

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**Open to Public  
Inspection**A** For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024****B** Check if applicable:Address change  
Name change  
Initial return  
Final return/terminated  
Amended return  
Application pending**C** Name of organization**UNITED WAY OF THE GREATER LEHIGH VALLEY**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**1110 AMERICAN PARKWAY NE**

Room/suite

**F-120**

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

**ALLENTOWN, PA 18109****F** Name and address of principal officer: **KARA MOHSINGER****SAME AS C ABOVE****D** Employer identification number**23-2657933****E** Telephone number**610-807-5755****G** Gross receipts \$**29,953,519.****H(a)** Is this a group returnfor subordinates? ..... Yes ☒ No**H(b)** Are all subordinates included? Yes No

If "No," attach a list. See instructions

**H(c)** Group exemption number**3751****I** Tax-exempt status: ☒ 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527**J** Website: **WWW.UNITEDWAYGLV.ORG****K** Form of organization: ☒ Corporation Trust Association Other**L** Year of formation: **1992****M** State of legal domicile: **PA****Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO FIGHT FOR HEALTH, SAFETY AND EDUCATION OF EVERY PERSON IN THE GREATER LEHIGH VALLEY</b>
	<b>2</b>	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>26</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>23</b>
	<b>5</b>	Total number of individuals employed in calendar year 2023 (Part V, line 2a) <b>5</b> <b>90</b>
	<b>6</b>	Total number of volunteers (estimate if necessary) <b>6</b> <b>2071</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>7b</b> <b>0.</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h) <b>23,212,454.</b> <b>28,167,295.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) <b>0.</b> <b>0.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>237,748.</b> <b>334,852.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>0.</b> <b>0.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>23,450,202.</b> <b>28,502,147.</b>
	<b>Expenses</b>	<b>13</b>
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b> <b>0.</b>
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>5,142,560.</b> <b>5,620,615.</b>
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b> <b>0.</b>
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) <b>1,941,174.</b>
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>2,155,581.</b> <b>2,425,631.</b>
<b>18</b>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>24,382,615.</b> <b>26,179,085.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 <b>-932,413.</b> <b>2,323,062.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16) <b>19,328,525.</b> <b>19,400,257.</b>
	<b>21</b>	Total liabilities (Part X, line 26) <b>6,864,893.</b> <b>6,441,096.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 <b>12,463,632.</b> <b>12,959,161.</b>

**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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>KARA MOHSINGER, CFO AND TREASURER</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	<b>MARYBETH C. OLREE, CPA</b>	<b>MARYBETH C. OLREE, C</b>	<b>03/11/25</b>	<input type="checkbox"/>	<b>P01649853</b>
<b>Paid Preparer Use Only</b>	Firm's name	Firm's EIN	Phone no. (610) 378-1175		
	<b>HERBEIN + COMPANY, INC.</b>	<b>23-2415973</b>			
<b>Paid Preparer Use Only</b>	Firm's address				
	<b>2763 CENTURY BOULEVARD</b> <b>READING, PA 19610</b>				

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

**WE FIGHT FOR THE HEALTH, SAFETY AND EDUCATION OF EVERY PERSON IN THE GREATER LEHIGH VALLEY. WE ENVISION A COMMUNITY WHERE EVERY PERSON BELONGS AND EVERY PERSON THRIVES.**

**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 \$ 22,100,181. including grants of \$ 18,132,839. ) (Revenue \$ )

**COMMUNITY IMPACT INVESTMENTS: IN SUPPORT OF OUR 2030 GOAL OF INCREASING THE PERCENTAGE OF STUDENTS READY TO LEARN AND BE SUCCESSFUL IN SCHOOL, OUR EDUCATION INVESTMENTS TOTALED \$6,588,592; PROVIDING APPROXIMATELY 55,750 CHILDREN AND FAMILIES WITH EARLY LITERACY SKILLS SUPPORT, HIGH-QUALITY EARLY LEARNING, PARENT AND CHILD DEVELOPMENT EDUCATION, SUMMER KINDERGARTEN READINESS, AND SKILL-BUILDING COURSES FOR EARLY CHILDHOOD TEACHERS AS WELL AS PROVIDING ELEMENTARY AND MIDDLE SCHOOL STUDENTS WITH TARGETED ACADEMIC INTERVENTIONS, SUMMER LEARNING, MENTORING, POSITIVE YOUTH DEVELOPMENT, BEHAVIORAL HEALTH SERVICES, AND FAMILY CASE MANAGEMENT.**

SEE ADDITIONAL INFO ON SCHEDULE O.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 22,100,181.Form **990** (2023)

**Part IV Checklist of Required Schedules**

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

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

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

Note: All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	13
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	X

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 90		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>		

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	26			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent		23		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
<b>6</b> Did the organization have members or stockholders?			6	X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?			8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body?			8b	X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	X

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed PA

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**THE ORGANIZATION - 610-807-5732**  
**1110 AMERICAN PARKWAY NE, F-120, ALLENTOWN, PA 18109**

**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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and 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.

See the instructions for the order in which to list the persons above.

☐ 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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(1) DAVID LEWIS PRESIDENT	37.50	X		X				281,779.	0.	32,089.
(2) MARCI LESKO EXECUTIVE VP, CIO, SECRETARY	37.50	X		X				204,201.	0.	28,686.
(3) PAUL HURD, JR. CHIEF PHILANTHROPY OFFICER	37.50					X		176,885.	0.	29,094.
(4) JILL PEREIRA VP, EDUCATION & IMPACT	37.50					X		149,894.	0.	28,869.
(5) LAURA MCHUGH VP, MARKETING & COMMUNICATIONS	37.50					X		129,171.	0.	11,786.
(6) DEBRA KLOCEK VP, FINANCE & ADMIN/TREASURER THRU A	37.50	X		X				119,736.	0.	20,601.
(7) LAUREN SHANAHAN AVP, STRATEGIC INITIATIVES	37.50					X		117,205.	0.	17,037.
(8) KARA MOHSINGER CFO; TREASURER AS OF AUG '23	37.50	X		X				56,250.	0.	4,227.
(9) DOROTA GASIENICA-KOZAK, ESQ. BOARD CHAIR	0.50	X		X				0.	0.	0.
(10) JOE SAVAGE BOARD VICE CHAIR	0.50	X		X				0.	0.	0.
(11) ANNE BAUM BOARD MEMBER	0.50	X						0.	0.	0.
(12) CAROL BIRKS, EDD BOARD MEMBER	0.50	X						0.	0.	0.
(13) SCOTT BLAIR BOARD MEMBER	0.50	X						0.	0.	0.
(14) MIKE BUTZ BOARD MEMBER	0.50	X						0.	0.	0.
(15) MARILEE FALCO BOARD MEMBER	0.50	X						0.	0.	0.
(16) VERONICA GONZALEZ BOARD MEMBER	0.50	X						0.	0.	0.
(17) LAURIE GOSTLEY HACKETT BOARD MEMBER	0.50	X						0.	0.	0.

**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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) MATT GREEN BOARD MEMBER	0.50	X						0.	0.	0.
(19) TRISHA HIGGINS, CPA BOARD MEMBER	0.50	X						0.	0.	0.
(20) JOANE HOCKENBURY BOARD MEMBER	0.50	X						0.	0.	0.
(21) JAMES IRWIN BOARD MEMBER	0.50	X						0.	0.	0.
(22) DIANA LAQUINTA BOARD MEMBER	0.50	X						0.	0.	0.
(23) ERICA MELENDEZ BOARD MEMBER	0.50	X						0.	0.	0.
(24) DONALD OUTING, PHD BOARD MEMBER	0.50	X						0.	0.	0.
(25) JOANNE RAPHAEL, ESQ. BOARD MEMBER	0.50	X						0.	0.	0.
(26) THOMAS RIPSAM BOARD MEMBER	0.50	X						0.	0.	0.
<b>1b Subtotal</b> .....								1,235,121.	0.	172,389.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								1,235,121.	0.	172,389.

**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

7

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* .....
- 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? *If "Yes," complete Schedule J for such individual* .....
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* .....

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**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
NONE		

**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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2023)



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

[illegible]

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	200,543.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	27,966,752.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 811,555.				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2 a</b> .....						
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			255,336.			255,336.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real (ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss) .....	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities (ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	1,530,888. 1,451,372.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	79,516.				
	<b>d</b> Net gain or (loss) .....		79,516.				
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>					
	<b>b</b> Less: direct expenses .....	<b>8b</b>					
	<b>c</b> Net income or (loss) from fundraising events .....						
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
	<b>b</b> Less: direct expenses .....	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
	<b>11 a</b> .....						
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....				28,502,147.	0.	0.	334,852.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	18,117,839.	18,117,839.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	15,000.	15,000.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	747,569.	242,933.	290,836.	213,800.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	3,799,328.	1,949,330.	951,393.	898,605.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	168,270.	89,419.	37,241.	41,610.
<b>9</b> Other employee benefits	587,654.	303,788.	130,214.	153,652.
<b>10</b> Payroll taxes	317,794.	158,926.	76,425.	82,443.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	39,750.		39,750.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	16,809.	16,809.		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	640,507.	397,560.	127,160.	115,787.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	45,526.	20,627.	15,530.	9,369.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	391,847.	177,852.	134,335.	79,660.
<b>17</b> Travel	32,002.	13,870.	9,587.	8,545.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	83,611.	36,240.	25,049.	22,322.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	122,904.	55,784.	42,135.	24,985.
<b>23</b> Insurance	23,110.	7,178.	12,675.	3,257.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>DIRECT PROGRAM COSTS</b>	474,627.	216,563.	107,282.	150,782.
<b>b</b> <b>DUES AND FAIR SHARE SUP</b>	284,306.	172,198.	24,403.	87,705.
<b>c</b> <b>EQUIPMENT COSTS</b>	182,454.	80,878.	65,351.	36,225.
<b>d</b> <b>MISCELLANEOUS</b>	51,406.	15,966.	28,195.	7,245.
<b>e</b> All other expenses	36,772.	11,421.	20,169.	5,182.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	26,179,085.	22,100,181.	2,137,730.	1,941,174.
<b>26</b> <b>Joint costs.</b> 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) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	2,326,054.	<b>2</b>	1,879,817.
	<b>3</b> Pledges and grants receivable, net .....	4,464,329.	<b>3</b>	4,601,381.
	<b>4</b> Accounts receivable, net .....	120,098.	<b>4</b>	115,910.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	589,559.	<b>9</b>	129,413.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,060,550.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 739,403.		
	<b>11</b> Investments - publicly traded securities .....	5,505,869.	<b>11</b>	6,458,612.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	2,563,237.	<b>12</b>	2,750,161.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	3,450,654.	<b>15</b>	3,143,816.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	19,328,525.	<b>16</b>	19,400,257.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	499,379.	<b>17</b>	338,420.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	13.	<b>21</b>	0.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	6,365,501.	<b>25</b>	6,102,676.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	6,864,893.	<b>26</b>	6,441,096.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>		
<b>27</b> Net assets without donor restrictions .....		-3,998,342.	<b>27</b>	-4,005,549.
<b>28</b> Net assets with donor restrictions .....		16,461,974.	<b>28</b>	16,964,710.
<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
<b>29</b> Capital stock or trust principal, or current funds .....			<b>29</b>	
<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....			<b>30</b>	
<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....			<b>31</b>	
<b>32</b> <b>Total net assets or fund balances</b> .....		12,463,632.	<b>32</b>	12,959,161.
<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....		19,328,525.	<b>33</b>	19,400,257.

Form 990 (2023)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	28,502,147.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	26,179,085.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,323,062.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	12,463,632.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	424,481.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-2,252,014.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	12,959,161.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
<b>1</b> 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 on Schedule O.		
<b>2a</b> 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		<input checked="" type="checkbox"/>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	<input checked="" type="checkbox"/>	

Form 990 (2023)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF THE GREATER LEHIGH VALLEY

Employer identification number

23-2657933

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

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

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

f Enter the number of supported organizations \_\_\_\_\_

g Provide the following information about the supported organization(s).

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

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

(Complete only if you checked the box on line 5, 7, 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	21,173,942.	20,671,992.	25,785,442.	23,212,454.	28,167,295.	119,011,125.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	21,173,942.	20,671,992.	25,785,442.	23,212,454.	28,167,295.	119,011,125.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						24,521,664.
<b>6 Public support.</b> Subtract line 5 from line 4.						94,489,461.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	21,173,942.	20,671,992.	25,785,442.	23,212,454.	28,167,295.	119,011,125.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	250,010.	174,641.	181,239.	194,511.	255,336.	1,055,737.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						120,066,862.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	78.70	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	79.46	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
<b>b 33 1/3% support test - 2022.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>17a 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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"/>			

Schedule A (Form 990) 2023

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

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

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** 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 - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

	Yes	No
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> 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>2a</b>		
<b>b</b> Did the activities described on line 2a, above, 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .		
<b>3a</b>		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2023

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

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2023 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

Schedule A (Form 990) 2023

## 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.)

**Schedule B**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

UNITED WAY OF THE GREATER LEHIGH VALLEY

Employer identification number

23-2657933

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

UNITED WAY OF THE GREATER LEHIGH VALLEY

23-2657933

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>2,690,230.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>3,154,070.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>1,131,182.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>625,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>1,260,207.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>665,663.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

UNITED WAY OF THE GREATER LEHIGH VALLEY

23-2657933

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 992,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 647,992.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Employer identification number

23-2657933

## Part II

[illegible]

Name of organization

Employer identification number

**UNITED WAY OF THE GREATER LEHIGH VALLEY****23-2657933****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527  
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

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

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

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

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

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

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

Name of organization

UNITED WAY OF THE GREATER LEHIGH VALLEY

Employer identification number

23-2657933

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ..... \$ 0.

3 Volunteer hours for political campaign activities ..... 0.

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2023

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

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)															
<b>d</b> Other exempt purpose expenditures		2,130.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		2,130.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		426.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
not over \$500,000,	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000,	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		107.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,829.	731.	651.	426.	3,637.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					5,456.
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount	457.	183.	163.	107.	910.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,365.
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

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

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

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

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

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

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

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

**Part IV** Supplemental Information

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

**PART I-A, LINE 1:**

THE ORGANIZATION HAS NOT SUPPORTED ANY POLITICAL CANDIDATE.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF THE GREATER LEHIGH VALLEY

Employer identification number

23-2657933

**Part I**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	0	
2 Aggregate value of contributions to (during year) .....	0.	
3 Aggregate value of grants from (during year) .....	13.	
4 Aggregate value at end of year .....	0.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II**

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year .....

4 Number of states where property subject to conservation easement is located .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III**

**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2023

**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 make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☒

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,857,216.	2,498,894.	2,864,020.	1,639,733.	1,868,100.
b Contributions	330,000.	161,500.	55,000.	731,165.	165,269.
c Net investment earnings, gains, and losses	431,631.	278,255.	-368,745.	519,068.	9,452.
d Grants or scholarships					
e Other expenditures for facilities and programs	101,492.	81,433.	51,381.	25,946.	403,088.
f Administrative expenses					
g End of year balance	3,517,355.	2,857,216.	2,498,894.	2,864,020.	1,639,733.

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

a Board designated or quasi-endowment 29.2700 %

b Permanent endowment 70.7300 %

c Term endowment \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		161,123.	21,606.	139,517.
d Equipment		899,427.	717,797.	181,630.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				321,147.

Schedule D (Form 990) 2023

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other		
(A) SPLIT INTEREST AGREEMENTS	169,929.	COST
(B) PERPETUAL TRUSTS	2,527,239.	COST
(C) INVESTMENT IN INSURANCE		
(D) TRUST	52,993.	COST
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	2,750,161.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

(a) Description	(b) Book value
(1) CASH SURRENDER VALUE OF LIFE INSURANCE	99,192.
(2) RIGHT-OF-USE ASSETS - FINANCE LEASES	75,227.
(3) RIGHT-OF-USE ASSETS - OPERATING LEASES	2,969,397.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	3,143,816.

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DESIGNATIONS PAYABLE	2,864,073.
(3) LIABILITY TO DONORS UNDER	
(4) SPLIT-INTEREST TRUSTS	91,686.
(5) FINANCE LEASE LIABILITIES	77,022.
(6) OPERATING LEASE LIABILITIES	3,069,895.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	6,102,676.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

Schedule D (Form 990) 2023



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	15,590,644.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	424,481.
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	595,005.
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	171,147.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	1,190,633.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	14,400,011.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	16,809.
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	14,085,327.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	14,102,136.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	28,502,147.

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

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

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	15,095,115.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	595,005.
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	595,005.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	14,500,110.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	16,809.
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	11,662,166.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	11,678,975.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	26,179,085.

**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.

**PART IV, LINE 2B:**

DISBURSEMENT OF FUNDS ARE AUTHORIZED BY THE CO-CHAIRS OF THE PROFESSIONAL STAFF COMMITTEE. UNITED WAY OF THE GREATER LEHIGH VALLEY IS A LIMITED FISCAL SPONSOR AND HAS NO LEGAL CONTROL OF FUNDS, HAS NO VARIANCE POWER OVER FUNDS AND PROVIDES NO ADMINISTRATIVE SUPPORT. UNITED WAY OF THE GREATER LEHIGH VALLEY PROVIDES A MONTHLY REPORT OF RECEIPTS AND DISBURSEMENTS.

**PART V, LINE 4:**

THE ORGANIZATION'S ENDOWMENT CONSISTS OF FUNDS DESIGNATED BY THE BOARD OF DIRECTORS AND RESTRICTED BY DONORS TO FUNCTION AS ENDOWMENTS. AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, NET ASSETS ASSOCIATED WITH

**Part XIII** Supplemental Information (continued)

ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

THE BOARD OF DIRECTORS OF THE ORGANIZATION HAS INTERPRETED THE LAWS OF THE COMMONWEALTH OF PENNSYLVANIA AS REQUIRING THE PRESERVATION OF THE FAIR VALUE OF THE ORIGINAL GIFT AS OF THE GIFT DATE OF THE DONOR-RESTRICTED ENDOWMENT FUNDS ABSENT EXPLICIT DONOR STIPULATIONS TO THE CONTRARY. AS A RESULT OF THIS INTERPRETATION, THE ORGANIZATION CLASSIFIES AS NET ASSETS WITH DONOR RESTRICTIONS IN PERPETUITY (A) THE ORIGINAL VALUE OF GIFT DONATED TO THE PERMANENT ENDOWMENT, (B) THE ORIGINAL VALUE OF SUBSEQUENT GIFTS TO THE PERMANENT ENDOWMENT, AND (C) ACCUMULATIONS TO THE PERMANENT ENDOWMENT MADE IN ACCORDANCE WITH THE DIRECTION OF THE APPLICABLE DONOR GIFT INSTRUMENT AT THE TIME THE ACCUMULATION IS ADDED TO THE FUND. IN ACCORDANCE WITH THE LAWS OF THE COMMONWEALTH OF PENNSYLVANIA, THE ORGANIZATION CONSIDERS THE FOLLOWING FACTORS IN MAKING A DETERMINATION TO APPROPRIATE OR ACCUMULATE DONOR-RESTRICTED ENDOWMENT FUNDS: (1) THE DURATION AND PRESERVATION OF THE VARIOUS FUNDS, (2) THE PURPOSE OF THE DONOR-RESTRICTED ENDOWMENT FUND, (3) GENERAL ECONOMIC CONDITIONS, (4) THE POSSIBLE EFFECT OF INFLATION AND DEFLATION, (5) THE EXPECTED TOTAL RETURN FROM INCOME AND THE APPRECIATION OF INVESTMENTS, (6) OTHER RESOURCES OF THE ORGANIZATION, AND (7) THE ORGANIZATION'S INVESTMENT POLICIES.

INVESTMENT RETURN OBJECTIVES, RISK PARAMETERS, AND STRATEGIES: THE ORGANIZATION HAS ADOPTED INVESTMENT POLICIES, APPROVED BY THE BOARD OF DIRECTORS, FOR DONOR-RESTRICTED ENDOWMENT FUNDS AND BOARD-DESIGNATED ENDOWMENTS. THE PRIMARY PURPOSE OF THE DONOR-RESTRICTED ENDOWMENT FUND IS TO ALLOW FOR THE PRESERVATION OF PRINCIPAL FOR GIFTS GIVEN IN PERPETUITY;

**Part XIII** Supplemental Information (continued)

WHOSE EARNINGS WILL BE UTILIZED AS DEFINED BY THE DONOR UPON CREATION OF THE GIFT. THE TARGET BALANCE OF THE FUND IS \$10M SHORT-TERM AND \$100M LONG-TERM. THE FUND EXCLUDES THE PERPETUAL TRUSTS. THE FINANCE COMMITTEE WILL OVERSEE THE MANAGEMENT OF THE FUND.

INVESTMENT RETURN OBJECTIVES: THE PURPOSE OF ESTABLISHING AN INVESTMENT POLICY ASSET MIX IS TO CONSTRUCT A TARGET OR "NORMAL" SET OF INVESTMENTS, WELL DIVERSIFIED AMONG SUITABLE ASSET CLASSES THAT WILL GENERATE, ON AVERAGE, THE LEVEL OF EXPECTED RETURN NECESSARY TO MEET ENDOWMENT OBJECTIVES AT THE LOWEST VOLATILITY CONSISTENT WITH ACHIEVING THAT RETURN. THE INVESTMENT ASSET ALLOCATIONS MIX, INCLUDING TARGET LEVELS AND RANGES APPROVED BY THE BOARD OF DIRECTORS. THE TARGET LEVELS AT JUNE 30, 2024 WERE 65% EQUITIES AND 35% BONDS.

SPENDING POLICY: THE SPENDING POLICY OF THE DONOR-RESTRICTED ENDOWMENT FUND SHALL BE 4% OF THE TWELVE QUARTERS MOVING AVERAGE MARKET VALUE, ANNUALLY AS PART OF THE ANNUAL BUDGET.

PART X, LINE 2:

IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, THE ORGANIZATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS RELATIVE TO UNRELATED BUSINESS INCOME, IF ANY, AS REQUIRED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

UNREALIZED GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS	172,932.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	7,042.
UNREALIZED LOSS ON INVESTMENT IN INSURANCE TRUST	-8,827.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	171,147.

Schedule D (Form 990) 2023

**Part XIII** Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED CONTRIBUTIONS 14,085,327.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED CONTRIBUTIONS 11,662,166.

Department of the Treasury  
Internal Revenue Service

**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

# 2023

**Open to Public Inspection**

Name of the organization

Employer identification number

UNITED WAY OF THE GREATER LEHIGH VALLEY

23-2657933

<b>Part I</b>	<b>General Information on Activities Outside the United States.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.
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- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☒ Yes ☐ No
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
<b>3 a</b> Subtotal .....	0	0			0.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b)	0	0			0.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2023

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	DONOR DESIGNATED FOR GENERAL SUPPORT	15,000.	CHECK	0.		

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter .....

**3** Enter total number of other organizations or entities .....



**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* ..... ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ..... ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* ..... ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* ..... ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* ..... ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* ..... ☐ Yes ☒ No

Schedule F (Form 990) 2023



**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**PART I, LINE 2:**

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

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ABINGTON FRIENDS SCHOOL 575 WASHINGTON LANE JENKINTOWN, PA 19046	23-1390625	501(C)(3)	17,500.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
AFRICA INLAND MISSION INTERNATIONAL INCORPORATED - PO BOX 3611 - PEACHTREE CITY, GA 30269	11-1873101	501(C)(3)	21,875.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ALLENTOWN AREA ECUMENICAL FOOD BANK - 534 W CHEW STREET - ALLENTOWN, PA 18102	23-2214543	501(C)(3)	36,684.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ALLENTOWN ART MUSEUM 31 N 5TH STREET ALLENTOWN, PA 18101-1616	23-1548101	501(C)(3)	139,998.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ALLENTOWN DRIVE BASEBALL 840 HAMILTON ST, STE 210 ALLENTOWN, PA 18101-2456	27-1768416	501(C)(3)	10,129.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ALLENTOWN RESCUE MISSION, INC. PO BOX 748 ALLENTOWN, PA 18105-0748	23-6005983	501(C)(3)	44,610.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **329.**
- 3** Enter total number of other organizations listed in the line 1 table **2.**

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLENTOWN SCHOOL DISTRICT, SHERIDAN ELEMENTARY SCHOOL - 521 N 2ND STREET - ALLENTOWN, PA 18102	27-0743152	501(C)(3)	93,167.	0.			PROGRAM OPERATING COSTS
ALLENTOWN SCHOOL DISTRICT FOUNDATION - 31 S PENN ST - ALLENTOWN, PA 18105	27-0743152	501(C)(3)	55,558.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
ALLENTOWN SYMPHONY ASSOCIATION 23 N. 6TH. ST. ALLENTOWN, PA 18101	23-6272140	501(C)(3)	153,012.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ALLIANCE FOR CANCER GENE THERAPY, INC. - 96 CUMMINGS POINT ROAD - STAMFORD, CT 06902	06-1619523	501(C)(3)	12,500.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ALS THERAPY DEVELOPMENT INSTITUTE 480 ARSENAL STRRET, SUITE 201 WATERTOWN, MA 02472	04-3462719	501(C)(3)	8,750.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ALVIN AILEY DANCE FOUNDATION INC 405 W 55TH ST NEW YORK, NY 10019-4402	13-2584273	501(C)(3)	43,750.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ALZHEIMERS ASSOCIATION - GREATER PENNSYLVANIA CHAPTER - 2595 INTERSTATE DR, STE 100 - HARRISBURG, PA 17110-9378	13-3039601	501(C)(3)	7,899.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN CANCER SOCIETY - PA PITTSBURGH - PO BOX 862 - CARNEGIE, PA 15106	13-1788491	501(C)(3)	39,675.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN CANCER SOCIETY LEHIGH VALLEY UNIT - 3893 ADLER PLACE, SUITE 170 - BETHLEHEM, PA 18017-9000	13-1788491	501(C)(3)	8,202.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION - EASTERN STATES - PO BOX 5026 - BOONE, IA 50950	13-5613797	501(C)(3)	6,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN HEART ASSOCIATION (LEHIGH VALLEY) - 4250 CRUMS MILL RD. STE. 100 - HARRISBURG, PA 17112-2889	13-5613797	501(C)(3)	11,361.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN RED CROSS PA RIVERS CHAPTER - 3939 BROADWAY - ALLENTOWN, PA 18104	23-1381431	501(C)(3)	78,739.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
ARC-LEHIGH/NORTHAMPTON COUNTIES 2289 AVENUE A BETHLEHEM, PA 18017-2107	23-1679102	501(C)(3)	16,046.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ARTSQUEST 25 W. THIRD ST. BETHLEHEM, PA 18015	23-2280560	501(C)(3)	366,319.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
ARTSQUEST FOUNDATION 25 W. THIRD ST., SUITE 300 BETHLEHEM, PA 18015	20-0652958	501(C)(3)	22,617.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ASSUMPTION BVM CHURCH 4101 OLD BETHLEHEM PIKE BETHLEHEM, PA 18015	23-1598116	501(C)(3)	49,843.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
BACH CHOIR OF BETHLEHEM 440 HECKEWELDER PL BETHLEHEM, PA 18018	24-0795385	501(C)(3)	10,413.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
BELMONT CHILD CARE ASSOCIATION, INC. - 2150 HEMPSTEAD TURNPIKE GATE 6, BELMONT PARK - ELMONT, NY 11003	31-1646091	501(C)(3)	13,793.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

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

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BETHLEHEM CATHOLIC HIGH SCHOOL 2133 MADISON AVE BETHLEHEM, PA 18017	23-1598116	501(C)(3)	5,166.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
BETHLEHEM CHRISTIAN SCHOOL 3100 HECKTOWN RD BETHLEHEM, PA 18020	23-2069125	501(C)(3)	10,356.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
BIG BROTHERS BIG SISTERS OF THE LEHIGH VALLEY - 41 S CARLISLE ST - ALLENTOWN, PA 18109-2558	23-1746895	501(C)(3)	35,086.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
BISHOPS ANNUAL APPEAL CHARITABLE TRUST - 1515 MARTIN LUTHER KING JR DRIVE - ALLENTOWN, PA 18102	46-4060526	501(C)(3)	5,381.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
BLAIR ACADEMY 2 PARK ST BLAIRSTOWN, NJ 07825	22-1500475	501(C)(3)	8,750.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
BLOOM FOR WOMEN 1425 MOUNTAIN DRIVE NORTH BETHLEHEM, PA 18015	20-1221107	501(C)(3)	40,056.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
BOY SCOUTS OF AMERICA - HAWK MOUNTAIN - 5027 POTTSVILLE PIKE - READING, PA 19605-9713	23-7196296	501(C)(3)	6,576.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
BOY SCOUTS OF AMERICA - MINSI TRAILS COUNCIL - 991 POSTAL RD. - ALLENTOWN, PA 18109	23-1708585	501(C)(3)	95,060.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
BOY SCOUTS OF AMERICA - 83 CENTRAL FLORIDA COUNCIL - 1951 S ORANGE BLOSSOM TRL - APOPKA, FL 32703	59-0624376	501(C)(3)	5,250.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

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BOYS & GIRLS CLUB OF ALLENTOWN 720 N 6TH ST ALLENTOWN, PA 18102	23-1352042	501(C)(3)	169,553.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
BOYS & GIRLS CLUB OF BETHLEHEM 1430 FRITZ DR BETHLEHEM, PA 18017	23-6298476	501(C)(3)	113,838.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
BOYS & GIRLS CLUB OF EASTON 210 JONES HOUSTON WAY EASTON, PA 18042	23-1941228	501(C)(3)	80,368.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
BPS FOUNDATION 1120 N TOWN CENTER DR, SUITE 160 LAS VEGAS, NV 89144	88-2260784	501(C)(3)	60,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
BRADBURY-SULLIVAN LGBT COMMUNITY CENTER - 522 WEST MAPLE STREET - ALLENTOWN, PA 18101	20-1443960	501(C)(3)	70,540.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
BREAKTHROUGH COLLABORATIVE PO BOX 71420 OAKLAND, CA 94612	94-3140620	501(C)(3)	5,250.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
BRECKENRIDGE CREATIVE ARTS P.O. BOX 4269 BRECKENRIDGE, CO 80424	47-2066832	501(C)(3)	26,688.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
BRIGHT HOPE PREGNANCY SUPPORT CENTERS - 1034 W. HAMILTON ST - ALLENTOWN, PA 18101-1036	23-2185001	501(C)(3)	5,386.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
BROWN COUNTY UNITED WAY, INC. PO BOX 1593 GREEN BAY, WI 54305	39-0806299	501(C)(3)	18,923.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

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BURN PREVENTION NETWORK 236 N 17TH ST, 2ND FLOOR ALLENTOWN, PA 18104-5605	22-2839595	501(C)(3)	9,902.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CAMELOT FOR CHILDREN 2354 W EMMAUS AVE ALLENTOWN, PA 18103	23-2565740	501(C)(3)	14,848.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CANCER SUPPORT COMMUNITY OF THE GREATER LEHIGH VALLEY - 944 MARCON BLVD, SUITE 110 - ALLENTOWN, PA 18109	73-1657537	501(C)(3)	27,105.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CAPITAL AREA UNITED WAY (LA) 700 LAUREL ST BATONROUGE, LA 70802-5634	72-0447100	501(C)(3)	10,092.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CARBON COUNTY ACTION COMMITTEE 267 S. 2ND ST LEHIGHTON, PA 18235-2175	47-5001962	501(C)(3)	9,167.	0.			PROGRAM OPERATING COSTS
CARBON COUNTY RIGHT FROM THE START PO BOX 243 LEHIGHTON, PA 18235	43-5001962	501(C)(3)	30,250.	0.			PROGRAM OPERATING COSTS
CARNEGIE MELLON UNIVERSITY PO BOX 371525 PITTSBURGH, PA 15251-7525	25-0969449	501(C)(3)	21,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CASA GUADALUPE CENTER 218 N 2ND ST ALLENTOWN, PA 18102-3508	23-1988203	501(C)(3)	44,823.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
CATHEDRAL CHURCH OF THE NATIVITY 321 WYANDOTTE STREET BETHLEHEM, PA 18015	23-3007278	501(C)(3)	17,500.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

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CATHEDRAL OF ST. CATHARINE OF SIENA - 1825 WEST TURNER ST - ALLENTOWN, PA 18104	23-1598116	501(C)(3)	14,218.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CATHOLIC CHARITIES, DIOCESE OF ALLENTOWN - 900 S WOODWARD ST. - ALLENTOWN, PA 18103-4179	23-1598117	501(C)(3)	97,438.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
CATHOLIC FOUNDATION OF EASTERN PENNSYLVANIA - PO BOX 1430 - ALLENTOWN, PA 18105	46-4060385	501(C)(3)	189,147.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CATHOLIC LEADERSHIP INSTITUTE 301 LINDENWOOD DRIVE, SUITE 310 MALVERN, PA 19355	23-2661414	501(C)(3)	150,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CATHOLIC RELIEF SERVICES INC. PO BOX 5200 HARLAN, IA 51593-0700	13-5563422	501(C)(3)	31,535.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CAY GALGON LIFE HOUSE 714 W BROAD ST BETHLEHEM, PA 18018	83-3008929	501(C)(3)	65,012.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CEDAR CREST BIBLE FELLOWSHIP 1151 S CEDAR CREST BLVD ALLENTOWN, PA 18103	23-2123359	501(C)(3)	13,125.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CEDAR CREST COLLEGE 100 COLLEGE DR ALLENTOWN, PA 18104	23-1365953	501(C)(3)	28,389.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CENTER FOR HUMANISTIC CHANGE 555 UNION BLVD; SUITE 7 ALLENTOWN, PA 18109	23-2107264	501(C)(3)	91,667.	0.			PROGRAM OPERATING COSTS

Schedule I (Form 990)



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CENTRAL BUCKS FAMILY YMCA 2500 LOWER STATE ROAD DOYLESTOWN, PA 18901-2634	23-1903158	501(C)(3)	11,246.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CHARITYVEST 75 5TH STREET NW, SUITE 2200 ATLANTA, GA 30308	81-2771871	501(C)(3)	12,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CHARTER ARTS FOUNDATION 321 E 3RD STREET BETHLEHEM, PA 18015	45-3986393	501(C)(3)	20,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CHILDREN INTERNATIONAL 2000 EAST RED BRIDGE ROAD KANSAS CITY, MO 64131	44-6005794	501(C)(3)	9,179.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CHILDREN'S HOME OF EASTON 2000 S 25TH ST EASTON, PA 18042	24-0806100	501(C)(3)	72,010.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CHRIST LUTHERAN CHURCH OF HELLERTOWN - 69 MAIN STREET - HELLERTOWN, PA 18055	24-0860553	501(C)(3)	29,446.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CHURCH OF OUR SAVIOUR 59 PARK AVENUE NEW YORK, NY 10016	81-3193830	501(C)(3)	6,125.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CIVIC THEATRE OF ALLENTOWN PA 527 N 19TH ST. ALLENTOWN, PA 18104	23-2152581	501(C)(3)	9,741.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
COHESION NETWORK, INC. 1000 POSTAL ROAD ALLENTOWN, PA 18109	27-5034772	501(C)(3)	45,833.	0.			PROGRAM OPERATING COSTS

Schedule I (Form 990)

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COLLEGE OF THE HOLY CROSS 1 COLLEGE ST WORCESTER, MA 01610	04-2103558	501(C)(3)	35,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
COMMUNITIES IN SCHOOLS OF EASTERN PENNSYLVANIA, INC. - 739 N 12TH ST - ALLENTOWN, PA 18102	23-2222874	501(C)(3)	922,231.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
COMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEY - 1337 E 5TH ST - BETHLEHEM, PA 18015-2103	23-1669589	501(C)(3)	184,574.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
COMMUNITY BIKE WORKS 235 N MADISON ST ALLENTOWN, PA 18102	23-2867945	501(C)(3)	203,167.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
COMMUNITY SERVICES FOR CHILDREN, INC. - 1520 HANOVER AVE. - ALLENTOWN, PA 18109-2360	23-2204725	501(C)(3)	167,361.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
CONGREGATION KENESETH ISRAEL 2227 W CHEW STREET ALLENTOWN, PA 18104	23-1489807	501(C)(3)	5,250.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CORPORATION FOR NATIONAL & COMMUNITY SERVICE - 1201 NEW YORK AVENUE, NW, 8TH FLOOR - WASHINGTON, DC 20525	52-0971471		64,802.	0.			PROGRAM OPERATING COSTS
CRIME VICTIMS COUNCIL OF THE LEHIGH VALLEY - 2132 S. 12TH ST; SUITE 101 - ALLENTOWN, PA 18103	23-1997899	501(C)(3)	42,706.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
DA VINCI SCIENCE CENTER 815 W HAMILTON STREET ALLENTOWN, PA 18101	23-2824084	501(C)(3)	924,945.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS

Schedule I (Form 990)

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DELAWARE MUSEUM OF NATURAL HISTORY 4840 KENNETT PIKE WILMINGTON, DE 19807	51-0083535	501(C)(3)	10,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
DESALES UNIVERSITY 2755 STATION AVE CENTER VALLEY, PA 18034	23-1653718	501(C)(3)	105,556.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
DIAMOND BLACKFAN ANEMIA FOUNDATION PO BOX 1092 WEST SENECA, NY 14224	16-1459422	501(C)(3)	10,001.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
DIOCESE OF ALLENTOWN 2145 MADISON AVE BETHLEHEM, PA 18017-4698	23-1598117	501(C)(3)	138,348.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
DOMESTIC VIOLENCE SER CTR (WILKES BARRE) - PO BOX 2177 - WILKES-BARRE, PA 18703-2177	23-2070668	501(C)(3)	19,191.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
DR PHILLIPS CENTER FOR THE PERFORMING ARTS, INC. - 155 E ANDERSON STREET - ORLANDO, FL 32801-3713	20-0695917	501(C)(3)	5,250.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
DREAM COME TRUE PO BOX 21167 LEHIGH VALLEY, PA 18002-1167	22-2550269	501(C)(3)	17,990.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
DREXEL UNIVERSITY 3141 CHESTNUT ST PHILADELPHIA, PA 19104	23-1352630	501(C)(3)	6,037.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
DUQUESNE UNIVERSITY OF THE HOLY SPIRIT - 600 FORBES AVENUE - PITTSBURGH, PA 15282	25-1035663	501(C)(3)	21,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

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EAST STROUDSBURG UNIVERSITY FOUNDATION - 200 PROSPECT STREET - EAST STROUDSBURG, PA 18301	22-2826714	501(C)(3)	28,498.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
EASTER SEALS OF EASTERN PENNSYLVANIA - 1501 LEHIGH STREET, SUITE 201 - ALLENTOWN, PA 18103	23-2823542	501(C)(3)	37,437.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
EASTON AREA COMMUNITY CENTER 901 WASHINGTON ST EASTON, PA 18042-4389	23-2147613	501(C)(3)	43,989.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
EASTON AREA NEIGHBORHOOD CENTER, INC. - 902 PHILADELPHIA ROAD - EASTON, PA 18042-6599	23-2039194	501(C)(3)	36,667.	0.			PROGRAM OPERATING COSTS
ELEVATE ORLANDO, INC. PO BOX 940633 MAITLAND, FL 32794	26-3330456	501(C)(3)	5,250.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
EMMAUS CREATIVE ARTS & INNOVATION CENTER - 375 S. 10TH STREET - EMMAUS, PA 18049	83-3932023	501(C)(3)	8,750.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
EMMAUS PUBLIC LIBRARY 11 E MAIN STREET EMMAUS, PA 18049-4012	23-1443435	501(C)(3)	27,152.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ENGINEERS WITHOUT BORDERS USA, INC 1031 33RD ST, STE 210 DENVER, CO 80205-2767	84-1589324	501(C)(3)	51,650.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
EQUI-LIBRIUM, INC. 524 FEHR RD NAZARETH, PA 18064-9153	23-3088228	501(C)(3)	47,952.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

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FAITH LUTHERAN CHURCH - WHITEHALL 3355 MACARTHUR RD WHITEHALL, PA 18052	23-1887428	501(C)(3)	5,250.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FAMILY CONNECTION OF EASTON, INC. 723 COAL STREET EASTON, PA 18042	20-4934762	501(C)(3)	146,182.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
FAMILY PROMISE OF CARBON COUNTY 167 S 3RD ST LEHIGHTON, PA 18235	27-0763520	501(C)(3)	9,167.	0.			PROGRAM OPERATING COSTS
FINANCIAL LITERACY CENTER OF THE LEHIGH VALLEY - PO BOX 8912 - ALLENTOWN, PA 18105	81-3656930	501(C)(3)	10,000.	0.			PROGRAM OPERATING COSTS
FINE FEATHER FOUNDATION, INC. 526 N SAINT CLOUD ST, SUITE 257 ALLENTOWN, PA 18104	87-3331670	501(C)(3)	10,000.	0.			PROGRAM OPERATING COSTS
FIRST LIGHT, INC 2230 4TH AVE N BIRMINGHAM, AL 35203	63-1197189	501(C)(3)	5,250.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH OF ALLENTOWN - 3231 W TILGHMAN ST - ALLENTOWN, PA 18104-3412	23-1352423	501(C)(3)	12,100.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH OF BETHLEHEM - 2344 CENTER STREET - BETHLEHEM, PA 18017	24-0796866	501(C)(3)	19,312.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FOLDS OF HONOR FOUNDATION 5800 N PATRIOT DRIVE OWASSO, OK 74055	75-3240683	501(C)(3)	5,688.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

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FOUNDATION FOR MOUNT NITTANY MEDICAL CENTER - 1800 EAST PARK AVE - STATE COLLEGE, PA 16803	57-1138956	501(C)(3)	15,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FOX CHASE CANCER CENTER 333 COTTMAN AVE PHILADELPHIA, PA 19111-2497	23-6296135	501(C)(3)	15,407.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FRACTURED ATLAS INC 228 PARK AVE S NEW YORK, NY 10003-1502	11-3451703	501(C)(3)	11,000.	0.			PROGRAM OPERATING COSTS
FRIENDS OF FATHER JUDGE HIGH SCHOOL INC - 3301 SOLLY AVE - PHILADELPHIA, PA 19136-2340	75-3053213	501(C)(3)	5,250.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FRIENDS OF THE 1803 HOUSE, INC. PO BOX 7 EMMAUS, PA 18049	23-2053852	501(C)(3)	8,750.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FRIENDS OF THE BETHLEHEM MOUNTED POLICE - 615 E LANGHORNE AVE - BETHLEHEM, PA 18017	45-1546262	501(C)(3)	5,104.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FUND FOR THE ARTS 623 W MAIN STREET LOUISVILLE, KY 40202	61-0479626	501(C)(3)	11,247.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FUND TO BENEFIT CHILDREN & YOUTH, INC. - 903 E. ELM ST - ALLENTOWN, PA 18109-2629	23-2643243	501(C)(3)	42,839.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
GEORGETOWN UNIVERSITY 37TH AND O STS NW WASHINGTON, DC 20007	53-0196603	501(C)(3)	5,820.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

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GETTYSBURG COLLEGE 300 N WASHINGTON ST GETTYSBURG, PA 17325-1400	23-1352641	501(C)(3)	5,567.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
GIRL SCOUTS OF EASTERN PENNSYLVANIA - 330 MANOR ROAD - MIQUON, PA 19444-1741	23-1599656	501(C)(3)	68,776.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
GIRLS ON THE RUN LEHIGH VALLEY 2206 APPLE RD FOGELSVILLE, PA 18051	88-1559099	501(C)(3)	32,929.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
GLOBAL HOPE INTERNATIONAL 4609 NEWBURG RD NAZARETH, PA 18064	87-3241978	501(C)(3)	20,000.	0.			PROGRAM OPERATING COSTS
GOOD SHEPHERD 850 S 5TH ST ALLENTOWN, PA 18103-3308	23-2216041	501(C)(3)	222,171.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
GREATER COMMUNITY DEVELOPMENT CORPORATION - 403 PASTER FRED DAVIS ST - EASTON, PA 18042-6451	83-1407226	501(C)(3)	65,000.	0.			PROGRAM OPERATING COSTS
GREATER EASTON DEVELOPMENT PARTNERSHIP - 325 NORTHAMPTON STREET - EASTON, PA 18042	23-2660344	501(C)(3)	83,256.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
GREATER LEHIGH VALLEY CHAMBER OF COMMERCE FOUNDATION - 158 NORTHAMPTON ST, STE A - EASTON, PA 18042-3700	22-2626110	501(C)(3)	8,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
GREATER SUSQUEHANNA VALLEY UNITED WAY - 228 ARCH ST. - SUNBURY, PA 17801	23-1697631	501(C)(3)	9,711.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

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GREATER VALLEY YMCA 2132 S 12TH STREET, STE 201 ALLENTOWN, PA 18103	24-0798706	501(C)(3)	140,466.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
HABITAT FOR HUMANITY OF THE LEHIGH VALLEY - 245 N. GRAHAM ST - ALLENTOWN, PA 18109-2191	23-2544326	501(C)(3)	31,854.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
HCU NETWORK AMERICA 15 SOUTH MALLORY AVE BATAVIA, IL 60510	81-3646006	501(C)(3)	51,673.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
HELPING HANDS OF GEORGETOWN, INC. 1813 HIGHMARKET ST GEORGETOWN, SC 29440	57-0883461	501(C)(3)	8,750.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
HILLSIDE SCHOOL 2697 BROOKSIDE RD MACUNGIE, PA 18062-9045	23-2263178	501(C)(3)	14,822.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
HISPANIC CENTER LEHIGH VALLEY 520 E 4TH ST BETHLEHEM, PA 18015	23-1882308	501(C)(3)	66,736.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
HISTORIC BETHLEHEM PARTNERSHIP INC. - 74 W BROAD ST, STE 310 - BETHLEHEM, PA 18018	23-2741808	501(C)(3)	38,677.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
HOLT INTERNATIONAL CHILDREN'S SERVICES - 250 COUNTRY CLUB RD - EUGENE, OR 97401	23-7257390	501(C)(3)	5,649.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
HOLY FAMILY CATHOLIC CHURCH 23 FOREST DR NAZARETH, PA 18064	23-1598116	501(C)(3)	10,017.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLY FAMILY MANOR 120 SPRING STREET BETHLEHEM, PA 18018-4940	23-2578800	501(C)(3)	26,521.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
HONOR WATER 2140 E CHISHOLM TRL FLAGSTAFF, AZ 86005	88-1488952	501(C)(3)	10,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
HOPE COMMUNITY CHURCH 7974 CLAUSVILLE ROAD FOGELSVILLE, PA 18051	23-6407863	501(C)(3)	10,825.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
HUMANE PENNSYLVANIA 1729 N 11TH STREET READING, PA 19604	23-1384936	501(C)(3)	14,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
HUMANITARIAN SOCIAL INNOVATIONS 301 BROADWAY, SUITE 115 BETHLEHEM, PA 18015	46-4779591	501(C)(3)	11,000.	0.			PROGRAM OPERATING COSTS
HUTCHINSON COUNTY UNITED WAY INC. PO BOX 1430 BORGER, TX 79008	75-0875853	501(C)(3)	7,500.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
INDEPENDENT PRESBYTERIAN CHURCH FOUNDATION - 3100 HIGHLAND AVENUE S - BIRMINGHAM, AL 35205	23-7396600	501(C)(3)	14,875.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
INNASTAR INCORPORATED 607 N 9TH ST ALLENTOWN, PA 18102	88-1228164	501(C)(3)	10,000.	0.			PROGRAM OPERATING COSTS
J WOOD PLATT CADDIE SCHOLARSHIP 1974 SPROUL ROAD, SUITE 400 BROOMALL, PA 19008-3402	23-6296989	501(C)(3)	19,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

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JAZZ HOUSE KIDS, INC. 347 BLOOMFIELD AVE LOWER LEVEL MONTCLAIR, NJ 07042	56-2303577	501(C)(3)	6,125.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
JEWISH FAMILY SERVICE OF THE LEHIGH VALLEY - 2004 W ALLEN ST - ALLENTOWN, PA 18104-5053	23-2301360	501(C)(3)	5,618.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
JEWISH FEDERATION OF THE LEHIGH VALLEY - 702 N 22ND STREET - ALLENTOWN, PA 18104	23-6396949	501(C)(3)	37,580.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
JOYFUL GIVING PO BOX 253 TREXLERTOWN, PA 18087	30-1286290	501(C)(3)	10,938.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
JUNETEENTH LEHIGH VALLEY PO BOX 149 COPLAY, PA 18037	85-3437043	501(C)(3)	10,000.	0.			PROGRAM OPERATING COSTS
JUVENILE DIABETES FOUNDATION INT'L (PA) - 225 E CITY AVE, SUITE 104 - BALA CYNWYD, PA 19610	23-1907729	501(C)(3)	5,570.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
KELLYN FOUNDATION PO BOX 369 TATAMY, PA 18085	26-2623498	501(C)(3)	72,201.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
KIDSPACE 4085 INDEPENDENCE DRIVE SCHNECKSVILLE, PA 18078	23-1353394	501(C)(3)	15,756.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
KINDNESS PROJECT 4752 MILL RD EMMAUS, PA 18049	84-2299018	501(C)(3)	8,410.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

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KING'S COLLEGE 133 NORTH RIVER STREET WILKES-BARRE, PA 18711	24-0804602	501(C)(3)	25,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
KOLPING YOUTH INTERNATIONAL 1140 EVERGREEN STREET SAN DIEGO, CA 92106	45-3156956	501(C)(3)	8,750.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
LAFAYETTE COLLEGE 201 HOGG HALL EASTON, PA 18042	24-0795686	501(C)(3)	91,244.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
LANDMARK COLLEGE 19 RIVER RD. S PUTNEY, VT 05346	22-2586208	501(C)(3)	6,125.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
LEHIGH CONFERENCE OF CHURCHES 457 W. ALLEN ST ALLENTOWN, PA 18102	23-1484205	501(C)(3)	194,279.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
LEHIGH UNIVERSITY 29 TREMBLY DR BETHLEHEM, PA 18015	24-0795445	501(C)(3)	333,650.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
LEHIGH VALLEY ACTIVE LIFE 1633 W ELM ST. ALLENTOWN, PA 18102	23-1627030	501(C)(3)	36,667.	0.			PROGRAM OPERATING COSTS
LEHIGH VALLEY ATHLETIC CLUB 54 S COMMERCE WAY STE 172 BETHLEHEM, PA 18017	23-3019288	501(C)(3)	10,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
LEHIGH VALLEY CENTER FOR INDEPENDENT LIVING - 713 N. 13TH STREET - ALLENTOWN, PA 18102	23-2610549	501(C)(3)	18,333.	0.			PROGRAM OPERATING COSTS

Schedule I (Form 990)

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LEHIGH VALLEY CHILDREN'S CENTERS, INC. - 1501 LEHIGH ST, STE 208 - ALLENTOWN, PA 18103-3880	23-1908158	501(C)(3)	74,888.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
LEHIGH VALLEY CHINESE CHRISTIAN CHURCH - 1419 OVERLOOK RD - WHITEHALL, PA 18052	23-2445604	501(C)(3)	8,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
LEHIGH VALLEY COMMUNITY FOUNDATION 840 HAMILTON ST, STE 310 ALLENTOWN, PA 18101-2456	23-1686634	501(C)(3)	84,707.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
LEHIGH VALLEY ECONOMIC DEVELOPMENT CORP. - 520 NORTH NEW STREET - BETHLEHEM, PA 18018	23-2798276	501(C)(3)	8,500.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
LEHIGH VALLEY HEALTH NETWORK 2100 MACK BLVD ALLENTOWN, PA 18103	23-1689692	501(C)(3)	1,420,558.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
LEHIGH VALLEY PBS/WLVT 839 SESAME ST. BETHLEHEM, PA 18015	23-1642883	501(C)(3)	125,645.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
LEHIGH VALLEY ZOO 5150 GAME PRESERVE RD SCHNECKSVILLE, PA 18078-3305	05-0606070	501(C)(3)	112,868.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
LEUKEMIA & LYMPHOMA SOCIETY - LEHIGH VALLEY - 5585 HAMILTON BLVD, SUITE C - ALLENTOWN, PA 18106	13-5644916	501(C)(3)	8,741.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
LIFE SCIENCE CARES, INC. PO BOX 425486 CAMBRIDGE, MA 02142	81-2435939	501(C)(3)	17,500.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

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LIFEPATH FOUNDATION 3500 HIGH POINT BLVD BETHLEHEM, PA 18017	23-7402943	501(C)(3)	20,831.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
LIGHT ON THE HORIZON 2604 APPEL ST ALLENTOWN, PA 18103	85-3539972	501(C)(3)	25,000.	0.			PROGRAM OPERATING COSTS
LITTLE AMIGOS EARLY LEARNING CENTER INC - 1195 CENTRE ST - BOSTON, MA 02130	88-4291936	501(C)(3)	5,912.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
LORD'S PANTRY OF DOWNINGTOWN 141 E. LANCASTER AVE DOWNINGTOWN, PA 19335	23-3092880	501(C)(3)	8,750.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
LYCOMING COUNTY UNITED WAY 1 WEST THIRD ST SUITE 208 WILLIAMSPORT, PA 17701-6542	24-0828149	501(C)(3)	9,965.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MANHATTAN COLLEGE 4513 MANHATTAN PARKWAY RIVERDALE, NY 10471	13-1740468	501(C)(3)	10,500.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MARIA VERAS FAMILY DAYCARE, INC. 27 N 12TH ST ALLENTOWN, PA 18101-1029	83-3208835		51,800.	0.			PROGRAM OPERATING COSTS
MARTHA LLOYD SCHOOL INC 66 LLOYD LANE TROY, PA 16947-1502	23-1459614	501(C)(3)	8,750.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MARYHURST, INC. 1015 DORSEY LANE LOUISVILLE, KY 40223	31-1542209	501(C)(3)	6,115.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

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MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVENUE - CAMBRIDGE, MA 02139-4822	04-2103594	501(C)(3)	7,539.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MATTIE N DIXON COMMUNITY CUPBOARD INC. - 150 N MAIN ST - AMBLER, PA 19002-5712	23-3061645	501(C)(3)	5,477.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MAYO CLINIC (FLORIDA) 4500 SAN PABLO RD S JACKSONVILLE, FL 32224-1865	59-0714831	501(C)(3)	10,500.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MEALS ON WHEELS OF THE GREATER LEHIGH VALLEY - 1302 N. SHERMAN ST. - ALLENTOWN, PA 18109	23-1861779	501(C)(3)	174,072.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
MERCER MUSEUM (OUTREACH) 84 S PINE ST DOYLESTOWN, PA 18901-4930	23-1371952	501(C)(3)	10,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MERCY SPECIAL LEARNING CENTER 830 S WOODWARD ST ALLENTOWN, PA 18103-3440	90-0988217	501(C)(3)	46,563.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
METRO UNITED WAY PO BOX 4488 LOUISVILLE, KY 40204	61-0444680	501(C)(3)	23,780.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MIKAYLA'S VOICE 1405 N. CEDAR CREST BLVD, SUITE 102 ALLENTOWN, PA 18104	01-0958973	501(C)(3)	7,075.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MILLER-KEYSTONE BLOOD CENTER 1465 VALLEY CENTER PKWY BETHLEHEM, PA 18017	23-1731796	501(C)(3)	25,529.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

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MIRACLE LEAGUE OF THE LEHIGH VALLEY - 4460 PARK VIEW DR - SCHNECKSVILLE, PA 18078-2579	74-3167008	501(C)(3)	9,376.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MISS RUBY'S KIDS 2018 CHURCH ST GEORGETOWN, SC 29440	20-3933169	501(C)(3)	8,750.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MOCK TURTLE MARIONETTE THEATER 421 SECOND AVE BETHLEHEM, PA 18018	23-2992625	501(C)(3)	11,000.	0.			PROGRAM OPERATING COSTS
MORAVIAN ACADEMY 7 E MARKET ST, FL 2 BETHLEHEM, PA 18018-5963	24-0829838	501(C)(3)	20,039.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MORAVIAN UNIVERSITY 1200 MAIN ST BETHLEHEM, PA 18018	24-0795460	501(C)(3)	151,303.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
MOTHER2MOTHER 208 S. 13TH ST ALLENTOWN, PA 18103	85-4177086	501(C)(3)	20,000.	0.			PROGRAM OPERATING COSTS
MOVEMENT MOVES MEDIA 1232 BRANDT DRIVE BREININGSVILLE, PA 18031	83-1777891	501(C)(3)	10,000.	0.			PROGRAM OPERATING COSTS
MUHLENBERG COLLEGE 2400 CHEW STREET ALLENTOWN, PA 18104-5564	23-1352664	501(C)(3)	21,301.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MUNCY BAPTIST CHURCH 11 W PENN STREET MUNCY, PA 17756	13-5563018	501(C)(3)	9,625.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

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NATIONAL MUSEUM OF INDUSTRIAL HISTORY - 754 ROBLE RD, STE 70 - ALLENTOWN, PA 18109	23-2912750	501(C)(3)	106,066.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
NAZARETH AREA FOOD BANK 200 S. BROAD STREET NAZARETH, PA 18064	75-3229681	501(C)(3)	5,924.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
NEW BETHANY, INC. 333 W. 4TH ST. BETHLEHEM, PA 18015	23-2365694	501(C)(3)	406,736.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
NORTH CAROLINA SYMPHONY SOCIETY, INC. - 3700 GLENWOOD AVE, SUITE 130 - RALEIGH, NC 27612	56-0556755	501(C)(3)	13,625.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
NORTH PENN LEGAL SERVICES 101 WEST BROAD STREET, SUITE 513 HAZLETON, PA 18201	23-1659111	501(C)(3)	103,970.	0.			PROGRAM OPERATING COSTS
NORTHAMPTON COUNTY COMMUNITY COLLEGE FOUNDATION - 3835 GREEN POND ROAD - BETHLEHEM, PA 18020-7568	23-2064496	501(C)(3)	106,351.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
NORTHAMPTON COUNTY HISTORICAL & GENEALOGICAL SOCIETY - 342 NORTHAMPTON STREET - EASTON, PA 18042-3514	24-6021192	501(C)(3)	7,508.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
NORTHEAST COMMUNITY CENTER PO BOX 1463 BETHLEHEM, PA 18016-1463	23-2339841	501(C)(3)	18,333.	0.			PROGRAM OPERATING COSTS
NOTRE DAME HIGH SCHOOL 3417 CHURCH RD EASTON, PA 18045	24-0834373	501(C)(3)	25,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)



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NOTRE DAME OF BETHLEHEM CHURCH 1861 CATASQUA RD BETHLEHEM, PA 18018	23-1440569	501(C)(3)	12,775.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
OHIO STATE UNIVERSITY FOUNDATION 1480 WEST LANE AVENUE COLUMBUS, OH 43221	31-1145986	501(C)(3)	9,250.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
OXFAM-AMERICA INC 226 CAUSEWAY ST, 5TH FLOOR BOSTON, MA 02114-2206	23-7069110	501(C)(3)	6,420.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
PARADIGM ONE 302 N 6TH ST ALLENTOWN, PA 18102	81-1339078	501(C)(3)	11,000.	0.			PROGRAM OPERATING COSTS
PARKLAND CARES FOOD PANTRY 5074 KERNSVILLE RD, UNIT #4 OREFIELD, PA 18069	83-0559064	501(C)(3)	11,211.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
PARKLAND SCHOOL DISTRICT EDUCATION FOUNDATION - 1210 SPRINGHOUSE RD - ALLENTOWN, PA 18104-2119	42-2645543	501(C)(3)	35,407.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
PEACEABLE KINGDOM, INC PO BOX 424 WHITEHALL, PA 18052	23-2958207	501(C)(3)	5,816.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
PEDIATRIC CANCER FOUNDATION 4501 CRACKERSPORT ROAD ALLENTOWN, PA 18104	20-2297295	501(C)(3)	11,530.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
PELICAN SOUND CHARITABLE FOUNDATION, INC. - 4569 PELICAN SOUND BLVD - ESTERO, FL 33928	84-1746629	501(C)(3)	5,250.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

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PENNSYLVANIA SINFONIA ORCHESTRA 1524 W LINDEN ST ALLENTOWN, PA 18104	23-2215547	501(C)(3)	8,113.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
PENNSYLVANIA STATE UNIVERSITY PHILANTHROPIC FUND - 408 OLD MAIN - UNIVERSITY PARK, PA 16802	27-4628784	501(C)(3)	189,094.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
PEOPLES SECURITY CHARITABLE FOUNDATION - 150 N WASHINGTON AVE - SCRANTON, PA 18503	25-1886434	501(C)(3)	9,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
PHILABUNDANCE 3616 S GALLOWAY ST PHILADELPHIA, PA 19148-5402	23-2290505	501(C)(3)	14,378.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
PHILADELPHIA RONALD MCDONALD HOUSE 3925 CHESTNUT STREET PHILADELPHIA, PA 19104	23-7377505	501(C)(3)	14,162.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
PHOEBE-DEVITT HOMES 1925 TURNER ST ALLENTOWN, PA 18104-5551	23-2302675	501(C)(3)	19,749.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
PINEBROOK FAMILY ANSWERS 402 N. FULTON ST. ALLENTOWN, PA 18102	23-2112204	501(C)(3)	285,590.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
PLANNED PARENTHOOD FEDERATION OF AMERICA - 123 WILLIAMS ST, 10TH FLOOR - NEW YORK, NY 10038	13-1644147	501(C)(3)	5,019.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
PLANNED PARENTHOOD KEYSTONE PO BOX 944 BENSALEM, PA 19020	23-2450112	501(C)(3)	23,866.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

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POCONO MOUNTAINS UNITED WAY PO BOX 790 TANNERSVILLE, PA 18372-0790	24-0797026	501(C)(3)	19,372.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
PRATYUSH SINHA FOUNDATION 961 MARCON BLVD STE 102 ALLENTOWN, PA 18109	46-0733274	501(C)(3)	25,513.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
PROJECT OF EASTON, INC. 320 FERRY ST EASTON, PA 18042-4541	23-2112204	501(C)(3)	100,827.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
PROMISE NEIGHBORHOODS OF THE LEHIGH VALLEY - 1101 HAMILTON STREET, STE 102 - ALLENTOWN, PA 18101	46-4977927	501(C)(3)	89,984.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
PUSH THE ROCK PO BOX 95 EMMAUS, PA 18049-0095	23-2990640	501(C)(3)	26,998.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
QUAKERTOWN COMMUNITY OUTREACH PO BOX 929 RICHLANDTOWN, PA 18955	81-0850188	501(C)(3)	5,517.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
RED DOOR EARLY LEARNING CENTER INC 4777 SAUCON CREEK RD CENTER VALLEY, PA 18034	81-4799500	501(C)(3)	9,089.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
RESURRECTED COMMUNITY DEVELOPMENT CORP, INC. - 916 WEST TURNER STREET - ALLENTOWN, PA 18102	45-1018523	501(C)(3)	248,129.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
RIPPLE COMMUNITY INC. 1335 W. LINDEN ST ALLENTOWN, PA 18102	47-4828012	501(C)(3)	14,040.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RODALE INSTITUTE 611 SIEGFRIEDALE RD KUTZTOWN, PA 19530-9749	23-7206884	501(C)(3)	5,169.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
RONALD MCDONALD HOUSE OF SOUTHERN NEW JERSEY INC - 550 MICKLE BLVD - CAMDEN, NJ 08103-1144	22-2430393	501(C)(3)	5,250.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ROTARY CLUB FOUNDATION OF ALLENTOWN WEST - 138 DEER RUN RD - KUTZTOWN, PA 19530	82-0589636	501(C)(3)	49,475.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
RUFF LIFE RESCUE & REHABILITATION INC - 2148 AMLISA RD - NAZARETH, PA 18064	81-5029263	501(C)(3)	7,678.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
SAFE HARBOR EMERGENCY SHELTER 536 BUSHKILL DRIVE EASTON, PA 18042	23-2589941	501(C)(3)	45,239.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
SALVAGGIO ACADEMY 3145 HAMILTON BLVD BYPASS ALLENTOWN, PA 18103	46-5443812	501(C)(3)	1,950,954.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
SALVATION ARMY OF THE LEHIGH VALLEY - 344 NORTH 7TH ST - ALLENTOWN, PA 18102	13-5562351	501(C)(3)	81,759.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
SANCTUARY AT HAAFSVILLE PO BOX 921 FOGELSVILLE, PA 18051-0921	27-2756157	501(C)(3)	19,632.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
SARASOTA-MANATEE JEWISH FEDERATION INC - 580 MCINTOSH RD - SARASOTA, FL 34232-1957	59-1227747	501(C)(3)	87,500.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

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

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SCHUYLKILL UNITED WAY 9 N CENTRE ST, STE 301 POTTSVILLE, PA 17901-2925	23-1999071	501(C)(3)	13,127.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
SHANTHI PROJECT P.O. BOX 91423 ALLENTOWN, PA 18109	27-3592356	501(C)(3)	49,400.	0.			PROGRAM OPERATING COSTS
SHARE CARE FAITH IN ACTION 321 WYANDOTTE ST BETHLEHEM, PA 18015	23-2635994	501(C)(3)	27,500.	0.			PROGRAM OPERATING COSTS
SIGHTS FOR HOPE 845 W WYOMING STREET ALLENTOWN, PA 18103	23-1352260	501(C)(3)	50,607.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
SKILLSUSA COUNCIL 555 UNION BLVD ALLENTOWN, PA 18109	23-2695915	501(C)(3)	14,063.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
SLATER FAMILY NETWORK 187 FIVE POINTS RICHMOND RD BANGOR, PA 18013	16-1672864	501(C)(3)	29,966.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
SMALL MAGIC PO BOX 785 BIRMINGHAM, AL 35201	84-2967401	501(C)(3)	5,250.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
SOUTHERN LEHIGH EDUCATION FOUNDATION - 5775 MAIN STREET - CENTER VALLEY, PA 18034	20-2514811	501(C)(3)	10,229.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
SPECIAL HOCKEY OF THE LEHIGH VALLEY - PO BOX 538 - CENTER VALLEY, PA 18034	47-2444154	501(C)(3)	6,946.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

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

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SPECIAL OLYMPICS NEW YORK 94 NEW KARNER ROAD, SUITE 208 ALBANY, NY 12203	23-7061382	501(C)(3)	15,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
SPECIAL OLYMPICS PENNSYLVANIA INC 2750 BOULEVARD OF THE GENERALS, SUITE 124 - NORRISTOWN, PA 19403-3686	23-2078543	501(C)(3)	15,221.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
SPECIAL OPERATIONS FUND 901 N STUART ST, SUITE 1200 ARLINGTON, VA 22203	52-1765222	501(C)(3)	26,250.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ST BALDRICKS FOUNDATION 1333 S MAYFLOWER AVE, STE 400 MONROVIA, CA 91016-5268	20-1173824	501(C)(3)	13,250.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ST JUDE CHILDRENS RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105-2729	62-0646012	501(C)(3)	33,641.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ST MICHAEL THE ARCHANGEL SCHOOL 4121 OLD BETHLEHEM PK BETHLEHEM, PA 18015-9097	23-2042774	501(C)(3)	8,360.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ST THOMAS MORE CHURCH 1040 FLEXER AVE ALLENTOWN, PA 18103	23-2091672	501(C)(3)	51,064.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ST. BENEDICT'S PREPARATORY SCHOOL 520 MARTIN LUTHER KING JR BLVD NEWARK, NJ 07102	22-1861903	501(C)(3)	135,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ST. HUBERT CATHOLIC HIGH SCHOOL FOR GIRLS - 7320 TORRESDALE AVE - PHILADELPHIA, PA 19136	23-1355131	501(C)(3)	14,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

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

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ST. JANE FRANCES DE CHANTAL CHURCH 4049 HARTLEY AVENUE EASTON, PA 18045	24-0798711	501(C)(3)	34,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ST. LUKE'S HOSPICE (VNA) 240 UNION STATION PLZ #1 BETHLEHEM, PA 18015-1281	24-0795497	501(C)(3)	105,281.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
ST. LUKE'S HOSPITAL 801 OSTRUM ST BETHLEHEM, PA 18015-1014	23-1352213	501(C)(3)	287,392.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
ST. LUKE'S UNITED METHODIST CHURCH 4851 S. APOPKA-VINELAND ROAD ORLANDO, FL 32819	36-2167731	501(C)(3)	22,750.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ST. LUKE'S UNIVERSITY HEALTH NETWORK - 1110 ST. LUKE'S WAY, 2ND FLOOR - ALLENTOWN, PA 18109	23-1352213	501(C)(3)	82,559.	0.			PROGRAM OPERATING COSTS
ST. MICHAEL THE ARCHANGEL SCHOOL 5040 SAINT JOSEPH RD COOPERSBURG, PA 18036	23-2042774	501(C)(3)	100,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
TEACH MY PEOPLE PO BOX 2848 PAWLEYS ISLAND, SC 29585	57-1075900	501(C)(3)	8,750.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
THE BARN 682 N BROOKSIDE RD, STE 200 ALLENTOWN, PA 18106	39-2068368	501(C)(3)	25,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
THE BASCOM CORPORATION 323 FRANKLIN RD HIGHLANDS, NC 28741	56-2093546	501(C)(3)	7,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

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

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THE BAUM SCHOOL OF ART 510 W. LINDEN ST ALLENTOWN, PA 18105-0653	23-1607174	501(C)(3)	65,483.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
THE CENTURY PROMISE 840 W HAMILTON ST, SUITE 600 ALLENTOWN, PA 18101	86-1493961	501(C)(3)	38,675.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
THE CHILDREN'S CENTER VOLUNTEER OF AMERICA - 730 W UNION ST - ALLENTOWN, PA 18101	13-1692595	501(C)(3)	109,321.	0.			PROGRAM OPERATING COSTS
THE CHILDREN'S HOSPITAL OF PHILADELPHIA (CHOP) - 3401 CIVIC CENTER BLVD - PHILADELPHIA, PA 19104-9829	23-1352166	501(C)(3)	9,718.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
THE FOUNDATION FOR THE BASD PO BOX 646 BETHLEHEM, PA 18016	23-2896860	501(C)(3)	17,403.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
THE LITERACY CENTER 1132 HAMILTON ST, SUITE 300 ALLENTOWN, PA 18101	22-2458322	501(C)(3)	36,231.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
THE PENNSYLVANIA SHAKESPEARE FESTIVAL - 2755 STATION AVE - CENTER VALLEY, PA 18034-9565	23-2655672	501(C)(3)	68,413.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
THE RILYC CORPORATION PO BOX 5288 BETHLEHEM, PA 18015	47-5176427	501(C)(3)	10,000.	0.			PROGRAM OPERATING COSTS
THE STATE THEATRE CENTER FOR THE ARTS - 453 NORTHAMPTON ST - EASTON, PA 18042	23-2173216	501(C)(3)	35,920.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)



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

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THE SUMMIT FOUNDATION PO BOX 4000 BRECKENRIDGE, CO 80424	74-2341399	501(C)(3)	10,937.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
THE THRIVE HUB INC PO BOX 21652 LEHIGH VALLEY, PA 18002	86-2041744	501(C)(3)	20,500.	0.			PROGRAM OPERATING COSTS
THE TRUSTEES OF STEVENS INSTITUTE OF TECHNOLOGY - 1 CASTLE POINT TERRACE - HOBOKEN, NJ 07030	22-1487354	501(C)(3)	12,250.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
THIRD STREET ALLIANCE FOR WOMEN & CHILDREN - 41 N 3RD ST - EASTON, PA 18042	24-0795639	501(C)(3)	176,744.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
THORNWELL 302 S BROAD ST CLINTON, SC 29325	57-0314418	501(C)(3)	43,750.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
THRIVE DC 1525 NEWTON ST NW WASHINGTON, DC 20010	52-1485474	501(C)(3)	8,637.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
TRANSPLANT HOUSE 401 CALLOWHILL ST PHILADELPHIA, PA 19123	26-0585694	501(C)(3)	5,088.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
TREATMENT TRENDS, INC. 24 S. 5TH STREET ALLENTOWN, PA 18101	23-1856007	501(C)(3)	5,301.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3535 MARKET ST, STE 750 - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	73,790.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

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

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TURNING POINT OF LEHIGH VALLEY 444 E. SUSQUEHANNA ST. ALLENTOWN, PA 18103	23-2100651	501(C)(3)	116,366.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
UNBOUND 1 ELMWOOD AVE KANSAS CITY, KS 66103-2118	43-1243999	501(C)(3)	17,498.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNIDOS INC 1329 HAMILTON ST, FL 1 ALLENTOWN, PA 18102	83-4310898	501(C)(3)	35,050.	0.			PROGRAM OPERATING COSTS
UNION UNITED CHURCH OF CHRIST PO BOX 66 NEFFS, PA 18065	23-1465631	501(C)(3)	7,425.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF BERKS COUNTY 25 N. 2ND STREET, SUITE 101 READING, PA 19601	23-1655375	501(C)(3)	99,532.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF BUCKS COUNTY 413 HOOD BLVD FAIRLESS HILLS, PA 19030	23-1409706	501(C)(3)	19,233.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF CENTRAL ALABAMA, INC. - PO BOX 320189 - BIRMINGHAM, AL 35232-0189	63-0288846	501(C)(3)	8,750.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF COLUMBIA AND MONTOUR COUNTY - PO BOX 313 - BLOOMSBURG, PA 17815	24-0840626	501(C)(3)	12,990.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF GLOUCESTER COUNTY 454 CROWN POINT RD. THOROFARE, NJ 08086-2124	21-6006822	501(C)(3)	7,587.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

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

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UNITED WAY OF GREATER HAZLETON 134 S. WYOMING ST HAZLETON, PA 18201-7084	24-0796034	501(C)(3)	15,260.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF GREATER HOUSTON 50 WAUGH DR HOUSTON, TX 77007	74-1167964	501(C)(3)	36,182.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF GREATER PHILA AND SOUTHERN NEW JERSEY - 1709 BENJAMIN FRANKLIN PKWY - PHILADELPHIA, PA 19103-1294	23-1556045	501(C)(3)	27,616.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF GREATER ST. LOUIS, INC - 910 N 11TH ST - ST. LOUIS, MO 63101	43-0714167	501(C)(3)	13,526.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF HUNTERDON COUNTY 4 WALTER FORAN BLVD, STE 401 FLEMINGTON, NJ 08822-4660	22-2431065	501(C)(3)	6,979.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF KING COUNTY - WA 720 2ND AVE SEATTLE, WA 98104-1702	91-0565555	501(C)(3)	61,613.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF LACKAWANNA, WAYNE & PIKE COUNTIES - 615 JEFFERSON AVE - SCRANTON, PA 18501-0526	24-0824164	501(C)(3)	14,623.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF LANCASTER COUNTY 1910 HARRINGTON DRIVE, SUITE A LANCASTER, PA 17601	23-1352093	501(C)(3)	76,250.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
UNITED WAY OF NORTHWEST ARKANSAS 100 PARKWOOD STREET LOWELL, AR 72745-8807	71-0305700	501(C)(3)	10,829.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

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

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UNITED WAY OF PENNSYLVANIA 20 ERFORD ROAD, SUITE 215 LEMOYNE, PA 17043	23-1672348	501(C)(3)	26,250.	0.			PROGRAM OPERATING COSTS
UNITED WAY OF RHODE ISLAND 50 VALLEY ST PROVIDENCE, RI 02909-2459	05-0276059	501(C)(3)	61,793.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF SOUTHEAST LOUISIANA PO BOX 791790 NEW ORLEANS, LA 70179	72-0471369	501(C)(3)	6,917.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF THE CAPITAL REGION - PA - 2235 MILLENIUM WAY - ENOLA, PA 17025-1497	23-1352095	501(C)(3)	12,399.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF THE GREATER TRIANGLE 2400 PERIMETER PARK DR SUITE 150 MORRISVILLE, NC 27560	56-1949103	501(C)(3)	8,018.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF WYOMING VALLEY 100 N. PENNSYLVANIA AVE, 2ND FLOOR WILKES-BARRE, PA 18701	24-0831490	501(C)(3)	16,989.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY SUNCOAST - TAMPA 5201 W KENNEDY BLVD, STE 600 TAMPA, FL 33609-1820	59-3725701	501(C)(3)	6,923.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY WORLDWIDE PO BOX 418607 BOSTON, MA 02241	13-1635294	501(C)(3)	252,519.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNIVERSITY OF VIRGINIA LAW SCHOOL FOUNDATION - 580 MASSIE RD - CHARLOTTESVILLE, VA 22903-1738	54-0838566	501(C)(3)	10,150.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

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URSINUS COLLEGE 601 E MAIN STREET COLLEGEVILLE, PA 19426	23-1177930	501(C)(3)	10,750.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
VALLEY HEALTH PARTNERS COMMUNITY HEALTH CENTER - 400 N 17TH ST, SUITE 300 - ALLENTOWN, PA 18104	84-4777167	501(C)(3)	42,036.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
VALLEY OF THE SUN UNITED WAY PO BOX 10748 PHOENIX, AZ 85064-0748	86-0104419	501(C)(3)	6,483.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
VALLEY YOUTH HOUSE 3400 HIGH POINT BLVD BETHLEHEM, PA 18017-7815	23-7178820	501(C)(3)	1,042,435.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
VET BEDS 412 1ST TERRACE BETHLEHEM, PA 18015	81-2349771	501(C)(3)	15,250.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
VIA OF THE LEHIGH VALLEY, INC. 336 W SPRUCE ST BETHLEHEM, PA 18018-3789	23-1457999	501(C)(3)	62,386.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
VICTORY HOUSE OF LEHIGH VALLEY PO BOX 5458 BETHLEHEM, PA 18015-5458	23-2370759	501(C)(3)	38,803.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
VILLANOVA UNIVERSITY 800 E LANCASTER AVE VILLANOVA, PA 19085-1603	23-1352688	501(C)(3)	61,250.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
VOLUNTEER CENTER OF THE LEHIGH VALLEY - 25 W 3RD ST - BETHLEHEM, PA 18015	23-2862188	501(C)(3)	71,814.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS

Schedule I (Form 990)

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

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WATCHTOWER BIBLE & TRACT SOCIETY OF NEW YORK, INC. - 900 RED MILLS ROAD - WALLKILL, NY 12589	11-1753577	501(C)(3)	13,745.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
WDIY 301 BROADWAY SUITE 300 BETHLEHEM, PA 18015	23-2354475	501(C)(3)	7,371.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
WELLSPAN YORK HEALTH FOUNDATION 2500 SOUTH GEORGE ST YORK, PA 17403	23-3050192	501(C)(3)	50,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
WHAS CRUSADE FOR CHILDREN 520 W CHESTNUT ST LOUISVILLE, KY 40202	23-7075524	501(C)(3)	22,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
WILDLANDS CONSERVANCY 3701 ORCHID PLACE EMMAUS, PA 18049	23-7401326	501(C)(3)	341,858.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
WILKES UNIVERSITY 84 WEST SOUTH STREET WILKES-BARRE, PA 18766	24-0795506	501(C)(3)	13,750.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
WORLD CENTRAL KITCHEN, INC. 200 MASSACHUSETTS AVE NW, SUITE 700 WASHINGTON, DC 20001-5654	27-3521132	501(C)(3)	7,874.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
WORLD FOOD PROGRAM USA 1750 H ST NW, SUITE 500 WASHINGTON, DC 20006	13-3843435	501(C)(3)	7,219.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
WOUNDED WARRIOR PROJECT INC 4899 BELFORT RD, STE 300 JACKSONVILLE, FL 32256-6033	20-2370934	501(C)(3)	8,185.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

[illegible]

**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 noncash assistance

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

PART I, LINE 2:

MONITORING POLICIES FOR ALLOCATED FUNDING BEGINS WITH A SCREENING PROCESS

CALLED THE QUALIFICATION REVIEW PROCESS. ALL ORGANIZATIONS RECEIVING UNITED

WAY FUNDING MUST COMPLETE AND PASS A RIGOROUS QUALIFICATIONS CRITERIA

APPLICATION FOR FUNDING CONSIDERATION. QUALIFYING FOR FUNDING, HOWEVER,

DOES NOT GUARANTEE FUNDING. SERVICE PROVIDERS MUST MEET ALL 18

QUALIFICATIONS CRITERIA - LEGAL, GOVERNANCE, FINANCE, AND ORGANIZATIONAL

QUALITY ASSURANCE - TO BE CONSIDERED FOR UNITED WAY FUNDING. THE PROGRAM

OPERATING WITH UNITED WAY SUPPORT ARE MONITORED ANNUALLY ON CUSTOMER COUNT,



**Part IV** Supplemental Information

LOW-INCOME STATUS OF CUSTOMERS, AND RESULTS - BASED ACCOUNTABILITY DATA  
COLLECTION AND RESULTS REPORTING MEASUREMENTS.

PART II, LINE 1

TOTAL GRANT EXPENSES REPORTED ON SCHEDULE I, PART II IS HIGHER THAN THE  
TOTAL GRANT EXPENSES REPORTED ON FORM 990, PART IX, LINE 1 DUE TO  
TIMING OF WHEN CAMPAIGN PAYOUTS OCCUR FOR DONOR DESIGNATIONS AND WHEN  
THE ORGANIZATION RECOGNIZES INCOME FROM THE ANNUAL CAMPAIGN. UWGLV RAN  
THE 2023 ANNUAL CAMPAIGN FROM SEPTEMBER 1, 2023 THROUGH MARCH 31, 2024.  
THE MONEY RAISED FROM THE ANNUAL CAMPAIGN IS RELEASED FROM RESTRICTION  
AT THE START OF THE NEW FISCAL YEAR ON JULY 1, 2024. AS PART OF THE  
CAMPAIGN, DONORS ARE ABLE TO DESIGNATE THEIR DONATIONS TO LOCAL  
AGENCIES OF THEIR CHOICE, AND ONCE PAYMENT IS RECEIVED FROM A DONOR,  
UWGLV PROCESS PAYMENTS AND SENDS THE MONEY TO THE AGENCY OF THEIR  
CHOICE. THIS CAN CAUSE TIMING DIFFERENCES AND A SIGNIFICANT AMOUNT OF  
DONOR DESIGNATIONS WERE RECEIVED AND PAID OUT AS PART OF THE 2023  
CAMPAIGN DURING THE FISCAL YEAR 2023-2024, BUT WILL NOT BE REFLECTED AS  
GRANT EXPENSES ON THE 990 UNTIL JULY 1, 2024 WHEN THE 2023 CAMPAIGN  
ACTIVITY IS RELEASED FROM RESTRICTION. UWGLV ALSO RUNS "OUT OF AREA  
CAMPAIGNS" FOR LOCAL WORKPLACES. IF A DONOR DESIGNATES FUNDS TO A  
DIFFERENT AGENCY, OTHER THAN UWGLV, THE AGENCY DESIGNATION IS PAID OUT  
DIRECTLY AND IS NOT RECOGNIZED AS A GRANT EXPENSE. THESE AGENCY  
DESIGNATION PAYOUTS ARE REFLECTED IN THE GRANTS REPORTED ON SCHEDULE I,  
PART II.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF THE GREATER LEHIGH VALLEY

Employer identification number

23-2657933

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> 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 (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                     | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....

**c** Participate in or receive payment from an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2023

**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 aren't 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 and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DAVID LEWIS PRESIDENT	(i)	232,875.	48,904.	0.	16,301.	15,788.	313,868.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARCI LESKO EXECUTIVE VP, CIO, SECRETARY	(i)	165,286.	36,415.	2,500.	8,684.	20,002.	232,887.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PAUL HURD, JR. CHIEF PHILANTHROPY OFFICER	(i)	160,188.	16,697.	0.	11,247.	17,847.	205,979.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JILL PEREIRA VP, EDUCATION & IMPACT	(i)	123,262.	26,632.	0.	8,617.	20,252.	178,763.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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.

**PART I, LINE 3:****PRESIDENT'S ANNUAL PERFORMANCE EVALUATION**

- CONDUCTED BY THE BOARD CHAIR, VICE-CHAIR

- PERFORMANCE METRICS DEVELOPED WITH PRESIDENT IN JUNE/JULY FOR THE NEXT

**FISCAL YEAR**

- PERFORMANCE METRICS DOCUMENTED AND APPROVED BY EXECUTIVE COMMITTEE, COPY

**TO HR**

- PERFORMANCE METRICS SHARED WITH FULL BOARD

- ANNUAL PERFORMANCE EVALUATION CONDUCTED BY BOARD CHAIR AND VICE-CHAIR AT

**END OF FISCAL YEAR.**

- EVALUATION DOCUMENTED AND HIGHLIGHTS SHARED WITH EXECUTIVE COMMITTEE,

**COPY TO HR**

- EXECUTIVE COMMITTEE VOTES ON ANNUAL SALARY ADJUSTMENT

- HIGHLIGHTS OF EVALUATION SHARED WITH FULL BOARD

**EXECUTIVE COMPENSATION & BENEFIT PACKAGE AND CONTRACT**

- BOARD CHAIR AND VICE-CHAIR REVIEW EXECUTIVE COMPENSATION AND BENEFITS.

- CHAIR AND VICE-CHAIR WILL REVIEW CURRENT COMPENSATION & BENEFITS PACKAGE

**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.

AND COMPARE WITH LIKE-SIZED UW'S AND/OR AREA NON-PROFITS.

- AN EMPLOYMENT CONTRACT WILL BE DRAFTED WITH INPUT AND REVIEW OF COUNSEL.

- EMPLOYMENT CONTRACT IS PRESENTED TO THE EXECUTIVE COMMITTEE FOR APPROVAL.

EXECUTIVE COMMITTEE VOTES TO RECOMMEND CONTRACT FOR APPROVAL BY BOARD.

- BOARD REVIEWS AND VOTES TO APPROVE CONTRACT, INCLUDING AUTHORIZING UP TO

A 10% VARIANCE IN TOTAL CONTRACT VALUE FOR NEGOTIATION WITH EMPLOYEE.

- BOARD CHAIR AND/OR VICE-CHAIR PRESENT CONTRACT TO PRESIDENT. PRESIDENT

SHALL PRESENT CONTRACT FOR ALL OTHER EMPLOYEES.

- EMPLOYEE ADVISED TO SEEK OUTSIDE LEGAL COUNSEL FOR REVIEW OF CONTRACT.

- IF CONTRACT REVISIONS ARE NEEDED THEY ARE REVIEWED AND APPROVED BY UWGLV

COUNSEL.

- CONTRACT IS SIGNED BY EMPLOYEE AND BOARD CHAIR

- COPY OF FULLY EXECUTED CONTRACT TO HR. DETAILS OF CONTRACT ARE

CONFIDENTIAL AND WILL NOT BE SHARED OUTSIDE OF THE BOARD OF DIRECTORS.

-ALL EMPLOYMENT CONTRACTS SHALL FOLLOW THIS PROCESS WITH INPUT FROM THE

PRESIDENT FOR ANY OF HIS/HER DIRECT REPORTS.

PART I, LINE 5:

ALL EMPLOYEES PARTICIPATE IN A VARIABLE PAY INCENTIVE PROGRAM WHICH ONE OF

**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.

THE PROGRAM REQUIREMENTS IS TOTAL CAMPAIGN REVENUE RAISED.

PART I, LINE 6:

ALL EMPLOYEES PARTICIPATE IN A VARIABLE PAY INCENTIVE PROGRAM WHICH ONE OF  
THE PROGRAM REQUIREMENTS IS TOTAL CAMPAIGN REVENUE RAISED.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF THE GREATER LEHIGH VALLEY

Employer identification number

23-2657933

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	29	811,555.	FMV AT DATE OF GIFT
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ( ..... )				
26 Other ( ..... )				
27 Other ( ..... )				
28 Other ( ..... )				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it  
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period? .....

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a		X
33		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2023

**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.



**SCHEDULE O**  
**(Form 990)**

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 Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF THE GREATER LEHIGH VALLEY

Employer identification number

23-2657933

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

IN SUPPORT OF OUR 2030 GOAL OF INCREASING THE PERCENTAGE OF OLDER  
ADULTS CONNECTED WITH RESOURCES THAT IMPROVE THEIR HEALTH AND QUALITY  
OF LIFE, OUR HEALTHY AGING INVESTMENTS TOTALED \$595,463; PROVIDING OVER  
9,475 OLDER ADULTS AND CAREGIVERS WITH CONNECTIONS TO RESOURCES  
INCLUDING GROCERY-SHOPPING SERVICES, FALL-PREVENTION PROGRAMS,  
TRANSPORTATION SERVICES, CHRONIC DISEASE PROGRAMS, AND IN-HOME SUPPORT  
SERVICES.

IN SUPPORT OF OUR 2030 GOAL OF INCREASING COMMUNITY SAFETY AND  
STABILITY THROUGH FOOD, HOUSING AND MENTAL HEALTH, OUR COMMUNITY  
STABILITY INVESTMENTS TOTALED \$2,817,666 AND CONNECTED MORE THAN  
110,500 PEOPLE TO ESSENTIAL SERVICES THROUGH HOUSING SUPPORTS; THE  
PA211 HEALTH AND HUMAN SERVICES HELPLINE; FOOD ACCESS PROGRAMS SUCH AS  
PANTRIES, MEAL CENTERS AND SUMMER MEAL DISTRIBUTIONS; RESIDENTIAL  
LEADERSHIP PROGRAMS, AND CRISIS AND DISASTER RESPONSE.

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

LEHIGH VALLEY COMMUNITY SCHOOLS: UNITED WAY OF GREATER LEHIGH VALLEY  
INVESTS IN COMMUNITY SCHOOLS THAT IMPROVE ACADEMIC OUTCOMES BY REMOVING

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization

UNITED WAY OF THE GREATER LEHIGH VALLEY

Employer identification number

23-2657933

BARRIERS TO LEARNING. THIS APPROACH ENSURES ACCESS TO SAFE AND STABLE LEARNING ENVIRONMENTS WHERE EVERY CHILD CAN BELONG AND EVERY CHILD CAN THRIVE. THERE ARE CURRENTLY 34 LEHIGH VALLEY COMMUNITY SCHOOLS SERVING NEARLY 20,000 KIDS IN FIVE LEHIGH VALLEY SCHOOL DISTRICTS: ALLENTOWN SCHOOL DISTRICT, BANGOR AREA SCHOOL DISTRICT, BETHLEHEM AREA SCHOOL DISTRICT, EASTON AREA SCHOOL DISTRICT AND PANTHER VALLEY SCHOOL DISTRICT. UNITED WAY SERVES AS THE CONVENER AND THOUGHT LEADER IN MOBILIZING SCHOOL DISTRICT LEADERSHIP, PRINCIPALS AND STAFF WHO LEAD THE VISION AT EACH SITE, AND TEAM OF PARENTS, EDUCATORS, COMMUNITY AND BUSINESS PARTNERS. THEY INVEST IN STAFFING AND SUPPORTS THAT IMPROVE ACADEMIC PERFORMANCE IN READING AND MATH, INCREASE STUDENT ATTENDANCE AND ENGAGE MORE FAMILIES IN THEIR CHILDREN'S LEARNING.

RESILIENT LEHIGH VALLEY: RESILIENT LV IS DEDICATED TO BUILDING SAFE, STABLE AND NURTURING COMMUNITIES THROUGH TRAUMA-INFORMED SYSTEMS. THIS CROSS-SECTOR COALITION RAISES COMMUNITY AWARENESS ABOUT THE IMPACTS OF TRAUMA, PROVIDES TRAINING IN TRAUMA-INFORMED PRACTICES AND RESILIENCE-BUILDING STRATEGIES AND ADVOCATES FOR TRAUMA-INFORMED LEGISLATION. COALITION EFFORTS AIM TO HELP MAKE THE LEHIGH VALLEY A PLACE WHERE EDUCATORS, LAW ENFORCEMENT, AND HEALTH PROVIDERS ARE TRAUMA-INFORMED, SO THAT OUR RESIDENTS CAN BE MORE SUCCESSFUL, SAFER AND HEALTHIER. UNITED WAY OF THE GREATER LEHIGH VALLEY PROVIDES BACKBONE LEADERSHIP FOR THIS COLLECTIVE IMPACT INITIATIVE, WHICH HAS TRAINED MORE THAN 10,000 INDIVIDUALS IN TRAUMA-INFORMED PRACTICES.

OTHER PROGRAM SERVICES:

RECOGNIZED BY THE WORLD HEALTH ORGANIZATION AND AARP NETWORK OF AGE-FRIENDLY COMMUNITIES, AGE-FRIENDLY LEHIGH VALLEY IS A COLLECTIVE

Name of the organization

UNITED WAY OF THE GREATER LEHIGH VALLEY

Employer identification number

23-2657933

IMPACT COALITION DEDICATED TO BUILDING A COMMUNITY WHERE EVERYONE WILL HAVE THE OPPORTUNITY TO AGE SUCCESSFULLY. LED BY UNITED WAY OF THE GREATER LEHIGH VALLEY AGE-FRIENDLY LV FOCUSES ON KEY AREAS INCLUDING HEALTH SERVICES, SOCIAL PARTICIPATION AND SOCIAL INCLUSION.

TEENWORKS IS A UNIQUE COLLABORATION OF LOCAL TEENS, LABOR UNIONS AND MEMBERS AND UNITED WAY OF THE GREATER LEHIGH VALLEY. GUIDED BY A VOLUNTEER BOARD OF TEENS AND LABOR LEADERS, TEENWORKS HAS PROVIDED MORE THAN \$500,000 IN GRANTS TO SUPPORT 500+ COMMUNITY SERVICE PROJECTS LED BY TEENS.

THROUGH A NEW HOUSING HERO INITIATIVE, UNITED WAY INVESTED \$500,000 INTO EMERGENCY RENTAL ASSISTANCE AND SHELTER PROGRAMMING TO ADDRESS HOMELESSNESS RATES AND MEET THE GROWING NEED FOR SAFE, STABLE AND AFFORDABLE HOUSING. ALMOST 1,000 PEOPLE HAD ACCESS TO EMERGENCY SHELTER, AND ANOTHER 105 FAMILIES OR HOUSEHOLDS WERE ABLE TO AVOID EVICTION AND MAINTAIN STABLE HOUSING WITH FUNDING AVAILABLE THROUGH THE RENTAL ASSISTANCE PROGRAM.

FORM 990, PART IV, LINE 28A

THE FOLLOWING BOARD MEMBERS HAVE RELATIONSHIPS WITH ORGANIZATIONS THAT CONDUCT BUSINESS WITH UWGLV, HOWEVER ARE UNDER THE REPORTING THRESHOLD FOR SCHEDULE L. THE RELATIONSHIPS ARE BEING NOTED AS SUPPLEMENTARY INFORMATION. THE BOARD MEMBERS ABSTAIN FROM VOTING ON BUSINESS TRANSACTIONS OR GRANTS AWARDS WHEN THEY HAVE A CONFLICT OF INTEREST.

- BOARD CHAIR DOROTA GASZENICA-KOZAK IS A PARTNER AT KING, SPRY, HERMAN, FREUND & FAUL LLC WITH WHOM THE ORGANIZATION CONDUCTS BUSINESS WITH;

Name of the organization

UNITED WAY OF THE GREATER LEHIGH VALLEY

Employer identification number

23-2657933

- BOARD MEMBER TRISHA HIGGINS IS VP AND CFO OF THE LEHIGH VALLEY

COMMUNITY FOUNDATION WITH WHOM THE ORGANIZATION PARTNERS WITH ON

COMMUNITY INITIATIVES

- BOARD MEMBER DR. DONALD OUTING IS VP FOR EQUITY AND COMMUNITY AT

LEHIGH UNIVERSITY WITH WHOM THE ORGANIZATION FUNDS PROGRAMS SERVING

STUDENTS IN THE BETHLEHEM AREA SCHOOL DISTRICT

- BOARD MEMBER DIANA LAQUINTA IS VP NETWORK OPERATIONS AT ST. LUKE'S

UNIVERSITY HEALTH NETWORK WITH WHOM THE ORGANIZATION FUNDS PROGRAMS

- BOARD MEMBER JOSEPH ROY IS SUPERINTENDENT OF BETHLEHEM AREA SCHOOL

DISTRICT WITH WHOM THE ORGANIZATION FUNDS PROGRAMS SERVING THE STUDENTS

IN THIS DISTRICT

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS DISTRIBUTED TO ALL BOARD MEMBERS AND FEEDBACK SOLICITED  
PRIOR TO SUBMITTING.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL VOLUNTEERS AND EMPLOYEES ARE ASKED TO SIGN A CONFLICT OF INTEREST  
DISCLOSURE FORM. QUESTIONS ABOUT POTENTIAL CONFLICTS OF INTEREST ARE  
DIRECTED TO THE CHIEF VOLUNTEER OFFICER OR DESIGNEE BY VOLUNTEERS AND TO  
THE PRESIDENT BY STAFF. THE CHIEF VOLUNTEER OFFICER IS RESPONSIBLE FOR  
MONITORING POLICY COMPLIANCE AMONG VOLUNTEERS AND FOR TAKING CORRECTIVE  
ACTION CONCERNING VIOLATION. THE PRESIDENT IS RESPONSIBLE IN A SIMILAR  
MANNER FOR STAFF.

FORM 990, PART VI, SECTION B, LINE 15:

EXECUTIVE COMPENSATION & BENEFIT PACKAGE AND CONTRACT

Name of the organization

UNITED WAY OF THE GREATER LEHIGH VALLEY

Employer identification number

23-2657933

-BOARD CHAIR AND VICE-CHAIR REVIEW EXECUTIVE COMPENSATION AND BENEFITS.

-CHAIR AND VICE-CHAIR WILL REVIEW CURRENT COMPENSATION & BENEFITS PACKAGE AND COMPARE WITH LIKE-SIZED UW'S AND/OR AREA NON-PROFITS.

-AN EMPLOYMENT CONTRACT WILL BE DRAFTED WITH INPUT AND REVIEW OF COUNSEL.

-EMPLOYMENT CONTRACT IS PRESENTED TO THE EXECUTIVE COMMITTEE FOR APPROVAL. EXECUTIVE COMMITTEE VOTES TO RECOMMEND CONTRACT FOR APPROVAL BY BOARD.

-BOARD REVIEWS AND VOTES TO APPROVE CONTRACT, INCLUDING AUTHORIZING UP TO A 10% VARIANCE IN TOTAL CONTRACT VALUE FOR NEGOTIATION WITH EMPLOYEE.

-BOARD CHAIR AND/OR VICE-CHAIR PRESENT CONTRACT TO PRESIDENT. PRESIDENT SHALL PRESENT CONTRACT FOR ALL OTHER EMPLOYEES.

-EMPLOYEE ADVISED TO SEEK OUTSIDE LEGAL COUNSEL FOR REVIEW OF CONTRACT.

-IF CONTRACT REVISIONS ARE NEEDED THEY ARE REVIEWED AND APPROVED BY UWGLV COUNSEL.

-CONTRACT IS SIGNED BY EMPLOYEE AND BOARD CHAIR

-COPY OF FULLY EXECUTED CONTRACT TO HR. DETAILS OF CONTRACT ARE CONFIDENTIAL AND WILL NOT BE SHARED OUTSIDE OF THE BOARD OF DIRECTORS.

-ALL EMPLOYMENT CONTRACTS SHALL FOLLOW THIS PROCESS WITH INPUT FROM THE PRESIDENT FOR ANY OF HIS/HER DIRECT REPORTS.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC THROUGH THE ORGANIZATION'S WEBSITE, GUIDESTAR, AND UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE ANNUAL AUDIT IS POSTED ON THE ORGANIZATION'S WEBSITE. THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST.

Name of the organization

UNITED WAY OF THE GREATER LEHIGH VALLEY

Employer identification number

23-2657933

## FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

UNREALIZED GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS 172,932.

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 7,042.

UNREALIZED LOSS ON INVESTMENT IN INSURANCE TRUST -8,827.

CHANGE IN DONOR DESIGNATIONS -2,423,161.

TOTAL TO FORM 990, PART XI, LINE 9 -2,252,014.

## FORM 990, PART XII, LINE 2C

THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT  
AND SELECTION OF THE INDEPENDENT ACCOUNTANT. THIS IS UNCHANGED FROM  
PRIOR YEARS.

## OVERHEAD RATIO

THE OVERHEAD RATIO IS AS FOLLOWS:

## NUMERATOR

PART IX, LINE 25, COLUMN C 2,137,730

PART IX, LINE 25, COLUMN D 1,941,174

TOTAL NUMERATOR 4,078,904

## DENOMINATOR

PART VIII, LINE 12, COLUMN A 28,502,147

OVERHEAD RATIO: 4,078,904 / 28,502,147 = 14.31%

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF THE GREATER LEHIGH VALLEY**

**Employer identification number**  
**23-2657933**

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2023

**SEE PART VII FOR CONTINUATIONS**

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

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

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

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



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNITED WAY SERVICES, INC.	N	0.	
(2) UNITED WAY SERVICES, INC.	O	0.	
(3)			
(4)			
(5)			
(6)			

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

[illegible]

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

UNITED WAY SERVICES, INC.

EIN: 23-3025771

1110 AMERICAN PARKWAY NE

ALLENTOWN, PA 18109

PRIMARY ACTIVITY: SECURING RESOURCES TO DEVELOP HUMAN SERVICES INITIATIVES  
IN LEHIGH VALLEY

DIRECT CONTROLLING ENTITY: N/A

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

**File a separate application for each return.**  
**Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

<b>Type or Print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. <b>UNITED WAY OF THE GREATER LEHIGH VALLEY</b>	Taxpayer identification number (TIN) <b>23-2657933</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1110 AMERICAN PARKWAY NE, F-120</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ALLENTOWN, PA 18109</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
Plan Number \_\_\_\_\_  
Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **THE ORGANIZATION**  
**1110 AMERICAN PARKWAY NE, F-120 - ALLENTOWN, PA 18109**

Telephone No. **610-807-5755** Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
☐ calendar year 20 \_\_\_\_ or  
☒ tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

**2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2024)

Mail to:

Pennsylvania Department of State  
Bureau of Corporations and Charitable Organizations  
401 North St Rm 207  
Harrisburg, PA 17120

See [www.dos.pa.gov/charities](http://www.dos.pa.gov/charities) for more information

## Charitable Organization Registration Statement

BCO-10 (rev. 11/2023)

**Fee: See instructions**

Certificate number: 09001

(N/A if initial registration)

Fiscal year ended: 06/30/2024

MM DD YYYY

FEIN: 23-2657933

If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply:

☐ Organization is exempt from registration because

☐ Organization does not solicit contributions in Pennsylvania

1. Legal name of organization: UNITED WAY OF THE GREATER LEHIGH VALLEY

☐ Check if name change and give previous name

2. All other names used to solicit contributions:

N/A

3. Contact person: KARA MOHSINGER

Contact's e-mail: KARAM@UNITEDWAYGLV.ORG

4. Principal address of organization:

Mailing address (if different than principal address):

1110 AMERICAN PARKWAY NE, NO.

F-120

ALLENTOWN

PA 18109

County: LEHIGH

Phone number: 610-807-5755

800 number: \_\_\_\_\_

Fax number: 610-867-7255

Email (if different than Contact's email): \_\_\_\_\_

Website: WWW.UNITEDWAYGLV.ORG

**Item 5 to be completed by initial registrants only**

5. Type of organization (e.g. non-profit corporation, unincorporated association, etc.):

NON-PROFIT CORPORATION

Where established: PENNSYLVANIA

Date established\*: 05/14/1991

\*Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution or other organizational instrument and by-laws.

## UNITED WAY OF THE GREATER LEHIGH VALLEY

6. Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)

☐ Not Applicable

N/A

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7. Short form registration applicability - Specified types of charitable organizations described in §162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":

☐ §162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust

☐ §162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.

☐ §162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities

☐ §162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.

☒ Not Applicable

Charitable organizations which check boxes §162.7(a)(1) - §162.7(a)(4) are not required to file a financial report with this registration. If "Not Applicable" is checked, the charitable organization must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions.

**Items 8 and 9 are required to be completed by initial registrants only**

8. Date organization first solicited contributions from Pennsylvania residents: \_\_\_\_\_  
MM DD YYYY

Other \_\_\_\_\_

9. If organization solicited Pennsylvania residents and received gross\* contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000.

\_\_\_\_\_

MM DD YYYY

Other \_\_\_\_\_

\*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.

## UNITED WAY OF THE GREATER LEHIGH VALLEY

10. Has the organization been granted IRS tax-exempt status? ☒ Yes ☐ No

A. If "Yes," under which IRS code section: 501(C)(3) and attach a copy of the IRS exemption letter if not previously submitted.

- B. Has the organization's tax-exempt status ever been denied, revoked or modified? ☐ Yes ☒ No  
(If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.)

11. Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year? ☒ Yes ☐ No

(If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules.  
If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)

12. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, social media, etc.):

☐ Does not solicit contributions

WORKPLACE CAMPAIGN PRESENTATIONS, DIRECT MAIL, TELEPHONE, SOCIAL MEDIA, EVENTS, INDIVIDUAL MEETINGS

13. A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.

TO ADVANCE THE COMMON GOOD BY FOCUSING ON INCREASING THE NUMBER OF THIRD GRADE STUDENTS READING AT GRADE LEVEL BY 50%; REDUCE THE NUMBER OF PEOPLE IN THE LEHIGH VALLEY WHO ARE FOOD INSECURE BY 50%; INCREASE THE NUMBER OF OLDER ADULTS WHO HAVE THEIR BASIC NEEDS MET AT HOME BY 50%; AND THAT LEHIGH VALLEY RESIDENTS RECEIVE SUPPORT FOR EMERGENCIES AND BASIC NEEDS.

14. Is the organization registered to solicit contributions in any other state or municipality?

☐ Yes ☒ No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)

15. Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.) ☒ Yes ☐ No

If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents: 05/14/1991

Month Day Year

16. Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)

☐ Not Applicable

SEE STATEMENT 1

**UNITED WAY OF THE GREATER LEHIGH VALLEY**

17. Names, addresses, and telephone numbers of all professional fundraising counsel the organizations uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)

☐ Not Applicable

**SEE STATEMENT 2**

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18. Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization:  
(Attach a separate sheet if necessary)

☐ Not Applicable

**NONE**

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19. If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates?

(See note "Affiliate and Parent Organization") ☐ Yes ☐ No ☒ Not Applicable

If "Yes," give all names and certificate numbers of the affiliate organizations:

(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

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20. Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization")

☐ Yes ☒ No ☐ Not Applicable

If "Yes," provide the name and, if available, certificate number of the parent organization.

(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

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Legal name of parent organization

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Pennsylvania certificate number

21. Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers.  
(Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)

**SEE STATEMENT 3**

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## UNITED WAY OF THE GREATER LEHIGH VALLEY

**22.** Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)

A. Are in charge of solicitation activities:

BOARD OF DIRECTORS1110 AMERICAN PARKWAY NE F-120 ALLENTOWN, PA 18109

B. Have final responsibility for the custody of contributions:

BOARD OF DIRECTORS1110 AMERICAN PARKWAY NE F-120 ALLENTOWN, PA 18109

C. Have final responsibility for final distribution of contributions:

BOARD OF DIRECTORS1110 AMERICAN PARKWAY NE F-120 ALLENTOWN, PA 18109

D. Are responsible for custody of financial records:

SEE STATEMENT 4**23.** Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:A. Any other officer, director, trustee, or employee? ☐ Yes ☒ NoB. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? \*\* ☐ Yes ☒ No

C. Any officers, agents or employees of any supplier or vendor providing goods or services? \*\*

☐ Yes ☒ No

\*\* (this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor)

If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.

**24.** Has the organization or any of its present officers, directors, executive personnel or trustees ever:A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction? ☐ Yes ☒ No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency?

☐ Yes ☒ NoC. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency? ☐ Yes ☒ No

(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

## UNITED WAY OF THE GREATER LEHIGH VALLEY

**Certification** - This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

**I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).**

\_\_\_\_\_  
Signature of Chief Fiscal Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or print name and title of Chief Fiscal Officer

\_\_\_\_\_  
Signature of Other Authorized Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or print name and title of Other Authorized Officer

Checklist for registration:

- ☒ Completed registration statement properly signed and dated.
- ☒ A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer
- ☐ Public Disclosure Form BCO-23 (if required)
- ☒ Applicable Financial Statements (audited, reviewed, compiled or internally prepared)
- ☒ Registration fee and any late filing fees
- ☐ Initial Registrants Only: IRS determination letter, articles of incorporation or charter and by-laws.

See Instructions for more information on completing this form and attachments.

FORM BCO-10

ALL PROFESSIONAL SOLICITORS

STATEMENT 1

NAME AND ADDRESSPHONE NUMBER

NONE

CONTRACT BEGIN DATECONTRACT END DATESOLICIT DATE

FORM BCO-10

PROFESSIONAL FUNDRAISING COUNSELS

STATEMENT 2

NAME AND ADDRESSPHONE NUMBER

NONE

CONTRACT BEGIN DATECONTRACT END DATESERVICE DATE

FORM BCO-10

OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES

STATEMENT 3

NAME AND ADDRESSTITLEDAVID LEWIS  
1110 AMERICAN PARKWAY NE, F-120  
ALLENTOWN, PA 18109

PRESIDENT

NAME AND ADDRESSTITLEMARCI LESKO  
1110 AMERICAN PARKWAY NE, F-120  
ALLENTOWN, PA 18109

EXECUTIVE VP, CIO, SECRETARY

NAME AND ADDRESSTITLEDEBRA KLOCEK  
  
1110 AMERICAN PARKWAY NE, F-120  
ALLENTOWN, PA 18109VP, FINANCE &  
ADMIN/TREASURER

NAME AND ADDRESS

KARA MOHSINGER  
1110 AMERICAN PARKWAY NE, F-120  
ALLENTOWN, PA 18109

TITLE

CFO; TREASURER AS OF AUG '23

NAME AND ADDRESS

DOROTA GASNIENICA-KOZAK, ESQ.  
1110 AMERICAN PARKWAY NE, F-120  
ALLENTOWN, PA 18109

TITLE

BOARD CHAIR

NAME AND ADDRESS

JOE SAVAGE  
1110 AMERICAN PARKWAY NE, F-120  
ALLENTOWN, PA 18109

TITLE

BOARD VICE CHAIR

NAME AND ADDRESS

ANNE BAUM  
1110 AMERICAN PARKWAY NE, F-120  
ALLENTOWN, PA 18109

TITLE

BOARD MEMBER

NAME AND ADDRESS

CAROL BIRKS, EDD  
1110 AMERICAN PARKWAY NE, F-120  
ALLENTOWN, PA 18109

TITLE

BOARD MEMBER

NAME AND ADDRESS

SCOTT BLAIR  
1110 AMERICAN PARKWAY NE, F-120  
ALLENTOWN, PA 18109

TITLE

BOARD MEMBER

NAME AND ADDRESS

MIKE BUTZ  
1110 AMERICAN PARKWAY NE, F-120  
ALLENTOWN, PA 18109

TITLE

BOARD MEMBER

NAME AND ADDRESS

MARILEE FALCO  
1110 AMERICAN PARKWAY NE, F-120  
ALLENTOWN, PA 18109

TITLE

BOARD MEMBER

NAME AND ADDRESS

VERONICA GONZALEZ  
1110 AMERICAN PARKWAY NE, F-120  
ALLENTOWN, PA 18109

TITLE

BOARD MEMBER

NAME AND ADDRESS

LAURIE GOSTLEY HACKETT  
1110 AMERICAN PARKWAY NE, F-120  
ALLENTOWN, PA 18109

TITLE

BOARD MEMBER

NAME AND ADDRESS

MATT GREEN  
1110 AMERICAN PARKWAY NE, F-120  
ALLENTOWN, PA 18109

TITLE

BOARD MEMBER

NAME AND ADDRESS

TRISHA HIGGINS, CPA  
1110 AMERICAN PARKWAY NE, F-120  
ALLENTOWN, PA 18109

TITLE

BOARD MEMBER

NAME AND ADDRESS

JOANE HOCKENBURY  
1110 AMERICAN PARKWAY NE, F-120  
ALLENTOWN, PA 18109

TITLE

BOARD MEMBER

NAME AND ADDRESS

JAMES IRWIN  
1110 AMERICAN PARKWAY NE, F-120  
ALLENTOWN, PA 18109

TITLE

BOARD MEMBER

NAME AND ADDRESS

DIANA LAQUINTA  
1110 AMERICAN PARKWAY NE, F-120  
ALLENTOWN, PA 18109

TITLE

BOARD MEMBER

NAME AND ADDRESS

ERICA MELENDEZ  
1110 AMERICAN PARKWAY NE, F-120  
ALLENTOWN, PA 18109

TITLE

BOARD MEMBER

NAME AND ADDRESS

DONALD OUTING, PHD  
1110 AMERICAN PARKWAY NE, F-120  
ALLENTOWN, PA 18109

TITLE

BOARD MEMBER

NAME AND ADDRESS

JOANNE RAPHAEL, ESQ.  
1110 AMERICAN PARKWAY NE, F-120  
ALLENTOWN, PA 18109

TITLE

BOARD MEMBER

NAME AND ADDRESS

THOMAS RIPSAM  
1110 AMERICAN PARKWAY NE, F-120  
ALLENTOWN, PA 18109

TITLE

BOARD MEMBER

NAME AND ADDRESS

JOSEPH ROY, EDD  
1110 AMERICAN PARKWAY NE, F-120  
ALLENTOWN, PA 18109

TITLE

BOARD MEMBER

NAME AND ADDRESSTITLE

PETE RUGGIERO  
1110 AMERICAN PARKWAY NE, F-120  
ALLENTOWN, PA 18109

BOARD MEMBER

NAME AND ADDRESSTITLE

TYRONE RUSSELL  
1110 AMERICAN PARKWAY NE, F-120  
ALLENTOWN, PA 18109

BOARD MEMBER

NAME AND ADDRESSTITLE

MELANIE SANCHEZ-JONES  
1110 AMERICAN PARKWAY NE, F-120  
ALLENTOWN, PA 18109

BOARD MEMBER

NAME AND ADDRESSTITLE

JILL WHEELER  
1110 AMERICAN PARKWAY NE, F-120  
ALLENTOWN, PA 18109

BOARD MEMBER

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FORM BCO-10

CUSTODY OF FINANCIAL RECORDS

STATEMENT 4

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NAME AND ADDRESS

DAVID LEWIS, PRESIDENT  
1110 AMERICAN PARKWAY NE F-120 ALLENTOWN, PA 18109

NAME AND ADDRESS

KARA MOHSINGER, CFO, TREASURER  
1110 AMERICAN PARKWAY NE F-120 ALLENTOWN, PA 18109