

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

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

- 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 \$ 17,874,535

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 2018 (Part V, line 2a)	45
6 Total number of volunteers (estimate if necessary)	2,738
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)	18,452,736	17,674,052
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	341,348	200,483
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,794,084	17,874,535
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	12,258,517	12,925,950
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)	2,730,504	2,969,287
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,509,981		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,688,630	1,607,627
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	16,677,651	17,502,864
19 Revenue less expenses Subtract line 18 from line 12	2,116,433	371,671
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	13,035,657	14,091,103
21 Total liabilities (Part X, line 26)	2,579,313	3,125,299
22 Net assets or fund balances Subtract line 21 from line 20	10,456,344	10,965,804

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: 2020-02-18

DEBRA KLOCEK VICE PRESIDENT, FINANCE & ADMIN
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2020-02-18 Check 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 \$ 14,934,685 including grants of \$ 12,925,950) (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 ▶ 14,934,685

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Contains 22 numbered questions regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	9
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	45			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .			3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . .			3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .			4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8 Sponsoring organizations maintaining donor advised funds.					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9a Did the sponsoring organization make any taxable distributions under section 4966? . . .			9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			9b		
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders	11a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O			13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c Enter the amount of reserves on hand	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .			14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			16		No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (27); 1b Enter the number of voting members included in line 1a, above, who are independent (25); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (PA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply: Own website (checked), Another's website (checked), Upon request (checked), Other (explain in Schedule O) (unchecked); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION 1110 AMERICAN PARKWAY NE NO F-120 ALLENTOWN, PA 18109 (610) 807-5755

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

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

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for Section A: 1b Sub-Total, 1c Total from continuation sheets, 1d Total (add lines 1b and 1c). Total compensation: 593,669 and 84,387.

Section A continuation questions: 2 Total number of individuals receiving more than \$100,000; 3, 4, 5 Compensation questions.

Section B. Independent Contractors

Table for Section B: 1 Complete this table for your five highest compensated independent contractors. Columns: (A) Name and business address, (B) Description of services, (C) Compensation.

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

Part VIII Statement of Revenue

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

Table with 5 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a Federated campaigns (104,032), 1b Membership dues, 1c Fundraising events, 1d Related organizations, 1e Government grants, 1f All other contributions (17,570,020), 1g Noncash contributions (566,107), and 1h Total (17,674,052).

Table for Program Service Revenue. Rows 2a-2f for various revenue types. Includes a Business Code column and a 2g Total row.

Main revenue table with 5 main columns. Rows include 3 Investment income (177,295), 4 Income from investment of tax-exempt bond proceeds, 5 Royalties, 6a-d Rental income (Real/Personal), 7a-d Gain from sales of assets (Securities/Other), 8a-c Fundraising events, 9a-c Gaming activities, 10a-c Sales of inventory, 11a-e Miscellaneous Revenue, and 12 Total revenue (17,874,535).

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.	12,925,950	12,925,950		
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.	376,535	145,400	66,695	164,440
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.	1,997,804	892,843	444,968	659,993
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	93,892	38,775	22,327	32,790
9 Other employee benefits.	306,278	124,498	69,934	111,846
10 Payroll taxes.	194,778	79,440	44,312	71,026
11 Fees for services (non-employees)				
a Management.				
b Legal.				
c Accounting.	30,250		30,250	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	14,468	14,468		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	337,942	213,694	45,959	78,289
12 Advertising and promotion.				
13 Office expenses.	48,382	21,399	9,190	17,793
14 Information technology.				
15 Royalties.				
16 Occupancy.	260,132	116,904	51,818	91,410
17 Travel.	27,499	13,785	2,954	10,760
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	67,512	33,842	7,254	26,416
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	78,559	35,304	15,649	27,606
23 Insurance.	15,922	2,892	10,710	2,320
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	371,190	182,969	33,068	155,153
b DUES AND FAIR SHARE SUP	169,710	16,175	153,194	341
c EQUIPMENT COSTS	158,916	71,417	31,656	55,843
d BANK CHARGES	27,145	4,930	18,260	3,955
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	17,502,864	14,934,685	1,058,198	1,509,981
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	2,238,860	2	3,154,701
	3 Pledges and grants receivable, net	4,614,193	3	4,289,878
	4 Accounts receivable, net	69,878	4	71,186
	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	65,989	9	117,826
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 528,680		
	b Less accumulated depreciation	10b 249,689	339,114	10c 278,991
	11 Investments—publicly traded securities	3,146,681	11	3,683,212
	12 Investments—other securities See Part IV, line 11	2,386,532	12	2,412,777
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	174,410	15	82,532
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,035,657	16	14,091,103	
Liabilities	17 Accounts payable and accrued expenses	413,481	17	395,853
	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	18,666	21	6,468
	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	2,147,166	25	2,722,978
	26 Total liabilities. Add lines 17 through 25	2,579,313	26	3,125,299
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-2,527,817	27	-2,076,717
	28 Temporarily restricted net assets	10,282,757	28	10,121,157
	29 Permanently restricted net assets	2,701,404	29	2,921,364
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	10,456,344	33	10,965,804	
34 Total liabilities and net assets/fund balances	13,035,657	34	14,091,103	

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	17,874,535
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,502,864
3	Revenue less expenses Subtract line 2 from line 1	3	371,671
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,456,344
5	Net unrealized gains (losses) on investments	5	110,704
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	27,085
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,965,804

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
- 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?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 23-2657933

Name: UNITED WAY OF THE GREATER LEHIGH VALLEY

Form 990 (2018)

Form 990, Part III, Line 4a:

COMMUNITY IMPACT INVESTMENTS IN SUPPORT OF OUR 2022 COMMUNITY GOAL OF INCREASING BY 50% THE NUMBER OF THIRD GRADERS IN THE LEHIGH VALLEY READING ON GRADE LEVEL, OUR EDUCATION INVESTMENTS TOTALED \$4,577,823, THIS INCLUDES 76 PROGRAMS PROVIDING 6,648 AT-RISK CHILDREN AND FAMILIES WITH EARLY LITERACY SKILLS SUPPORT, HIGH QUALITY EARLY LEARNING, PARENT AND CHILD DEVELOPMENT EDUCATION, SUMMER KINDERGARTEN READINESS, AND 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 \$497,613 THIS INCLUDES 17 PROGRAMS PROVIDING 3,118 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 \$347,500, THIS INCLUDES 13 PROGRAMS PROVIDING 24,201 PEOPLE WITH FOOD FROM PANTRIES, HOME DELIVERED MEALS, AND NUTRITION EDUCATION COURSES FOR CONTINUED SUPPORT, OUR EMERGENCY SERVICES INVESTMENTS INCLUDE \$608,750 IN 17 PROGRAMS THAT PROVIDE 15,701 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 SERVING CARBON COUNTY, UNITED WAY OF THE GREATER LEHIGH VALLEY INVESTED \$52,500 INTO 17 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 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 UNITED WAY COMMUNITY SCHOOLS UNITED WAY COMMUNITY SCHOOLS LINKS 24 AREA SCHOOLS WITH THEIR COMMUNITIES IN WAYS THAT ARE GIVING PUBLIC EDUCATION IN THE LEHIGH VALLEY RESOURCES AND CRUCIAL SUPPORT 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 LEHIGH VALLEY READS LEHIGH VALLEY READS IS A REGIONAL LITERACY CAMPAIGN COMMITTED TO ENSURING THAT ALL LEHIGH VALLEY STUDENTS READ ON GRADE LEVEL BY THE END OF THIRD GRADE BY 2025 THIS COLLECTIVE IMPACT INITIATIVE IS POWERED BY UNITED WAY OF THE GREATER LEHIGH VALLEY AND LEHIGH VALLEY PUBLIC MEDIA, HOME OF PBS39 WITH OVER 100 COMMUNITY PARTNERS WORKING TOGETHER TO MAXIMIZE RESOURCES, LEHIGH VALLEY READS IS A COLLECTIVE IMPACT INITIATIVE WITH FIVE KEY FOCUS AREAS EARLY CHILDHOOD EDUCATION, SUMMER LEARNING, SCHOOL ATTENDANCE, TRAUMA-INFORMED CLASSROOMS AND COMMUNITY SCHOOLS UNITED WAY ALLIANCE ON AGING THE 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 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 GREATER 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			
DR JOSEPH ROY BOARD CHAIR	0 50	X		X				0	0	0
JOANNE RAPHAEL BOARD VICE 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
ALLAN CHEN 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
MARILEE FLACO BOARD MEMBER	0 50	X						0	0	0
DOROTA GASIENICA-KOZAK 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 MARC GRANSON BOARD MEMBER	0 50	X						0	0	0
TRISHA R HIGGINS CPA BOARD MEMBER	0 50	X						0	0	0
DR CARLOS HODGES BOARD MEMBER	0 50	X						0	0	0
JOHN MARZANO BOARD MEMBER	0 50	X						0	0	0
THOMAS PARKER BOARD MEMBER	0 50	X						0	0	0
MATTHEW PYE 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
DR TINA Q RICHARDSON 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			
PETER RUGGIERO BOARD MEMBER	0 50	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
DAVID LEWIS PRESIDENT	40 00	X		X				208,926	0	12,457
MARCI LESKO EXECUTIVE VICE PRESIDENT/SECRETARY	40 00	X		X				133,158	0	21,994
DEBRA KLOCEK VICE PRESIDENT, FINANCE & ADMIN	40 00					X		109,910	0	18,297
PAUL HURD VICE PRESIDENT, RESOURCE DEVELOPMENT	40 00					X		141,675	0	31,639

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF THE GREATER LEHIGH VALLEY

Employer identification number

23-2657933

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	11,442,263	11,625,546	12,325,592	18,452,736	17,674,052	71,520,189
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	11,442,263	11,625,546	12,325,592	18,452,736	17,674,052	71,520,189
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)						8,735,795
6	Public support. Subtract line 5 from line 4						62,784,394

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	11,442,263	11,625,546	12,325,592	18,452,736	17,674,052	71,520,189
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	195,977	181,332	226,483	341,348	200,483	1,145,623
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)	95,425	117,162	209,618			422,205
11	Total support. Add lines 7 through 10						73,088,017

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 2018 (line 6, column (f) divided by line 11, column (f))	14	85.900 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	88.010 %

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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>	Yes	No
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

- 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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 - 2014 AMOUNT \$ 95,425 2015 AMOUNT \$ 117,162 2016 AMOUNT \$ 209,618

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

OMB No 1545-0047

2018

Open to Public Inspection

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	▶ \$ _____
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$ _____
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ _____
4 Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures	31,348													
e	Total exempt purpose expenditures (add lines 1c and 1d)	31,348													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	6,270													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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)	1,568													
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	6,144	7,526	7,276	6,270	27,216
b Lobbying ceiling amount (150% of line 2a, column(e))					40,824
c Total lobbying expenditures					
d Grassroots nontaxable amount	1,536	1,882	2,272	1,568	7,258
e Grassroots ceiling amount (150% of line 2d, column (e))					10,887
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.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
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)	12,198	
4 Aggregate value at end of year	6,468	

- 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 7/25/06, 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	1,516,364	1,712,262	1,383,711	1,378,964	1,582,194
b Contributions	243,590	127,018	258,000	5,242	
c Net investment earnings, gains, and losses	108,146	89,868	135,551	7,847	26,770
d Grants or scholarships					
e Other expenditures for facilities and programs		412,784	65,000	8,342	230,000
f Administrative expenses					
g End of year balance	1,868,100	1,516,364	1,712,262	1,383,711	1,378,964

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 64 680 %
 - b** Permanent endowment ▶ 35 320 %
 - 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		528,680	249,689	278,991
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				278,991

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	151,254	C
(B) PERPETUAL TRUSTS	2,261,523	C
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	2,412,777	

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	2,633,104
LIABILITY TO DONORS UNDER SPLIT-INTEREST TRUSTS	89,874
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,722,978

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	11,854,934
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	110,704
b	Donated services and use of facilities	2b	623,842
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	27,085
e	Add lines 2a through 2d	2e	761,631
3	Subtract line 2e from line 1	3	11,093,303
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	14,468
b	Other (Describe in Part XIII)	4b	6,766,764
c	Add lines 4a and 4b	4c	6,781,232
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	17,874,535

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	11,345,474
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	623,842
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	623,842
3	Subtract line 2e from line 1	3	10,721,632
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	14,468
b	Other (Describe in Part XIII)	4b	6,766,764
c	Add lines 4a and 4b	4c	6,781,232
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	17,502,864

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 23-2657933

Name: UNITED WAY OF THE GREATER LEHIGH VALLEY

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	EDUCATION 2020 DISBURSEMENT OF FUNDS ARE AUTHORIZED BY THE CO-CHAIRS OF THE PROFESSIONAL STAFF COMMITTEE UNITED WAY OF THE GREATER LEHIGH VALLEY IS A LIMITED FISCAL SPONSOR AND HAS NO LEGAL CONTROL OF FUNDS, HAS NO VARIANCE POWER OVER FUNDS AND PROVIDES NO ADMINISTRATIVE SUPPORT UNITED WAY OF THE GREATER LEHIGH VALLEY PROVIDES A MONTHLY REPORT OF RECEIPTS AND DISBURSEMENTS

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 NET ASSETS WITH DONOR RESTRICTIONS IN PERPETUITY (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 NET ASSETS WITH DONOR RESTRICTIONS IN PERPETUITY IS CLASSIFIED AS NET ASSETS WITH DONOR RESTRICTIONS FOR TIME OR PURPOSE 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 DURABILITY 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 \$1.0M SHORT-TERM AND \$100M LONG-T</p>

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	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 24,684 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 2,401

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATED CONTRIBUTIONS 6,766,764

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATED CONTRIBUTIONS 6,766,764

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

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

Name of the organization UNITED WAY OF THE GREATER LEHIGH VALLEY

Employer identification number 23-2657933

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
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 (book, FMV, appraisal, other), (g) Description of noncash 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 170
3 Enter total number of other organizations listed in the line 1 table 6

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

Additional Data

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

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

(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
ACT KNOWLEDGE 365 FIFTH AVE 6TH FLOOR NEW YORK, NY 10016	13-4142264		8,850				PROGRAM OPERATING COST
ALLENTOWN ART MUSEUM OF THE LEHIGH VALLEY 31 N 5TH ST ALLENTOWN, PA 181011605	23-1548101	501C3	73,422				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	15,273				DONOR DESIGNATED FOR GENERAL SUPPORT
ALLENTOWN RESCUE MISSION INC 355 W HAMILTON ST PO BOX 748 ALLENTOWN, PA 181050748	23-6005983	501C3	34,339				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 31 S PENN STREET ALLENTOWN, PA 181025409	27-0743152	501C3	273,629				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COSTS
ALLENTOWN SYMPHONY ASSOCIATION 23 N 6TH ST ALLENTOWN, PA 181011431	23-6272140	501C3	32,275				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	15,073				DONOR DESIGNATED FOR GENERAL SUPPORT
ALZHEIMERS ASSOCIATION DELAWARE VALLEY CHAPTER 399 MARKET ST STE 102 PHILADELPHIA, PA 191062138	23-2280056	501C3	6,669				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	19,300				DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN HEART ASSOCIATION 968 POSTAL RD STE 110 ALLENTOWN, PA 181099301	23-7283923	501C3	7,629				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				PROGRAM OPERATING COST
AMERICAN RED CROSS OF THE GREATER LEHIGH VALLEY 3939 BROADWAY ALLENTOWN, PA 18104	23-1381431	501C3	72,343				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	6,806				DONOR DESIGNATED FOR GENERAL SUPPORT
ARC - THE ARC OF LEHIGH & NORTHAMPTON COUNTIES 2289 AVENUE A BETHLEHEM, PA 180172107	23-1679102	501C3	10,688				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	116,432				DONOR DESIGNATED FOR GENERAL SUPPORT
BAUM SCHOOL OF ART PO BOX 653 510 LINDEN STREET ALLENTOWN, PA 181050653	23-1607174	501C3	28,685				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	46-7306294	501C3	112,000				PROGRAM OPERATING COSTS
BETHLEHEM SEVENTH-DAY ADVENTIST CHURCH 1175 MACADA ROAD BETHLEHEM, PA 18107	23-6002044	501C3	7,350				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	25,748				DONOR DESIGNATED FOR GENERAL SUPPORT
BIG BROTHERSBIG SISTERS OF THE LEHIGH VALLEY 878 MINESITE RD ALLENTOWN, PA 181039206	23-1746895	501C3	20,000				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	91,766				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COSTS
BOYS & GIRLS CLUB OF ALLENTOWN INC 720 N 6TH ST ALLENTOWN, PA 181021608	23-1352042	501C3	220,159				DONOR DESIGNATED FOR GENERAL SUPPORT, 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
BOYS & GIRLS CLUB OF BETHLEHEM 1430 FRITZ DR BETHLEHEM, PA 180176734	23-6298476	501C3	21,275				DONOR DESIGNATED FOR GENERAL SUPPORT
BOYS & GIRLS CLUB OF EASTON INC 210 JONES HOUSTON WAY PO BOX 741 EASTON, PA 180440741	23-1941228	501C3	109,285				DONOR DESIGNATED FOR GENERAL SUPPORT, 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
BRADBURY-SULLIVAN LGBT COMMUNITY CENTER 522 W MAPLE STREET ALLENTOWN, PA 18101	20-1443960	501C3	14,777				DONOR DESIGNATED FOR GENERAL SUPPORT
BRIGHT HOPE PREGNANCY SUPPORT CENTERS OF THE LEHIGH VALLEY 1034 W HAMILTON ST ALLENTOWN, PA 181011036	23-2185001	501C3	14,369				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
BURN PREVENTION FOUNDATION 236 N 17TH ST 2ND FL ALLENTOWN, PA 181045605	22-2839595	501C3	11,642				DONOR DESIGNATED FOR GENERAL SUPPORT
CAMELOT FOR CHILDREN 2354 W EMMAUS AVE ALLENTOWN, PA 181306605	23-2565740	501C3	9,569				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	25,415				DONOR DESIGNATED FOR GENERAL SUPPORT
CAP COMMUNITY FOUNDATION 600 HAMILTON STREET SUITE 900 ALLENTOWN, PA 181012119	20-8715100	501C3	5,000				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
CASA GUADALUPE CENTER 218 N 2ND ST ALLENTOWN, PA 181023508	23-1988203	501C3	35,629				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COSTS
CATHOLIC CHARITIES DIOCESE OF ALLENTOWN 900 S WOODWARD ST ALLENTOWN, PA 18103	23-1598117	501C3	193,888				DONOR DESIGNATED FOR GENERAL SUPPORT, 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
CATHOLIC FOUNDATION OF EASTERN PA PO BOX 1430 ALLENTOWN, PA 18105	46-4060385	501C3	87,500				DONOR DESIGNATED FOR GENERAL SUPPORT
CATHOLIC RELIEF SERVICES INC PO BOX 17090 228 W LEXINGTON ST BALTIMORE, MD 212013413	13-5563422	501C3	5,000				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 HUMANISTIC CHANGE 100A CASCADE DR BETHLEHEM, PA 180172157	23-2107264	501C3	97,980				PROGRAM OPERATING COST
CENTER FOR VISION LOSS 845 W WYOMING ST ALLENTOWN, PA 181033991	23-1352260	501C3	44,975				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COSTS

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

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CHILDREN'S HOME OF EASTON 2000 S 25TH ST EASTON, PA 180426031	24-0806100	501C3	48,961				DONOR DESIGNATED FOR GENERAL SUPPORT
CHRIST LUTHERAN CHURCH 1245 HAMILTON ST ALLENTOWN, PA 18102	23-1401550	501C3	32,500				PROGRAM OPERATING COSTS

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CHRIST LUTHERAN CHURCH OF HELLERTOWN 69 MAIN STREET HELLERTOWN, PA 18055		501C3	12,490				DONOR DESIGNATED FOR GENERAL SUPPORT
CIVIC THEATRE OF ALLENTOWN PA 527 N 19TH ST ALLENTOWN, PA 18104	23-2152581	501C3	21,800				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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COLUMBIA UNIVERSITY BUSINESS SCHOOL 33 W 60TH ST 7TH FL NEW YORK, NY 10023	13-5598093	501C3	10,150				DONOR DESIGNATED FOR GENERAL SUPPORT
COMMUNITIES IN SCHOOLS OF THE LEHIGH VALLEY INC 739 N 12TH STREET ALLENTOWN, PA 18102	23-2222874	501C3	1,122,113				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COSTS

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

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COMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEY 1337 E 5TH ST BETHLEHEM, PA 180152103	23-1669589	501C3	478,174				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COSTS
COMMUNITY BIKE WORKS 235 N MADISON ST ALLENTOWN, PA 181023737	23-2867945	501C3	103,999				DONOR DESIGNATED FOR GENERAL SUPPORT, 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
COMMUNITY SERVICES FOR CHILDREN INC 1520 HANOVER AVE ALLENTOWN, PA 181092360	23-2204725	501C3	73,209				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COSTS
CRIME VICTIMS COUNCIL OF LEHIGH VALLEY INC 801 W HAMILTON ST STE 300 ALLENTOWN, PA 181012420	23-1997899	501C3	59,212				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COSTS

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

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DA VINCI SCIENCE CENTER 3145 HAMILTON BLVD BYP ALLENTOWN, PA 181033686	23-2824084	501C3	277,789				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COSTS
DELAWARE MUSEUM OF NATURAL HISTORY INC PO BOX 3937 GREENVILLE, DE 198070937	51-0083535	501C3	49,475				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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DESALES UNIVERSITY 2755 STATION AVE CENTER VALLEY, PA 180349565	23-1653718	501C3	130,726				DONOR DESIGNATED FOR GENERAL SUPPORT
DIAKON LSM 798 HAUSMAN RD STE 300 ALLENTOWN, PA 181049108	23-3014613	501C3	20,000				PROGRAM OPERATING COST

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	300,000				DONOR DESIGNATED FOR GENERAL SUPPORT
DREAM COME TRUE PO BOX 21167 LEHIGH VALLEY, PA 180021167	22-2550269	501C3	13,095				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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EAST STROUDSBURG UNIVERSITY FOUNDATION 200 PROSPECT STREET EAST STROUDSBURG, PA 18301	22-2826714	501C3	7,000				DONOR DESIGNATED FOR GENERAL SUPPORT
EASTERN PA DOWN SYNDROME CENTER 6900 HAMILTON BLVD PO BOX 60 TREXLERTOWN, PA 180870060	23-2828404	501C3	5,555				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	18,562				DONOR DESIGNATED FOR GENERAL SUPPORT
EASTON AREA COMMUNITY CENTER 901 WASHINGTON ST EASTON, PA 180424341	23-2147613	501C3	25,337				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COSTS

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

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EASTON AREA SCHOOL DISTRICT 1801 BUSHKILL DR UNIT 1 EASTON, PA 180408186	27-4701323	501C3	75,000				PROGRAM OPERATING COSTS
EQUI-LIBRIUM INC 524 FEHR RD NAZARETH, PA 180649153	23-3088228	501C3	18,073				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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FAMILY CONNECTION OF EASTON INC 723 COAL ST EASTON, PA 180426556	20-4934762	501C3	141,783				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COSTS
FAMILY PROMISE 167 S 3RD STREET LEHIGHTON, PA 18235	27-0763520	501C3	7,000				PROGRAM OPERATING COSTS

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

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FRANKLIN COVEY 2200 W PARKWAY BLVD MS 110 SALT LAKE CITY, UT 84119	87-0561601		328,064				PROGRAM OPERATING COSTS
FONDOS UNIDOS DE PUERTO RICO PO BOX 191914 SAN JUAN, PR 009191914	66-0269222	501C3	6,093				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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FRIENDS OF THE BETHLEHEM MOUNTED POLICE PO BOX 1314 BETHLEHEM, PA 180171314	45-1546262	501C3	5,000				DONOR DESIGNATED FOR GENERAL SUPPORT
FUND TO BENEFIT CHILDREN & YOUTH 903 E ELM ST ALLENTOWN, PA 181092629	23-2643243	501C3	14,637				DONOR DESIGNATED FOR GENERAL SUPPORT

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

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GETTYSBURG COLLEGE 300 N WASHINGTON ST GETTYSBURG, PA 173251400	23-1352641	501C3	10,000				DONOR DESIGNATED FOR GENERAL SUPPORT
GIRL SCOUTS OF EASTERN PA 2633 MORAVIAN AVE ALLENTOWN, PA 181035523	23-1599656	501C3	25,000				PROGRAM OPERATING COST

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

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GIRL SCOUTS OF EASTERN PENNSYLVANIA INC 330 MANOR ROAD MIQUON, PA 19444	23-1352309	501C3	33,704				DONOR DESIGNATED FOR GENERAL SUPPORT
GOOD SHEPHERD REHABILITATION HOSPITAL (MAIN) 850 S 5TH ST ALLENTOWN, PA 181033308	23-2216041	501C3	120,653				DONOR DESIGNATED FOR GENERAL SUPPORT

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GREATER VALLEY YMCA 1524 W LINDEN ST STE 209 ALLENTOWN, PA 18102	24-0798706	501C3	76,737				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COSTS
HABITAT FOR HUMANITY OF THE LEHIGH VALLEY 245 N GRAHAM ST ALLENTOWN, PA 181092191	23-2544326	501C3	30,133				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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HILLSIDE SCHOOL 2697 BROOKSIDE RD MACUNGIE, PA 180629045	23-2263178	501C3	15,961				DONOR DESIGNATED FOR GENERAL SUPPORT
HISPANIC CENTER LEHIGH VALLEY 520 E 4TH ST BETHLEHEM, PA 180151804	23-1882308	501C3	57,778				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COSTS

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

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HISTORIC BETHLEHEM PARTNERSHIP INC 74 W BROAD ST STE 260 BETHLEHEM, PA 180185878	23-2741808	501C3	23,574				DONOR DESIGNATED FOR GENERAL SUPPORT
JEWISH COMMUNITY CENTER OF THE LEHIGH VALLEY 702 N 22ND ST ALLENTOWN, PA 181043904	23-0734200	501C3	7,206				DONOR DESIGNATED FOR GENERAL SUPPORT

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JEWISH FAMILY SERVICE OF THE LEHIGH VALLEY 2004 W ALLEN ST ALLENTOWN, PA 181045007	23-2301360	501C3	25,432				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COSTS
JEWISH FEDERATION OF THE LEHIGH VALLEY 702 N 22ND ST ALLENTOWN, PA 181043904	23-6396349	501C3	35,563				DONOR DESIGNATED FOR GENERAL SUPPORT

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KELLYN FOUNDATION 336 BUSHKILL STREET PO BOX 369 TATAMY, PA 18085	26-2623498	501C3	60,000				PROGRAM OPERATING COST
KEYSTONE-WARRIERS 16 E NOBLE AVE SHOEMAKERSVILLE, PA 19555	27-3705313	501C3	5,000				DONOR DESIGNATED FOR GENERAL SUPPORT

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KIDSPEACE 5300 KIDSPEACE DRIVE OREFIELD, PA 180692044	23-1353394	501C3	5,833				PROGRAM OPERATING COST
LAFAYETTE COLLEGE 730 HIGH ST EASTON, PA 180427623	24-0795686	501C3	20,254				DONOR DESIGNATED FOR GENERAL SUPPORT

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LEADER LEHIGH VALLEY PO BOX 8777 ALLENTOWN, PA 18105	47-4883177	501C3	130,906				DONOR DESIGNATED FOR GENERAL SUPPORT
LEARNSTEMIC LLC 400 CARLISLE PIKE MECHANICSBURG, PA 17050			30,000				PROGRAM OPERATING COST

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LEHIGH CARBON COMMUNITY COLLEGE FOUNDATION 4525 EDUCATION PARK DRIVE SCHNECKSVILLE, PA 180782502	23-7454575	501C3	17,500				PROGRAM OPERATING COST
LEHIGH COUNTY CONFERENCE OF CHURCHES 457 ALLEN STREET ALLENTOWN, PA 181023338	23-1484205	501C3	58,613				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COSTS

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LEHIGH UNIVERSITY 27 W MEMORIAL DR BETHLEHEM, PA 180153016	24-0795445	501C3	232,450				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COSTS
LEHIGH VALLEY ACTIVE LIFE 1633 W ELM STREET ALLENTOWN, PA 181024557	23-1627030	501C3	20,000				PROGRAM OPERATING COST

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LEHIGH VALLEY ASSOCIATION OF INDEPENDENT COLLEGES 130 W GREENWICH ST BETHLEHEM, PA 18018	31-0901001	501C3	21,613				PROGRAM OPERATING COST
LEHIGH VALLEY CENTER FOR INDEPENDENT LIVING INC 713 N 13TH STREET ALLENTOWN, PA 18102	23-2610549	501C3	5,714				DONOR DESIGNATED FOR GENERAL SUPPORT

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

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LEHIGH VALLEY CHILDREN'S CENTERS INC 1501 LEHIGH ST STE 201 ALLENTOWN, PA 181033892	23-1908158	501C3	197,987				PROGRAM OPERATING COST
LEHIGH VALLEY CHILDREN'S CENTERS INC 1501 LEHIGH ST STE 208 ALLENTOWN, PA 181033892	23-1908158	501C3	21,006				DONOR DESIGNATED FOR GENERAL SUPPORT

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LEHIGH VALLEY COMMUNITY FOUNDATION 840 HAMILTON ST STE 310 ALLENTOWN, PA 181012456	23-1686634	501C3	33,291				DONOR DESIGNATED FOR GENERAL SUPPORT
LEHIGH VALLEY HEALTH NETWORK PO BOX 4000 ALLENTOWN, PA 181054000	22-2458317	501C3	57,393				DONOR DESIGNATED FOR GENERAL SUPPORT

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

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LEHIGH VALLEY PBSWLVT 839 SESAME ST BETHLEHEM, PA 18015	23-1642883	501C3	16,618				DONOR DESIGNATED FOR GENERAL SUPPORT
MANN CENTER FOR THE PERFORMING ARTS 5201 PARKSIDE AVE PHILADELPHIA, PA 19131	23-1473884	501C3	5,000				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	14,514				DONOR DESIGNATED FOR GENERAL SUPPORT
MARIA VERAS FAMILY DAYCARE 27 N 12TH ST ALLENTOWN, PA 181011029	09-8709098		39,750				PROGRAM OPERATING COSTS

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MARY'S SHELTER 736 UPLAND AVE READING, PA 196071751	23-2722494	501C3	12,386				DONOR DESIGNATED FOR GENERAL SUPPORT
MAYO CLINIC 4500 SAN PABLO ROAD S JACKSONVILLE, FL 32224	59-0714831	501C3	82,250				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	211,218				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COSTS
MERCY SPECIAL LEARNING CENTER 830 S WOODWARD ST ALLENTOWN, PA 181033440	90-0988217	501C3	113,487				DONOR DESIGNATED FOR GENERAL SUPPORT

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MILLER-KEYSTONE BLOOD CENTER 1465 VALLEY CENTER PARKWAY BETHLEHEM, PA 180172265	23-1731034	501C3	9,298				DONOR DESIGNATED FOR GENERAL SUPPORT
MIRACLE LEAGUE OF THE LEHIGH VALLEY 4460 PARK VIEW DR APT T8 SCHNECKSVILLE, PA 180782579	74-3167008	501C3	7,344				DONOR DESIGNATED FOR GENERAL SUPPORT

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MORAVIAN ACADEMY 4313 GREEN POND ROAD BETHLEHEM, PA 180185906	24-0829838	501C3	9,375				DONOR DESIGNATED FOR GENERAL SUPPORT
MORAVIAN COLLEGE 1200 MAIN ST BETHLEHEM, PA 180186961	24-0795460	501C3	35,000				PROGRAM OPERATING COST

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MOSSER VILLAGE FAMILY CENTER INC 614 S CARLISLE ST ALLENTOWN, PA 181092803	23-3029327	501C3	5,780				DONOR DESIGNATED FOR GENERAL SUPPORT
MUHLENBERG COLLEGE 2400 CHEW ST ALLENTOWN, PA 181045564	23-1352664	501C3	7,007				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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NATIONAL MULTIPLE SCLEROSIS SOCIETY LEHIGH VALLEY AREA 30 S 17TH STREET SUITE 800 PHILADELPHIA, PA 19103	13-5661935	501C3	5,475				DONOR DESIGNATED FOR GENERAL SUPPORT
NATIONAL MUSEUM OF INDUSTRIAL HISTORY 602 E 2ND ST BETHLEHEM, PA 18015	23-2912750	501C3	9,587				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 333 W 4TH STREET BETHLEHEM, PA 180151527	23-2365694	501C3	59,725				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COSTS
NORTH PENN LEGAL SERVICES 65 E ELIZABETH AVE STE 800 BETHLEHEM, PA 180186516	23-1659111	501C3	30,000				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
NORTH PENN UNITED WAY 1709 BENJAMIN FRANKLIN PKWY PHILADELPHIA, PA 191031208	23-1556045	501C3	5,436				DONOR DESIGNATED FOR GENERAL SUPPORT
NORTHAMPTON COMMUNITY COLLEGE 3835 GREEN POND RD BETHLEHEM, PA 180207568	23-2064496	501C3	308,416				DONOR DESIGNATED FOR GENERAL SUPPORT, 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
NORTHAMPTON COUNTY HISTORICAL & GENEALOGICAL SOCIETY 342 NORTHAMPTON ST EASTON, PA 180423514	24-6021192	501C3	7,000				DONOR DESIGNATED FOR GENERAL SUPPORT
NORTHAMPTON MEMORIAL COMMUNITY CENTER 16001 LAUBACH AVE NORTHAMPTON, PA 18067	24-0841252	501C3	9,841				PROGRAM OPERATING COST

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

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NORTHEAST MINISTRY 1119-21 MARVINE ST PO BOX 1463 BETHLEHEM, PA 180161463	23-2339841	501C3	10,000				PROGRAM OPERATING COST
PAGE 73 PRODUCTIONS 80 HANSON PLACE 3RD FLOOR BROOKLYN, NY 11217	13-4059276	501C3	7,000				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
PALS PROGRAMS 4965 GRUNDY WAY DOYLESTOWN, PA 18902	35-2334489	501C3	6,000				DONOR DESIGNATED FOR GENERAL SUPPORT
PARKLAND SCHOOL DISTRICT EDUCATION FOUNDATION 1210 SPRINGHOUSE ROAD ALLENTOWN, PA 181042119	45-2645543	501C3	5,933				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
PATHSTONE 110 N THIRD STREET LEHIGHTON, PA 18235	16-1183242	501C3	5,000				PROGRAM OPERATING COST
PHILADELPHIA RONALD MCDONALD HOUSE 3925 CHESTNUT STREET PHILADELPHIA, PA 191043110	23-7377505	501C3	9,380				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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PINEBROOK FAMILY ANSWERS 402 N FULTON ST ALLENTOWN, PA 18102	23-2112204	501C3	631,409				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COSTS
PLANNED PARENTHOOD KEYSTONE PO BOX 813 TREXLERTOWN, PA 180870813	23-2450112	501C3	12,525				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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PLUMLOGIX 7035 SCHANTZ ROAD ALLENTOWN, PA 18106	81-4359004		10,000				PROGRAM OPERATING COST
PROJECT OF EASTON INC 320 FERRY ST EASTON, PA 180424541	23-2112204	501C3	109,920				DONOR DESIGNATED FOR GENERAL SUPPORT, 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
PROMISE NEIGHBORHOODS OF THE LEHIGH VALLEY 1101 HAMILTON STREET SUITE 102 ALLENTOWN, PA 18101	46-4977927	501C3	89,873				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COSTS
PUSH THE ROCK PO BOX 95 EMMAUS, PA 180490095	23-2990640	501C3	17,263				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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RESURRECTED LIFE COMMUNITY CHURCH 144 NORTH 9TH STREET ALLENTOWN, PA 18102	45-1018523	501C3	16,579				PROGRAM OPERATING COSTS
RODALE INSTITUTE 611 SIEGFRIEDALE ROAD KUTZTOWN, PA 19530	23-7206884	501C3	6,175				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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SAFE HARBOR 536 BUSHKILL DRIVE EASTON, PA 180421868	23-2589941	501C3	28,670				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COSTS
SALVATION ARMY OF THE LEHIGH VALLEY BOX 147 144 N 8TH ST ALLENTOWN, PA 181011223	13-5562351	501C3	90,000				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
SCHUYLKILL UNITED WAY 9 N CENTRE ST STE 301 POTTSVILLE, PA 179012925	23-1999071	501C3	15,616				DONOR DESIGNATED FOR GENERAL SUPPORT
SHANTHI PROJECT PO BOX 3617 EASTON, PA 18045	27-3592356	501C3	20,000				PROGRAM OPERATING COST

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SHARECARE FAITH IN ACTION 321 WYANDOTTE ST BETHLEHEM, PA 180151527	23-2635994	501C3	25,000				PROGRAM OPERATING COST
SKILLSUSA INC 14001 SKILLSUSA WAY LEESBURG, VA 201765494	52-0812433	501C3	5,875				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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SLATER FAMILY NETWORK 267 FIVE POINTS RICHMOND RD BANGOR, PA 180135228	16-1672864	501C3	30,000				PROGRAM OPERATING COSTS
ST BALDRICKS FOUNDATION 1333 S MAYFLOWER AVE STE 400 MONROVIA, CA 910165268	20-1173824	501C3	8,500				DONOR DESIGNATED FOR GENERAL SUPPORT

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

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ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 381052729	62-0646012	501C3	7,485				DONOR DESIGNATED FOR GENERAL SUPPORT
ST LUKES UNIVERSITY HEALTH NETWORK 801 OSTRUM ST BETHLEHEM, PA 180151000	23-1352213	501C3	175,646				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COSTS

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ST LUKE'S HOSPICE 240 UNION STATION PLZ 1 BETHLEHEM, PA 180151281	24-0795497	501C3	20,908				DONOR DESIGNATED FOR GENERAL SUPPORT
ST MICHAEL THE ARCHANGEL SCHOOL 4121 OLD BETHLEHEM PK BETHLEHEM, PA 180159097	23-2042774	501C3	53,724				DONOR DESIGNATED FOR GENERAL SUPPORT

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ST THOMAS MORE 1040 FLEXER AVE ALLENTOWN, PA 18103	23-1598117	501C3	12,000				DONOR DESIGNATED FOR GENERAL SUPPORT
STATE THEATRE CENTER FOR THE ARTS INC 453 NORTHAMPTON ST EASTON, PA 180423515	23-2173216	501C3	29,906				DONOR DESIGNATED FOR GENERAL SUPPORT

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

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THE CHILDREN'S HOSPITAL OF PHILADELPHIA (CHOP) 3401 CIVIC CENTER BLVD PHILADELPHIA, PA 191044302	23-1352166	501C3	5,926				DONOR DESIGNATED FOR GENERAL SUPPORT
THE LEAGUE OF WOMEN VOTERS OF PA CITIZEN EDUCATION 226 FORSTER STREET HARRISBURG, PA 171023220	23-2574481	501C3	5,250				DONOR DESIGNATED FOR GENERAL SUPPORT

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

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THE LITERACY CENTER 1132 HAMILTON STREET 3RD FLR ALLENTOWN, PA 181011025	22-2458322	501C3	49,017				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COSTS
THE PENNSYLVANIA SHAKESPEARE FESTIVAL 2755 STATION AVE CENTER VALLEY, PA 180349565	23-2655672	501C3	26,564				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	27,408				DONOR DESIGNATED FOR GENERAL SUPPORT
THIRD STREET ALLIANCE FOR WOMEN & CHILDREN 41 N 3RD ST EASTON, PA 180423642	24-0795639	501C3	111,024				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COSTS

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

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TOUCHSTONE THEATRE 321 E 4TH STREET BETHLEHEM, PA 18015	23-2073331	501C3	6,000				DONOR DESIGNATED FOR GENERAL SUPPORT
TURNING POINT OF LEHIGH VALLEY INC 444 E SUSQUEHANNA ST ALLENTOWN, PA 181035144	23-2100651	501C3	124,623				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COSTS

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

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UNITED WAY OF BERKS COUNTY 501 WASHINGTON ST PO BOX 702 READING, PA 196030702	23-1655375	501C3	36,994				DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF BUCKS COUNTY 413 HOOD BLVD FAIRLESS HILLS, PA 190302901	23-1409706	501C3	17,629				DONOR DESIGNATED FOR GENERAL SUPPORT

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

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UNITED WAY OF GLOUCESTER COUNTY INC 454 CROWN POINT ROAD THOROFARE, NH 080862124	21-6006822	501C3	8,872				DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF GREATER HAZLETON 134 S WYOMING ST HAZLETON, PA 182017084	24-0796034	501C3	5,575				DONOR DESIGNATED FOR GENERAL SUPPORT

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UNITED WAY OF GREATER HOUSTON PO BOX 3247 50 WAUGH DR HOUSTON, TX 770075813	74-1167964	501C3	18,492				DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF LANCASTER COUNTY 630 JANET AVE LANCASTER, PA 176014527	23-1352093	501C3	50,000				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	6,337				DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY WORLDWIDE 701 FAIRFAX STREET ALEXANDRIA, VA 22314	13-1635294	501C3	10,175				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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UNIVERSITY OF VIRGINIA LAW SCHOOL FOUNDATION 580 MASSIE ROAD CHARLOTTESVILLE, VA 229031738	54-0838566	501C3	17,500				DONOR DESIGNATED FOR GENERAL SUPPORT
VALLEY AGAINST SEX TRAFFICKING PO BOX 3174 ALLENTOWN, PA 18102	47-4301496	501C3	8,750				PROGRAM OPERATING COST

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	548,999				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COSTS
VIA OF THE LEHIGH VALLEY INC 336 W SPRUCE ST BETHLEHEM, PA 180183739	23-1457999	501C3	28,417				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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VICTORY HOUSE OF LEHIGH VALLEY 314 FILLMORE ST PO BOX 5458 BETHLEHEM, PA 180150458	23-2370759	501C3	49,074				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COSTS
VISITING NURSES - ST LUKES 1510 VALLEY CENTER PKWY STE 200 BETHLEHEM, PA 180172267	24-0795497	501C3	80,000				PROGRAM OPERATING COST

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

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VOA CHILDREN'S CENTER 730 W UNION ST ALLENTOWN, PA 181012260	13-1692595	501C3	124,203				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COSTS
VOLUNTEER CENTER OF THE LEHIGH VALLEY 2158 AVENUE C SUITE 201 BETHLEHEM, PA 180172150	23-2862188	501C3	81,248				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COSTS

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

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WEISENBERG ELEMENTARY SCHOOL 6493 ROUTE 309 NEW TRIPOLI, PA 180662038	59-3793641	501C3	8,997				DONOR DESIGNATED FOR GENERAL SUPPORT
WEST CHESTER UNIVERSITY FOUNDATION 202 CARTER DRIVE WEST CHESTER, PA 193824972	23-3054174	501C3	7,500				DONOR DESIGNATED FOR GENERAL SUPPORT

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

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WEST SIDE MISSION COLLABORATIVE 1245 W HAMILTON STREET ALLENTOWN, PA 18102	23-1401550	501C3	10,000				DONOR DESIGNATED FOR GENERAL SUPPORT
WHEATON ARTS AND CULTURAL CENTER INC 1501 GLASSTOWN ROAD MILLVILLE, NJ 083321568	22-1849118	501C3	5,000				DONOR DESIGNATED FOR GENERAL SUPPORT

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

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WILDLANDS CONSERVANCY 3701 ORCHID PL EMMAUS, PA 180491638	23-7401326	501C3	190,618				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COSTS
WOUNDED WARRIOR PROJECT INC 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 322566033	20-2370934	501C3	5,619				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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YWCA OF BETHLEHEM 3895 ADLER PL BLDG A STE 180 BETHLEHEM, PA 18017	23-6395256	501C3	47,636				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COSTS
YOUNG LIFE LEHIGH VALLEY PO BOX 5249 BETHLEHEM, PA 18015	84-0385934	501C3	11,265				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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ZOE BECKERMAN CONSULTING 2316 ONTARIO RD NW WASHINGTON, DC 20009	81-2375849		20,000				PROGRAM OPERATING COST
ZOELLNER ARTS CENTER - LEHIGH UNIVERSITY 420 E PACKER AVE BETHLEHEM, PA 18015	24-0795445	501C3	12,484				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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

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%; border: none;"><input type="checkbox"/> First-class or charter travel</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Travel for companions</td> <td style="border: none;"><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td style="border: none;"><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Discretionary spending account</td> <td style="border: none;"><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)										
<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%; border: none;"><input type="checkbox"/> Compensation committee</td> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Independent compensation consultant</td> <td style="border: none;"><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td style="border: none;"><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee					
<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract										
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study										
<input checked="" type="checkbox"/> Form 990 of other organizations	<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>	4a		No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b		No								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	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>	5a	Yes									
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	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>	6a	Yes									
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	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 II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAVID LEWIS PRESIDENT	(i)	201,426	0	7,500	0	12,457	221,383	0
	(ii)	0	0	0	0	0	0	0
2 MARCI LESKO EXECUTIVE VICE PRESIDENT/SECRETARY	(i)	133,158	0	0	0	21,994	155,152	0
	(ii)	0	0	0	0	0	0	0
3 PAUL HURD VICE PRESIDENT, RESOURCE DEVELOPMENT	(i)	136,675	0	5,000	0	31,639	173,314	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	<p>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</p>

Return Reference	Explanation
PART I, LINE 5	ALL EMPLOYEES PARTICIPATE IN A VARIABLE PAY INCENTIVE PROGRAM WHICH ONE OF THE PROGRAM REQUIREMENTS IS TOTAL CAMPAIGN REVENUE RAISED

Return Reference	Explanation
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 M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF THE GREATER LEHIGH VALLEY

Employer identification number
23-2657933

Part I 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	22	566,107	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**

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

▶ Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

Department of the Treasury

Name of the organization

UNITED WAY OF THE GREATER LEHIGH VALLEY

Employer identification number

23-2657933

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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 24,684 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 2,401

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

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

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		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		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)

Return Reference	Explanation