

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
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

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 \$ 21,423,952

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)	26
4 Number of independent voting members of the governing body (Part VI, line 1b)	24
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	48
6 Total number of volunteers (estimate if necessary)	3,356
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 39	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	17,674,052	21,173,942
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	200,483	250,010
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)	17,874,535	21,423,952
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	12,925,950	15,586,784
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)	2,969,287	3,648,172
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,786,800		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,607,627	1,875,614
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	17,502,864	21,110,570
19 Revenue less expenses. Subtract line 18 from line 12	371,671	313,382
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	14,091,103	14,138,990
21 Total liabilities (Part X, line 26)	3,125,299	2,867,298
22 Net assets or fund balances. Subtract line 21 from line 20	10,965,804	11,271,692

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: 2021-02-19

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	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶ HERBEIN COMPANY INC		2021-02-19		P00042618
Firm's address ▶ 2763 CENTURY BOULEVARD READING, PA 19610			Firm's EIN ▶ 23-2415973	
			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 \$ 18,195,983 including grants of \$ 15,586,784) (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 ▶ 18,195,983

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
b	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	Yes	
c	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and related parties.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 main columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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.)

		Yes	No
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

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. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ▶THE ORGANIZATION 1110 AMERICAN PARKWAY NE NO F-120 ALLENTOWN, PA 18109 (610) 807-5755

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a 82,609			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 21,091,333			
	g Noncash contributions included in lines 1a - 1f:\$	1g 1,392,430			
	h Total. Add lines 1a-1f		21,173,942		

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a						
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f.						

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		201,812			201,812	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents		(i) Real				
			(ii) Personal				
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c				
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory		(i) Securities	48,198			
			(ii) Other				
		b Less: cost or other basis and sales expenses	7b	0			
		c Gain or (loss)	7c	48,198			
	d Net gain or (loss)			48,198		48,198	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			21,423,952	0	0	250,010	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	15,586,784	15,586,784		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	403,670	158,640	73,256	171,774
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	2,561,016	1,168,507	583,393	809,116
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	115,522	50,137	27,228	38,157
9 Other employee benefits	346,201	147,427	78,887	119,887
10 Payroll taxes	221,763	94,718	50,401	76,644
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	26,400		26,400	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	19,473	19,473		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	478,385	330,000	67,153	81,232
12 Advertising and promotion				
13 Office expenses	48,871	21,284	9,942	17,645
14 Information technology				
15 Royalties				
16 Occupancy	278,455	125,750	59,005	93,700
17 Travel	24,623	12,821	4,230	7,572
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	84,096	43,789	14,445	25,862
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	85,714	38,708	18,163	28,843
23 Insurance	15,465	4,011	8,721	2,733
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	344,882	154,306	28,576	162,000
b DUES AND FAIR SHARE SUP	218,940	133,855	11,638	73,447
c EQUIPMENT COSTS	212,506	95,968	45,030	71,508
d BANK CHARGES	27,146	7,041	15,308	4,797
e All other expenses	10,658	2,764	6,011	1,883
25 Total functional expenses. Add lines 1 through 24e	21,110,570	18,195,983	1,127,787	1,786,800
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	3,154,701	2	3,161,323
	3 Pledges and grants receivable, net	4,289,878	3	3,840,143
	4 Accounts receivable, net	71,186	4	48,642
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	117,826	9	281,981
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	693,030		
	b Less: accumulated depreciation	335,403		
		278,991	10c	357,627
	11 Investments—publicly traded securities	3,683,212	11	4,022,521
	12 Investments—other securities. See Part IV, line 11	2,412,777	12	2,341,017
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	82,532	15	85,736	
16 Total assets. Add lines 1 through 15 (must equal line 34)	14,091,103	16	14,138,990	
Liabilities	17 Accounts payable and accrued expenses	395,853	17	321,534
	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	6,468	21	13
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	594,392
	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	2,722,978	25	1,951,359
	26 Total liabilities. Add lines 17 through 25	3,125,299	26	2,867,298
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-2,076,717	27	-1,969,584
	28 Net assets with donor restrictions	13,042,521	28	13,241,276
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	10,965,804	32	11,271,692	
33 Total liabilities and net assets/fund balances	14,091,103	33	14,138,990	

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	21,423,952
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,110,570
3	Revenue less expenses. Subtract line 2 from line 1	3	313,382
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,965,804
5	Net unrealized gains (losses) on investments	5	62,454
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	-69,948
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,271,692

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 (2019)

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 \$4,704,673, PROVIDING 16,800 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 SCHEDULE 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 \$509,027; PROVIDING 3,137 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, PROVIDING 19,240 PEOPLE WITH FOOD FROM PANTRIES, HOME DELIVERED MEALS, AND NUTRITION EDUCATION COURSES. FOR CONTINUED SUPPORT, OUR EMERGENCY SERVICES INVESTMENTS INCLUDE \$600,000, PROVIDING 15,198 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.DISASTER RELIEF FUNDING TOTALED \$518,514, PROVIDING EMERGENCY ASSISTANCE TO LEHIGH VALLEY RESIDENTS DURING THE MONTHS FOLLOWING THE CORONAVIRUS OUTBREAK IN MARCH 2020.SERVING CARBON COUNTY, UNITED WAY OF THE GREATER LEHIGH VALLEY INVESTED \$55,000 INTO 16 PROGRAMS IN THE REGION. THESE PROGRAMS RANGED IN SERVICES FROM INTERVENING IN HOUSING/UTILITY CRISES TO AVOID EVICTION, HOUSING FOR THE HOMELESS, AFTER-SCHOOL 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 28 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 WITH 17 LEHIGH VALLEY SCHOOL DISTRICTS 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
THOMAS DAUB BOARD MEMBER	0.50	X						0	0	0
RAFAEL DE LA HOZ BOARD MEMBER	0.50	X						0	0	0
MARILEE FALCO BOARD MEMBER	0.50	X						0	0	0
DOROTA GASIENICA-KOZAK BOARD MEMBER	0.50	X						0	0	0
DR MARC GRANSON BOARD MEMBER	0.50	X						0	0	0
MATT GREEN BOARD MEMBER	0.50	X						0	0	0
LAURIE HACKETT 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			
TRISHA R HIGGINS CPA BOARD MEMBER	0.50	X						0	0	0
DR CARLOS HODGES BOARD MEMBER	0.50	X						0	0	0
JAMES IRWIN BOARD MEMBER	0.50	X						0	0	0
DIANA LAQUINTA BOARD MEMBER	0.50	X						0	0	0
DR DONALD OUTING 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
DR TINA Q RICHARDSON BOARD MEMBER	0.50	X						0	0	0
PETER RUGGIERO 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			
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
JOSEPH TOPPER BOARD MEMBER	0.50	X						0	0	0
DAVID LEWIS PRESIDENT	40.00	X		X				213,679	0	13,044
MARCI LESKO EXECUTIVE VICE PRESIDENT/SECRETARY	40.00	X		X				145,961	0	30,987
DEBRA KLOCEK VP, FINANCE & ADMINISTRATION	40.00					X		113,590	0	25,413
PAUL HURD VP, RESOURCE DEVELOPMENT	40.00					X		145,963	0	27,084
JILL PEREIRA VP, EDUCATION & IMPACT	40.00					X		107,574	0	24,998

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
UNITED WAY OF 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) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	11,625,546	12,325,592	18,452,736	17,674,052	21,173,942	81,251,868
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	11,625,546	12,325,592	18,452,736	17,674,052	21,173,942	81,251,868
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) . . .						11,801,106
6 Public support. Subtract line 5 from line 4.						69,450,762

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	11,625,546	12,325,592	18,452,736	17,674,052	21,173,942	81,251,868
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	181,332	226,483	341,348	200,483	250,010	1,199,656
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.) . . .	117,162	209,618				326,780
11 Total support. Add lines 7 through 10						82,778,304
12 Gross receipts from related activities, etc. (see instructions)						12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	83.900 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	85.900 %
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

(Complete only if you checked a box 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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 - 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

2019
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
---	--

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____ **0**

3 Volunteer hours for political campaign activities (see instructions) **0**

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____ **0**

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____ **0**

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

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? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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

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

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

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

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- 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
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

	8,824
	8,824
	1,765

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)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -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?

	441
	0
	0

Yes 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	7,526	7,276	6,270	1,765	22,837
b Lobbying ceiling amount (150% of line 2a, column(e))					34,256
c Total lobbying expenditures					
d Grassroots nontaxable amount	1,882	2,272	1,568	441	6,163
e Grassroots ceiling amount (150% of line 2d, column (e))					9,245
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

OMB No. 1545-0047 2019 Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year.

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?
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?

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.

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?
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)?
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:
(ii) 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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	1,868,100	1,516,364	1,712,262	1,383,711	1,378,964
b Contributions	165,269	243,590	127,018	258,000	5,242
c Net investment earnings, gains, and losses	9,452	108,146	89,868	135,551	7,847
d Grants or scholarships					
e Other expenditures for facilities and programs	403,088		412,784	65,000	8,342
f Administrative expenses					
g End of year balance	1,639,733	1,868,100	1,516,364	1,712,262	1,383,711

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 46.900 %
- b** Permanent endowment ▶ 53.100 %
- 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:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		No
3a(ii)		No
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		693,030	335,403	357,627
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ 357,627

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	151,004	C
(B) PERPETUAL TRUSTS	2,190,013	C
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	2,341,017	

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	1,951,359

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	13,193,274
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	62,454	
b	Donated services and use of facilities	2b	558,359	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-69,948	
e	Add lines 2a through 2d			2e 550,865
3	Subtract line 2e from line 1			3 12,642,409
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	19,473	
b	Other (Describe in Part XIII.)	4b	8,762,070	
c	Add lines 4a and 4b			4c 8,781,543
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 21,423,952

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	12,887,386
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	558,359	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d			2e 558,359
3	Subtract line 2e from line 1			3 12,329,027
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	19,473	
b	Other (Describe in Part XIII.)	4b	8,762,070	
c	Add lines 4a and 4b			4c 8,781,543
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 21,110,570

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 DURATION AND PRESERVATION OF THE VARIOUS FUNDS, (2) THE PURPOSE OF THE DONOR-RESTRICTED ENDOWMENT FUND, (3) GENERAL ECONOMIC CONDITIONS, (4) THE POSSIBLE EFFECT OF INFLATION AND DEFLATION, (5) THE EXPECTED TOTAL RETURN FROM INCOME AND THE APPRECIATION OF INVESTMENTS, (6) OTHER RESOURCES OF THE ORGANIZATION, AND (7) THE ORGANIZATION'S INVESTMENT POLICIES. INVESTMENT RETURN OBJECTIVES, RISK PARAMETERS, AND STRATEGIES: THE ORGANIZATION HAS ADOPTED INVESTMENT POLICIES, APPROVED BY THE BOARD OF DIRECTORS, FOR DONOR-RESTRICTED ENDOWMENT FUNDS AND BOARD-DESIGNATED ENDOWMENTS. THE PRIMARY PURPOSE OF THE BOARD DESIGNATED OPPORTUNITY INVESTMENT FUND IS TO MAINTAIN A QUASI ENDOWMENT FUND WHICH WILL BE UTILIZED FOR OPPORTUNISTIC INVESTMENTS OF A STRATEGIC NATURE, BOTH PROGRAMMATICALLY AND FOR RESOURCE GENERATION INCLUDING GRANT MATCHES. THE TARGET BALANCE OF THE FUND IS A MINIMUM OF \$1M. THE BOARD OPPORTUNITY FUND COMMITTEE AND THE FINANCIAL INVESTMENT COMMITTEE WILL OVERSEE THE MANAGEMENT OF THE FUND. THE PRIMARY PURPOSE OF THE DONOR-RESTRICTED ENDOWMENT FUND IS TO ALLOW FOR THE PRESERVATION OF PRINCIPAL FOR GIFTS GIVEN IN PERPETUITY; WHOSE EARNINGS WILL BE UTILIZED AS DEFINED BY THE DONOR UPON CREATION OF THE GIFT. THE TARGET BALANCE OF THE FUND IS \$1.0M SHORT-TERM AND \$100M LONG-T</p>

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	<p>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.</p>

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 (LOSS) ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS -71,510. CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 1,562.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	DONOR DESIGNATED CONTRIBUTIONS 8,762,070.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	DONOR DESIGNATED CONTRIBUTIONS 8,762,070.

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

2019

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...
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.

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. 196
3 Enter total number of other organizations listed in the line 1 table. 12

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 INC 365 FIFTH AVE 6TH FLOOR NEW YORK, NY 10016	13-4142264		32,050				PROGRAM OPERATING COSTS
ADAMS OUTDOOR ADVERTISING PO BOX 809140 CHICAGO, IL 606809140	41-1540241		11,000				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
ALLENTOWN ART MUSEUM 31 N 5TH ST ALLENTOWN, PA 181011616	23-1548101	501C3	112,276				DONOR DESIGNATED FOR GENERAL SUPPORT
ALLENTOWN DRIVE BASEBALL 840 HAMILTON ST STE 210 ALLENTOWN, PA 181012456	27-1768416	501C3	10,000				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
ALLENTOWN RESCUE MISSION INC 355 W HAMILTON ST ALLENTOWN, PA 181011819	23-6005983	501C3	51,026				DONOR DESIGNATED FOR GENERAL SUPPORT
ALLENTOWN SCHOOL DISTRICT SHERIDAN ELEMENTARY SCHOOL 521 N 2ND STREET ALLENTOWN, PA 18102	23-6003488	501C3	150,000				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
ALLENTOWN SCHOOL DISTRICT FOUNDATION 31 S PENN STREET ALLENTOWN, PA 18105	27-0743152	501C3	20,612				DONOR DESIGNATED FOR GENERAL SUPPORT
ALLENTOWN SYMPHONY ASSOCIATION 23 N 6TH ST ALLENTOWN, PA 18101	23-6272140	501C3	69,994				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 181024617	23-1365989	501C3	14,500				DONOR DESIGNATED FOR GENERAL SUPPORT
ALVIN AILEY DANCE FOUNDATION INC 405 W 55TH ST NEW YORK, NY 100194402	13-2584273	501C3	43,750				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 180179000	13-1788491	501C3	10,354				DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN HEART ASSOCIATION (LEHIGH VALLEY) 968 POSTAL RD STE 110 ALLENTOWN, PA 181099301	13-5613797	501C3	23,377				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	134,460				DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
ARC OF LEHIGH & NORTHAMPTON COUNTIES 2289 AVENUE A BETHLEHEM, PA 180172107	23-1679102	501C3	10,762				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	115,883				DONOR DESIGNATED FOR GENERAL SUPPORT
ASR MEDIA LLC 410 MAIN STREET HELLERTOWN, PA 18055	46-2057209		10,000				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
ASSOCIATION OF GRADUATES OF THE US MILITARY ACADEMY 698 HERBERT HALL WEST POINT, NY 10996	14-1260763	501C3	8,750				DONOR DESIGNATED FOR GENERAL SUPPORT
BACH CHOIR OF BETHLEHEM 423 HECKEWELDER PLACE BETHLEHEM, PA 18018	24-0795385	501C3	26,507				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
BAUM SCHOOL OF ART PO BOX 653 510 LINDEN STREET ALLENTOWN, PA 181050653	23-1607174	501C3	50,395				DONOR DESIGNATED FOR GENERAL SUPPORT
BETHLEHEM AREA SCHOOL DISTRICT 1516 SYCAMORE ST BETHLEHEM, PA 18017	46-7306294	501C3	100,000				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
BETHLEHEM BUSINESS FORMS LLC PO BOX 4250 BETHLEHEM, PA 18018	32-0150171		17,600				PROGRAM OPERATING COSTS
BIG BROTHERS BIG SISTERS OF THE LEHIGH VALLEY 41 S CARLISLE ST ALLENTOWN, PA 181092558	23-1746895	501C3	48,362				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
BLACK HERITAGE ASSOCIATION 1132 HAMILTON STREET SUITE 203 ALLENTOWN, PA 18101	23-2997404	501C3	5,000				PROGRAM OPERATING COSTS
BOOMER ESIASON FOUNDATION 200 B ARMSTRONG ROAD GARDEN CITY PARK, NY 11040	11-3142753	501C3	5,224				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
BOY SCOUTS OF AMERICA - MINSI TRAILS COUNCIL 991 POSTAL RD ALLENTOWN, PA 18109	23-1708585	501C3	109,489				DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
BOYS & GIRLS CLUB OF ALLENTOWN 720 N 6TH ST ALLENTOWN, PA 18102	23-1352042	501C3	234,622				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 18017	23-6298476	501C3	31,099				DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
BOYS & GIRLS CLUB OF EASTON INC 210 JONES HOUSTON WAY EASTON, PA 18042	23-1941228	501C3	92,604				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	39,861				DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
BRIGHT HOPE PREGNANCY SUPPORT CENTERS 1034 W HAMILTON ST ALLENTOWN, PA 181011036	23-7337229	501C3	8,430				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
BUILDING 21 265 LEHIGH ST ALEXANDRIA, PA 18102	47-2514219	501C3	34,089				DONOR DESIGNATED FOR GENERAL SUPPORT
BURN PREVENTION FOUNDATION 236 N 17TH ST 2ND FL ALLENTOWN, PA 181045605	22-2839595	501C3	9,271				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
CAMELOT FOR CHILDREN 2354 W EMMAUS AVE ALLENTOWN, PA 18103	23-2565740	501C3	12,316				DONOR DESIGNATED FOR GENERAL SUPPORT
CANCER SUPPORT COMMUNITY OF THE GREATER LEHIGH VALLEY 944 MARCON BLVD SUITE 110 ALLENTOWN, PA 18109	73-1657537	501C3	24,660				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
CARBON-SCHUYLKILL COMMUNITY HOSPITAL INC 400 S 9TH ST LEHIGHTON, PA 18235	23-1352213	501C3	6,160				PROGRAM OPERATING COSTS
CASA GUADALUPE CENTER 218 N 2ND ST ALLENTOWN, PA 181023508	23-1988203	501C3	39,119				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
CATHEDRAL OF ST CATHERINE OF SIENA 1825 WEST TURNER ST ALLENTOWN, PA 18104	23-1598116	501C3	7,875				DONOR DESIGNATED FOR GENERAL SUPPORT
CATHOLIC CHARITIES DIOCESE OF ALLENTOWN 900 S WOODWARD ST ALLENTOWN, PA 181034179	23-1598117	501C3	193,234				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
CAY GALGON LIFE HOUSE 714 W BROAD ST BETHLEHEM, PA 18018	83-3008929	501C3	26,290				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
CEDAR CREST COLLEGE 100 COLLEGE DR ALLENTOWN, PA 18104	23-1365953	501C3	15,025				DONOR DESIGNATED FOR GENERAL SUPPORT
CENTER FOR HUMANISTIC CHANGE 555 UNION BLVD SUITE 7 ALLENTOWN, PA 18109	23-2107264	501C3	97,980				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
CENTER FOR VISION LOSS 845 WYOMING ST ALLENTOWN, PA 18103	23-1352260	501C3	48,925				DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
CHILDREN'S HOME OF EASTON 2000 S 25TH ST EASTON, PA 18042	24-0806100	501C3	63,222				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
CHRIST EVANGELICAL LUTHERAN CHURCH 1245 HAMILTON ST ALLENTOWN, PA 18102	23-1401550	501C3	30,000				DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
CHRIST LUTHERAN CHURCH OF HELLERTOWN 69 MAIN STREET HELLERTOWN, PA 18055	24-0830791	501C3	5,250				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
CITRO DIGITAL 330 S WARMINSTER RD SUITE 341 HATBORO, PA 19040	82-3835410		6,300				PROGRAM OPERATING COSTS
CIVIC THEATRE OF ALLENTOWN PA 527 N 19TH ST ALLENTOWN, PA 18104	23-2152581	501C3	60,538				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
COCO FOUNDATION PO BOX 375 BETHLEHEM, PA 180160375	27-3267960	501C3	5,013				DONOR DESIGNATED FOR GENERAL SUPPORT
COHESION NETWORK INCE 125 N 3RD ST ALLENTOWN, PA 18101	27-5034772	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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COMMUNITIES IN SCHOOLS OF THE LEHIGH VALLEY INC 739 N 12TH STREET ALLENTOWN, PA 18102	23-2222874	501C3	1,069,114				DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
COMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEY 1337 E 5TH ST BETHLEHEM, PA 180152103	23-1669589	501C3	433,191				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 BIKE WORKS 235 N MADISON ST ALLENTOWN, PA 18102	23-2867945	501C3	136,094				DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
COMMUNITY SERVICES FOR CHILDREN INC 1520 HANOVER AVE ALLENTOWN, PA 181092360	23-2204725	501C3	64,600				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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CONGREGATION KENESETH ISRAEL 2227 W CHEW ST ALLENTOWN, PA 18104	23-1489807	501C3	12,750				DONOR DESIGNATED FOR GENERAL SUPPORT
CONNECTIONS FOR WOMEN 32 BROADWAY BANGOR, PA 18013	26-1984125	501C3	5,000				PROGRAM OPERATING COSTS

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

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CRIME VICTIMS COUNCIL OF LEHIGH VALLEY 801 W HAMILTON ST STE 300 ALLENTOWN, PA 18101	23-1997899	501C3	56,170				DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
DA VINCI SCIENCE CENTER 3145 HAMILTON BLVD BYPASS ALLENTOWN, PA 18103	23-2824084	501C3	332,202				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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DELAWARE AND LEHIGH NATIONAL HERITAGE CORRIDOR INC 2750 HUGH MOORE PARK RD EASTON, PA 180427120	23-2977618	501C3	7,584				DONOR DESIGNATED FOR GENERAL SUPPORT
DELAWARE MUSEUM OF NATURAL HISTORY 4840 KENNETT PIKE WILMINGTON, DE 19807	51-0083535	501C3	50,000				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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DESALES UNIVERSITY 2755 STATION AVE CENTER VALLEY, PA 18034	23-1653718	501C3	201,250				DONOR DESIGNATED FOR GENERAL SUPPORT
DIAKON LUTHERAN SOCIAL MINISTRIES 798 HAUSMAN RD STE 300 ALLENTOWN, PA 18104	23-3014613	501C3	26,334				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
DIOCESE OF ALLENTOWN TEMPORAR AFFAIRS OFFICE PO BOX F ALLENTOWN, PA 181051538	23-1598116	501C3	323,037				DONOR DESIGNATED FOR GENERAL SUPPORT
DOMESTIC VIOLENCE SERVICE CENTER (WILKES BARRES) PO BOX 2177 WILKESBARRE, PA 187032177	23-2070668	501C3	11,160				PROGRAM OPERATING COSTS

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

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DOWN FOR DANCE 6 BARLOVENTO CT NEWPORT BEACH, CA 92663	82-2389441	501C3	9,261				DONOR DESIGNATED FOR GENERAL SUPPORT
DREAM COME TRUE PO BOX 21167 LEHIGH VALLEY, PA 180021167	22-2550269	501C3	11,951				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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DUQUESNE UNIVERSITY OF THE HOLY SPIRIT 600 FORBES AVE PITTSBURGH, PA 152193016	25-1035663	501C3	12,250				DONOR DESIGNATED FOR GENERAL SUPPORT
EAST STROUDSBURG UNIVERSITY FOUNDATION 200 PROSPECT STREET EAST STROUDSBURG, PA 18301	22-2826714	501C3	9,969				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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EASTER SEALS OF EASTERN PENNSYLVANIA 1501 LEHIGH ST STE 201 ALLENTOWN, PA 18103	23-2823542	501C3	26,481				DONOR DESIGNATED FOR GENERAL SUPPORT
EASTON AREA COMMUNITY CENTER 901 WASHINGTON ST EASTON, PA 180424389	23-2147613	501C3	12,631				DONOR DESIGNATED FOR GENERAL SUPPORT

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

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EASTON AREA NEIGHBORHOOD CENTER INC 902 PHILADELPHIA ROAD EASTON, PA 180426599	23-2039194	501C3	15,000				PROGRAM OPERATING COSTS
EASTON AREA SCHOOL DISTRICT 1801 BUSHKILL DRIVE EASTON, PA 18040	27-4701323	501C3	75,000				PROGRAM OPERATING COSTS

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

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ENGINEERS WITHOUT BORDERS USA INC 1031 33RD ST SUITE 210 DENVER, CO 802052767	84-1589324	501C3	5,862				DONOR DESIGNATED FOR GENERAL SUPPORT
EQUI-LIBRIUM INC 524 FEHR RD NAZARETH, PA 180649153	23-3088228	501C3	16,836				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 18042	20-4934762	501C3	146,744				DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
FAMILY PROMISE OF CARBON COUNTY 167 S 3RD STREET LEHIGHTON, PA 18235	27-0763520	501C3	12,700				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 CLIENT SALES INC PO BOX 25127 SALT LAKE CITY, UT 841250127	87-0561601		319,486				PROGRAM OPERATING COSTS
FRIENDS OF THE BETHLEHEM MOUNTED POLICE 615 E LANGHORNE AVE BETHLEHEM, PA 18017	45-1546262	501C3	15,000				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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FUND TO BENEFIT CHILDREN & YOUTH 903 E ELM ST ALLENTOWN, PA 181092629	23-2643243	501C3	35,878				DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
GETTYSBURG COLLEGE 300 N WASHINGTON ST GETTYSBURG, PA 173251400	23-1352641	501C3	5,825				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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GIRL SCOUTS OF EASTERN PENNSYLVANIA 330 MANOR ROAD MIQUON, PA 194441741	23-1599656	501C3	65,850				DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
GODFREY DANIELS 7 EAST 4TH STREET BETHLEHEM, PA 180151601	23-1986385	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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GOOD SHEPHERD REHABILITATION HOSPITAL 850 S 5TH ST ALLENTOWN, PA 181033308	23-2216041	501C3	91,477				DONOR DESIGNATED FOR GENERAL SUPPORT
GREATER EASTON DEVELOPMENT PARTNERSHIP 325 NORTHAMPTON ST EASTON, PA 18042	23-2660344	501C3	15,000				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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GREATER VALLEY YMCA 1524 W LINDEN ST STE 209 ALLENTOWN, PA 18102	24-0798706	501C3	108,959				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	38,035				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	21,422				DONOR DESIGNATED FOR GENERAL SUPPORT
HISPANIC CENTER LEHIGH VALLEY 520 E 4TH ST BETHLEHEM, PA 18015	23-1882308	501C3	85,222				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 310 BETHLEHEM, PA 18018	23-2741808	501C3	41,103				DONOR DESIGNATED FOR GENERAL SUPPORT
HOLY FAMILY MANOR 1200 SPRING ST BETHLEHEM, PA 180184940	23-2523605	501C3	5,929				DONOR DESIGNATED FOR GENERAL SUPPORT

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HOLY FAMILY SCHOOL - NAZARETH 17 N CONVENT AVE NAZARETH, PA 18064	24-0818343	501C3	7,498				DONOR DESIGNATED FOR GENERAL SUPPORT
HOPE COMMUNITY CHURCH 7974 CLAUSVILLE ROAD FOGELSVILLE, PA 18051	80-0797738	501C3	6,136				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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HOUSING ASSOCIATION AND DEVELOPMENT CORPORATION 513 CHEW ST SUITE 515 ALLENTOWN, PA 18102	23-2118810	501C3	5,000				PROGRAM OPERATING COSTS
HUMANE SOCIETY OF HARRISBURG AREA INC 7790 GRAYSON RD HARRISBURG, PA 171115415	23-1365361	501C3	6,130				DONOR DESIGNATED FOR GENERAL SUPPORT

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

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JEWISH COMMUNITY CENTER OF ALLENTOWN 702 N 22ND ST ALLENTOWN, PA 18104	23-0734200	501C3	10,983				DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
JEWISH FAMILY SERVICE OF THE LEHIGH VALLEY 2004 W ALLEN ST ALLENTOWN, PA 181045053	23-2301360	501C3	35,980				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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JEWISH FEDERATION OF THE LEHIGH VALLEY 702 N 22ND ST ALLENTOWN, PA 18104	23-6396349	501C3	36,744				DONOR DESIGNATED FOR GENERAL SUPPORT
KELLYN FOUNDATION 336 BUSHKILL STREET PO BOX 369 TATAMY, PA 18085	26-2623498	501C3	60,000				PROGRAM OPERATING COSTS

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KIDSPEACE 1650 BROADWAY BETHLEHEM, PA 180153998	23-1353394	501C3	11,570				DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
KOLBE ACADEMY INC 395 BRIDLE PATH ROAD BETHLEHEM, PA 18017	83-1367068	501C3	83,334				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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KUTZTOWN UNIVERSITY FOUNDATION PO BOX 151 KUTZTOWN, PA 19530	23-2256893	501C3	53,246				DONOR DESIGNATED FOR GENERAL SUPPORT
LAFAYETTE COLLEGE 730 HIGH ST EASTON, PA 180427623	24-0795686	501C3	121,806				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 CARBON COMMUNITY COLLEGE FOUNDATION 4525 EDUCATION PARK DRIVE SCHNECKSVILLE, PA 180782502	23-7454575	501C3	10,000				PROGRAM OPERATING COSTS
LEHIGH CONFERENCE OF CHURCHES 457 W ALLEN STREET ALLENTOWN, PA 181023338	23-1484205	501C3	32,111				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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LEHIGH UNIVERSITY 27 W MEMORIAL DR BETHLEHEM, PA 18015	24-0795445	501C3	280,529				DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
LEHIGH VALLEY ACTIVE LIFE 1633 W ELM STREET ALLENTOWN, PA 18102	23-1627030	501C3	20,000				PROGRAM OPERATING COSTS

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

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LEHIGH VALLEY ASSOCIATION OF INDEPENDENT COLLEGES 1309 MAIN STREET BETHLEHEM, PA 18018	31-0901001	501C3	17,027				PROGRAM OPERATING COSTS
LEHIGH VALLEY CENTER FOR INDEPENDENT LIVING 435 ALLENTOWN DR ALLENTOWN, PA 181099121	23-2610549	501C3	7,500				PROGRAM OPERATING COSTS

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LEHIGH VALLEY CHILDREN'S CENTERS INC 1501 LEHIGH ST STE 208 ALLENTOWN, PA 181033880	23-1908158	501C3	192,285				DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
LEHIGH VALLEY COMMUNITY FOUNDATION 840 HAMILTON ST STE 310 ALLENTOWN, PA 181012456	23-1686634	501C3	102,396				DONOR DESIGNATED FOR GENERAL SUPPORT

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LEHIGH VALLEY HEALTH NETWORK PO BOX 4000 ALLENTOWN, PA 18103	22-2458317	501C3	1,135,945				DONOR DESIGNATED FOR GENERAL SUPPORT
LEHIGH VALLEY LABOR COUNCIL PO BOX 20226 LEHIGH VALLEY, PA 18002	24-0833078		6,000				PROGRAM OPERATING COSTS

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LEHIGH VALLEY PBSWLVT 839 SESAME ST BETHLEHEM, PA 18015	23-1642883	501C3	50,313				DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
LEHIGH VALLEY ZOO 5150 GAMES PRESERVE RD SCHNECKSVILLE, PA 180783305	05-0606070	501C3	7,258				DONOR DESIGNATED FOR GENERAL SUPPORT

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LEUKEMIA LYMPHOMA SOCIETY EASTERN PA CHAPTER 100 N 20TH ST SUITE 405 PHILADELPHIA, PA 19103	23-1636818	501C3	5,850				DONOR DESIGNATED FOR GENERAL SUPPORT
LIBERTY BELL SHRINE OF ALLENTOWN 622 W HAMILTON ST ALLENTOWN, PA 18101	23-6289914	501C3	6,000				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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LIFECHURCH PO BOX 1996 ALLENTOWN, PA 18105	22-3110904	501C3	15,000				DONOR DESIGNATED FOR GENERAL SUPPORT
LIFEPATH FOUNDATION 3500 HIGH POINT BLVD BETHLEHEM, PA 18107	23-7402943	501C3	17,915				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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LIVING THE DREAM FOUNDATION INC 2987 CORPORATE CT SUITE 300 OREFIELD, PA 180693161	26-3373616	501C3	8,750				DONOR DESIGNATED FOR GENERAL SUPPORT
MARCH OF DIMES BIRTH DEFECTS FOUNDATION PO BOX 18819 ATLANTA, GA 31126	13-1846366	501C3	7,074				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
MARIA VERAS FAMILY DAYCARE INC 27 N 12TH ST ALLENTOWN, PA 181011029	09-8709098		45,420				PROGRAM OPERATING COSTS
MAYO CLINIC 4500 SAN PABLO ROAD S JACKSONVILLE, FL 322241865	59-0714831	501C3	5,250				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
MEALS ON WHEELS OF THE GREATER LEHIGH VALLEY 4240 FRITCH DR BETHLEHEM, PA 180178940	23-1861779	501C3	210,794				DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
MERCY SPECIAL LEARNING CENTER 830 S WOODWARD ST ALLENTOWN, PA 181033440	90-0988217	501C3	154,750				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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MIRACLE LEAGUE OF THE LEHIGH VALLEY 4460 PARK VIEW DR SCHNECKSVILLE, PA 180782579	74-3167008	501C3	10,111				DONOR DESIGNATED FOR GENERAL SUPPORT
MORAVIAN ACADEMY 7 E MARKET ST FLOOR 2 BETHLEHEM, PA 180185963	24-0829838	501C3	12,569				DONOR DESIGNATED FOR GENERAL SUPPORT

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MORAVIAN COLLEGE 1200 MAIN ST BETHLEHEM, PA 18018	24-0795460	501C3	110,223				DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
MOSSER VILLAGE FAMILY CENTER 614 S CARLISLE ST ALLENTOWN, PA 181092803	23-3029327	501C3	5,263				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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MUHLENBERG COLLEGE 2400 W CHEW ST ALLENTOWN, PA 181045564	23-1352664	501C3	20,828				DONOR DESIGNATED FOR GENERAL SUPPORT
NAMI LEHIGH VALLEY 802 W BROAD ST BETHLEHEM, PA 180185225	91-1846073	501C3	15,000				PROGRAM OPERATING COSTS

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

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NATIONAL ACADEMY OF ENGINEERING FUND 500 FIFTH STREET WASHINGTON, DC 20001	23-7284092	501C3	5,250				DONOR DESIGNATED FOR GENERAL SUPPORT
NATIONAL MUSEUM OF INDUSTRIAL HISTORY 754 ROBLE RD SUITE 70 ALLENTOWN, PA 18109	23-2912750	501C3	22,137				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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NEIGHBORHOOD HEALTH CENTERS OF THE LEHIGH VALLEY 218 N 2ND ST ALLENTOWN, PA 18102	20-1894438	501C3	10,000				DONOR DESIGNATED FOR GENERAL SUPPORT
NEW BETHANY MINISTRIES 337 WYANDOTTE ST BETHLEHEM, PA 18015	23-2365694	501C3	106,129				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
NORTH PENN LEGAL SERVICES 101 WEST BROAD STREET SUITE 513 HAZELTON, PA 18201	23-1659111	501C3	30,000				PROGRAM OPERATING COSTS
NORTHAMPTON AREA FOOD BANK 1601 CANAL ST NORTHAMPTON, PA 180671675	23-3007282	501C3	8,428				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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NORTHAMPTON COUNTY COMMUNITY COLLEGE FOUNDATION 3835 GREEN POND RD BETHLEHEM, PA 180207568	23-2064496	501C3	257,848				DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
NORTHAMPTON COUNTY HISTORICAL & GENEALOGICAL SOCIETY 342 NORTHAMPTON ST EASTON, PA 180423514	24-6021192	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
NORTHEAST COMMUNITY CENTER PO BOX 1463 BETHLEHEM, PA 180161463	23-2339841	501C3	34,233				DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
NORTHERN VALLEY EMS 2375 LEVANS RD COPLAY, PA 180372202	23-2941451	501C3	6,152				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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NORTHWESTERN LEHIGH EDUCATIONAL FOUNDATION INC 6493 ROUTE 309 NEW TRIPOLI, PA 180662038	59-3793641	501C3	5,461				DONOR DESIGNATED FOR GENERAL SUPPORT
PALS PROGRAMS 4965 GRUNDY WAY DOYLESTOWN, PA 18902	35-2334489	501C3	11,000				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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PARKLAND SCHOOL DISTRICT EDUCATION FOUNDATION 1210 SPRINGHOUSE ROAD ALLENTOWN, PA 181042119	42-2645543	501C3	8,128				DONOR DESIGNATED FOR GENERAL SUPPORT
PENNSYLVANIA PARTNERSHIPS FOR CHILDREN 116 PINE ST SUITE 430 HARRISBURG, PA 171011250	23-2613869	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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PENNSYLVANIA STATE UNIVERSITY PHILANTHROPIC FUND 408 OLD MAIN UNIVERSITY PARK, PA 16802	27-4628784	501C3	190,199				DONOR DESIGNATED FOR GENERAL SUPPORT
PINEBROOK FAMILY ANSWERS 402 N FULTON ST ALLENTOWN, PA 18102	23-2112204	501C3	678,333				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
PLANNED PARENTHOOD KEYSTONE PO BOX 813 TREXLERTOWN, PA 180870813	23-2450112	501C3	14,915				DONOR DESIGNATED FOR GENERAL SUPPORT
PLUMLOGIX 7035 SCHANTZ ROAD SUITE 150 ALLENTOWN, PA 18106	81-4359004		19,200				PROGRAM OPERATING COSTS

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

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PROJECT OF EASTON INC 320 FERRY ST EASTON, PA 180424541	23-2112204	501C3	124,820				DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
PROMISE NEIGHBORHOODS OF THE LEHIGH VALLEY 1101 HAMILTON STREET SUITE 102 ALLENTOWN, PA 18102	46-4977927	501C3	94,921				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
PUSH THE ROCK PO BOX 95 EMMAUS, PA 180490095	23-2990640	501C3	16,683				DONOR DESIGNATED FOR GENERAL SUPPORT
RED DOOR EARLY LEARNING INC 4777 SAUCON CREEK RD CENTER VALLEY, PA 18034	81-4799500	501C3	11,719				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 COMMUNITY DEVELOPMENT CORP INC 144 N 9TH STREET ALLENTOWN, PA 18102	45-1018523	501C3	7,500				PROGRAM OPERATING COSTS
RIPPLE COMMUNITY INC 1335 W LINDEN ST ALEXANDRIA, PA 18102	47-4828012	501C3	17,000				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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SAFE HARBOR EMERGENCY SHELTER 536 BUSHKILL DRIVE EASTON, PA 18042	23-2589941	501C3	34,539				DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
SCHUYLKILL UNITED WAY 9 N CENTRE ST STE 301 POTTSVILLE, PA 179012925	23-1999071	501C3	9,728				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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SELF LV 1243 S JEFFERSON ST ALLENTOWN, PA 18103	36-4916578	501C3	5,000				PROGRAM OPERATING COSTS
SHANTHI PROJECT PO BOX 3617 EASTON, PA 18045	27-3592356	501C3	20,000				PROGRAM OPERATING COSTS

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SHARE CARE FAITH IN ACTION 321 WYANDOTTE ST BETHLEHEM, PA 180151527	23-2635994	501C3	25,000				PROGRAM OPERATING COSTS
SHEPHERD HOUSE INC 1067 MAIN ROAD LEHIGHTON, PA 182359066	23-2305493	501C3	5,000				PROGRAM OPERATING COSTS

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SKILLSUSA COUNCIL 555 UNION BLVD ALLENTOWN, PA 18109	23-2695915	501C3	6,176				DONOR DESIGNATED FOR GENERAL SUPPORT
SLATER FAMILY NETWORK 187 FIVE POINTS RICHMOND RD BANGOR, PA 18013	16-1672864	501C3	44,000				PROGRAM OPERATING COSTS

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

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SPARK NONPROFIT CONSULTING 1195 DAGER ROAD WARMINSTER, PA 18974	27-0931840		13,725				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 HUBERT CATHOLIC HIGH SCHOOL FOR GIRLS 7320 TORRESDALE AVE PHILADELPHIA, PA 19136	23-1355131	501C3	8,750				DONOR DESIGNATED FOR GENERAL SUPPORT
ST JUDE CHILDRENS RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 381052729	62-0646012	501C3	15,441				DONOR DESIGNATED FOR GENERAL SUPPORT

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

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ST LUKE'S HOSPICE (VNA) 240 UNION STATION PLZ 1 BETHLEHEM, PA 180151281	24-0795497	501C3	99,345				DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
ST LUKES HOSPITAL 801 OSTRUM ST BETHLEHEM, PA 180151014	23-1352213	501C3	277,873				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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ST MICHAEL THE ARCHANGEL SCHOOL 4121 OLD BETHLEHEM PK BETHLEHEM, PA 180159097	23-2042774	501C3	7,562				DONOR DESIGNATED FOR GENERAL SUPPORT
ST THOMAS MORE CHURCH 1040 FLEXER AVE ALLENTOWN, PA 18103	23-2091672	501C3	112,905				DONOR DESIGNATED FOR GENERAL SUPPORT

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STATE THEATRE CENTER FOR THE ARTS 453 NORTHAMPTON ST EASTON, PA 18042	23-2173216	501C3	19,980				DONOR DESIGNATED FOR GENERAL SUPPORT
THE CHILDREN'S CENTER - VOLUNTEER OF AMERICA 730 W UNION ST ALLENTOWN, PA 181016328	13-1692595	501C3	125,401				DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS

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THE CHILDREN'S HOSPITAL OF PHILADELPHIA (CHOP) 3401 CIVIC CENTER BLVD PHILADELPHIA, PA 191049829	23-1352166	501C3	5,465				DONOR DESIGNATED FOR GENERAL SUPPORT
THE LITERACY CENTER 1132 HAMILTON STREET SUITE 300 ALLENTOWN, PA 18101	22-2458322	501C3	50,839				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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THE ORTIZ ARK FOUNDATION 523 W TILGHMAN ST ALLENTOWN, PA 18102	84-3640684	501C3	5,000				PROGRAM OPERATING COSTS
THE PENNSYLVANIA SHAKESPEARE FESTIVAL 2755 STATION AVE CENTER VALLEY, PA 180349565	23-2655672	501C3	18,223				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 PENNSYLVANIA STATE UNIVERSITY 201 SHIELDS BUILDING UNIVERSITY PARK, PA 16802	24-6000376	501C3	80,190				PROGRAM OPERATING COSTS
THE SALVATION ARMY OF EASTON PO BOX 937 EASTON, PA 180440937	23-1352533	501C3	10,690				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 SALVATION ARMY OF THE LEHIGH VALLEY 344 NORTH 7TH ST ALLENTOWN, PA 18102	13-5562351	501C3	111,855				DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
THE TRUSTEES OF STEVENS INSTITUTE OF TECHNOLOGY 1 CASTLE POINT TERRACE HOBOKEN, NJ 07303	22-1487354	501C3	10,000				DONOR DESIGNATED FOR GENERAL SUPPORT

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

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THIRD STREET ALLIANCE FOR WOMEN & CHILDREN 41 N 3RD ST EASTON, PA 18042	24-0795639	501C3	162,682				DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
TRANSVERSE MYELITIS ASSOCIATION 1787 SUTTER PARKWAY POWELL, OH 43065	91-1780467	501C3	13,316				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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TREATMENT TRENDS INC 633 N 4TH ST ALLENTOWN, PA 18102	23-1856007	501C3	15,000				PROGRAM OPERATING COSTS
TRUSTEES OF DARTMOUTH COLLEGE 207 PARKHURST HALL HANOVER, NH 03755	02-0222111	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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TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3535 MARKET ST SUITE 750 PHILADELPHIA, PA 19104	23-1352685	501C3	21,000				DONOR DESIGNATED FOR GENERAL SUPPORT
TURNING POINT OF LEHIGH VALLEY 444 E SUSQUEHANNA ST ALLENTOWN, PA 18103	23-2100651	501C3	136,140				DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS

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UNIDOS INC 1329 HAMILTON ST FLOOR 1 ALLENTOWN, PA 18102	83-4310898	501C3	5,000				PROGRAM OPERATING COSTS
UNITED WAY OF BERKS COUNTY 501 WASHINGTON ST PO BOX 702 READING, PA 196030702	23-1655375	501C3	29,248				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 BUCKS COUNTY 413 HOOD BLVD FAIRLESS HILLS, PA 190302901	23-1409706	501C3	12,440				DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF GLOUCESTER COUNTY 454 CROWN POINT ROAD THOROFARE, NJ 080862124	21-6006822	501C3	10,093				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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UNITED WAY OF GREATER HOUSTON 50 WAUGH DR HOUSTON, TX 77007	74-1167964	501C3	12,260				DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF LANCASTER COUNTY 630 JANET AVE LANCASTER, PA 176014543	23-1352093	501C3	50,000				PROGRAM OPERATING COSTS

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	577,955				DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
VIA OF THE LEHIGH VALLEY INC 336 W SPRUCE ST BETHLEHEM, PA 180183789	23-1457999	501C3	45,144				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
VICTIMS RESOURCE CENTER 1001 MAHONING STREET LEHIGHTON, PA 18229	23-1973148	501C3	5,000				PROGRAM OPERATING COSTS
VICTORY HOUSE OF LEHIGH VALLEY PO BOX 5458 BETHLEHEM, PA 180155458	23-2370759	501C3	58,662				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
VILLANOVA UNIVERSITY 800 E LANCASTER AVE VILLANOVA, PA 190851603	23-1352688	501C3	84,375				DONOR DESIGNATED FOR GENERAL SUPPORT
VOLUNTEER CENTER OF THE LEHIGH VALLEY 25 W 3RD ST BETHLEHEM, PA 18015	23-2862188	501C3	61,690				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
VP BROADCASTING LLC 1125 COLORADO ST ALLENTOWN, PA 18103	83-2231186		5,000				PROGRAM OPERATING COSTS
WEST VIRGINIA UNIVERSITY FOUNDATION INC PO BOX 1650 MORGANTOWN, WV 265071650	55-6017181	501C3	5,309				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
WFMZ DIGITAL 300 EAST ROCK RD ALLENTOWN, PA 18103	23-1634199		5,000				PROGRAM OPERATING COSTS
WILDLANDS CONSERVANCY 3701 ORCHID PL EMMAUS, PA 18049	23-7401326	501C3	309,795				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
WILKES UNIVERSITY 84 WEST SOUTH STREET WILKESBARRE, PA 18766	24-0795506	501C3	10,000				DONOR DESIGNATED FOR GENERAL SUPPORT
WILLIAM ALLEN CONSTRUCTION COMPANY 840 W HAMILTON ST ALLENTOWN, PA 18105	23-3023319	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
YOUNG LIFE LEHIGH VALLEY PO BOX 5249 BETHLEHEM, PA 18015	84-0385934	501C3	5,135				DONOR DESIGNATED FOR GENERAL SUPPORT
YWCA OF BETHLEHEM 3895 ADLER PL BLDG A STE 180 BETHLEHEM, PA 18017	23-6395256	501C3	62,324				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
ZION'S REFORMED UNITED CHURCH OF CHRIST 620 HAMILTON ST ALLENTOWN, PA 18101	41-1494786	501C3	11,344				DONOR DESIGNATED FOR GENERAL SUPPORT
ZOELLNER ARTS CENTER - LEHIGH UNIVERSITY 420 E PACKER AVE BETHLEHEM, PA 18015	24-0795445	501C3	6,669				DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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

	Yes	No
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.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on 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	1b	
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 on Line 1a?	2	
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.		
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
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:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
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:		
a The organization?	5a	Yes
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
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:		
a The organization?	6a	Yes
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.		
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.	7	No
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.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	PRESIDENT'S ANNUAL PERFORMANCE EVALUATION - CONDUCTED BY THE BOARD CHAIR, VICE-CHAIR - PERFORMANCE METRICS DEVELOPED WITH PRESIDENT IN JUNE/JULY FOR THE NEXT FISCAL YEAR - PERFORMANCE METRICS DOCUMENTED AND APPROVED BY EXECUTIVE COMMITTEE, COPY TO HR - PERFORMANCE METRICS SHARED WITH FULL BOARD - ANNUAL PERFORMANCE EVALUATION CONDUCTED BY BOARD CHAIR AND VICE-CHAIR AT END OF FISCAL YEAR. - EVALUATION DOCUMENTED AND HIGHLIGHTS SHARED WITH EXECUTIVE COMMITTEE, COPY TO HR - EXECUTIVE COMMITTEE VOTES ON ANNUAL SALARY ADJUSTMENT - HIGHLIGHTS OF EVALUATION SHARED WITH FULL BOARD EXECUTIVE COMPENSATION & BENEFIT PACKAGE AND CONTRACT - BOARD CHAIR, VICE-CHAIR FORM A COMMITTEE TO REVIEW EXECUTIVE COMPENSATION AND BENEFITS. - COMPENSATION COMMITTEE WILL BE STAFFED BY DIRECTOR, HUMAN RESOURCES AND VP FINANCE & ADMINISTRATION. - COMMITTEE WILL REVIEW CURRENT COMPENSATION & BENEFITS PACKAGE AND COMPARE WITH LIKE-SIZED UW'S AND/OR AREA NON-PROFITS. - AN EMPLOYMENT CONTRACT WILL BE DRAFTED WITH INPUT AND REVIEW OF COUNSEL. - EMPLOYMENT CONTRACT IS PRESENTED TO THE EXECUTIVE COMMITTEE FOR APPROVAL. EXECUTIVE COMMITTEE VOTES TO RECOMMEND CONTRACT FOR APPROVAL BY BOARD. - BOARD REVIEWS AND VOTES TO APPROVE CONTRACT, INCLUDING AUTHORIZING UP TO A 10% VARIANCE IN TOTAL CONTRACT VALUE FOR NEGOTIATION WITH EMPLOYEE. - BOARD CHAIR AND/OR VICE-CHAIR PRESENT CONTRACT TO PRESIDENT. PRESIDENT SHALL PRESENT CONTRACT FOR ALL OTHER EMPLOYEES. - EMPLOYEE MUST SEEK OUTSIDE LEGAL COUNSEL FOR REVIEW OF CONTRACT. - IF CONTRACT REVISIONS ARE NEEDED THEY ARE REVIEWED AND APPROVED BY UWGLV COUNSEL. - CONTRACT IS SIGNED BY EMPLOYEE, BOARD CHAIR, VICE-CHAIR AND VP FINANCE & ADMINISTRATION - COPY OF FULLY EXECUTED CONTRACT TO HR. DETAILS OF CONTRACT ARE CONFIDENTIAL AND WILL NOT BE SHARED OUTSIDE OF THE BOARD OF DIRECTORS. -ALL EMPLOYMENT CONTRACTS SHALL FOLLOW THIS PROCESS WITH INPUT FROM THE PRESIDENT FOR ANY OF HIS/HER DIRECT REPORTS.
PART I, LINE 5	ALL EMPLOYEES PARTICIPATE IN A VARIABLE PAY INCENTIVE PROGRAM WHICH ONE OF THE PROGRAM REQUIREMENTS IS TOTAL CAMPAIGN REVENUE RAISED.
PART I, LINE 6	ALL EMPLOYEES PARTICIPATE IN A VARIABLE PAY INCENTIVE PROGRAM WHICH ONE OF THE PROGRAM REQUIREMENTS IS TOTAL CAMPAIGN REVENUE RAISED.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **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	35	1,392,430	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 isn't 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 didn't 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
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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.

OMB No. 1545-0047

2019**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 DESIGNEE BY VOLUNTEERS AND TO THE PRESIDENT BY STAFF. THE CHIEF VOLUNTEER OFFICER IS RESPONSIBLE FOR MONITORING POLICY COMPLIANCE AMONG VOLUNTEERS AND FOR TAKING CORRECTIVE ACTION CONCERNING VIOLATION. THE PRESIDENT IS RESPONSIBLE IN A SIMILAR MANNER FOR STAFF.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>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.</p>

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 -71,510. CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 1,562.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

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	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNITED WAY SERVICES INC	N	0	
(2) UNITED WAY SERVICES INC	O	0	

Part VII **Supplemental Information**

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

Return Reference	Explanation