPORT
CRIME VICTIMS COUNCIL OF LEHIGH VALLEY INC 801 W HAMILTON ST STE 300 ALLENTOWN, PA 181012420	23-1997899	501C3	9,546				DONOR DESIGNATED FOR GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DA VINCI SCIENCE CENTER 3145 HAMILTON BLVD BYP ALLENTOWN, PA 181033686	23-2824084	501C3	50,147				DONOR DESIGNATED FOR GENERAL SUPPORT
DELAWARE MUSEUM OF NATURAL HISTORY INC PO BOX 3937 GREENVILLE, DE 198070937	51-0083535	501C3	10,000				DONOR DESIGNATED FOR GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DESALES UNIVERSITY 2755 STATION AVE CENTER VALLEY, PA 18034	23-1653718	501C3	7,046				DONOR DESIGNATED FOR GENERAL SUPPORT
DIAKON LSM 798 HAUSMAN RD STE 300 ALLENTOWN, PA 181049108	23-3014613	501C3	7,917				DONOR DESIGNATED FOR GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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DREAM COME TRUE PO BOX 21167 LEHIGH VALLEY, PA 180021167	22-2550269	501C3	5,074				DONOR DESIGNATED FOR GENERAL SUPPORT
EASTER SEAL SOCIETY OF EASTERN PENNSYLVANIA 1501 LEHIGH ST STE 201 ALLENTOWN, PA 181033880	23-2823542	501C3	12,447				DONOR DESIGNATED FOR GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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EASTON AREA COMMUNITY CENTER 901 WASHINGTON ST EASTON, PA 180424341	23-2147613	501C3	8,382				DONOR DESIGNATED FOR GENERAL SUPPORT
EQUI-LIBRIUM INC PO BOX 305 SCIOTA, PA 183540305	23-3088228	501C3	19,801				DONOR DESIGNATED FOR GENERAL SUPPORT



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FLEMING MEMORY CENTER PO BOX 4000 ALLENTOWN, PA 181054000	23-1689692	501C3	9,000				DONOR DESIGNATED FOR GENERAL SUPPORT
FUND TO BENEFIT CHILDREN & YOUTH 903 E ELM ST ALLENTOWN, PA 181092629	23-2643243	501C3	8,005				DONOR DESIGNATED FOR GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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GETTYSBURG COLLEGE 300 N WASHINGTON ST GETTYSBURG, PA 173251400	23-1352641	501C3	5,000				DONOR DESIGNATED FOR GENERAL SUPPORT
GIRL SCOUTS OF EASTERN PENNSYLVANIA INC 2633 MORAVIAN AVE ALLENTOWN, PA 181035523	23-1599656	501C3	33,895				DONOR DESIGNATED FOR GENERAL SUPPORT

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GOOD SHEPHERD 850 S 5TH ST ALLENTOWN, PA 181033308	23-2216041	501C3	84,036				DONOR DESIGNATED FOR GENERAL SUPPORT
GREAT BEGINNINGS - VALLEY YOUTH HOUSE 827 W LINDEN ST ALLENTOWN, PA 181011233	23-7178820	501C3	8,828				DONOR DESIGNATED FOR GENERAL SUPPORT

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GREATER LV CHAMBER OF COMMERCE FOUNDATION 561 MAIN ST STE 200 BETHLEHEM, PA 180185863	22-2626110	501C3	9,000				DONOR DESIGNATED FOR GENERAL SUPPORT
HABITAT FOR HUMANITY LEHIGH VALLEY 245 N GRAHAM ST ALLENTOWN, PA 181092191	58-1285159	501C3	24,001				DONOR DESIGNATED FOR GENERAL SUPPORT

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HILLSIDE SCHOOL 2697 BROOKSIDE RD MACUNGIE, PA 180629045	23-2263178	501C3	13,070				DONOR DESIGNATED FOR GENERAL SUPPORT
HISPANIC AMERICAN ORGANIZATION INC 462 W WALNUT ST ALLENTOWN, PA 181025497	23-2805047	501C3	6,041				DONOR DESIGNATED FOR GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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HISPANIC CENTER LEHIGH VALLEY 520 E 4TH ST BETHLEHEM, PA 180151804	23-1882308	501C3	6,032				DONOR DESIGNATED FOR GENERAL SUPPORT
HISTORIC BETHLEHEM INC 74 W BROAD ST STE 260 BETHLEHEM, PA 180185738	24-6018079	501C3	7,829				DONOR DESIGNATED FOR GENERAL SUPPORT

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INTREPID FALLEN HEROES FUND WEST 46TH AND 12TH AVE NEW YORK, NY 100361007	20-0366717	501C3	22,400				DONOR DESIGNATED FOR GENERAL SUPPORT
IRIS DOMESTIC VIOLENCE CO CAFVIC INC PO BOX 52809 BATON ROUGE, LA 70892	72-0986008	501C3	7,500				DONOR DESIGNATED FOR GENERAL SUPPORT

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JEWISH COMMUNITY CENTER OF ALLENTOWN 702 N 22ND ST ALLENTOWN, PA 181043904	23-0734200	501C3	7,182				DONOR DESIGNATED FOR GENERAL SUPPORT
JEWISH FAMILY SERVICES OF THE LEHIGH VALLEY 2004 W ALLEN ST ALLENTOWN, PA 181045053	23-2301360	501C3	9,647				DONOR DESIGNATED FOR GENERAL SUPPORT



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JEWISH FEDERATION OF THE LEHIGH VALLEY 702 N 22ND ST ALLENTOWN, PA 181043904	23-6396349	501C3	35,943				DONOR DESIGNATED FOR GENERAL SUPPORT
JUVENILE DIABETES FOUNDATION INT'L (PA) 225 E CITY AVE STE 104 BALA CYNWYD, PA 190041724	25-1348198	501C3	5,499				DONOR DESIGNATED FOR GENERAL SUPPORT

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LEHIGH COUNTY CONFERENCE OF CHURCHES 534 W CHEW ST ALLENTOWN, PA 181023338	23-1484205	501C3	66,420				DONOR DESIGNATED FOR GENERAL SUPPORT
LEHIGH VALLEY ACTIVE LIFE 1633 W ELM ST ALLENTOWN, PA 181024557	23-1627030	501C3	5,103				DONOR DESIGNATED FOR GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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LEHIGH VALLEY COMMUNITY FOUNDATION 961 MARCON BLVD STE 300 ALLENTOWN, PA 181099373	23-1686634	501C3	54,500				DONOR DESIGNATED FOR GENERAL SUPPORT
LEHIGH VALLEY HEALTH NETWORK 1247 S CEDAR CREST BLVD STE 200 ALLENTOWN, PA 181036396	23-1689692	501C3	36,973				DONOR DESIGNATED FOR GENERAL SUPPORT

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LEUKEMIA & LYMPHOMA SOCIETY 800 CORPORATE CIR STE 100 HARRISBURG, PA 171109346	23-1931678	501C3	6,880				DONOR DESIGNATED FOR GENERAL SUPPORT
MARCH OF DIMES BIRTH DEFECTS FOUNDATION 1255 S CEDAR CREST BLVD STE 2500 ALLENTOWN, PA 181036240	13-1846366	501C3	12,921				DONOR DESIGNATED FOR GENERAL SUPPORT

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MARY'S SHELTER 736 UPLAND AVE READING, PA 196071751	23-2722494	501C3	30,767				DONOR DESIGNATED FOR GENERAL SUPPORT
MEALS ON WHEELS - LEHIGH COUNTY 4234 DORNEY PARK RD ALLENTOWN, PA 181045712	23-7172270	501C3	38,004				DONOR DESIGNATED FOR GENERAL SUPPORT

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MEALS ON WHEELS OF NORTHAMPTON CTY BETHLEHEM AREA INC 4240 FRITCH DR BETHLEHEM, PA 180208940	23-1861779	501C3	33,389				DONOR DESIGNATED FOR GENERAL SUPPORT
MERCY SPECIAL LEARNING CENTER 830 S WOODWARD ST ALLENTOWN, PA 181033440	23-1598117	501C3	42,082				DONOR DESIGNATED FOR GENERAL SUPPORT

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MILLER SYMPHONY HALL 23 N 6TH ST ALLENTOWN, PA 18101	23-6272140	501C3	10,000				DONOR DESIGNATED FOR GENERAL SUPPORT
MILLER-KEYSTONE BLOOD CENTER 1465 VALLEY CENTER PARKWAY BETHLEHEM, PA 180172265	23-1731034	501C3	5,414				DONOR DESIGNATED FOR GENERAL SUPPORT

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MIRACLE LEAGUE OF THE LEHIGH VALLEY PO BOX 180 WHITEHALL, PA 180520189	74-3167008	501C3	11,123				DONOR DESIGNATED FOR GENERAL SUPPORT
MORAVIAN COLLEGE 1200 MAIN ST BETHLEHEM, PA 180186614	24-0795460	501C3	10,135				DONOR DESIGNATED FOR GENERAL SUPPORT



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MOSSER VILLAGE FAMILY CENTER 614 S CARLISLE ST ALLENTOWN, PA 181092803	23-3029327	501C3	7,040				DONOR DESIGNATED FOR GENERAL SUPPORT
NATIONAL MUSEUM OF INDUSTRIAL HISTORY 530 E 3RD ST BETHLEHEM, PA 180151314	23-2912750	501C3	5,052				DONOR DESIGNATED FOR GENERAL SUPPORT

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NEW BETHANY MINISTRIES 337 WYANDOTTE ST BETHLEHEM, PA 180151527	23-2365694	501C3	17,483				DONOR DESIGNATED FOR GENERAL SUPPORT
NEW VENTURE FUND - BUILDING 21 1201 CONNECTICUT AVE NW STE 300 WASHINGTON, DC 20036	20-5806345	501C3	27,668				DONOR DESIGNATED FOR GENERAL SUPPORT

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NORTHAMPTON COMMUNITY COLLEGE 3835 GREEN POND RD BETHLEHEM, PA 180207568	23-2064496	501C3	13,511				DONOR DESIGNATED FOR GENERAL SUPPORT
PALS PROGRAMS 12 DOW DR HILLSBOROUGH, NJ 08844	35-2334489	501C3	10,120				DONOR DESIGNATED FOR GENERAL SUPPORT

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PARKETTES NATIONAL GYMNASTICS CENTER 401 MARTIN LUTHER KING JR DR ALLENTOWN, PA 181025407	23-2046090	501C3	5,667				DONOR DESIGNATED FOR GENERAL SUPPORT
PBS39WLT 839 SESAME ST BETHLEHEM, PA 18015	23-1642883	501C3	8,119				DONOR DESIGNATED FOR GENERAL SUPPORT

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PERFORMING ARTS LIVE INC 840 W HAMILTON ST STE 621 ALLENTOWN, PA 18101	47-2819045	501C3	5,000				DONOR DESIGNATED FOR GENERAL SUPPORT
PINEBROOK FAMILY ANSWERS 402 N FULTON ST ALLENTOWN, PA 181022002	23-2112204	501C3	28,568				DONOR DESIGNATED FOR GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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PLANNED PARENTHOOD KEYSTONE PO BOX 813 TREXLERTOWN, PA 180870813	23-2450112	501C3	8,204				DONOR DESIGNATED FOR GENERAL SUPPORT
PROJECT JOY & HOPE 3219 BURKE RD STE B-1 PASEDNA, TX 77508	76-0646721	501C3	7,500				DONOR DESIGNATED FOR GENERAL SUPPORT

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PROJECT OF EASTON INC 320 FERRY ST EASTON, PA 180424541	23-2112204	501C3	43,846				DONOR DESIGNATED FOR GENERAL SUPPORT
PROMISE NEIGHBORHOOD OF LEHIGH VALLEY 1101 HAMILTON STREET ALLENTOWN, PA 18101	23-2657933	501C3	46,936				DONOR DESIGNATED FOR GENERAL SUPPORT

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PUSH THE ROCK PO BOX 95 EMMAUS, PA 180490095	23-2990640	501C3	17,578				DONOR DESIGNATED FOR GENERAL SUPPORT
SCHOOL SISTERS OF ST FRANCIS - MONOCACY 395 BRIDLE PATH RD BETHLEHEM, PA 18017	53-0196617	501C3	5,000				DONOR DESIGNATED FOR GENERAL SUPPORT



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SCHUYLKILL UNITED WAY 91 S PROGRESS AVE POTTSVILLE, PA 179017139	23-1999071	501C3	23,042				DONOR DESIGNATED FOR GENERAL SUPPORT
SECOND HARVEST FOOD BANK OF THE LEHIGH VALLEY 6969 SILVER CREST RD NAZARETH, PA 18064	23-2735252	501C3	416,738				DONOR DESIGNATED FOR GENERAL SUPPORT

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SHARON'S PANTRY 1337 E 5TH ST BETHLEHEM, PA 180152103	23-1669589	501C3	25,000				DONOR DESIGNATED FOR GENERAL SUPPORT
SPRING GARDEN CHILDREN'S CENTER 401 W BERWICK ST STE 103 EASTON, PA 180426574	24-6002399	501C3	22,382				DONOR DESIGNATED FOR GENERAL SUPPORT

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ST BALDRICKS FDN 1333 S MAYFLOWER AVE STE 400 MONROVIA, CA 910165268	20-1173824	501C3	7,500				DONOR DESIGNATED FOR GENERAL SUPPORT
ST LUKES UNIVERSITY HEALTH NETWORK 801 OSTRUM ST BETHLEHEM, PA 180151000	23-1352213	501C3	11,311				DONOR DESIGNATED FOR GENERAL SUPPORT

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ST MICHAEL THE ARCHANGEL SCHOOL 4121 OLD BETHLEHEM PIKE BETHLEHEM, PA 180159097	23-2042774	501C3	14,394				DONOR DESIGNATED FOR GENERAL SUPPORT
ST THOMAS MORE DIOCESE OF ALLENTOWN 1040 FLEXER AVE ALLENTOWN, PA 18103	23-1598117	501C3	5,320				DONOR DESIGNATED FOR GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
STATE THEATRE CENTER FOR THE ARTS INC 453 NORTHAMPTON ST EASTON, PA 180423515	23-2173216	501C3	6,953				DONOR DESIGNATED FOR GENERAL SUPPORT
THE CHILDREN'S HOSPITAL OF PHILADELPHIA (CHOP) 3401 CIVIC CENTER BLVD PHILADELPHIA, PA 191044302	23-1352166	501C3	5,853				DONOR DESIGNATED FOR GENERAL SUPPORT

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THE LITERACY CENTER 801 W HAMILTON ST STE 201 ALLENTOWN, PA 181012420	22-2458322	501C3	15,816				DONOR DESIGNATED FOR GENERAL SUPPORT
THE PENNSYLVANIA SHAKESPEARE FESTIVAL 2755 STATION AVE CENTER VALLEY, PA 180349565	23-2655672	501C3	29,005				DONOR DESIGNATED FOR GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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THE PROGRAM FOR WOMEN & FAMILIES INC 1030 W WALNUT ST ALLENTOWN, PA 181024842	22-2731797	501C3	9,990				DONOR DESIGNATED FOR GENERAL SUPPORT
THE SALVATION ARMY OF SHREVEPORT LA 200 E STONER AVE SHREVEPORT, LA 71101	58-0660607	501C3	10,000				DONOR DESIGNATED FOR GENERAL SUPPORT

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THE SALVATION ARMY OF THE LEHIGH VALLEY 144 N 8TH ST BOX 147 ALLENTOWN, PA 181011223	13-5562351	501C3	38,595				DONOR DESIGNATED FOR GENERAL SUPPORT
THIRD STREET ALLIANCE FOR WOMEN & CHILDREN 41 N 3RD ST EASTON, PA 180423642	24-0795639	501C3	39,501				DONOR DESIGNATED FOR GENERAL SUPPORT



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TURNING POINT OF LEHIGH VALLEY INC 444 E SUSQUEHANNA ST ALLENTOWN, PA 181035144	23-2100651	501C3	39,101				DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF BERKS COUNTY PO BOX 702 READING, PA 196030702	23-1655375	501C3	53,507				DONOR DESIGNATED FOR GENERAL SUPPORT

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UNITED WAY OF BUCKS COUNTY 413 HOOD BLVD FAIRLESS HILLS, PA 190302901	23-1409706	501C3	8,154				DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF CARBON COUNTY PO BOX 545 LEHIGHTON, PA 182350545	23-2604830	501C3	12,697				DONOR DESIGNATED FOR GENERAL SUPPORT

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UNITED WAY OF GREATER HAZLETON 134 S WYOMING ST HAZLETON, PA 182017084	24-0796034	501C3	7,440				DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF LANCASTER COUNTY 630 JANET AVE LANCASTER, PA 176014527	23-1352093	501C3	11,325				DONOR DESIGNATED FOR GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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UNITED WAY OF MONROE COUNTY 135 WARNER RD TANNERSVILLE, PA 183720790	24-0797026	501C3	10,790				DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF THE NATIONAL CAPITAL AREA 1577 SPRING HILL RD STE 420 VIENNA, VA 221822223	53-0234290	501C3	7,500				DONOR DESIGNATED FOR GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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UNITED WAY OF WYOMING VALLEY 100 N PENNSYLVANIA AVE WILKESBARRE, PA 18701	24-0831490	501C3	5,568				DONOR DESIGNATED FOR GENERAL SUPPORT
VALLEY YOUTH HOUSE 827 W LINDEN ST ALLENTOWN, PA 181011233	23-7178820	501C3	101,188				DONOR DESIGNATED FOR GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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VIA OF THE LEHIGH VALLEY INC 336 W SPRUCE ST BETHLEHEM, PA 180183739	23-1457999	501C3	27,617				DONOR DESIGNATED FOR GENERAL SUPPORT
VICTORY HOUSE OF THE LEHIGH VALLEY 314 FILLMORE ST PO BOX 5458 BETHLEHEM, PA 180150458	23-2370759	501C3	17,891				DONOR DESIGNATED FOR GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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VISITING NURSE ASSOCIATION OF ST LUKE'S 1510 VALLEY CENTER PKWY STE 200 BETHLEHEM, PA 180172267	24-0795497	501C3	16,088				DONOR DESIGNATED FOR GENERAL SUPPORT
WEST SIDE MISSION COLLABORATIVE 1245 W HAMILTON ST ALLENTOWN, PA 18102	47-5324262	501C3	10,000				DONOR DESIGNATED FOR GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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WHEATON ARTS AND CULTURAL CENTER 1501 GLASSTOWN RD MILLVILLE, NJ 08332	22-1849118	501C3	5,000				DONOR DESIGNATED FOR GENERAL SUPPORT
WILDLANDS CONSERVANCY 3701 ORCHID PL EMMAUS, PA 180491638	23-7401326	501C3	25,741				DONOR DESIGNATED FOR GENERAL SUPPORT



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WILLIAM ALLEN CONSTRUCTION COMPANY 804 W HAMILTON ST ALLENTOWN, PA 18105	23-3023319	501C3	5,000				DONOR DESIGNATED FOR GENERAL SUPPORT
WOUNDED WARRIOR PROJECT INC 4899 BELFORT RD STE 300 JACKSONVILLE, FL 322566033	20-2370934	501C3	17,921				DONOR DESIGNATED FOR GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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YMCA OF BETHLEHEM 430 E BROAD ST BETHLEHEM, PA 180186313	24-0795635	501C3	8,881				DONOR DESIGNATED FOR GENERAL SUPPORT
YWCA OF BETHLEHEM 3895 ADLER PL BLDG A STE 180 BETHLEHEM, PA 18017	23-6395256	501C3	5,551				DONOR DESIGNATED FOR GENERAL SUPPORT

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ALLENTOWN YMYWCA 425 S 15TH ST ALLENTOWN, PA 181024617	23-1365989	501C3	30,000				PROGRAM OPERATING COST
AMERICAN RED CROSS OF THE GREATER LEHIGH VALLEY 3939 BROADWAY ALLENTOWN, PA 18104	23-1381431	501C3	65,000				PROGRAM OPERATING COST

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BIG BROTHERSBIG SISTERS OF THE LEHIGH VALLEY 878 MINESITE RD ALLENTOWN, PA 181039206	23-1746895	501C3	72,250				PROGRAM OPERATING COST
BOY SCOUTS OF AMERICA MINSI TRAILS COUNCIL 991 POSTAL RD ALLENTOWN, PA 181099516	23-1708585	501C3	25,000				PROGRAM OPERATING COST

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BOYS & GIRLS CLUB OF ALLENTOWN INC 720 N 6TH ST ALLENTOWN, PA 181021608	23-1352042	501C3	412,500				PROGRAM OPERATING COST
BOYS & GIRLS CLUB OF BETHLEHEM 1430 FRITZ DR BETHLEHEM, PA 180176734	23-6298476	501C3	103,825				PROGRAM OPERATING COST

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BOYS & GIRLS CLUB OF EASTON INC PO BOX 741 EASTON, PA 180440741	23-1941228	501C3	53,050				PROGRAM OPERATING COST
CATHOLIC CHARITIES DIOCESE OF ALLENTOWN 2141 DOWNYFLAKE LN ALLENTOWN, PA 181034774	23-1598117	501C3	109,750				PROGRAM OPERATING COST

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CENTER FOR HUMANISTIC CHANGE 100A CASCADE DR BETHLEHEM, PA 180172157	23-2107264	501C3	150,000				PROGRAM OPERATING COST
CENTER FOR VISION LOSS 845 W WYOMING ST ALLENTOWN, PA 181033991	23-1352260	501C3	26,000				PROGRAM OPERATING COST

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CHILD CARE INFORMATION SERVICES 2200 W BROAD ST BETHLEHEM, PA 180183200	23-2727958	501C3	101,200				PROGRAM OPERATING COST
COMMUNITIES IN SCHOOLS OF THE LEHIGH VALLEY INC PO BOX 722 ALLENTOWN, PA 181050722	23-2222874	501C3	490,000				PROGRAM OPERATING COST



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COMMUNITY ACTION COMMITTEE OF LEHIGH VALLEY 1337 E 5TH ST BETHLEHEM, PA 180152103	23-2735252	501C3	100,000				PROGRAM OPERATING COST
COMMUNITY BIKEWORKS 235 N MADISON ST ALLENTOWN, PA 181023737	23-2867945	501C3	50,000				PROGRAM OPERATING COST

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COMMUNITY SERVICES FOR CHILDREN 1520 HANOVER AVE ALLENTOWN, PA 18109	23-2204725	501C3	50,000				PROGRAM OPERATING COST
CRIME VICTIMS COUNCIL OF LEHIGH VALLEY INC 801 W HAMILTON ST STE 300 ALLENTOWN, PA 181012420	23-1997899	501C3	50,000				PROGRAM OPERATING COST

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DIAKON LSM 798 HAUSMAN RD STE 300 ALLENTOWN, PA 181049108	23-3014613	501C3	20,000				PROGRAM OPERATING COST
EASTON AREA COMMUNITY CENTER 901 WASHINGTON ST EASTON, PA 180424341	23-2147613	501C3	73,826				PROGRAM OPERATING COST

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FAMILY CONNECTION OF EASTON INC 723 COAL ST EASTON, PA 180426556	20-4934762	501C3	222,900				PROGRAM OPERATING COST
GIRL SCOUTS OF EASTERN PA 2633 MORAVIAN AVE ALLENTOWN, PA 181035523	23-1599656	501C3	25,125				PROGRAM OPERATING COST

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HISPANIC CENTER LEHIGH VALLEY 520 E 4TH ST BETHLEHEM, PA 180151804	23-1882308	501C3	78,000				PROGRAM OPERATING COST
LEADER LEHIGH VALLEY 612 HAMILTON ST STE 202B ALLENTOWN, PA 18101	47-4883177	501C3	30,988				PROGRAM OPERATING COST

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LEHIGH COUNTY CONFERENCE OF CHURCHES 534 W CHEW ST ALLENTOWN, PA 181023338	23-1484205	501C3	20,000				PROGRAM OPERATING COST
LEHIGH UNIVERSITY 111 RESEARCH DR BETHLEHEM, PA 180154729	24-0795445	NO	85,000				PROGRAM OPERATING COST

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LEHIGH VALLEY ASSOCIATION OF INDEPENDENT COLLEGES 130 W GREENWICH ST BETHLEHEM, PA 18018	31-0901001	501C3	10,000				PROGRAM OPERATING COST
LEHIGH VALLEY CHILDREN'S CENTERS INC 1501 LEHIGH ST STE 201 ALLENTOWN, PA 181033892	23-1908158	501C3	131,187				PROGRAM OPERATING COST

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LEHIGH VALLEY FACES 532 HAMILTON ST SUITE 3 ALLENTOWN, PA 18101	27-4170024	NO	15,000				PROGRAM OPERATING COST
LEHIGH VALLEY RESEARCH CONSORTIUM 1309 MAIN ST BETHLEHEM, PA 18018	23-7077479	501C3	20,000				PROGRAM OPERATING COST



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MEALS ON WHEELS LEHIGH COUNTY 4234 DORNEY PARK RD ALLENTOWN, PA 181045712	23-7172270	501C3	60,000				PROGRAM OPERATING COST
MEALS ON WHEELS NORTHAMPTONBETHLEHEM 4240 FRITCH DR BETHLEHEM, PA 180208940	23-1861779	501C3	81,196				PROGRAM OPERATING COST

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MORAVIAN COLLEGE 1200 MAIN ST BETHLEHEM, PA 180186961	24-0795460	501C3	35,000				PROGRAM OPERATING COST
MOSSER VILLAGE FAMILY CENTER 614 S CARLISLE ST ALLENTOWN, PA 181092803	23-3029327	501C3	10,000				PROGRAM OPERATING COST

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NEW BETHANY MINISTRIES 337 WYANDOTTE ST BETHLEHEM, PA 180151527	23-2365694	501C3	40,000				PROGRAM OPERATING COST
NORTH PENN LEGAL SERVICES 65 E ELIZABETH AVE STE 800 BETHLEHEM, PA 180186516	23-1659111	501C3	30,125				PROGRAM OPERATING COST

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NORTHAMPTON COMMUNITY COLLEGE 3835 GREEN POND RD BETHLEHEM, PA 18020	23-2064496	501C3	100,000				PROGRAM OPERATING COST
NORTHEAST MINISTRY PO BOX 1463 BETHLEHEM, PA 180161463	23-2339841	501C3	25,000				PROGRAM OPERATING COST

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PINEBROOK FAMILY ANSWERS 402 N FULTON ST ALLENTOWN, PA 181022002	23-2112204	501C3	378,436				PROGRAM OPERATING COST
PROJECT OF EASTON 320 FERRY ST EASTON, PA 180424541	23-2112204	501C3	80,000				PROGRAM OPERATING COST

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PROMISE NEIGHBORHOODS OF THE LEHIGH VALLEY 347 N 8TH ST ALLENTOWN, PA 18102	23-3025771	501C3	200,000				PROGRAM OPERATING COST
SALVATION ARMY OF THE LEHIGH VALLEY 144 N 8TH ST BOX 147 ALLENTOWN, PA 181011223	13-5562351	501C3	132,875				PROGRAM OPERATING COST

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHARECARE FAITH IN ACTION 321 WYANDOTTE ST BETHLEHEM, PA 180151527	23-2635994	501C3	45,000				PROGRAM OPERATING COST
SLATER FAMILY NETWORK 267 FIVE POINTS RICHMOND RD BANGOR, PA 180135228	16-1672864	501C3	45,000				PROGRAM OPERATING COST

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST LUKE'S UNIVERSITY HEALTH NETWORK 801 OSTRUM ST BETHLEHEM, PA 18015	23-1352213	501C3	130,716				PROGRAM OPERATING COST
THE LITERACY CENTER 801 HAMILTON MALL STE 202 ALLENTOWN, PA 181012420	22-2458322	501C3	50,591				PROGRAM OPERATING COST



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THIRD STREET ALLIANCE 41 N 3RD ST EASTON, PA 180423642	24-0795639	501C3	145,000				PROGRAM OPERATING COST
TURNING POINT 444 E SUSQUEHANNA ST ALLENTOWN, PA 181035144	23-2100651	501C3	115,000				PROGRAM OPERATING COST

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF LANCASTER COUNTY 630 JANET AVE LANCASTER, PA 176014527	23-1352093	501C3	50,000				PROGRAM OPERATING COST
UNITED WAY OF THE CAPITAL REGION 2235 MILLENIUM WAY ENOLA, PA 17025	23-1352095	501C3	5,000				PROGRAM OPERATING COST

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VALLEY YOUTH HOUSE 827 W LINDEN ST ALLENTOWN, PA 181011233	23-7178820	501C3	168,000				PROGRAM OPERATING COST
VIA OF THE LEHIGH VALLEY 336 W SPRUCE ST BETHLEHEM, PA 180183739	23-1457999	501C3	22,000				PROGRAM OPERATING COST

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VICTORY HOUSE PO BOX 5458 BETHLEHEM, PA 180150458	23-2370759	501C3	40,000				PROGRAM OPERATING COST
VISITING NURSES - ST LUKES 1510 VALLEY CENTER PKWY STE 200 BETHLEHEM, PA 180172267	24-0795497	501C3	116,000				PROGRAM OPERATING COST

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VOA CHILDREN'S CENTER 730 W UNION ST ALLENTOWN, PA 181012260	13-1692595	501C3	95,000				PROGRAM OPERATING COST
VOLUNTEER CENTER OF THE LEHIGH VALLEY 2121 CITY LINE RD BETHLEHEM, PA 180172150	23-2862188	501C3	50,000				PROGRAM OPERATING COST

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WILDLANDS CONSERVANCY 3701 ORCHID PL EMMAUS, PA 180491638	23-7401326	501C3	42,844				PROGRAM OPERATING COST
YMCA - BETHLEHEM 430 E BROAD ST BETHLEHEM, PA 180186313	24-0795635	501C3	20,000				PROGRAM OPERATING COST

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YWCA OF BETHLEHEM 3895 ADLER PL BLLDG A STE 180 BETHLEHEM, PA 18017	23-6395256	501C3	25,000				PROGRAM OPERATING COST
FAMILY CONNECTION OF EASTON 723 COAL ST EASTON, PA 180426556	20-4934762	501C3	85,000				PROGRAM OPERATING COSTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BAUM SCHOOL OF ART PO BOX 653 ALLENTOWN, PA 181050653	23-1607174	501C3	5,250				PROGRAM OPERATING COSTS
BETHLEHEM AREA SCHOOL DISTRICT 1516 SYCAMORE ST BETHLEHEM, PA 18017	23-1658948	501C3	25,000				PROGRAM OPERATING COSTS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHRIST LUTHERAN CHURCH 1245 HAMILTON ST ALLENTOWN, PA 18102	23-1401550	501C3	12,500				PROGRAM OPERATING COSTS
COMMUNITIES IN SCHOOLS OF THE LEHIGH VALLEY PO BOX 722 ALLENTOWN, PA 181050722	23-2222874	501C3	73,488				PROGRAM OPERATING COSTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DA VINCI SCIENCE CENTER 3145 HAMILTON BLVD ALLENTOWN, PA 181033686	23-2824084	501C3	5,000				PROGRAM OPERATING COSTS
FAMILIES FIRST 1620 TEELS RD PEN ARGYL, PA 180729734	51-0424714	501C3	25,000				PROGRAM OPERATING COSTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KRISTA HANKEE MEMORIAL 9031 RESERVOIR RD GERMANSVILLE, PA 18053	26-1168076	501C3	5,000				PROGRAM OPERATING COSTS
LEHIGH UNIVERSITY 27 MEMORIAL DR W BETHLEHEM, PA 180153093	24-0795445	NO	75,000				PROGRAM OPERATING COSTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LEHIGH VALLEY CHILDREN'S CENTER 1501 LEHIGH ST STE 208 ALLENTOWN, PA 181033880	23-1908158	501C3	28,914				PROGRAM OPERATING COSTS
MARIA VERAS FAMILY DAYCARE 27 N 12TH ST ALLENTOWN, PA 181011029	09-8709098	NO	12,150				PROGRAM OPERATING COSTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MOSSER VILLAGE FAMILY CENTER 614 S CARLISLE ST ALLENTOWN, PA 181092803	23-3029327	501C3	49,231				PROGRAM OPERATING COSTS
NORTHAMPTON COMMUNITY COLLEGE 3835 GREEN POND RD BETHLEHEM, PA 180207568	23-2064496	NO	19,800				PROGRAM OPERATING COSTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTHAMPTON MEMORIAL COMMUNITY CENTER 16001 LAUBACH AVE BOX 74 NORTHAMPTON, PA 18067	24-0841252	501C3	11,148				PROGRAM OPERATING COSTS
PROJECT OF EASTON INC 320 FERRY ST EASTON, PA 180424541	23-2112204	501C3	30,500				PROGRAM OPERATING COSTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SLATER FAMILY NETWORK 267 FIVE POINTS RICHMOND RD BANGOR, PA 180135228	16-1672864	501C3	35,000				PROGRAM OPERATING COSTS
THE LITERACY CENTER 801 W HAMILTON ST STE 201 ALLENTOWN, PA 181012420	22-2458322	501C3	30,000				PROGRAM OPERATING COSTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THIRD STREET ALLIANCE 41 N 3RD ST EASTON, PA 180423642	24-0795639	501C3	10,896				PROGRAM OPERATING COST
VOLUNTEERS OF AMERICA CHILDREN'S CENTER 730 W UNION ST ALLENTOWN, PA 181012260	13-1692595	501C3	41,658				PROGRAM OPERATING COSTS



**Schedule J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No 1545-0047

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
**▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
**▶ Attach to Form 990.**

**2015**  
**Open to Public Inspection**

**▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization UNITED WAY OF THE GREATER LEHIGH VALLEY	Employer identification number 23-2657933
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**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	<b>1b</b>									
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:										
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	No								
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>										
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
<b>a</b> The organization?	<b>5a</b>	No								
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	<b>5b</b>	No								
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
<b>a</b> The organization?	<b>6a</b>	No								
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	<b>6b</b>	No								
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	No								
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b>	No								
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>									

**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 are not 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAVID LEWIS PRESIDENT	(i)	151,338	22,000	0	10,152	6,068	189,558	0
	(ii)	0	0	0	0	0	0	0

**Part III Supplemental Information**

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.

Return Reference	Explanation
PART I, LINE 3	ANNUAL PERFORMANCE EVALUATIONS ARE CONDUCTED FOR THE CEO/PRESIDENT, EVALUATION RESULTS ARE PRESENTED TO THE BOARD'S EXECUTIVE COMMITTEE FOR APPROVAL

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Noncash Contributions

OMB No 1545-0047

## 2016

**Open to Public Inspection**

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

Name of the organization  
UNITED WAY OF THE GREATER LEHIGH VALLEY

**Employer identification number**  
23-2657933

**Part I** **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	19	583,657	FMV AT DATE OF GIFT
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( FURNITURE & EQUIPMENT )	X	1	343,250	FMV AT DATE OF GIFT
26 Other ▶ ( SUPPLIES, TICKETS, FOOD/BEVERAGES )	X	11	21,887	FMV AT DATE OF GIFT
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

**30a** During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

**b** If "Yes," describe the arrangement in Part II

**31** Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

**32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

**b** If "Yes," describe in Part II

**33** If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		No
31		No
32a		No

**Part II** **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2016****Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UNITED WAY OF THE GREATER LEHIGH  
VALLEY

Employer identification number

23-2657933

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS DISTRIBUTED TO ALL BOARD MEMBERS AND FEEDBACK SOLICITED PRIOR TO SUBMITTING

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	ALL VOLUNTEERS AND EMPLOYEES ARE ASKED TO SIGN A CONFLICT OF INTEREST DISCLOSURE FORM. QUESTIONS ABOUT POTENTIAL CONFLICTS OF INTEREST ARE DIRECTED TO THE CHIEF VOLUNTEER OFFICER OR DESIGNEE BY VOLUNTEERS AND TO THE PRESIDENT BY STAFF. THE CHIEF VOLUNTEER OFFICER IS RESPONSIBLE FOR MONITORING POLICY COMPLIANCE AMONG VOLUNTEERS AND FOR TAKING CORRECTIVE ACTION CONCERNING VIOLATION. THE PRESIDENT IS RESPONSIBLE IN A SIMILAR MANNER FOR STAFF.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>SALARY RANGES FOR ALL POSITIONS WERE REVIEWED AND REVISED BY AN INDEPENDENT CONSULTANT IN 2004, SINCE THAT TIME THE RANGES HAVE BEEN ADJUSTED ANNUALLY TO ACCOUNT FOR THE LEHIGH VALLEY'S INFLATION RATE AS PUBLISHED BY KAMRAN AFSHAR (ASSOCIATES), A LOCAL ECONOMIST POSITION SALARIES ARE ALSO BENCHMARKED USING UNITED WAY OF AMERICA'S STAFF SALARY SURVEY, PUBLISHED EVERY TWO YEARS, WITH LIKE-SIZED UNITED WAYS CEO THE PRESIDENT'S SALARY IS NEGOTIATED BY THE CHIEF VOLUNTEER OFFICER AND CHAIRMAN OF THE SEARCH COMMITTEE AS PART OF THE RECRUITMENT PROCESS SUBSEQUENT SALARY ADJUSTMENTS ARE GRANTED BY THE VOLUNTEER EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS FOLLOWING A PERFORMANCE REVIEW BY THE CHAIRMAN OF THE BOARD THE PERFORMANCE REVIEW INCLUDES A VARIETY OF FEEDBACK FROM DIRECT REPORTS, STAFF SURVEYS, AND VOLUNTEERS THE CHAIRMAN OF THE BOARD PRESENTS HIS/HER REVIEW TO THE EXECUTIVE COMMITTEE AND MERIT INCREASES AND/OR BONUSES ARE DETERMINED AT THAT TIME, TYPICALLY THE FIRST QUARTER OF THE FISCAL YEAR CFO AND OTHER TOP MANAGEMENT SENIOR MANAGEMENT SALARIES ARE DETERMINED AT TIME OF HIRE BY THE DIRECTOR OF HUMAN RESOURCES AND BASED ON THE ESTABLISHED SALARY RANGE, EXPERIENCE, AND EDUCATION BROUGHT TO THE POSITION SUBSEQUENT SALARY ADJUSTMENTS ARE GRANTED BY THE PRESIDENT FOLLOWING RECOMMENDATIONS BY THE DIRECTOR OF HUMAN RESOURCES AND BASED ON PERFORMANCE REVIEWS CONDUCTED BY THE PRESIDENT, PERFORMANCE REVIEWS INCLUDE A VARIETY OF FEEDBACK FROM THE PRESIDENT AND DEPARTMENT STAFF MERIT INCREASES, GRANTED FROM A SALARY POOL ESTABLISHED BY THE VOLUNTEER BOARD OF DIRECTORS, ARE TYPICALLY GRANTED IN THE 1ST QUARTER OF THE FISCAL YEAR</p>



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC THROUGH THE ORGANIZATION'S WEBSITE AND UPON REQUEST

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH THE ORGANIZATION'S WEBSITE

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART XI LINE 2C	THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANT THIS IS UNCHANGED FROM PRIOR YEARS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
OVERHEAD RATIO	THE OVERHEAD RATIO IS AS FOLLOWS NUMERATOR PART IX, LINE 25, COLUMN C 957,892 PART IX, LINE 25, COLUMN D 1,388,137 TOTAL NUMERATOR 2,346,029 DENOMINATOR PART VII, LINE 12, COLUMN A 12,826,758 OVERHEAD RATIO $2,346,029/12,826,758 = 18.29\%$

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UNITED WAY OF THE GREATER LEHIGH  
VALLEY

**Employer identification number**

23-2657933

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) UNITED WAY SERVICES INC 1110 AMERICAN PARKWAY NE  ALLENTOWN, PA 18109 23-3025771	SECURING RESOURCES TO DEVELOP HUMAN SERVICES INITIATIVES IN LEHIGH VALLEY	PA	501(C)(3)	170(B)(1)(A)(VI)	N/A		No

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	Yes
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	Yes
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNITED WAY SERVICES INC	N		
(2) UNITED WAY SERVICES INC	O		





**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

**Return Reference****Explanation**