

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

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

- 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) 807-5755

G Gross receipts \$ 18,794,084

F Name and address of principal officer
DEBRA KLOCEK
1110 AMERICAN PARKWAY NE NO F-120
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
TO PROVIDE LEADERSHIP AND DEVELOP THE RESOURCES AND SOLUTIONS THAT IMPROVE OUR COMMUNITY

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

3 Number of voting members of the governing body (Part VI, line 1a)	27
4 Number of independent voting members of the governing body (Part VI, line 1b)	25
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	44
6 Total number of volunteers (estimate if necessary)	1,772
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	12,325,592	18,452,736
9 Program service revenue (Part VIII, line 2g)	202,510	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	224,707	341,348
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	73,949	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,826,758	18,794,084
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,553,054	12,258,517
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,881,557	2,730,504
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,520,078		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,285,253	1,688,630
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	13,719,864	16,677,651
19 Revenue less expenses Subtract line 18 from line 12	-893,106	2,116,433

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	10,955,573	13,035,657
21 Total liabilities (Part X, line 26)	2,599,452	2,579,313
22 Net assets or fund balances Subtract line 21 from line 20	8,356,121	10,456,344

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 2019-02-11
DEBRA KLOCEK VICE PRESIDENT OF FINANCE
Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name LINDA S HIMEBACK CPA	Preparer's signature LINDA S HIMEBACK CPA	Date 2019-02-11	Check <input type="checkbox"/> if self-employed	PTIN P00042618
Firm's name ▶ HERBEIN COMPANY INC			Firm's EIN ▶ 23-2415973	
Firm's address ▶ 2763 CENTURY BOULEVARD READING, PA 19610			Phone no (610) 378-1175	

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

THE MISSION OF THE UNITED WAY OF THE GREATER LEHIGH VALLEY IS TO PROVIDE THE LEADERSHIP, CONVENE 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 \$ 14,134,113 including grants of \$ 12,258,517) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses ▶ 14,134,113

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	Yes	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
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? If "Yes," complete Schedule D, Part VII	Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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? If "Yes," complete Schedule F, Parts I and IV		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 20a through 38, covering topics like hospital facilities, financial statements, grants, compensation, tax-exempt bonds, and controlled entities.

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 (27), 1b (25), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (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 (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (PA), 18 (Own website, Another's website, Upon request, Other), 19, 20 (THE ORGANIZATION 1110 AMERICAN PARKWAY NE NO F-120 ALLENTOWN, PA 18109 (610) 807-5755).

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a	132,491				
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	18,320,245				
	g Noncash contributions included in lines 1a-1f \$ _____		1,201,832				
	h Total. Add lines 1a-1f			18,452,736			
Program Service Revenue	2a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		183,146			183,146	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses		0			
		c Gain or (loss)		158,202			
		d Net gain or (loss)		158,202			158,202
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b				
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions			18,794,084	0	0	341,348	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	12,258,517	12,258,517		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	318,338	120,121	56,242	141,975
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	1,876,982	804,106	408,407	664,469
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	84,485	29,548	20,578	34,359
9 Other employee benefits.	286,139	101,915	65,958	118,266
10 Payroll taxes.	164,560	57,554	40,081	66,925
11 Fees for services (non-employees)				
a Management.				
b Legal.				
c Accounting.	25,750		25,750	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	14,924	14,924		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	232,153	155,834	29,693	46,626
12 Advertising and promotion.				
13 Office expenses.	53,485	23,936	10,823	18,726
14 Information technology.				
15 Royalties.				
16 Occupancy.	251,134	110,575	51,482	89,077
17 Travel.	33,952	21,082	3,257	9,613
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	71,282	44,261	6,839	20,182
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	77,089	33,943	15,803	27,343
23 Insurance.	15,774	2,853	11,130	1,791
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DIRECT PROGRAM COSTS	594,957	270,870	92,809	231,278
b DUES	154,892	21,905	132,419	568
c EQUIPMENT COSTS	125,831	55,403	25,795	44,633
d BANK CHARGES	37,407	6,766	26,394	4,247
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	16,677,651	14,134,113	1,023,460	1,520,078
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance 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
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	200,267	2	2,238,860
	3 Pledges and grants receivable, net	4,281,761	3	4,614,193
	4 Accounts receivable, net	53,336	4	69,878
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	72,284	9	65,989
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 510,244		
	b Less accumulated depreciation	10b 171,130	395,857	10c 339,114
	11 Investments—publicly traded securities	3,579,141	11	3,146,681
	12 Investments—other securities See Part IV, line 11	2,095,980	12	2,386,532
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	276,947	15	174,410
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,955,573	16	13,035,657	
Liabilities	17 Accounts payable and accrued expenses	479,522	17	413,481
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	19,976	21	18,666
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	2,099,954	25	2,147,166
	26 Total liabilities. Add lines 17 through 25	2,599,452	26	2,579,313
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	-1,790,432	27	-2,527,817
	28 Temporarily restricted net assets	7,824,031	28	10,282,757
	29 Permanently restricted net assets	2,322,522	29	2,701,404
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	8,356,121	33	10,456,344
	34 Total liabilities and net assets/fund balances	10,955,573	34	13,035,657

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,794,084
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,677,651
3	Revenue less expenses Subtract line 2 from line 1	3	2,116,433
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,356,121
5	Net unrealized gains (losses) on investments	5	-64,742
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	48,532
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,456,344

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>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>		No
<p>b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>		No
<p>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 (2017)

Form 990, Part III, Line 4a:

COMMUNITY IMPACT INVESTMENTS IN 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 \$4,036,341, THIS INCLUDES 53 PROGRAMS PROVIDING 4,056 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. SEE ADDITIONAL INFO ON SCH O 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 \$424,407 THIS INCLUDES 14 PROGRAMS PROVIDING 796 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 \$342,875, THIS INCLUDES 9 PROGRAMS PROVIDING 38,593 PEOPLE WITH FOOD FROM PANTRIES, HOME DELIVERED MEALS, AND NUTRITION EDUCATION COURSES. FOR CONTINUED SUPPORT OUR COMMUNITY IMPACT INVESTMENTS INCLUDE \$595,000 IN 13 EMERGENCY SERVICES PROGRAMS THAT PROVIDE 15,572 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 \$20,000 INTO 11 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 SCHOOLS/UNITED WAY COMMUNITY SCHOOLS LINKS 15 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 AGING/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. 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. OTHER PROGRAM SERVICES/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.

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	40 00	X		X				172,221	0	11,831
PETER RUGGIERO BOARD CHAIR	0 50	X		X				0	0	0
ANNE BAUM BOARD MEMBER	0 50	X						0	0	0
MEGAN BESTE BOARD MEMBER	0 50	X						0	0	0
WENDY BORN BOARD MEMBER	0 50	X						0	0	0
THOMAS DAUB BOARD MEMBER	0 50	X						0	0	0
RAFAEL DE LA HOZ BOARD MEMBER	0 50	X						0	0	0
DOROTA GASIENICA-KOZAK BOARD MEMBER	0 50	X						0	0	0
DR MARC GRANSON BOARD MEMBER	0 50	X						0	0	0
TRISHA R HIGGINS CPA 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			
DR CARLOS HODGES BOARD MEMBER	0 50	X						0	0	0
JOHN MARZANO BOARD MEMBER	0 50	X						0	0	0
DAVID NOEL BOARD MEMBER	0 50	X						0	0	0
THOMAS PARKER BOARD MEMBER	0 50	X						0	0	0
DR AMEESH PATEL BOARD MEMBER	0 50	X						0	0	0
MATTHEW PYE BOARD MEMBER	0 50	X						0	0	0
JOANNE RAPHAEL BOARD MEMBER	0 50	X						0	0	0
CELESTE RAU BOARD MEMBER	0 50	X						0	0	0
TIMOTHY S RAUSCH BOARD MEMBER	0 50	X						0	0	0
JOHN F REINHART 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			
DR TINA Q RICHARDSON BOARD MEMBER	0 50	X						0	0	0
DR JOSEPH ROY BOARD VICE CHAIR	0 50	X		X				0	0	0
ASHLEY RUSSO BOARD MEMBER	0 50	X						0	0	0
SALEEM SAAB BOARD MEMBER	0 50	X						0	0	0
DR BILL SCHANINGER BOARD MEMBER	0 50	X						0	0	0
JOHN WERKHEISER BOARD MEMBER	0 50	X						0	0	0
MARCI LESKO EXECUTIVE VICE PRESIDENT/SECRETARY	40 00	X		X				117,654	0	16,632
DEBRA KLOCEK VICE PRESIDENT, FINANCE & ADMIN	40 00					X		102,030	0	7,377
PAUL HURD VICE PRESIDENT, RESOURCE DEVELOPMENT	40 00					X		120,645	0	28,403

SCHEDULE A
(Form 990 or 990-EZ)

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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		
Total						

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

(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	11,215,376	11,442,263	11,625,546	12,325,592	18,452,736	65,061,513
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	11,215,376	11,442,263	11,625,546	12,325,592	18,452,736	65,061,513
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,348,424
6 Public support. Subtract line 5 from line 4						58,713,089

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	11,215,376	11,442,263	11,625,546	12,325,592	18,452,736	65,061,513
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	221,264	195,977	181,332	226,483	341,348	1,166,404
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	63,222	95,425	117,162	209,618		485,427
11 Total support. Add lines 7 through 10						66,713,344

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	88.010 %
15 Public support percentage for 2016 Schedule A, Part II, line 14	15	87.490 %

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶

b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	OTHER INCOME - 2013 AMOUNT \$ 63,222 2014 AMOUNT \$ 95,425 2015 AMOUNT \$ 117,162 2016 AMOUNT \$ 209,618

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A PART II SECTION A LINE 1	HISTORICALLY, THE UNITED WAY OF THE GREATER LEHIGH VALLEY FILED SCHEDULE A NETTING DONOR DESIGNATED GIFTS RECOGNIZED AS CONTRIBUTION REVENUE BEGINNING IN 2013, THE ORGANIZATION IS NOW INCLUDING THE GROSS VALUE OF DONOR DESIGNATIONS WITH ALL OTHER CONTRIBUTION REVENUE

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
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.

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ 0
- 3 Volunteer hours for political campaign activities (see instructions) 0

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ 0
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ 0
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- 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).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ 0
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ 0
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ 0
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 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-
1				
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												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	0													
c Total lobbying expenditures (add lines 1a and 1b)	0													
d Other exempt purpose expenditures	36,380													
e Total exempt purpose expenditures (add lines 1c and 1d)	36,380													
f Lobbying nontaxable amount Enter the amount from the following table in both columns	7,276													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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													
g Grassroots nontaxable amount (enter 25% of line 1f)	1,819													
h Subtract line 1g from line 1a If zero or less, enter -0-	0													
i Subtract line 1f from line 1c If zero or less, enter -0-	0													
j 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	2,777	6,144	7,526	7,276	23,723
b Lobbying ceiling amount (150% of line 2a, column(e))					35,585
c Total lobbying expenditures					
d Grassroots nontaxable amount	694	1,536	1,882	2,272	6,384
e Grassroots ceiling amount (150% of line 2d, column (e))					9,576
f 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
1 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			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

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."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 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?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

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)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

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
1 Total number at end of year	2	
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)	1,310	
4 Aggregate value at end of year	18,666	

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

- 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 |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f 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
1a Beginning of year balance	1,712,262	1,383,711	1,378,964	1,582,194	1,478,733
b Contributions	127,018	258,000	5,242		90,095
c Net investment earnings, gains, and losses	89,868	135,551	7,847	26,770	18,617
d Grants or scholarships					
e Other expenditures for facilities and programs	412,784	65,000	8,342	230,000	5,251
f Administrative expenses					
g End of year balance	1,516,364	1,712,262	1,383,711	1,378,964	1,582,194

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 69 360 %
 - b** Permanent endowment ▶ 30 640 %
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		510,244	171,130	339,114
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				339,114

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) SPLIT INTEREST AGREEMENTS	149,693	C
(B) PERPETUAL TRUSTS	2,236,839	C
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	2,386,532	

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

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

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

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DESIGNATIONS PAYABLE	2,056,452
LIABILITY TO DONORS UNDER SPLIT-INTEREST TRUSTS	90,714
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	2,147,166

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	12,850,969
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-64,742
b	Donated services and use of facilities	2b	637,175
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	48,532
e	Add lines 2a through 2d	2e	620,965
3	Subtract line 2e from line 1	3	12,230,004
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	6,564,080
c	Add lines 4a and 4b	4c	6,564,080
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	18,794,084

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

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

1	Total expenses and losses per audited financial statements	1	10,750,746
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	637,175
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	637,175
3	Subtract line 2e from line 1	3	10,113,571
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	6,564,080
c	Add lines 4a and 4b	4c	6,564,080
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	16,677,651

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

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 PURPOSE 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 THE 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 FI</p>

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	NANCE 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 MATCH OPPORTUNITY I F THE FUND BALANCE FALLS BELOW MINIMUM LEVEL, MEASURES MUST BE TAKEN TO RESTORE THE FUND B ALANCE WITHIN A THREE YEAR PERIOD THE SPENDING POLICY OF THE DONOR-RESTRICTED ENDOWMENT F UND SHALL BE 4% ANNUALLY AS PART OF THE ANNUAL BUDGET THE PURPOSE OF ESTABLISHING AN INVE STMENT POLICY ASSET MIX IS TO CONSTRUCT A TARGET OR "NORMAL" SET OF INVESTMENTS, WELL DIVE RSIFIED 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 AC HIEVING THAT RETURN

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, THE ORGANIZATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS RELATIVE TO UNRELATED BUSINESS INCOME, IF ANY, AS REQUIRED

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	UNREALIZED GAINS ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS 45,683 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 2,849

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	INVESTMENT MANAGEMENT FEES 14,924 DONOR DESIGNATED CONTRIBUTIONS 6,549,156

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	INVESTMENT MANAGEMENT FEES 14,924 DONOR DESIGNATED CONTRIBUTIONS 6,549,156

Schedule I (Form 990)

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 193
3 Enter total number of other organizations listed in the line 1 table. 4

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

Part III can be duplicated if additional space is needed

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

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

Return Reference

Explanation

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.

(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
ALLENTOWN ART MUSEUM OF THE LEHIGH VALLEY ATTN JON HARTMAN 31 N 5TH ST ALLENTOWN, PA 181011605	23-1548101	501C3	38,214	0			DONOR DESIGNATED FOR GENERAL SUPPORT
ALLENTOWN CENTRAL CATHOLIC HIGH SCHOOL 301 N 4TH ST ALLENTOWN, PA 18102	23-1598117	501C3	20,975	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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

(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
ALLENTOWN DRIVE BASEBALL 840 HAMILTON ST STE 210 ALLENTOWN, PA 181012456	27-1768416	501C3	15,260	0			DONOR DESIGNATED FOR GENERAL SUPPORT
ALLENTOWN RESCUE MISSION INC 355 W HAMILTON ST PO BOX 748 ALLENTOWN, PA 181050748	23-6005983	501C3	20,126	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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

(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
ALLENTOWN SCHOOL DISTRICT PO BOX 328 ALLENTOWN, PA 181050328	23-6003488	501C3	8,666	0			PROGRAM OPERATING COSTS
ALLENTOWN SYMPHONY ASSOCIATION 23 N 6TH ST ALLENTOWN, PA 181011431	23-6272140	501C3	30,366	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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

(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
ALLENTOWN YMCA 425 S 15TH ST ALLENTOWN, PA 18102	24-0798706	501C3	6,023	0			DONOR DESIGNATED FOR GENERAL SUPPORT
ALZHEIMERS ASSOCIATION DELAWARE VALLEY CHAPTER 399 MARKET ST STE 102 PHILADELPHIA, PA 191062138	23-2280056	501C3	11,591	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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

(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
AMERICAN CANCER SOCIETY LEHIGH VALLEY UNIT 3893 ADLER PL STE 170 BETHLEHEM, PA 180179072	23-7040934	501C3	17,683	0			DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN HEART ASSOCIATION 968 POSTAL RD STE 110 ALLENTOWN, PA 181099301	23-7283923	501C3	8,030	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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

(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
AMERICAN RED CROSS OF THE GREATER LEHIGH VALLEY 3939 BROADWAY ALLENTOWN, PA 18104	23-1381431	501C3	65,000	0			PROGRAM OPERATING COST
AMERICAN RED CROSS OF THE GREATER LEHIGH VALLEY 3939 BROADWAY ALLENTOWN, PA 18104	23-1381431	501C3	68,057	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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

(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
ANGEL 34 FOUNDATION PO BOX 494 NAZARETH, PA 180640494	41-2155385	501C3	6,905	0			DONOR DESIGNATED FOR GENERAL SUPPORT
ARC - THE ARC OF LEHIGH & NORTHAMPTON COUNTIES 2289 AVENUE A BETHLEHEM, PA 180172107	23-1679102	501C3	5,273	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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

(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
ARTSQUEST 25 W 3RD ST STE 300 BETHLEHEM, PA 180151238	23-2280560	501C3	52,364	0			DONOR DESIGNATED FOR GENERAL SUPPORT
BAUM SCHOOL OF ART PO BOX 653 510 LINDEN STREET ALLENTOWN, PA 181050653	23-1607174	501C3	19,853	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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

(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
BETHLEHEM AREA SCHOOL DISTRICT 1516 SYCAMORE ST BETHLEHEM, PA 18017	23-1658948	501C3	129,238	0			PROGRAM OPERATING COSTS
BETHLEHEM PARTNERSHIP FOR A HEALTHY COMMUNITY 801 OSTRUM ST BETHLEHEM, PA 180151000	23-1352213	501C3	11,564	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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

(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
BIG BROTHERS BIG SISTERS OF THE LEHIGH VALLEY 41 S CARLISLE ST ALLENTOWN, PA 181092558	23-1746895	501C3	42,157	0			DONOR DESIGNATED FOR GENERAL SUPPORT
BIG BROTHERSBIG SISTERS OF THE LEHIGH VALLEY 878 MINESITE RD ALLENTOWN, PA 181039206	23-1746895	501C3	72,000	0			PROGRAM OPERATING COST

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

(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
BOY SCOUTS OF AMERICA - MINSI TRAILS COUNCIL 991 POSTAL RD ALLENTOWN, PA 181099516	23-1708585	501C3	65,887	0			DONOR DESIGNATED FOR GENERAL SUPPORT
BOY SCOUTS OF AMERICA MINSI TRAILS COUNCIL 991 POSTAL RD ALLENTOWN, PA 181099516	23-1708585	501C3	25,000	0			PROGRAM OPERATING COST

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

(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
BOYS & GIRLS CLUB OF ALLENTOWN INC 720 N 6TH ST ALLENTOWN, PA 181021608	23-1352042	501C3	77,409	0			DONOR DESIGNATED FOR GENERAL SUPPORT
BOYS & GIRLS CLUB OF ALLENTOWN INC 720 N 6TH ST ALLENTOWN, PA 181021608	23-1352042	501C3	380,000	0			PROGRAM OPERATING COST

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

(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
BOYS & GIRLS CLUB OF BETHLEHEM 1430 FRITZ DR BETHLEHEM, PA 180176734	23-6298476	501C3	19,744	0			DONOR DESIGNATED FOR GENERAL SUPPORT
BOYS & GIRLS CLUB OF BETHLEHEM 1430 FRITZ DR BETHLEHEM, PA 180176734	23-6298476	501C3	22,403	0			PROGRAM OPERATING COST

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

(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
BOYS & GIRLS CLUB OF EASTON INC 210 JONES HOUSTON WAY PO BOX 741 EASTON, PA 180440741	23-1941228	501C3	53,549	0			DONOR DESIGNATED FOR GENERAL SUPPORT
BOYS & GIRLS CLUB OF EASTON INC PO BOX 741 EASTON, PA 180440741	23-1941228	501C3	53,050	0			PROGRAM OPERATING COST

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

(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
BRIGHT HOPE PREGNANCY SUPPORT CENTERS OF THE LEHIGH VALLEY 1034 W HAMILTON ST ALLENTOWN, PA 181011036	23-2185001	501C3	12,837	0			DONOR DESIGNATED FOR GENERAL SUPPORT
BURN PREVENTION FOUNDATION 236 N 17TH ST 2ND FL ALLENTOWN, PA 181045605	22-2839595	501C3	10,061	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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

(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
CANCER SUPPORT COMMUNITY GREATER LEHIGH VALLEY 944 MARCON BLVD 110 ALLENTOWN, PA 18109	73-1657537	501C3	17,152	0			DONOR DESIGNATED FOR GENERAL SUPPORT
CASA GUADALUPE CENTER 218 N 2ND ST ALLENTOWN, PA 181023508	23-1988203	501C3	9,599	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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

(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
CATHOLIC CHARITIES DIOCESE OF ALLENTOWN 900 S WOODWARD ST ALLENTOWN, PA 18103	23-1598117	501C3	150,052	0			DONOR DESIGNATED FOR GENERAL SUPPORT
CATHOLIC CHARITIES DIOCESE OF ALLENTOWN 2141 DOWNYFLAKE LN ALLENTOWN, PA 181034774	23-1598117	501C3	110,000	0			PROGRAM OPERATING COST

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

(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
CENTER FOR HUMANISTIC CHANGE 100A CASCADE DR BETHLEHEM, PA 180172157	23-2107264	501C3	150,000	0			PROGRAM OPERATING COST
CENTER FOR VISION LOSS 845 W WYOMING ST ALLENTOWN, PA 181033991	23-1352260	501C3	13,143	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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

(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
CENTER FOR VISION LOSS 845 W WYOMING ST ALLENTOWN, PA 181033991	23-1352260	501C3	26,000	0			PROGRAM OPERATING COST
CETRONIA AMBULANCE CORPS INC 4300 BROADWAY ALLENTOWN, PA 18104	23-1740898	501C3	5,962	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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

(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
CHILD CARE INFORMATION SERVICES 2200 W BROAD ST BETHLEHEM, PA 180183200	23-2727958	501C3	101,200	0			PROGRAM OPERATING COST
CHILDREN'S HOME OF EASTON 2000 S 25TH ST EASTON, PA 180426031	24-0806100	501C3	37,444	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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

(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
CHRIST EVANGELICAL LUTHERAN CHURCH 1245 W HAMILTON ST ALLENTOWN, PA 18102	23-1401550	501C3	10,000	0			DONOR DESIGNATED FOR GENERAL SUPPORT
CHRIST LUTHERAN CHURCH 1245 HAMILTON ST ALLENTOWN, PA 18102	23-1401550	501C3	25,000	0			PROGRAM OPERATING COSTS

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

(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
CIVIC THEATRE OF ALLENTOWN PA 527 N 19TH ST ALLENTOWN, PA 18104	23-2152581	501C3	12,000	0			DONOR DESIGNATED FOR GENERAL SUPPORT
COLUMBIA UNIVERSITY BUSINESS SCHOOL 33 W 60TH ST 7TH FL NEW YORK, NY 10023	13-5598093	501C3	20,000	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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

(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
COMMUNITIES IN SCHOOLS OF THE LEHIGH VALLEY PO BOX 722 1628 W CHEW ST ALLENTOWN, PA 181050722	23-2222874	501C3	94,845	0			PROGRAM OPERATING COSTS
COMMUNITIES IN SCHOOLS OF THE LEHIGH VALLEY INC 739 N 12TH STREET ALLENTOWN, PA 18102	23-2222874	501C3	160,691	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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

(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
COMMUNITIES IN SCHOOLS OF THE LEHIGH VALLEY INC PO BOX 722 1628 W CHEW ST ALLENTOWN, PA 181050722	23-2222874	501C3	555,000	0			PROGRAM OPERATING COST
COMMUNITY ACTION COMMITTEE OF LEHIGH VALLEY 1337 E 5TH ST BETHLEHEM, PA 180152103	23-2735252	501C3	100,000	0			PROGRAM OPERATING COST

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

(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
COMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEY 1337 E 5TH ST BETHLEHEM, PA 180152103	23-1669589	501C3	231,128	0			DONOR DESIGNATED FOR GENERAL SUPPORT
COMMUNITY BIKE WORKS 235 N MADISON ST ALLENTOWN, PA 181023737	23-2867945	501C3	75,838	0			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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COMMUNITY BIKEWORKS 235 N MADISON ST ALLENTOWN, PA 181023737	23-2867945	501C3	50,000	0			PROGRAM OPERATING COST
COMMUNITY SERVICES FOR CHILDREN 1520 HANOVER AVE ALLENTOWN, PA 181092360	23-2204725	501C3	30,997	0			PROGRAM OPERATING COSTS

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

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COMMUNITY SERVICES FOR CHILDREN THE DONLEY CHILDRENS CAMPUS DEV OFFICE ALLENTOWN, PA 181092360	23-2204725	501C3	50,000	0			PROGRAM OPERATING COST
COMMUNITY SERVICES FOR CHILDREN INC THE DONLEY CHILDRENS CAMPUS 1520 HANOVER AVE DEVELOPMENT OFFICE ALLENTOWN, PA 181092360	23-2204725	501C3	29,531	0			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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COUNCIL ON ALCOHOL & DRUG ABUSE 1588 VALLEY RD BETHLEHEM, PA 18018	23-1631767	501C3	7,452	0			DONOR DESIGNATED FOR GENERAL SUPPORT
CRIME VICTIMS COUNCIL OF LEHIGH VALLEY INC 801 W HAMILTON ST STE 300 ALLENTOWN, PA 181012420	23-1997899	501C3	50,000	0			PROGRAM OPERATING COST

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

(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
CRIME VICTIMS COUNCIL OF LEHIGH VALLEY INC 801 W HAMILTON ST STE 300 ALLENTOWN, PA 181012420	23-1997899	501C3	9,234	0			DONOR DESIGNATED FOR GENERAL SUPPORT
DA VINCI SCIENCE CENTER 3145 HAMILTON BLVD BYP ALLENTOWN, PA 181033686	23-2824084	501C3	65,647	0			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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DELAWARE MUSEUM OF NATURAL HISTORY INC PO BOX 3937 GREENVILLE, DE 198070937	51-0083535	501C3	10,054	0			DONOR DESIGNATED FOR GENERAL SUPPORT
DESALES UNIVERSITY 2755 STATION AVE CENTER VALLEY, PA 180349565	23-1653718	501C3	11,218	0			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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DIAKON LSM 798 HAUSMAN RD STE 300 ALLENTOWN, PA 181049108	23-3014613	501C3	20,000	0			PROGRAM OPERATING COST
DIAKON LUTHERAN SOCIAL MINISTRIES 1 S HOME AVE TOPTON, PA 195621317	23-3014613	501C3	9,373	0			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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DIOCESE OF ALLENTOWN - SECRETARIAT FOR CATHOLIC EDUCATION 1515 MARTIN LUTHER KING JR DR ALLENTOWN, PA 18105	23-1598117	501C3	199,938	0			DONOR DESIGNATED FOR GENERAL SUPPORT
DREAM COME TRUE PO BOX 21167 LEHIGH VALLEY, PA 180021167	22-2550269	501C3	6,267	0			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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EASTERSEALS OF EASTERN PENNSYLVANIA 1501 LEHIGH ST STE 201 ALLENTOWN, PA 181033880	23-2823542	501C3	15,541	0			DONOR DESIGNATED FOR GENERAL SUPPORT
EASTON AREA COMMUNITY CENTER 901 WASHINGTON ST EASTON, PA 180424341	23-2147613	501C3	73,826	0			PROGRAM OPERATING COST

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	7,590	0			DONOR DESIGNATED FOR GENERAL SUPPORT
EQUI-LIBRIUM INC 524 FEHR RD NAZARETH, PA 180649153	23-3088228	501C3	15,644	0			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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FAMILIES FIRST 1620 TEELS RD PEN ARGYL, PA 180729734	51-0424714	501C3	25,000	0			PROGRAM OPERATING COSTS
FAMILY CONNECTION OF EASTON C/O CHESTON ELEMENTARY SCHOOL 723 COAL ST EASTON, PA 180426556	20-4934762	501C3	85,000	0			PROGRAM OPERATING COSTS

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

(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
FAMILY CONNECTION OF EASTON INC C/O CHESTON ELEMENTARY SCHOOL 723 COAL ST EASTON, PA 180426556	20-4934762	501C3	185,400	0			PROGRAM OPERATING COST
FAMILY CONNECTION OF EASTON INC CHESTON ELEMENTARY SCHOOL 723 COAL ST EASTON, PA 180426556	20-4934762	501C3	6,059	0			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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FUND TO BENEFIT CHILDREN & YOUTH 903 E ELM ST ALLENTOWN, PA 181092629	23-2643243	501C3	11,500	0			DONOR DESIGNATED FOR GENERAL SUPPORT
GETTYSBURG COLLEGE 300 N WASHINGTON ST GETTYSBURG, PA 173251400	23-1352641	501C3	10,000	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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

(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
GIRL SCOUTS OF EASTERN PA 2633 MORAVIAN AVE ALLENTOWN, PA 181035523	23-1599656	501C3	25,000	0			PROGRAM OPERATING COST
GIRL SCOUTS OF EASTERN PENNSYLVANIA INC 330 MANOR ROAD MIQUON, PA 19444	23-1352309	501C3	43,805	0			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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GOOD SHEPHERD REHABILITATION HOSPITAL (MAIN) 850 S 5TH ST ALLENTOWN, PA 181033308	23-2216041	501C3	123,244	0			DONOR DESIGNATED FOR GENERAL SUPPORT
GREATER LEHIGH VALLEY CHAMBER OF COMMERCE FOUNDATION 158 NORTHAMPTON ST STE A EASTON, PA 18042	22-2626110	501C3	10,104	0			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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GREATER VALLEY YMCA 1524 W LINDEN ST STE 209 ALLENTOWN, PA 18102	24-0798706	501C3	34,677	0			DONOR DESIGNATED FOR GENERAL SUPPORT
GREATER VALLEY YMCA 1524 W LINDEN ST STE 209 ALLENTOWN, PA 18102	24-0798706	501C3	50,000	0			PROGRAM OPERATING COST

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HABITAT FOR HUMANITY OF THE LEHIGH VALLEY 245 N GRAHAM ST ALLENTOWN, PA 181092191	23-2544326	501C3	21,211	0			DONOR DESIGNATED FOR GENERAL SUPPORT
HISPANIC AMERICAN ORGANIZATION INC 462 W WALNUT ST ALLENTOWN, PA 181025497	23-2805047	501C3	5,592	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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HISPANIC CENTER LEHIGH VALLEY 520 E 4TH ST BETHLEHEM, PA 180151804	23-1882308	501C3	78,000	0			PROGRAM OPERATING COST
HISPANIC CENTER LEHIGH VALLEY 520 E 4TH ST BETHLEHEM, PA 180151804	23-1882308	501C3	7,970	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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HISTORIC BETHLEHEM PARTNERSHIP INC 74 W BROAD ST STE 260 BETHLEHEM, PA 180185878	23-2741808	501C3	7,327	0			DONOR DESIGNATED FOR GENERAL SUPPORT
HUAXIA CHINESE SCHOOL OF THE LEHIGH VALLEY NCC 3835 GREEN POND RD BETHLEHEM, PA 180207568	20-4301676	501C3	5,008	0			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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JEWISH FAMILY SERVICE OF THE LEHIGH VALLEY 2004 W ALLEN ST ALLENTOWN, PA 181045007	23-2301360	501C3	8,615	0			DONOR DESIGNATED FOR GENERAL SUPPORT
JEWISH FEDERATION OF THE LEHIGH VALLEY 702 N 22ND ST ALLENTOWN, PA 181043904	23-6396349	501C3	38,762	0			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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LAFAYETTE COLLEGE 730 HIGH ST EASTON, PA 180427623	24-0795686	501C3	10,000	0			DONOR DESIGNATED FOR GENERAL SUPPORT
LEADER LEHIGH VALLEY PO BOX 8777 ALLENTOWN, PA 18105	47-4883177	501C3	65,500	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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LEHIGH CONFERENCE OF CHURCHES 457 ALLEN STREET ALLENTOWN, PA 181023338	23-1484205	501C3	47,583	0			DONOR DESIGNATED FOR GENERAL SUPPORT
LEHIGH COUNTY CONFERENCE OF CHURCHES 534 W CHEW ST ALLENTOWN, PA 181023338	23-1484205	501C3	20,000	0			PROGRAM OPERATING COST

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LEHIGH UNIVERSITY 27 MEMORIAL DR W BETHLEHEM, PA 180153093	24-0795445	NO	19,000	0			PROGRAM OPERATING COSTS
LEHIGH UNIVERSITY 27 W MEMORIAL DR BETHLEHEM, PA 180153016	24-0795445	501C3	12,500	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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LEHIGH UNIVERSITY 111 RESEARCH DR IACOCCA HALL BETHLEHEM, PA 180154729	24-0795445	NO	85,000	0			PROGRAM OPERATING COST
LEHIGH VALLEY ASSOCIATION OF INDEPENDENT COLLEGES 130 W GREENWICH ST BETHLEHEM, PA 18018	31-0901001	501C3	14,824	0			PROGRAM OPERATING COST

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LEHIGH VALLEY CENTER FOR INDEPENDENT LIVING INC 713 N 13TH STREET ALLENTOWN, PA 18102	23-2610549	501C3	5,552	0			DONOR DESIGNATED FOR GENERAL SUPPORT
LEHIGH VALLEY CHILDREN'S CENTER 1501 LEHIGH ST STE 208 ALLENTOWN, PA 181033880	23-1908158	501C3	34,355	0			PROGRAM OPERATING COSTS

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LEHIGH VALLEY CHILDREN'S CENTERS INC 1501 LEHIGH ST STE 201 ALLENTOWN, PA 181033892	23-1908158	501C3	134,520	0			PROGRAM OPERATING COST
LEHIGH VALLEY CHILDREN'S CENTERS INC 1501 LEHIGH ST STE 208 ALLENTOWN, PA 181033892	23-1908158	501C3	19,523	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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LEHIGH VALLEY COMMUNITY FOUNDATION 840 HAMILTON ST STE 310 ALLENTOWN, PA 181012456	23-1686634	501C3	45,993	0			DONOR DESIGNATED FOR GENERAL SUPPORT
LEHIGH VALLEY FACES 532 HAMILTON ST SUITE 3 ALLENTOWN, PA 18101	27-4170024	NO	14,200	0			PROGRAM OPERATING COST

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LEHIGH VALLEY HEALTH NETWORK DEV OFFICE - S BIGGS PO BOX 4000 ALLENTOWN, PA 181054000	22-2458317	501C3	61,316	0			DONOR DESIGNATED FOR GENERAL SUPPORT
LEHIGH VALLEY PBSWLVT STEELSTACKS CAMPUS 839 SESAME ST BETHLEHEM, PA 18015	23-1642883	501C3	5,364	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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LEUKEMIA AND LYMPHOMA SOCIETY 1525 VALLEY CENTER PKWY STE 180 BETHLEHEM, PA 180172271	13-5644916	501C3	6,828	0			DONOR DESIGNATED FOR GENERAL SUPPORT
MANN CENTER FOR THE PERFORMING ARTS 5201 PARKSIDE AVE PHILADELPHIA, PA 19131	23-1473884	501C3	5,000	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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MARCH OF DIMES BIRTH DEFECTS FOUNDATION 252 BROADHEAD RD STE 400 BETHLEHEM, PA 180178611	13-1846366	501C3	15,343	0			DONOR DESIGNATED FOR GENERAL SUPPORT
MARIA VERAS FAMILY DAYCARE 27 N 12TH ST ALLENTOWN, PA 181011029	09-8709098	NO	37,380	0			PROGRAM OPERATING COSTS

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MARY'S SHELTER 736 UPLAND AVE READING, PA 196071751	23-2722494	501C3	22,569	0			DONOR DESIGNATED FOR GENERAL SUPPORT
MEALS ON WHEELS LEHIGH COUNTY 4234 DORNEY PARK RD ALLENTOWN, PA 181045712	23-7172270	501C3	60,000	0			PROGRAM OPERATING COST

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MEALS ON WHEELS NORTHAMPTONBETHLEHEM 4240 FRITCH DR BETHLEHEM, PA 180208940	23-1861779	501C3	76,196	0			PROGRAM OPERATING COST
MEALS ON WHEELS OF LEHIGH COUNTY INC 4234 DORNEY PARK RD ALLENTOWN, PA 181045712	23-7172270	501C3	33,687	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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MEALS ON WHEELS OF THE GREATER LEHIGH VALLEY 4240 FRITCH DR BETHLEHEM, PA 180208940	23-1861779	501C3	38,705	0			DONOR DESIGNATED FOR GENERAL SUPPORT
MERCY SPECIAL LEARNING CENTER 830 S WOODWARD ST ALLENTOWN, PA 181033440	90-0988217	501C3	115,316	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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MILLER-KEYSTONE BLOOD CENTER 1465 VALLEY CENTER PARKWAY BETHLEHEM, PA 180172265	23-1731034	501C3	11,964	0			DONOR DESIGNATED FOR GENERAL SUPPORT
MIRACLE LEAGUE OF THE LEHIGH VALLEY 4460 PARK VIEW DR APT T8 SCHNECKSVILLE, PA 180782579	74-3167008	501C3	17,544	0			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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MORAVIAN COLLEGE 1200 MAIN ST BETHLEHEM, PA 180186961	24-0795460	501C3	35,000	0			PROGRAM OPERATING COST
MOSSER VILLAGE FAMILY CENTER INC 614 S CARLISLE ST ALLENTOWN, PA 181092803	23-3029327	501C3	6,300	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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MUHLENBERG COLLEGE 2400 CHEW ST ALLENTOWN, PA 181045564	23-1352664	501C3	8,221	0			DONOR DESIGNATED FOR GENERAL SUPPORT
NATIONAL MUSEUM OF INDUSTRIAL HISTORY 602 E 2ND ST BETHLEHEM, PA 18015	23-2912750	501C3	7,000	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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

(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
NEW BETHANY MINISTRIES 337 WYANDOTTE ST BETHLEHEM, PA 180151527	23-2365694	501C3	40,000	0			PROGRAM OPERATING COST
NEW BETHANY MINISTRIES 333 W 4TH STREET BETHLEHEM, PA 180151527	23-2365694	501C3	16,664	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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NEW VENTURE FUND 1201 CONNECTICUT AVE NW STE 300 ATTN ALEX TOBOLSKI WASHINGTON, DC 200362605	20-5806345	501C3	17,468	0			DONOR DESIGNATED FOR GENERAL SUPPORT
NORTH PENN LEGAL SERVICES 65 E ELIZABETH AVE STE 800 BETHLEHEM, PA 180186516	23-1659111	501C3	30,000	0			PROGRAM OPERATING COST

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NORTHAMPTON COMMUNITY COLLEGE 3835 GREEN POND RD BETHLEHEM, PA 18020	23-2064496	501C3	100,000	0			PROGRAM OPERATING COST
NORTHAMPTON COMMUNITY COLLEGE 3835 GREEN POND RD BETHLEHEM, PA 180207568	23-2064496	501C3	8,544	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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NORTHAMPTON COMMUNITY COLLEGE 3835 GREEN POND RD BETHLEHEM, PA 180207568	23-2064496	NO	25,000	0			PROGRAM OPERATING COSTS
NORTHAMPTON COUNTY COMMUNITY COLLEGE FOUNDATION 3835 GREEN POND RD BETHLEHEM, PA 180207568	23-2064496	501C3	130,365	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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NORTHAMPTON COUNTY HISTORICAL & GENEALOGICAL SOCIETY 342 NORTHAMPTON ST EASTON, PA 180423514	24-6021192	501C3	5,000	0			DONOR DESIGNATED FOR GENERAL SUPPORT
NORTHEAST MINISTRY 1119-21 MARVINE ST PO BOX 1463 BETHLEHEM, PA 180161463	23-2339841	501C3	25,000	0			PROGRAM OPERATING COST

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

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NORTHWESTERN YOUTH ATHLETIC ASSOCIATION PO BOX 7 NEW TRIPOLI, PA 180660007	23-2254464	501C3	5,522	0			DONOR DESIGNATED FOR GENERAL SUPPORT
PALS PROGRAMS 4965 GRUNDY WAY DOYLESTOWN, PA 18902	35-2334489	501C3	5,012	0			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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PERFORMING ARTS LIVE INC 840 W HAMILTON ST STE 621 ALLENTOWN, PA 18101	47-2819045	501C3	5,000	0			DONOR DESIGNATED FOR GENERAL SUPPORT
PINEBROOK FAMILY ANSWERS 402 N FULTON ST ALLENTOWN, PA 181022002	23-2112204	501C3	326,436	0			PROGRAM OPERATING COST

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

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PINEBROOK FAMILY ANSWERS 402 N FULTON ST ALLENTOWN, PA 18102	23-2112204	501C3	34,872	0			DONOR DESIGNATED FOR GENERAL SUPPORT
PROJECT OF EASTON 320 FERRY ST EASTON, PA 180424541	23-2112204	501C3	80,000	0			PROGRAM OPERATING COST

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

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PROJECT OF EASTON INC 320 FERRY ST EASTON, PA 180424541	23-2112204	501C3	46,610	0			DONOR DESIGNATED FOR GENERAL SUPPORT
PROJECT OF EASTON INC 320 FERRY ST EASTON, PA 180424541	23-2112204	501C3	30,000	0			PROGRAM OPERATING COSTS

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

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PROMISE NEIGHBORHOODS OF THE LEHIGH VALLEY 347 N 8TH ST ALLENTOWN, PA 18102	23-3025771	501C3	150,000	0			PROGRAM OPERATING COST
PROMISE NEIGHBORHOODS OF THE LEHIGH VALLEY 1101 HAMILTON STREET SUITE 102 ALLENTOWN, PA 18101	46-4977992	501C3	30,757	0			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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PUSH THE ROCK PO BOX 95 EMMAUS, PA 180490095	23-2990640	501C3	14,289	0			DONOR DESIGNATED FOR GENERAL SUPPORT
RAINER VALLEY CORPS 3715 S HUDSON ST SUITE 102 SEATTLE, WA 98118	47-4257834	501C3	10,000	0			PROGRAM OPERATING COSTS

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

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SACRED HEART SCHOOL OF ALLENTOWN 325 N FOURTH ST ALLENTOWN, PA 18102	23-1352435	501C3	49,938	0			DONOR DESIGNATED FOR GENERAL SUPPORT
SALVATION ARMY OF THE LEHIGH VALLEY BOX 147 144 N 8TH ST ALLENTOWN, PA 181011223	13-5562351	501C3	132,875	0			PROGRAM OPERATING COST

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

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SCHUYLKILL UNITED WAY 9 N CENTRE ST STE 301 POTTSVILLE, PA 179012925	23-1999071	501C3	13,921	0			DONOR DESIGNATED FOR GENERAL SUPPORT
SHARECARE FAITH IN ACTION 321 WYANDOTTE ST BETHLEHEM, PA 180151527	23-2635994	501C3	45,000	0			PROGRAM OPERATING COST

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

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SLATER FAMILY NETWORK 267 FIVE POINTS RICHMOND RD BANGOR, PA 180135228	16-1672864	501C3	35,000	0			PROGRAM OPERATING COSTS
SLATER FAMILY NETWORK 267 FIVE POINTS RICHMOND RD BANGOR, PA 180135228	16-1672864	501C3	45,000	0			PROGRAM OPERATING COST

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

(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
SOCIAL T MARKETING 410 MAIN ST HELLERTOWN, PA 18055	46-4582506	NO	5,000	0			PROGRAM OPERATING COSTS
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 381052729	62-0646012	501C3	13,950	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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ST MICHAEL THE ARCHANGEL SCHOOL 4121 OLD BETHLEHEM PK BETHLEHEM, PA 180159097	23-2042774	501C3	82,857	0			DONOR DESIGNATED FOR GENERAL SUPPORT
ST BALDRICKS FOUNDATION 1333 S MAYFLOWER AVE STE 400 MONROVIA, CA 910165268	20-1173824	501C3	8,500	0			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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ST LUKE'S HOSPICE (VNA) 240 UNION STATION PLZ 1 BETHLEHEM, PA 180151281	24-0795497	501C3	14,492	0			DONOR DESIGNATED FOR GENERAL SUPPORT
ST LUKES UNIVERSITY HEALTH NETWORK 801 OSTRUM ST BETHLEHEM, PA 180151000	23-1352213	501C3	14,622	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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ST LUKE'S UNIVERSITY HEALTH NETWORK 801 OSTRUM ST BETHLEHEM, PA 18015	23-1352213	501C3	120,680	0			PROGRAM OPERATING COST
ST THOMAS MORE 1040 FLEXER AVE ALLENTOWN, PA 18103	23-1598117	501C3	15,160	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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STATE THEATRE CENTER FOR THE ARTS INC 453 NORTHAMPTON ST EASTON, PA 180423515	23-2173216	501C3	9,960	0			DONOR DESIGNATED FOR GENERAL SUPPORT
SWAIN SCHOOL 1100 S 24TH ST ALLENTOWN, PA 181033710	23-1370506	501C3	6,863	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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TAILS OF VALOR PAWS OF HONOR PROGRAM INC PO BOX 127 COOPERSBURG, PA 18036	81-1221443	501C3	10,000	0			DONOR DESIGNATED FOR GENERAL SUPPORT
TEACHERS COLLEGE COLUMBIA UNIVERSITY 525 W 120TH ST BOX 306 NEW YORK, NY 100276605	13-1624202	501C3	49,938	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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THE CHILDREN'S HOSPITAL OF PHILADELPHIA (CHOP) 3401 CIVIC CENTER BLVD PHILADELPHIA, PA 191044302	23-1352166	501C3	7,053	0			DONOR DESIGNATED FOR GENERAL SUPPORT
THE HILLSIDE SCHOOL 2697 BROOKSIDE RD MACUNGIE, PA 180629045	23-2263178	501C3	14,825	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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THE LITERACY CENTER 801 W HAMILTON ST STE 201 ALLENTOWN, PA 181012420	22-2458322	501C3	30,000	0			PROGRAM OPERATING COSTS
THE LITERACY CENTER 1132 HAMILTON STREET 3RD FLR ALLENTOWN, PA 181011025	22-2458322	501C3	20,786	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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THE LITERACY CENTER 801 HAMILTON MALL STE 202 ALLENTOWN, PA 181012420	22-2458322	501C3	50,591	0			PROGRAM OPERATING COST
THE PENNSYLVANIA SHAKESPEARE FESTIVAL 2755 STATION AVE CENTER VALLEY, PA 180349565	23-2655672	501C3	31,500	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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THE SALVATION ARMY OF THE LEHIGH VALLEY BOX 147 144 N 8TH ST ALLENTOWN, PA 181011223	13-5562351	501C3	31,075	0			DONOR DESIGNATED FOR GENERAL SUPPORT
THIRD STREET ALLIANCE 41 N 3RD ST EASTON, PA 180423642	24-0795639	501C3	24,272	0			PROGRAM OPERATING COSTS

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THIRD STREET ALLIANCE 41 N 3RD ST EASTON, PA 180423642	24-0795639	501C3	145,000	0			PROGRAM OPERATING COST
THIRD STREET ALLIANCE FOR WOMEN & CHILDREN 41 N 3RD ST EASTON, PA 180423642	24-0795639	501C3	20,726	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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TURNING POINT 444 E SUSQUEHANNA ST ALLENTOWN, PA 181035144	23-2100651	501C3	115,000	0			PROGRAM OPERATING COST
TURNING POINT OF LEHIGH VALLEY INC 444 E SUSQUEHANNA ST ALLENTOWN, PA 181035144	23-2100651	501C3	44,615	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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UNITED WAY OF BERKS COUNTY 501 WASHINGTON ST PO BOX 702 READING, PA 196030702	23-1655375	501C3	44,871	0			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF BUCKS COUNTY 413 HOOD BLVD FAIRLESS HILLS, PA 190302901	23-1409706	501C3	10,790	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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UNITED WAY OF GREATER HAZLETON 134 S WYOMING ST HAZLETON, PA 182017084	24-0796034	501C3	6,584	0			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF GREATER HOUSTON PO BOX 3247 50 WAUGH DR HOUSTON, TX 770075813	74-1167964	501C3	11,772	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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UNITED WAY OF GREATER PHILADELPHIA AND SOUTHERN NEW JERSEY 1709 BENJAMIN FRANKLIN PKWY PHILADELPHIA, PA 191031208	23-1556045	501C3	8,887	0			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF LANCASTER COUNTY 630 JANET AVE LANCASTER, PA 176014527	23-1352093	501C3	50,000	0			PROGRAM OPERATING COST

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 PO BOX 790 TANNERSVILLE, PA 183720790	24-0797026	501C3	5,342	0			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF WYOMING VALLEY 100 N PENNSYLVANIA AVE 2ND FL WILKESBARRE, PA 18701	24-0831490	501C3	5,539	0			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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VALLEY YOUTH HOUSE 3400 HIGH POINT BLVD BETHLEHEM, PA 180177815	23-7178820	501C3	118,452	0			DONOR DESIGNATED FOR GENERAL SUPPORT
VALLEY YOUTH HOUSE 827 W LINDEN ST ALLENTOWN, PA 181011233	23-7178820	501C3	168,000	0			PROGRAM OPERATING COST

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VIA OF THE LEHIGH VALLEY 336 W SPRUCE ST BETHLEHEM, PA 180183739	23-1457999	501C3	22,000	0			PROGRAM OPERATING COST
VIA OF THE LEHIGH VALLEY INC 336 W SPRUCE ST BETHLEHEM, PA 180183739	23-1457999	501C3	28,119	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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VICTORY HOUSE 314 FILMORE ST PO BOX 5458 BETHLEHEM, PA 180150458	23-2370759	501C3	40,000	0			PROGRAM OPERATING COST
VICTORY HOUSE OF LEHIGH VALLEY 314 FILLMORE ST PO BOX 5458 BETHLEHEM, PA 180150458	23-2370759	501C3	18,827	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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VISITING NURSES - ST LUKES 1510 VALLEY CENTER PKWY STE 200 BETHLEHEM, PA 180172267	24-0795497	501C3	66,000	0			PROGRAM OPERATING COST
VOA CHILDREN'S CENTER 730 W UNION ST ALLENTOWN, PA 181012260	13-1692595	501C3	95,000	0			PROGRAM OPERATING COST

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VOLUNTEER CENTER OF THE LEHIGH VALLEY 2121 CITY LINE RD BETHLEHEM, PA 180172150	23-2862188	501C3	50,000	0			PROGRAM OPERATING COST
VOLUNTEERS OF AMERICA CHILDREN'S CENTER 730 W UNION ST ALLENTOWN, PA 181012260	13-1692595	501C3	72,807	0			PROGRAM OPERATING COSTS

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WILDLANDS CONSERVANCY 3701 ORCHID PL EMMAUS, PA 180491638	23-7401326	501C3	47,171	0			DONOR DESIGNATED FOR GENERAL SUPPORT
WILDLANDS CONSERVANCY 3701 ORCHID PL EMMAUS, PA 180491638	23-7401326	501C3	42,844	0			PROGRAM OPERATING COST

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WILLIAM ALLEN CONSTRUCTION COMPANY 840 W HAMILTON ST ALLENTOWN, PA 18105	23-3023319	501C3	5,000	0			DONOR DESIGNATED FOR GENERAL SUPPORT
YWCA OF BETHLEHEM 3895 ADLER PL BLDG A STE 180 BETHLEHEM, PA 18017	23-6395256	501C3	8,257	0			DONOR DESIGNATED FOR GENERAL SUPPORT

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

(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
YWCA OF BETHLEHEM 3895 ADLER PL BLLDG A STE 180 BETHLEHEM, PA 18017	23-6395256	501C3	25,000	0			PROGRAM OPERATING COST
ZOE BECKERMAN CONSULTING 2316 ONTARIO RD NW WASHINGTON, DC 20009	81-2375849	NO	12,500	0			PROGRAM OPERATING COST

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

(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
ZOELLNER ARTS CENTER - LEHIGH UNIVERSITY TINKU ALLENTOWN ARTS FUND - ACCT 425259 420 E PACKER AVE BETHLEHEM, PA 18015	24-0795445	501C3	10,038	0			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
UNITED WAY OF THE GREATER LEHIGH VALLEY

Employer identification number
23-2657933

Part I Questions Regarding Compensation

		Yes	No		
<p>1a 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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>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</p>	1b				
<p>2 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?</p>	2				
<p>3 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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a		No		
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 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</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a	Yes			
	5b		No		
<p>6 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</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a	Yes			
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		No		
<p>8 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</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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	PRESIDENT'S ANNUAL PERFORMANCE EVALUATION - CONDUCTED BY THE BOARD CHAIR, VICE-CHAIR - PERFORMANCE METRICS DEVELOPED WITH PRESIDENT IN JUNE/JULY FOR THE NEXT FISCAL YEAR - PERFORMANCE METRICS DOCUMENTED AND APPROVED BY EXECUTIVE COMMITTEE, COPY TO HR - PERFORMANCE METRICS SHARED WITH FULL BOARD - ANNUAL PERFORMANCE EVALUATION CONDUCTED BY BOARD CHAIR AND VICE-CHAIR AT END OF FISCAL YEAR - EVALUATION DOCUMENTED AND HIGHLIGHTS SHARED WITH EXECUTIVE COMMITTEE, COPY TO HR - EXECUTIVE COMMITTEE VOTES ON ANNUAL SALARY ADJUSTMENT - HIGHLIGHTS OF EVALUATION SHARED WITH FULL BOARD EXECUTIVE COMPENSATION & BENEFIT PACKAGE AND CONTRACT - BOARD CHAIR, VICE-CHAIR FORM A COMMITTEE TO REVIEW EXECUTIVE COMPENSATION AND BENEFITS - COMPENSATION COMMITTEE WILL BE STAFFED BY DIRECTOR, HUMAN RESOURCES AND VP FINANCE & ADMINISTRATION - COMMITTEE WILL REVIEW CURRENT COMPENSATION & BENEFITS PACKAGE AND COMPARE WITH LIKE-SIZED UW'S AND/OR AREA NON-PROFITS - AN EMPLOYMENT CONTRACT WILL BE DRAFTED WITH INPUT AND REVIEW OF COUNSEL - EMPLOYMENT CONTRACT IS PRESENTED TO THE EXECUTIVE COMMITTEE FOR APPROVAL EXECUTIVE COMMITTEE VOTES TO RECOMMEND CONTRACT FOR APPROVAL BY BOARD - BOARD REVIEWS AND VOTES TO APPROVE CONTRACT, INCLUDING AUTHORIZING UP TO A 10% VARIANCE IN TOTAL CONTRACT VALUE FOR NEGOTIATION WITH EMPLOYEE - BOARD CHAIR AND/OR VICE-CHAIR PRESENT CONTRACT TO PRESIDENT PRESIDENT SHALL PRESENT CONTRACT FOR ALL OTHER EMPLOYEES - EMPLOYEE MUST SEEK OUTSIDE LEGAL COUNSEL FOR REVIEW OF CONTRACT - IF CONTRACT REVISIONS ARE NEEDED THEY ARE REVIEWED AND APPROVED BY UWGLV COUNSEL - CONTRACT IS SIGNED BY EMPLOYEE, BOARD CHAIR, VICE-CHAIR AND VP FINANCE & ADMINISTRATION - COPY OF FULLY EXECUTED CONTRACT TO HR DETAILS OF CONTRACT ARE CONFIDENTIAL AND WILL NOT BE SHARED OUTSIDE OF THE BOARD OF DIRECTORS -ALL EMPLOYMENT CONTRACTS SHALL FOLLOW THIS PROCESS WITH INPUT FROM THE PRESIDENT FOR ANY OF HIS/HER DIRECT REPORTS
PART I, LINE 5	ALL EMPLOYEES PARTICIPATE IN A VARIABLE PAY INCENTIVE PROGRAM WHICH ONE OF THE PROGRAM REQUIREMENTS IS TOTAL CAMPAIGN REVENUE RAISED
PART I, LINE 6	ALL EMPLOYEES PARTICIPATE IN A VARIABLE PAY INCENTIVE PROGRAM WHICH ONE OF THE PROGRAM REQUIREMENTS IS TOTAL CAMPAIGN REVENUE RAISED

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

2017

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
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶	\$					

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ASHLEY RUSSO	BOARD MEMBER IS OWNER OF ASR MEDIA		MEDIA PRODUCTIONS		No

Part V Supplemental Information

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

Return Reference	Explanation

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047
2017
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**

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 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	37	1,201,832	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 ▶ (_____)				
26 Other ▶ (_____)				
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?

	Yes	No
30a		No
31		No
32a		No

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

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

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

b If "Yes," describe in Part II

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

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

OMB No 1545-0047

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.

2017

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 A, LINE 2	- BOARD MEMBER ASHLEY RUSSO IS OWNER OF ASR MEDIA WITH WHOM THE ORGANIZATION CONDUCTS BUSINESS WITH,

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

Return Reference	Explanation
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 HIS 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	EXECUTIVE COMPENSATION & BENEFIT PACKAGE AND CONTRACT -BOARD CHAIR, VICE-CHAIR FORM A COMMITTEE TO REVIEW EXECUTIVE COMPENSATION AND BENEFITS -COMPENSATION COMMITTEE WILL BE STAFFED BY DIRECTOR, HUMAN RESOURCES AND VP FINANCE & ADMINISTRATION - COMMITTEE WILL REVIEW CURRENT COMPENSATION & BENEFITS PACKAGE AND COMPARE WITH LIKE-SIZED UW'S AND/OR AREA NON-PROFITS -AN EMPLOYMENT CONTRACT WILL BE DRAFTED WITH INPUT AND REVIEW OF COUNSEL -EMPLOYMENT CONTRACT IS PRESENTED TO THE EXECUTIVE COMMITTEE FOR APPROVAL EXECUTIVE COMMITTEE VOTES TO RECOMMEND CONTRACT FOR APPROVAL BY BOARD -BOARD REVIEWS AND VOTES TO APPROVE CONTRACT, INCLUDING AUTHORIZING UP TO A 10% VARIANCE IN TOTAL CONTRACT VALUE FOR NEGOTIATION WITH EMPLOYEE -BOARD CHAIR AND/OR VICE-CHAIR PRESENT CONTRACT TO PRESIDENT PRESIDENT SHALL PRESENT CONTRACT FOR ALL OTHER EMPLOYEES -EMPLOYEE ADVISED TO SEEK OUTSIDE LEGAL COUNSEL FOR REVIEW OF CONTRACT -IF CONTRACT REVISIONS ARE NEEDED THEY ARE REVIEWED AND APPROVED BY UWGLV COUNSEL -CONTRACT IS SIGNED BY EMPLOYEE, BOARD CHAIR, VICE-CHAIR AND VP FINANCE & ADMINISTRATION -COPY OF FULLY EXECUTED CONTRACT TO HR DETAILS OF CONTRACT ARE CONFIDENTIAL AND WILL NOT BE SHARED OUTSIDE OF THE BOARD OF DIRECTORS -ALL EMPLOYMENT CONTRACTS SHALL FOLLOW THIS PROCESS WITH INPUT FROM THE PRESIDENT FOR ANY OF HIS/HER DIRECT REPORTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC THROUGH THE ORGANIZATION'S WEB SITE, GUIDESTAR, CHARITY NAVIGATOR AND UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	UNREALIZED GAINS ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS 45,683 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 2,849

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**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.

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)	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
1 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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	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	0	
(2) UNITED WAY SERVICES INC	O	0	

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII **Supplemental Information**

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