

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization VALLEY YOUTH HOUSE COMMITTEE INC		D Employer identification number 23-7178820	
	Doing business as		E Telephone number (610) 820-0166	
	Number and street (or P O box if mail is not delivered to street address) Room/suite 827-829 LINDEN STREET	G Gross receipts \$ 23,715,078		
	City or town, state or province, country, and ZIP or foreign postal code ALLENTOWN, PA 18101			
F Name and address of principal officer THOMAS R HARRINGTON 827-829 LINDEN STREET ALLENTOWN, PA 18101		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: WWW VALLEYOUTHHOUSE ORG				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation 1971	M State of legal domicile PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities EMPOWERS AND STRENGTHENS THE LIVES OF CHILDREN, YOUTH AND FAMILIES THROUGH INCLUSIVE PROGRAMMING THAT BUILDS RESILIENCE AND FOSTERS GROWTH AND INDEPENDENCE																			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets																			
	<table border="1"> <tr> <td>3 Number of voting members of the governing body (Part VI, line 1a)</td> <td>3</td> <td>29</td> </tr> <tr> <td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td> <td>4</td> <td>28</td> </tr> <tr> <td>5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)</td> <td>5</td> <td>590</td> </tr> <tr> <td>6 Total number of volunteers (estimate if necessary)</td> <td>6</td> <td>220</td> </tr> <tr> <td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td> <td>7a</td> <td>0</td> </tr> <tr> <td>7b Net unrelated business taxable income from Form 990-T, line 34</td> <td>7b</td> <td>0</td> </tr> </table>			3 Number of voting members of the governing body (Part VI, line 1a)	3	29	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	590	6 Total number of volunteers (estimate if necessary)	6	220	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	7b Net unrelated business taxable income from Form 990-T, line 34	7b
3 Number of voting members of the governing body (Part VI, line 1a)	3	29																		
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28																		
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	590																		
6 Total number of volunteers (estimate if necessary)	6	220																		
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0																		
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0																		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year																	
	9 Program service revenue (Part VIII, line 2g)	4,274,862	4,280,458																	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,897,341	16,312,757																	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	307,045	321,742																	
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-251,449	-162,674																	
		20,227,799	20,752,283																	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,167,806	3,420,244																	
	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)	11,641,364	12,790,779																	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0																	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 399,654																			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,080,505	5,151,624																	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	19,889,675	21,362,647																		
19 Revenue less expenses Subtract line 18 from line 12	338,124	-610,364																		
Net Assets or Fund Balances		Beginning of Current Year	End of Year																	
	20 Total assets (Part X, line 16)	17,217,478	16,513,267																	
	21 Total liabilities (Part X, line 26)	2,030,012	2,176,544																	
22 Net assets or fund balances Subtract line 21 from line 20	15,187,466	14,336,723																		

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	2016-10-12 Date
	THOMAS R HARRINGTON PRESIDENT & CEO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name ALAN B CARMAN	Preparer's signature ALAN B CARMAN	Date 2016-10-07	Check <input type="checkbox"/> if self-employed	PTIN P01266253
	Firm's name ▶ REINSEL KUNTZ LESHER LLP			Firm's EIN ▶ 23-2108173	
	Firm's address ▶ 1330 BROADCASTING ROAD PO BOX 7008 WYOMISSING, PA 196106008			Phone no (610) 376-1595	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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

VALLEY YOUTH HOUSE EMPOWERS AND STRENGTHENS THE LIVES OF CHILDREN, YOUTH, AND FAMILIES THROUGH INCLUSIVE PROGRAMMING THAT BUILDS RESILIENCE AND FOSTERS GROWTH AND INDEPENDENCE

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 \$ 11,931,661 including grants of \$ 3,257,381) (Revenue \$ 10,412,270)

INDEPENDENT LIVING PROGRAM - PROVIDES ASSISTANCE WITH EDUCATION, EMPLOYMENT, RESIDENTIAL PLANNING AND ATTAINMENT OF LIFE AND INTERPERSONAL SKILLS FOR YOUTH BETWEEN THE AGES OF 16 AND 24 THE PROGRAM PROVIDES OUT-CLIENT SERVICES AS WELL AS RESIDENTIAL PROGRAMS TO ASSIST IN-CARE YOUTH AND THOSE WHO ARE HOMELESS OR OTHERWISE SEPARATED FROM FAMILY SUPPORT IN DEVELOPING THE SKILLS AND RESOURCES TO TRANSITION TO INDEPENDENCE PROGRAMS ARE PROVIDED IN 11 EASTERN AND CENTRAL PENNSYLVANIA COUNTIES (BUCKS, CARBON, CHESTER, DAUPHIN, DELAWARE, LANCASTER, LEHIGH, LUZERNE, MONTGOMERY, NORTHAMPTON, AND PHILADELPHIA), AND SERVED A TOTAL OF 2,446 YOUTH AND 179 BABIES IN 2015 OUTCOMES EXCEED NATIONAL BENCHMARKS FOR SIMILAR POPULATIONS AND INCLUDED TRANSITIONING TO STABLE HOUSING (83.2% VS 59% NATIONALLY), HIGH SCHOOL COMPLETION OR RE-ENROLLMENT AND PROGRESS TOWARD GRADUATION (81.7% VS 54% NATIONALLY), AND EMPLOYMENT (55.7% VS 45% NATIONALLY)

4b (Code) (Expenses \$ 559,289 including grants of \$ -43) (Revenue \$ 383,527)

THE FAMILY PRESERVATION PROGRAM PROVIDES INTENSIVE HOME-BASED SERVICES TO FAMILIES WHO HAVE A CHILD AT IMMINENT RISK OF FOSTER CARE PLACEMENT DUE TO THE PRESENCE OF PHYSICAL ABUSE, DRUG AND ALCOHOL ABUSE, NEGLECT, SERIOUS EMOTIONAL ILLNESS OR PARENT/CHILD CONFLICT THE PROGRAM BUILDS THE FAMILY'S ABILITY TO MANAGE THE BEHAVIORAL NEEDS OF THEIR CHILDREN AND PREVENT THE NEED FOR PLACING THE CHILD IN A MORE RESTRICTIVE ENVIRONMENT SERVICES ARE PROVIDED IN LEHIGH AND NORTHAMPTON COUNTIES AS WELL AS TO HOMELESS FAMILIES IN NORTHAMPTON COUNTY THE VICTIM INTERVENTION PROGRAM MEETS THE NEEDS OF SEXUAL ABUSE VICTIMS 18 YEARS OF AGE OR YOUNGER INDIVIDUAL, FAMILY AND PARENT COUNSELING IS PROVIDED TO ELIMINATE NEGATIVE BEHAVIORS RELATED TO SEXUAL ABUSE A TOTAL OF 74 CHILDREN AND THEIR FAMILIES WERE SERVED IN 2015, WITH A SUCCESS RATE OF 90% IN PREVENTING PLACEMENT

4c (Code) (Expenses \$ 1,876,898 including grants of \$ 84,951) (Revenue \$ 1,630,715)

SHELTER OPERATIONS - TWO SHELTER PROGRAMS, LOCATED IN LEHIGH AND BUCKS COUNTIES, PROVIDE 24 HOUR A DAY, 365 DAYS A YEAR, WALK-IN CRISIS INTERVENTION, SHORT-TERM RESIDENCY, COUNSELING AND LIFE SKILLS EDUCATION TO YOUTH BETWEEN THE AGES OF 12 AND 17 IN 2015, A TOTAL OF 197 YOUTH WERE SERVED, WITH 96% DISCHARGED BACK TO THEIR FAMILIES OR TRANSITIONED SUCCESSFULLY TO OTHER SAFE PLACEMENT THREE FEDERALLY-FUNDED STREET OUTREACH PROGRAMS SERVE THE CITIES OF ALLENTOWN AND PHILADELPHIA AND BUCKS COUNTY PROVIDING EMERGENCY SUPPLIES (FOOD, HYGIENE PRODUCTS, CAMPING GEAR, ETC), COUNSELING AND LINKAGES TO COMMUNITY RESOURCES TO ENSURE YOUTH SAFETY A TEAM OF OUTREACH WORKERS OPERATE FROM VEHICLES THAT ARE STOCKED WITH EMERGENCY SUPPLIES SUCH AS FOOD, CLOTHING, CAMPING GEAR AND HYGIENE PRODUCTS A TOTAL OF 294 YOUTH WERE SERVED IN 2015 AT LOCATIONS IN THE COMMUNITY WHERE STREET YOUTH ARE KNOWN TO CONGREGATE, INCLUDING MALLS, PARKS, ALONG RIVERS AND RAILROAD TRACKS, AND IN ADULT HOMELESS ENCAMPMENTS

See Additional Data






4d Other program services (Describe in Schedule O)
(Expenses \$ 5,113,077 including grants of \$ 77,955) (Revenue \$ 3,886,245)

4e Total program service expenses 19,480,925

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)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
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? <i>If "Yes," complete Schedule C, Part II</i>		No
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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>		No
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? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>		No
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)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule G, Part II</i> <input checked="" type="checkbox"/>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> <input checked="" type="checkbox"/>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

Table with columns for line number, description, and Yes/No responses. Includes lines 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with columns for line number, description, and Yes/No responses. Includes lines 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with lines 17, 18, 19, 20. Line 17 asks for states where Form 990 is required. Line 18 asks for public inspection availability. Line 19 asks for disclosure of governing documents. Line 20 asks for contact information for books and records.

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							563,418	0	47,492	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a	217,582				
	b	Membership dues 1b					
	c	Fundraising events 1c	135,904				
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	2,767,866				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,159,106				
	g	Noncash contributions included in lines 1a-1f \$	394,597				
	h	Total. Add lines 1a-1f	4,280,458				
Program Service Revenue			Business Code				
	2a	SERVICE FEES	624100	16,229,589	16,229,589		
	b	CAMP FOWLER RENTAL	624100	83,168	83,168		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		16,312,757			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		143,527		143,527	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
			b Less rental expenses				
			c Rental income or (loss)				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	2,914,167		9,341	
			(ii) Other				
			b Less cost or other basis and sales expenses	2,743,158		2,135	
			c Gain or (loss)	171,009		7,206	
	d	Net gain or (loss)		178,215		178,215	
	8a	Gross income from fundraising events (not including \$ 135,904 of contributions reported on line 1c) See Part IV, line 18	a		54,648		
			b Less direct expenses b		217,322		
			c Net income or (loss) from fundraising events		-162,674		-162,674
	9a	Gross income from gaming activities See Part IV, line 19	a		180		
			b Less direct expenses b		180		
c Net income or (loss) from gaming activities				0			
10a	Gross sales of inventory, less returns and allowances	a					
		b Less cost of goods sold b					
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		20,752,283	16,312,757	0	159,068	

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				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	3,420,244	3,420,244		
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	623,376	554,798	56,606	11,972
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	9,688,938	8,591,048	925,016	172,874
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	226,629	215,958	1,609	9,062
9	Other employee benefits	1,415,371	1,341,752	18,544	55,075
10	Payroll taxes	836,465	735,770	80,565	20,130
11	Fees for services (non-employees)				
a	Management	1,175,222	1,062,558	108,552	4,112
b	Legal	16,529	14,944	1,527	58
c	Accounting	80,054	72,380	7,394	280
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	43,745	31,527	6,216	6,002
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	158,395	143,210	14,631	554
12	Advertising and promotion				
13	Office expenses	270,375	200,493	37,734	32,148
14	Information technology				
15	Royalties				
16	Occupancy	908,597	876,330	31,211	1,056
17	Travel	782,950	766,726	10,304	5,920
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	260,146	165,420	85,884	8,842
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	346,120	332,536	10,099	3,485
23	Insurance	107,546	60,560	46,845	141
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	SUPPLIES	800,081	735,801	8,652	55,628
b	EQUIPMENT REPAIRS & MAI	170,046	148,161	20,203	1,682
c	MISCELLANEOUS	19,060	4,655	5,171	9,234
d	DUES & SUBSCRIPTIONS	12,758	6,054	5,305	1,399
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	21,362,647	19,480,925	1,482,068	399,654
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 X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	17,213	1	20,353
	2 Savings and temporary cash investments	1,365,647	2	309,627
	3 Pledges and grants receivable, net	337,741	3	222,435
	4 Accounts receivable, net	4,555,880	4	5,192,511
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	480,132	9	574,084
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 7,472,978		
	b Less accumulated depreciation	10b 3,447,785	3,823,875	10c 4,025,193
	11 Investments—publicly traded securities	6,582,881	11	6,093,227
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	54,109	15	75,837
16 Total assets. Add lines 1 through 15 (must equal line 34)	17,217,478	16	16,513,267	
Liabilities	17 Accounts payable and accrued expenses	2,008,881	17	1,847,571
	18 Grants payable		18	
	19 Deferred revenue	21,131	19	28,973
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	300,000
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	2,030,012	26	2,176,544
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	10,764,531	27	9,840,551
	28 Temporarily restricted net assets	1,821,820	28	1,894,590
	29 Permanently restricted net assets	2,601,115	29	2,601,582
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	15,187,466	33	14,336,723	
34 Total liabilities and net assets/fund balances	17,217,478	34	16,513,267	

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	20,752,283
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,362,647
3	Revenue less expenses Subtract line 2 from line 1	3	-610,364
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,187,466
5	Net unrealized gains (losses) on investments	5	-240,379
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,336,723

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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	Yes	
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?	Yes	
3b	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	

Additional Data

Software ID:
Software Version:
EIN: 23-7178820
Name: VALLEY YOUTH HOUSE COMMITTEE INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 1,597,841 including grants of \$ 4,049) (Revenue \$ 1,290,388)

CHILDREN'S BEHAVIORAL HEALTH SERVICES - THIS PROGRAM HAS TWO COMPONENTS FAMILY BASED MENTAL HEALTH PROGRAM PROVIDES IN-HOME COUNSELING AND EDUCATION SERVICES TO THOSE FAMILIES THAT HAVE AN EMOTIONALLY TROUBLED CHILD BEHAVIORAL HEALTH REHABILITATIVE SERVICES PROVIDES BEHAVIOR SPECIALISTS, MOBILE THERAPISTS AND/OR THERAPEUTIC STAFF TO WORK WITH CHILDREN AND FAMILIES IN THE HOME, SCHOOL OR COMMUNITY TO IMPROVE AN EMOTIONALLY TROUBLED CHILD'S BEHAVIOR THE GOAL FOR BOTH PROGRAMS IS TO BUILD THE FAMILY'S ABILITY TO MANAGE THE BEHAVIORAL AND MENTAL HEALTH CARE NEEDS OF THE CHILDREN AND PREVENT THE NEED FOR PLACING THE CHILD IN A MORE RESTRICTIVE ENVIRONMENT A TOTAL OF 244 CHILDREN AND THEIR FAMILIES WERE SERVED IN 2015, WITH AN 88% SUCCESS RATE IN MAINTAINING THE CHILD IN LEAST RESTRICTIVE ENVIRONMENT

(Code) (Expenses \$ 516,726 including grants of \$ 4,701) (Revenue \$ 375,043)

GROUP HOME - A PRE-ADOLESCENT TREATMENT HOME SERVICE (PATHS) IS A COMMUNITY-BASED RESIDENTIAL PROGRAM FOR BOYS 10-16 YEARS OLD WHO HAVE BEEN TAKEN OUT OF THE HOME FOR SEXUALLY REACTIVE BEHAVIOR THE PROGRAM PROVIDES TREATMENT THAT FOCUSES ON CHANGING BEHAVIORS AND DEVELOPING HEALTHIER COPING MECHANISMS TO ENSURE A SAFE RETURN TO THE FAMILY SETTING A TOTAL OF 8 BOYS WERE SERVED IN 2015 THERE WERE 4 DISCHARGES DURING THE YEAR ONE WAS RETURNED HOME, 2 WENT INTO FOSTER CARE, AND 1 REQUIRED A HIGHER LEVEL OF CARE FOUR OF THOSE 8 YOUTH REMAIN IN THE PROGRAM PENDING DISCHARGES TO FOSTER CARE

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 943,539 including grants of \$ 24,094) (Revenue \$ 828,354)

YOUTH EDUCATION & PREVENTION - SCHOOL AND COMMUNITY-BASED GROUP OR CLASSROOM PREVENTION AND EDUCATION SERVICES THAT BUILD DECISION MAKING AND REFUSAL SKILLS AMONG YOUTH LEADING TO THE ABILITY TO MAKE HEALTHY LIFE CHOICES 10,613 (K-12TH GRADE) STUDENTS IN 32 LEHIGH AND NORTHAMPTON COUNTY SCHOOLS WERE SERVED IN 2015 THE SCHOOL-BASED STUDENT ASSISTANCE PROGRAM PROVIDES PREVENTIVE MENTAL HEALTH COUNSELING AND INTERVENTION TO PUBLIC SCHOOL STUDENTS IN 56 NORTHAMPTON COUNTY SCHOOLS AND FOUR SCHOOLS IN THE ALLENTOWN SCHOOL DISTRICT A TOTAL OF 1,226 STUDENTS WERE SERVED IN THE 2014-2015 SCHOOL YEAR, WITH A 92% SUCCESS RATE OF IMPROVING MENTAL AND EMOTIONAL WELL-BEING

(Code) (Expenses \$ 657,422 including grants of \$ -1,505) (Revenue \$ 502,251)

FAMILY INTERVENTION PROGRAM - TWO PROGRAMS FALL WITHIN THIS SERVICE DIVISION FUNCTIONAL FAMILY THERAPY (FFT) IS A SHORT-TERM, EVIDENCE-BASED FAMILY THERAPY MODEL THAT ADDRESSES PROBLEMATIC ADOLESCENT BEHAVIOR THAT HAS OR MAY LEAD TO CRIMINAL BEHAVIOR, DRUG/ALCOHOL USE AND, AS RESULT, POOR ACADEMIC PERFORMANCE THE PROGRAM USES A VARIETY OF TECHNIQUES TO CHANGE YOUTH AND FAMILY COMMUNICATION, INTERACTION, AND PROBLEM SOLVING LEADING TO REDUCTIONS IN HIGH-RISK BEHAVIORS THAT IMPACT EDUCATIONAL ACHIEVEMENT AND OTHER INDICATORS OF POSITIVE FUNCTION THE FAMILY INTERVENTION PROGRAM PRESERVES FAMILY LIFE THROUGH THE ELIMINATION OF THE DESTRUCTIVE IMPACT OF SUBSTANCE ABUSE PROBLEMS WITHIN FAMILIES A TOTAL OF 261 FAMILIES WERE SERVED BY THE TWO PROGRAMS IN 2015 OUTCOMES INCLUDED 81% IMPROVED FAMILY FUNCTION, 82% REDUCED OR ELIMINATED SUBSTANCE USE, AND 96% OF TARGETED YOUTH DID NOT RE-OFFEND

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 772,637 including grants of \$ 4,744) (Revenue \$ 636,620)

ADOLESCENTS/FAMILY TOGETHER - THE CHILD MENTORING PROGRAM PROVIDES A POSITIVE, CARING ADULT ROLE MODEL FOR AT-RISK CHILDREN, AS WELL AS IN-HOME RESPITE CARE FOR FAMILIES WITH AUTISTIC CHILDREN THE PROGRAM ASSISTS FAMILIES IN CONNECTING TO COMMUNITY RESOURCES IN ORDER TO MAINTAIN STABILITY IN THE FAMILY A TOTAL OF 241 WERE SERVED IN THE LAST YEAR WITH A 100% SUCCESS RATE THE TRUANCY INTERVENTION PROGRAM STAFF WORK WITH SCHOOL-IDENTIFIED YOUTH THAT MISSED 10 OR MORE DAYS OF SCHOOLS SERVICES ARE PROVIDED AT SCHOOL, IN THE HOME OR OTHER COMMUNITY SITES AND INCLUDE TUTORING, MENTORING AND COUNSELING FOR BOTH THE YOUTH AND THEIR FAMILIES TO ADDRESS UNDERLYING ISSUES THAT LEAD TO TRUANCY AND POOR ACADEMIC PERFORMANCE SERVICES HELP TO INCREASE SCHOOL ATTENDANCE AND PERFORMANCE A TOTAL OF 331 CHILDREN WERE SEEN IN THIS PROGRAM AND 92% INCREASED THEIR SCHOOL ATTENDANCE

(Code) (Expenses \$ 116,651 including grants of \$ 172) (Revenue \$ 102,375)

PROJECT CHILD - A COMMUNITY COALITION WITH THE MISSION TO ELIMINATE CHILD ABUSE AND NEGLECT IN THE LEHIGH VALLEY, PROVIDES PUBLIC EDUCATION (INVOLVING 360 INDIVIDUALS IN 2015), LEGISLATIVE ADVOCACY, AND PARENTING SKILLS EDUCATION (WITH 444 PARTICIPANTS IN 2015) PROJECT CHILD ALSO IMPLEMENTS AN INNOVATIVE PROGRAM, LEARNING TO CARE, WHICH TEACHES NURTURING AND CHILD DEVELOPMENT CONCEPTS TO KINDERGARTNERS THE PROGRAM WAS PROVIDED IN FIVE KINDERGARTEN CLASSES AT PETERS ELEMENTARY SCHOOL, INVOLVING 111 CHILDREN IN 2014/2015 SCHOOL YEAR

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	508,261	including grants of \$	41,700) (Revenue \$	151,214
CAMP FOWLER LOCATED IN OREFIELD, PA, THIS 43-ACRE THERAPEUTIC CAMP SERVES A LARGE AND DIVERSE POPULATION WHICH INCLUDES THE BROAD SPECTRUM OF SPECIAL NEEDS AND AT RISK YOUTH THIS HANDICAP ACCESSIBLE FACILITY IS EQUIPPED WITH OVERNIGHT CABINS, MULTI-PURPOSE SPACE, A COMMERCIAL KITCHEN, SPORTS FIELDS, AN EXTENSIVE ADVENTURE COURSE AND A HEATED POOL, AND PROVIDED THERAPEUTIC RECREATION TO 20,900 YOUTH IN 2015 CAMP FOWLER IS USED EXTENSIVELY BY VALLEY YOUTH HOUSE PROGRAMS AS WELL AS A VARIETY OF COMMUNITY GROUPS SUCH AS THE BOY SCOUTS, THE GIRL SCOUTS, THE PA STATE POLICE CAMP CADET, THE PA LUNG ASSOCIATION ASTHMA CAMP, AND THE LEHIGH VALLEY HEALTH NETWORK'S CAMP RED JACKET FOR CHILDREN WITH DIABETES THE CARBON LEHIGH INTERMEDIATE UNIT 21 ALSO REGULARLY CONDUCTS PROGRAMMING FOR THEIR SPECIAL NEEDS AND ALTERNATIVE EDUCATION CLASSES AT CAMP FOWLER ONGOING FITNESS CLASSES, SWIM LESSONS AND NATURE EDUCATION PROGRAMS IN PARTNERSHIP WITH THE WILDLANDS CONSERVANCY ARE ALSO CONDUCTED AT THE CAMP THE CAMP EMPLOYS A YOUTH STAFF WHICH HANDLES ALL LIFE GUARDING, CAMP GROUNDS AND LAWN MAINTENANCE ASSIST WITH THERAPEUTIC RECREATION THE AGENCY HAS A CORPS OF 20 CERTIFIED ADVENTURE FACILITATORS TO PLAN AND IMPLEMENT ADVENTURE-BASED PROGRAMMING						

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			
LESLEY FALLON CHAIR	1 00	X		X				0	0	0
TRACEY S SMITH VICE CHAIR	1 00	X		X				0	0	0
JOHN HAYES SECRETARY	1 00	X		X				0	0	0
KATHRYN BROWN TREASURER	1 00	X		X				0	0	0
DR MICHAEL CONSUELOS MEMBER-AT-LARGE	1 00	X						0	0	0
PATRICK GARAY MEMBER-AT-LARGE	1 00	X						0	0	0
WILLIAM CARMODY DIRECTOR	1 00	X						0	0	0
SALISA BERRIEN DIRECTOR	1 00	X						0	0	0
PATRICK CAHILL DIRECTOR	1 00	X						0	0	0
MELODY NYONI DIRECTOR	1 00	X						0	0	0
DONALD SACHS DIRECTOR	1 00	X						0	0	0
MICHAEL HAILYE DIRECTOR	1 00	X						0	0	0
ERIC LUFTIG DIRECTOR	1 00	X						0	0	0
JAMES MACK DIRECTOR	1 00	X						0	0	0
SUSAN SALVADOR DIRECTOR	1 00	X						0	0	0
LORETTA TUBIELLO-HARR DIRECTOR	1 00	X						0	0	0
ANTHONY SALVINO DIRECTOR	1 00	X						0	0	0
WES SCHANTZ DIRECTOR	1 00	X						0	0	0
PAUL SMITH DIRECTOR	1 00	X						0	0	0
DOUGLAS DOWNING DIRECTOR	1 00	X						0	0	0
MATT SMITH DIRECTOR	1 00	X						0	0	0
CORNING PAINTER DIRECTOR	1 00	X						0	0	0
DON WENNER DIRECTOR	1 00	X						0	0	0
DEMARA WILLIAMS DIRECTOR	1 00	X						0	0	0
HENRY COHEN DIRECTOR	1 00	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			
LORI HULSE DIRECTOR	1 00	X						0	0	0
STEPHANIE RAYMOND DIRECTOR	1 00	X						0	0	0
MARK TERVALON DIRECTOR	1 00	X						0	0	0
JUNE WEBRE DIRECTOR	1 00	X						0	0	0
THOMAS HARRINGTON BEG 12115 PRESIDENT & CEO	40 00	X		X				0	0	0
PAUL ZIEGENFUS DIRECTOR OF FINANCE	40 00			X				86,033	0	24,617
PATRICIA MCGARRY SENIOR VICE PRESIDENT	40 00			X				98,093	0	6,100
WILLIAM MOTSAVAGE EXECUTIVE VICE PRESIDENT	40 00			X				103,355	0	4,890
ANNE ADAMS SENIOR VICE PRESIDENT	40 00			X				92,251	0	5,977
CHRISTINA SCHOEMAKER VP OF DEVELOPMENT	40 00			X				91,299	0	5,897
ANNETTE DURANSO THRU 62215 PRESIDENT & CEO	40 00						X	92,387	0	11

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
VALLEY YOUTH HOUSE COMMITTEE INC

Employer identification number
23-7178820

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 11, 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 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)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
 - 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- 9 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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)	3,245,725	3,823,334	4,781,166	4,271,462	4,280,458	20,402,145
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	3,245,725	3,823,334	4,781,166	4,271,462	4,280,458	20,402,145
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						20,402,145

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	3,245,725	3,823,334	4,781,166	4,271,462	4,280,458	20,402,145
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	78,085	163,761	127,878	170,367	143,527	683,618
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.)						
11 Total support. Add lines 7 through 10						21,085,763
12 Gross receipts from related activities, etc. (see instructions)					12	74,095,134
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 2015 (line 6, column (f) divided by line 11, column (f))	14	96.760%
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	96.630%
16a 33 1/3% support test—2015. 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 type="checkbox"/>		
b 33 1/3% support test—2014. 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—2015. 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—2014. 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 9 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. 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 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
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? If "Yes" to a, b, or c, provide detail in Part VI.		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- 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? *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.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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)? *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).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 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? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below
- c** 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? *If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described 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? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

3 Parent of Supported Organizations **Answer (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? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income

- 1** Net short-term capital gain
- 2** Recoveries of prior-year distributions
- 3** Other gross income (see instructions)
- 4** Add lines 1 through 3
- 5** Depreciation and depletion
- 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)
- 7** Other expenses (see instructions)
- 8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

Section B - Minimum Asset Amount

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

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

Section C - Distributable Amount

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

		Current Year
1		
2		
3		
4		
5		
6		

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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

Return Reference	Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization VALLEY YOUTH HOUSE COMMITTEE INC

Employer identification number 23-7178820

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 include total number at end of year, aggregate value of contributions, aggregate value of grants, and aggregate value at end of year. Includes questions 5 and 6 regarding donor informed status.

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

Form for Part II Conservation Easements. Includes questions 1-9 regarding purpose of easements, acreage, monitoring, and reporting. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2 regarding reporting requirements and revenue/assets.

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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table

Table with 2 columns: Description (1c-1f) and Amount

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
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" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

- a Board designated or quasi-endowment 35.000%
b Permanent endowment 65.000%
c Temporarily restricted endowment 0%
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

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b 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' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c.).

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		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

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
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
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
Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	

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	20,781,884
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	-240,379	
b	Donated services and use of facilities	2b	74,657	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	217,502	
e	Add lines 2a through 2d			2e 51,780
3	Subtract line 2e from line 1			3 20,730,104
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	22,179	
c	Add lines 4a and 4b			4c 22,179
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5 20,752,283

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	21,632,627
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	74,657	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	217,502	
e	Add lines 2a through 2d			2e 292,159
3	Subtract line 2e from line 1			3 21,340,468
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	22,179	
c	Add lines 4a and 4b			4c 22,179
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5 21,362,647

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
PART V, LINE 4	THE VALLEY YOUTH HOUSE ENDOWMENT IS INTENDED TO SUSTAIN AND SUPPORT THE ONGOING OPERATIONS OF THE AGENCY VALLEY YOUTH HOUSE MAINTAINS A SEPARATE ENDOWMENT TO SUSTAIN AND SUPPORT CAMP FOWLER THE ENDOWMENT ALSO ENSURES THAT VALLEY YOUTH HOUSE CLIENTS CAN USE THE CAMP AT NO CHARGE, AND FEES FOR CLIENTS OF COMMUNITY GROUPS CAN BE MINIMIZED
PART X, LINE 2	AS A NOT-FOR-PROFIT ORGANIZATION, THE ORGANIZATION IS GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES THE ORGANIZATION IS SUBJECT TO FEDERAL AND STATE INCOME TAXES ON UNRELATED BUSINESS INCOME THE ORGANIZATION RECOGNIZES PENALTIES AND INTEREST ACCRUED RELATED TO INCOME TAX LIABILITIES IN THE PROVISION (BENEFIT) FOR INCOME TAXES IN ITS STATEMENTS OF ACTIVITIES AT DECEMBER 31, 2015 AND 2014, THERE WAS NO ACCRUAL FOR THE PAYMENT OF PENALTIES AND INTEREST WHEN RETURNS ARE FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD BE ULTIMATELY SUSTAINED THE BENEFIT OF A TAX POSITION IS RECOGNIZED IN THE FINANCIAL STATEMENTS IN THE PERIOD DURING WHICH, BASED ON ALL AVAILABLE EVIDENCE, MANAGEMENT BELIEVES IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING THE RESOLUTION OF APPEALS OR LITIGATION PROCESSES, IF ANY TAX POSITIONS TAKEN ARE NOT OFFSET OR AGGREGATED WITH OTHER POSITIONS TAX POSITIONS THAT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD ARE MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS MORE THAN 50% LIKELY OF BEING REALIZED UPON SETTLEMENT WITH THE APPLICABLE TAXING AUTHORITY THE PORTION OF THE BENEFITS ASSOCIATED WITH TAX POSITIONS TAKEN THAT EXCEEDS THE AMOUNT MEASURED AS DESCRIBED ABOVE IS REFLECTED AS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS IN THE ACCOMPANYING STATEMENT OF NET ASSETS, ALONG WITH ANY ASSOCIATED INTEREST AND PENALTIES THAT WOULD BE PAYABLE TO THE TAXING AUTHORITIES UPON EXAMINATION THE ORGANIZATION FILES INFORMATIONAL RETURNS (IRS FORM 990) IN THE U S FEDERAL JURISDICTION THE ORGANIZATION'S RETURNS ARE NOT SUBJECT TO EXAMINATION THROUGH THE YEAR ENDED DECEMBER 31, 2012
PART XI, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENTS EXPENSE 217,322 GAMING EXPENSE (ADDITIONAL EXPENSE NOT ALREADY NETTED TO INCOME) 180 ROUNDING
PART XI, LINE 4B - OTHER ADJUSTMENTS	NONCASH FUNDRAISING EXPENSES NOT INCLUDED ON FINANCIAL STATEMENT 22,179
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENTS EXPENSE 217,322 GAMING EXPENSE (ADDITIONAL EXPENSE NOT ALREADY NETTED TO INCOME) 180
PART XII, LINE 4B - OTHER ADJUSTMENTS	NONCASH FUNDRAISING EXPENSES NOT INCLUDED ON FINANCIAL STATEMENT 22,179

Part XIII Supplemental Information (continued)

Return Reference	Explanation

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury

Internal Revenue Service

Name of the organization VALLEY YOUTH HOUSE COMMITTEE INC

Employer identification number 23-7178820

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events.

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

		(a)Event #1	(b)Event #2	(c)Other events	(d)
		CASINO NIGHT (event type)	GOLF OUTING (event type)	1 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	121,372	56,705	12,475	190,552
	2 Less Contributions	98,902	34,935	2,067	135,904
	3 Gross income (line 1 minus line 2)	22,470	21,770	10,408	54,648
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	19,002	25	1,018	20,045
	6 Rent/facility costs	6,929	9,100	3,565	19,594
	7 Food and beverages	21,894	8,071	2,072	32,037
	8 Entertainment				
	9 Other direct expenses	753	10,426	458	11,637
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				83,313
11 Net income summary Subtract line 10 from line 3, column (d) ▶				-28,665	

Part III Gaming.

Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d)
					Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes% <input type="checkbox"/> No	<input type="checkbox"/> Yes% <input type="checkbox"/> No	<input type="checkbox"/> Yes% <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d). ▶					

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

.....

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

.....

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in

a	The organization's facility		%
b	An outside facility		%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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Schedule I (Form 990)

OMB No 1545-0047

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

2015

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

Attach to Form 990.

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization VALLEY YOUTH HOUSE COMMITTEE INC

Employer identification number 23-7178820

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

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

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

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) FOOD, CLOTHING, AND HOUSING TO HOMELESS YOUTH	491	3,420,244	0	FMV	VALLEY YOUTH HOUSE PAYS FOR CLIENTS' RENT, FOOD, CLOTHING, AND PERSONAL NEEDS

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	VALLEY YOUTH HOUSE FOLLOWS ALL FEDERAL, STATE, AND COUNTY REGULATIONS AND PROCEDURES FOR MONITORING AS PRESCRIBED BY HUD (HOUSING AND URBAN DEVELOPMENT), HHS (HEALTH & HUMAN SERVICES), PCCD (PENNSYLVANIA COMMISSION ON CRIME AND DELINQUENCY), HSDF (HUMAN SERVICES DEVELOPMENT FUND), AND NSLP (NATIONAL SCHOOL LUNCH PROGRAM), ETC VALLEY YOUTH HOUSE IS SUBJECT TO AN A-133 AUDIT EACH YEAR

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
VALLEY YOUTH HOUSE COMMITTEE INC

Employer identification number

23-7178820

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ANNETTE DURANSO THRU 1 62215 PRESIDENT & CEO	(i)	92,387	0	0	0	11	92,398	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0

Part III Supplemental Information

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

Return Reference**Explanation****Schedule J (Form 990) 2015**

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
VALLEY YOUTH HOUSE COMMITTEE INC

Employer identification number
23-7178820

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	X	3	1,913	DONOR DESIGNATED
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		361,604	DONOR DESIGNATED
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
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 ▶ (GIFT CERTIFICATES)	X	50	8,148	FAIR MARKET VALUE
26 Other ▶ (ADMISSION TICKETS)	X	30	5,999	DONOR DESIGNATED
27 Other ▶ (ELECTRONIC EQUIPMENT)	X	10	5,760	DONOR DESIGNATED
28 Other ▶ (SPORTING EVENTS)	X	13	5,061	DONOR DESIGNATED
Other ▶ (FOOD & MEALS)	X	23	3,736	DONOR DESIGNATED
Other ▶ (EVENT SUPPLIES & DECORATIONS)	X	4	1,826	DONOR DESIGNATED
Other ▶ (VACATION HOME RENTAL - 1 WEEK)	X	2	550	DONOR DESIGNATED

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		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 non-standard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part III Supplemental Information.

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

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization
VALLEY YOUTH HOUSE COMMITTEE INC

Employer identification number

23-7178820

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 1C	THE ORGANIZATION DID NOT HAVE ANY INSTANCES WHERE BACKUP WITHHOLDING WAS REQUIRED, HOWEVER, IF THE SITUATION WOULD ARISE, THE ORGANIZATION IS AWARE OF THE REPORTING REQUIREMENTS AND WOULD HANDLE THAT ACCORDINGLY
FORM 990, PART VI, SECTION B, LINE 11	A COPY OF THE ORGANIZATION'S FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW BEFORE IT IS FILED
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD OF DIRECTORS MONITORS AND ENFORCES THE CONFLICT OF INTEREST POLICY ACTUAL CONFLICTS ARE REVIEWED BY THE PRESIDENT AND THE PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS, WHICH IS COMPRISED OF CORPORATE EXECUTIVES AND BOARD MEMBERS
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION'S CEO'S COMPENSATION IS APPROVED THROUGH A SEPARATE MOTION OF THE BOARD OF DIRECTORS, AS RECOMMENDED BY THE EXECUTIVE COMPENSATION COMMITTEE IN 2011 A COMPANY, YAFFEE INC, WAS ENGAGED TO DO A COMPLETE STUDY TO DETERMINE ALL EXECUTIVE SALARIES MEET SAFE HARBOR PROVISIONS IN 2015, A LESS FORMAL PEER REVIEW AND CEO COMPENSATION STUDY WAS COMPLETED TO CONFIRM THE CEO'S SALARY WAS IN LINE WITH SIMILAR SIZED ORGANIZATIONS IN THIS FIELD
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION'S FORM 990 IS MADE AVAILABLE FOR PUBLIC INSPECTION THROUGH ITS WEBSITE AND UPON REQUEST ITS FORM 1023 IS MADE AVAILABLE UPON REQUEST ONLY
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE
FORM 990, PART XI, LINE 2C	THE ORGANIZATION HAS A FINANCE, AUDIT AND PROPERTY COMMITTEE THIS COMMITTEE ASSUMES THE RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR