

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable:	C Name of organization UNITED WAY OF THE GREATER LEHIGH VALLEY	D Employer identification number 23-2657933
Address change Name change Initial return Final return/terminated Amended return Application pending	Doing business as	E Telephone number 610-807-5755
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1110 AMERICAN PARKWAY NE F-120	
	City or town, state or province, country, and ZIP or foreign postal code ALLENTOWN, PA 18109	G Gross receipts \$ 17,874,535.
	F Name and address of principal officer: DEBRA KLOCEK SAME AS C ABOVE	H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		H(b) Are all subordinates included? Yes No
J Website: ▶ WWW.UNITEDWAYGLV.ORG		If "No," attach a list. (see instructions)
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		H(c) Group exemption number ▶ 3751
	L Year of formation: 1992	M State of legal domicile: PA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE LEADERSHIP AND DEVELOP THE RESOURCES AND SOLUTIONS THAT IMPROVE OUR COMMUNITY		
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	27
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	45
	6	Total number of volunteers (estimate if necessary)	6	2738
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 18,452,736.	Current Year 17,674,052.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	341,348.	200,483.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,794,084.	17,874,535.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,258,517.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,730,504.	2,969,287.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,509,981.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,688,630.	1,607,627.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,677,651.	17,502,864.
	19 Revenue less expenses. Subtract line 18 from line 12	2,116,433.	371,671.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 13,035,657.	End of Year 14,091,103.
	21	Total liabilities (Part X, line 26)	2,579,313.	3,125,299.
	22	Net assets or fund balances. Subtract line 21 from line 20	10,456,344.	10,965,804.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	▶ Signature of officer	Date			
	▶ DEBRA KLOCEK, VICE PRESIDENT, FINANCE & ADMINISTRATION				
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name LINDA S HIMEBACK, CPA	Preparer's signature LINDA S HIMEBACK, CP	Date 02/18/20	Check if self-employed <input type="checkbox"/>	PTIN P00042618
	Firm's name ▶ HERBEIN + COMPANY, INC.	Firm's EIN ▶ 23-2415973	Phone no. (610) 378-1175		
	Firm's address ▶ 2763 CENTURY BOULEVARD READING, PA 19610				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF THE UNITED WAY OF THE GREATER LEHIGH VALLEY IS TO PROVIDE THE LEADERSHIP, CONVENE THE PARTNERSHIPS, AND DEVELOP THE RESOURCES AND SOLUTIONS THAT IMPROVE OUR COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 14,934,685. including grants of \$ 12,925,950.) (Revenue \$) COMMUNITY IMPACT INVESTMENTS: IN SUPPORT OF OUR 2022 COMMUNITY GOAL OF INCREASING BY 50% THE NUMBER OF THIRD GRADERS IN THE LEHIGH VALLEY READING ON GRADE LEVEL, OUR EDUCATION INVESTMENTS TOTALED \$4,577,823; THIS INCLUDES 76 PROGRAMS PROVIDING 6,648 AT-RISK CHILDREN AND FAMILIES WITH EARLY LITERACY SKILLS SUPPORT, HIGH QUALITY EARLY LEARNING, PARENT AND CHILD DEVELOPMENT EDUCATION, SUMMER KINDERGARTEN READINESS, AND SKILL-BUILDING COURSES FOR EARLY CHILDHOOD TEACHERS AS WELL AS PROVIDING ELEMENTARY AND MIDDLE SCHOOL STUDENTS WITH TARGETED ACADEMIC INTERVENTIONS, SUMMER LEARNING, MENTORING, POSITIVE YOUTH DEVELOPMENT, BEHAVIORAL HEALTH SERVICES, AND FAMILY CASE MANAGEMENT. SEE ADDITIONAL INFO ON SCH. O.

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

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

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

4e Total program service expenses 14,934,685.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA
18 Section 6104 requires an organization to make its 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.
[X] Own website [X] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
THE ORGANIZATION - 610-807-5755
1110 AMERICAN PARKWAY NE, NO. 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. JOSEPH ROY BOARD CHAIR	0.50	X		X				0.	0.	0.
(2) JOANNE RAPHAEL BOARD VICE CHAIR	0.50	X		X				0.	0.	0.
(3) ANNE BAUM BOARD MEMBER	0.50	X						0.	0.	0.
(4) MEGAN BESTE BOARD MEMBER	0.50	X						0.	0.	0.
(5) WENDY BORN BOARD MEMBER	0.50	X						0.	0.	0.
(6) ALLAN CHEN BOARD MEMBER	0.50	X						0.	0.	0.
(7) THOMAS DAUB BOARD MEMBER	0.50	X						0.	0.	0.
(8) RAFAEL DE LA HOZ BOARD MEMBER	0.50	X						0.	0.	0.
(9) MARILEE FLACO BOARD MEMBER	0.50	X						0.	0.	0.
(10) DOROTA GASIENICA-KOZAK BOARD MEMBER	0.50	X						0.	0.	0.
(11) DR. MARC GRANSON BOARD MEMBER	0.50	X						0.	0.	0.
(12) TRISHA R. HIGGINS, CPA BOARD MEMBER	0.50	X						0.	0.	0.
(13) DR. CARLOS HODGES BOARD MEMBER	0.50	X						0.	0.	0.
(14) JOHN MARZANO BOARD MEMBER	0.50	X						0.	0.	0.
(15) THOMAS PARKER BOARD MEMBER	0.50	X						0.	0.	0.
(16) MATTHEW PYE BOARD MEMBER	0.50	X						0.	0.	0.
(17) CELESTE RAU 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TIMOTHY S. RAUSCH BOARD MEMBER	0.50	X						0.	0.	0.
(19) JOHN F. REINHART BOARD MEMBER	0.50	X						0.	0.	0.
(20) DR. TINA Q. RICHARDSON BOARD MEMBER	0.50	X						0.	0.	0.
(21) PETER RUGGIERO BOARD MEMBER	0.50	X						0.	0.	0.
(22) ASHLEY RUSSO BOARD MEMBER	0.50	X						0.	0.	0.
(23) SALEEM SAAB BOARD MEMBER	0.50	X						0.	0.	0.
(24) DR. BILL SCHANINGER BOARD MEMBER	0.50	X						0.	0.	0.
(25) JOHN WERKHEISER BOARD MEMBER	0.50	X						0.	0.	0.
(26) DAVID LEWIS PRESIDENT	40.00	X		X				208,926.	0.	12,457.
1b Sub-total								208,926.	0.	12,457.
c Total from continuation sheets to Part VII, Section A								384,743.	0.	71,930.
d Total (add lines 1b and 1c)								593,669.	0.	84,387.

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 **4**

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

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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MARCI LESKO EXECUTIVE VICE PRESIDENT/SECRETARY	40.00	X		X				133,158.	0.	21,994.
(28) DEBRA KLOCEK VICE PRESIDENT, FINANCE & ADMINISTRATION	40.00				X			109,910.	0.	18,297.
(29) PAUL HURD VICE PRESIDENT, RESOURCE DEVELOPMENT	40.00				X			141,675.	0.	31,639.
Total to Part VII, Section A, line 1c								384,743.		71,930.

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 104,032.						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f 17,570,020.						
	g Noncash contributions included in lines 1a-1f: \$	566,107.						
	h Total. Add lines 1a-1f	▶ 17,674,052.						
Program Service Revenue	2 a _____ Business Code							
	b _____							
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f		▶					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		▶ 177,295.			▶ 177,295.		
	4 Income from investment of tax-exempt bond proceeds		▶					
	5 Royalties		▶					
	6 a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)	▶					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		23,188.						
		b Less: cost or other basis and sales expenses	0.					
		c Gain or (loss)	23,188.					
	d Net gain or (loss)	▶ 23,188.				▶ 23,188.		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
		b Less: direct expenses	b					
		c Net income or (loss) from fundraising events	▶					
9 a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities	▶						
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory	▶						
Miscellaneous Revenue		Business Code						
11 a _____								
	b _____							
	c _____							
	d All other revenue							
	e Total. Add lines 11a-11d						▶	
12 Total revenue. See instructions		▶	17,874,535.	0.	0.	200,483.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,925,950.	12,925,950.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	376,535.	145,400.	66,695.	164,440.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,997,804.	892,843.	444,968.	659,993.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	93,892.	38,775.	22,327.	32,790.
9 Other employee benefits	306,278.	124,498.	69,934.	111,846.
10 Payroll taxes	194,778.	79,440.	44,312.	71,026.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	30,250.		30,250.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	14,468.	14,468.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	337,942.	213,694.	45,959.	78,289.
12 Advertising and promotion				
13 Office expenses	48,382.	21,399.	9,190.	17,793.
14 Information technology				
15 Royalties				
16 Occupancy	260,132.	116,904.	51,818.	91,410.
17 Travel	27,499.	13,785.	2,954.	10,760.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	67,512.	33,842.	7,254.	26,416.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	78,559.	35,304.	15,649.	27,606.
23 Insurance	15,922.	2,892.	10,710.	2,320.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DIRECT PROGRAM COSTS	371,190.	182,969.	33,068.	155,153.
b DUES AND FAIR SHARE SUP	169,710.	16,175.	153,194.	341.
c EQUIPMENT COSTS	158,916.	71,417.	31,656.	55,843.
d BANK CHARGES	27,145.	4,930.	18,260.	3,955.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	17,502,864.	14,934,685.	1,058,198.	1,509,981.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here 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
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	2,238,860.	2	3,154,701.
	3 Pledges and grants receivable, net	4,614,193.	3	4,289,878.
	4 Accounts receivable, net	69,878.	4	71,186.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	65,989.	9	117,826.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 528,680.		
	b Less: accumulated depreciation	10b 249,689.		
	11 Investments - publicly traded securities	3,146,681.	11	3,683,212.
	12 Investments - other securities. See Part IV, line 11	2,386,532.	12	2,412,777.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	174,410.	15	82,532.
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,035,657.	16	14,091,103.	
Liabilities	17 Accounts payable and accrued expenses	413,481.	17	395,853.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	18,666.	21	6,468.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,147,166.	25	2,722,978.
	26 Total liabilities. Add lines 17 through 25	2,579,313.	26	3,125,299.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-2,527,817.	27	-2,076,717.
	28 Temporarily restricted net assets	10,282,757.	28	10,121,157.
	29 Permanently restricted net assets	2,701,404.	29	2,921,364.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	10,456,344.	33	10,965,804.	
34 Total liabilities and net assets/fund balances	13,035,657.	34	14,091,103.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,874,535.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,502,864.
3	Revenue less expenses. Subtract line 2 from line 1	3	371,671.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,456,344.
5	Net unrealized gains (losses) on investments	5	110,704.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	27,085.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,965,804.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations _____

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,442,263.	11,625,546.	12,325,592.	18,452,736.	17,674,052.	71,520,189.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	11,442,263.	11,625,546.	12,325,592.	18,452,736.	17,674,052.	71,520,189.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8,735,795.
6 Public support. Subtract line 5 from line 4.						62,784,394.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	11,442,263.	11,625,546.	12,325,592.	18,452,736.	17,674,052.	71,520,189.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	195,977.	181,332.	226,483.	341,348.	200,483.	1,145,623.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	95,425.	117,162.	209,618.			422,205.
11 Total support. Add lines 7 through 10						73,088,017.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	85.90	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	88.01	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

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

Schedule A (Form 990 or 990-EZ) 2018

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2014 AMOUNT: \$ 95,425.

2015 AMOUNT: \$ 117,162.

2016 AMOUNT: \$ 209,618.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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 or 990-EZ) 2018**

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures		31,348.													
e Total exempt purpose expenditures (add lines 1c and 1d)		31,348.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		6,270.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		1,568.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	6,144.	7,526.	7,276.	6,270.	27,216.
b Lobbying ceiling amount (150% of line 2a, column(e))					40,824.
c Total lobbying expenditures					
d Grassroots nontaxable amount	1,536.	1,882.	2,272.	1,568.	7,258.
e Grassroots ceiling amount (150% of line 2d, column (e))					10,887.
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

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

PART I-A, LINE 1:

THE ORGANIZATION HAS NOT SUPPORTED ANY POLITICAL CANDIDATE.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018
Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	2	
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)	12,198.	
4 Aggregate value at end of year	6,468.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<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 (e.g., 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 in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

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

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 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 on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 64.68 %
 - b Permanent endowment 35.32 %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| (i) unrelated organizations | | <input checked="" type="checkbox"/> |
| (ii) related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input checked="" type="checkbox"/> | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		528,680.	249,689.	278,991.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				278,991.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) SPLIT INTEREST AGREEMENTS	151,254.	COST
(B) PERPETUAL TRUSTS	2,261,523.	COST
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,412,777.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DESIGNATIONS PAYABLE	2,633,104.
(3) LIABILITY TO DONORS UNDER	
(4) SPLIT-INTEREST TRUSTS	89,874.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,722,978.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	11,854,934.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	110,704.	
b	Donated services and use of facilities	2b	623,842.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	27,085.	
e	Add lines 2a through 2d	2e		761,631.
3	Subtract line 2e from line 1	3		11,093,303.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	14,468.	
b	Other (Describe in Part XIII.)	4b	6,766,764.	
c	Add lines 4a and 4b	4c		6,781,232.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		17,874,535.

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

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

1	Total expenses and losses per audited financial statements		1	11,345,474.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	623,842.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		623,842.
3	Subtract line 2e from line 1	3		10,721,632.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	14,468.	
b	Other (Describe in Part XIII.)	4b	6,766,764.	
c	Add lines 4a and 4b	4c		6,781,232.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		17,502,864.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

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

PART V, LINE 4:

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

Part XIII Supplemental Information (continued)

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

THE BOARD OF DIRECTORS OF THE ORGANIZATION HAS INTERPRETED THE LAWS OF THE COMMONWEALTH OF PENNSYLVANIA AS REQUIRING THE PRESERVATION OF THE FAIR VALUE OF THE ORIGINAL GIFT AS OF THE GIFT DATE OF THE DONOR-RESTRICTED ENDOWMENT FUNDS ABSENT EXPLICIT DONOR STIPULATIONS TO THE CONTRARY. AS A RESULT OF THIS INTERPRETATION, THE ORGANIZATION CLASSIFIES AS NET ASSETS WITH DONOR RESTRICTIONS IN PERPETUITY (A) THE ORIGINAL VALUE OF GIFT DONATED TO THE PERMANENT ENDOWMENT, (B) THE ORIGINAL VALUE OF SUBSEQUENT GIFTS TO THE PERMANENT ENDOWMENT, AND (C) ACCUMULATIONS TO THE PERMANENT ENDOWMENT MADE IN ACCORDANCE WITH THE DIRECTION OF THE APPLICABLE DONOR GIFT INSTRUMENT AT THE TIME THE ACCUMULATION IS ADDED TO THE FUND. THE REMAINING PORTION OF THE DONOR-RESTRICTED ENDOWMENT FUND THAT IS NOT CLASSIFIED IN NET ASSETS WITH DONOR RESTRICTIONS IN PERPETUITY IS CLASSIFIED AS NET ASSETS WITH DONOR RESTRICTIONS FOR TIME OR PURPOSE UNTIL THOSE AMOUNTS ARE APPROPRIATED FOR EXPENDITURES BY THE ORGANIZATION IN A MANNER CONSISTENT WITH THE STANDARD OF PRUDENCE PRESCRIBED BY THE LAWS OF THE COMMONWEALTH OF PENNSYLVANIA. IN ACCORDANCE WITH THE LAWS OF THE COMMONWEALTH OF PENNSYLVANIA, THE ORGANIZATION CONSIDERS THE FOLLOWING FACTORS IN MAKING A DETERMINATION TO APPROPRIATE OR ACCUMULATE DONOR-RESTRICTED ENDOWMENT FUNDS: (1) THE DURATION AND PRESERVATION OF THE VARIOUS FUNDS, (2) THE PURPOSE OF THE DONOR-RESTRICTED ENDOWMENT FUND, (3) GENERAL ECONOMIC CONDITIONS, (4) THE POSSIBLE EFFECT OF INFLATION AND DEFLATION, (5) THE EXPECTED TOTAL RETURN FROM INCOME AND THE APPRECIATION OF INVESTMENTS, (6) OTHER RESOURCES OF THE ORGANIZATION, AND (7) THE ORGANIZATION'S INVESTMENT POLICIES.

Part XIII Supplemental Information (continued)

INVESTMENT RETURN OBJECTIVES, RISK PARAMETERS, AND STRATEGIES: THE ORGANIZATION HAS ADOPTED INVESTMENT POLICIES, APPROVED BY THE BOARD OF DIRECTORS, FOR DONOR-RESTRICTED ENDOWMENT FUNDS AND BOARD-DESIGNATED ENDOWMENTS. THE PRIMARY PURPOSE OF THE BOARD DESIGNATED OPPORTUNITY INVESTMENT FUND IS TO MAINTAIN A QUASI ENDOWMENT FUND WHICH WILL BE UTILIZED FOR OPPORTUNISTIC INVESTMENTS OF A STRATEGIC NATURE, BOTH PROGRAMMATICALLY AND FOR RESOURCE GENERATION INCLUDING GRANT MATCHES. THE TARGET BALANCE OF THE FUND IS A MINIMUM OF \$1M. THE BOARD OPPORTUNITY FUND COMMITTEE AND THE FINANCIAL INVESTMENT COMMITTEE WILL OVERSEE THE MANAGEMENT OF THE FUND. THE PRIMARY PURPOSE OF THE DONOR-RESTRICTED ENDOWMENT FUND IS TO ALLOW FOR THE PRESERVATION OF PRINCIPAL FOR GIFTS GIVEN IN PERPETUITY; WHOSE EARNINGS WILL BE UTILIZED AS DEFINED BY THE DONOR UPON CREATION OF THE GIFT. THE TARGET BALANCE OF THE FUND IS \$10M SHORT-TERM AND \$100M LONG-TERM. THE FUND EXCLUDES THE PERPETUAL TRUSTS. THE FINANCE COMMITTEE AND THE FINANCIAL INVESTMENT COMMITTEE WILL OVERSEE THE MANAGEMENT OF THE FUND.

SPENDING POLICY: THE SPENDING POLICY OF THE OPPORTUNITY INVESTMENT FUND SHALL BE 5% ANNUALLY OR AT THE DISCRETION OF THE BOARD OF DIRECTORS GIVEN A GRANT MATCH OPPORTUNITY. IF THE FUND BALANCE FALLS BELOW MINIMUM LEVEL, MEASURES MUST BE TAKEN TO RESTORE THE FUND BALANCE WITHIN A THREE YEAR PERIOD. THE SPENDING POLICY OF THE DONOR-RESTRICTED ENDOWMENT FUND SHALL BE 4% ANNUALLY AS PART OF THE ANNUAL BUDGET.

THE PURPOSE OF ESTABLISHING AN INVESTMENT POLICY ASSET MIX IS TO CONSTRUCT A TARGET OR "NORMAL" SET OF INVESTMENTS, WELL DIVERSIFIED AMONG SUITABLE ASSET CLASSES THAT WILL GENERATE, ON AVERAGE, THE LEVEL OF EXPECTED RETURN

Part XIII Supplemental Information (continued)

NECESSARY TO MEET ENDOWMENT OBJECTIVES AT THE LOWEST VOLATILITY CONSISTENT WITH ACHIEVING THAT RETURN.

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 GAINS ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS	24,684.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	2,401.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	27,085.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED CONTRIBUTIONS	6,766,764.
--------------------------------	------------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED CONTRIBUTIONS	6,766,764.
--------------------------------	------------

**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 for the latest information.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

Part I 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACT KNOWLEDGE 365 FIFTH AVE 6TH FLOOR NEW YORK, NY 10016	13-4142264		8,850.	0.			PROGRAM OPERATING COST
ALLENTOWN ART MUSEUM OF THE LEHIGH VALLEY - 31 N 5TH ST - ALLENTOWN, PA 18101-1605	23-1548101	501C3	73,422.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ALLENTOWN DRIVE BASEBALL 840 HAMILTON ST STE 210 ALLENTOWN, PA 18101-2456	27-1768416	501C3	15,273.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ALLENTOWN RESCUE MISSION, INC 355 W HAMILTON ST PO BOX 748 ALLENTOWN, PA 18105-0748	23-6005983	501C3	34,339.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ALLENTOWN SCHOOL DISTRICT 31 S PENN STREET ALLENTOWN, PA 18102-5409	27-0743152	501C3	273,629.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
ALLENTOWN SYMPHONY ASSOCIATION 23 N 6TH ST ALLENTOWN, PA 18101-1431	23-6272140	501C3	32,275.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **170.**
- 3** Enter total number of other organizations listed in the line 1 table ▶ **6.**

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

Schedule I (Form 990) (2018)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLENTOWN YMCA 425 S 15TH ST ALLENTOWN, PA 18102	24-0798706	501C3	15,073.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ALZHEIMERS ASSOCIATION DELAWARE VALLEY CHAPTER; 399 MARKET ST STE 102 - PHILADELPHIA, PA 19106-2138	23-2280056	501C3	6,669.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN CANCER SOCIETY LEHIGH VALLEY UNIT - 3893 ADLER PL STE 170 - BETHLEHEM, PA 18017-9072	23-7040934	501C3	19,300.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN HEART ASSOCIATION 968 POSTAL RD STE 110 ALLENTOWN, PA 18109-9301	23-7283923	501C3	7,629.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN RED CROSS OF THE GREATER LEHIGH VALLEY - 3939 BROADWAY - ALLENTOWN, PA 18104	23-1381431	501C3	65,000.	0.			PROGRAM OPERATING COST
AMERICAN RED CROSS OF THE GREATER LEHIGH VALLEY - 3939 BROADWAY - ALLENTOWN, PA 18104	23-1381431	501C3	72,343.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ANGEL 34 FOUNDATION PO BOX 494 NAZARETH, PA 18064-0494	41-2155385	501C3	6,806.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ARC - THE ARC OF LEHIGH & NORTHAMPTON COUNTIES - 2289 AVENUE A - BETHLEHEM, PA 18017-2107	23-1679102	501C3	10,688.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ARTSQUEST 25 W 3RD ST STE 300 BETHLEHEM, PA 18015-1238	23-2280560	501C3	116,432.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAUM SCHOOL OF ART PO BOX 653, 510 LINDEN STREET ALLENTOWN, PA 18105-0653	23-1607174	501C3	28,685.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
BETHLEHEM AREA SCHOOL DISTRICT 1516 SYCAMORE ST BETHLEHEM, PA 18017	46-7306294	501C3	112,000.	0.			PROGRAM OPERATING COSTS
BETHLEHEM SEVENTH-DAY ADVENTIST CHURCH - 1175 MACADA ROAD - BETHLEHEM, PA 18107	23-6002044	501C3	7,350.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
BIG BROTHERS BIG SISTERS OF THE LEHIGH VALLEY - 41 S CARLISLE ST - ALLENTOWN, PA 18109-2558	23-1746895	501C3	25,748.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
BIG BROTHERS/BIG SISTERS OF THE LEHIGH VALLEY - 878 MINESITE RD - ALLENTOWN, PA 18103-9206	23-1746895	501C3	20,000.	0.			PROGRAM OPERATING COST
BOY SCOUTS OF AMERICA - MINSI TRAILS COUNCIL - 991 POSTAL RD - ALLENTOWN, PA 18109-9516	23-1708585	501C3	91,766.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
BOYS & GIRLS CLUB OF ALLENTOWN, INC - 720 N 6TH ST - ALLENTOWN, PA 18102-1608	23-1352042	501C3	220,159.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
BOYS & GIRLS CLUB OF BETHLEHEM 1430 FRITZ DR BETHLEHEM, PA 18017-6734	23-6298476	501C3	21,275.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
BOYS & GIRLS CLUB OF EASTON, INC 210 JONES HOUSTON WAY, PO BOX 741 EASTON, PA 18044-0741	23-1941228	501C3	109,285.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRADBURY-SULLIVAN LGBT COMMUNITY CENTER - 522 W. MAPLE STREET - ALLENTOWN, PA 18101	20-1443960	501C3	14,777.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
BRIGHT HOPE PREGNANCY SUPPORT CENTERS OF THE LEHIGH VALLEY - 1034 W HAMILTON ST - ALLENTOWN, PA 18101-1036	23-2185001	501C3	14,369.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
BURN PREVENTION FOUNDATION 236 N 17TH ST 2ND FL ALLENTOWN, PA 18104-5605	22-2839595	501C3	11,642.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CAMELOT FOR CHILDREN 2354 W EMMAUS AVE ALLENTOWN, PA 18130-6605	23-2565740	501C3	9,569.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CANCER SUPPORT COMMUNITY GREATER LEHIGH VALLEY - 944 MARCON BLVD., #110 - ALLENTOWN, PA 18109	73-1657537	501C3	25,415.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CAP COMMUNITY FOUNDATION 600 HAMILTON STREET SUITE 900 ALLENTOWN, PA 18101-2119	20-8715100	501C3	5,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CASA GUADALUPE CENTER 218 N 2ND ST ALLENTOWN, PA 18102-3508	23-1988203	501C3	35,629.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
CATHOLIC CHARITIES DIOCESE OF ALLENTOWN - 900 S WOODWARD ST - ALLENTOWN, PA 18103	23-1598117	501C3	193,888.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
CATHOLIC FOUNDATION OF EASTERN PA PO BOX 1430 ALLENTOWN, PA 18105	46-4060385	501C3	87,500.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC RELIEF SERVICES, INC. PO BOX 17090, 228 W LEXINGTON ST BALTIMORE, MD 21201-3413	13-5563422	501C3	5,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CENTER FOR HUMANISTIC CHANGE 100A CASCADE DR BETHLEHEM, PA 18017-2157	23-2107264	501C3	97,980.	0.			PROGRAM OPERATING COST
CENTER FOR VISION LOSS 845 W WYOMING ST ALLENTOWN, PA 18103-3991	23-1352260	501C3	44,975.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
CHILDREN'S HOME OF EASTON 2000 S 25TH ST EASTON, PA 18042-6031	24-0806100	501C3	48,961.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CHRIST LUTHERAN CHURCH 1245 HAMILTON ST ALLENTOWN, PA 18102	23-1401550	501C3	32,500.	0.			PROGRAM OPERATING COSTS
CHRIST LUTHERAN CHURCH OF HELLERTOWN - 69 MAIN STREET - HELLERTOWN, PA 18055		501C3	12,490.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CIVIC THEATRE OF ALLENTOWN PA 527 N 19TH ST ALLENTOWN, PA 18104	23-2152581	501C3	21,800.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
COLUMBIA UNIVERSITY BUSINESS SCHOOL - 33 W 60TH ST 7TH FL - NEW YORK, NY 10023	13-5598093	501C3	10,150.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
COMMUNITIES IN SCHOOLS OF THE LEHIGH VALLEY, INC - 739 N 12TH STREET - ALLENTOWN, PA 18102	23-2222874	501C3	1,122,113.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEY - 1337 E 5TH ST - BETHLEHEM, PA 18015-2103	23-1669589	501C3	478,174.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
COMMUNITY BIKE WORKS 235 N MADISON ST ALLENTOWN, PA 18102-3737	23-2867945	501C3	103,999.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
COMMUNITY SERVICES FOR CHILDREN, INC - 1520 HANOVER AVE - ALLENTOWN, PA 18109-2360	23-2204725	501C3	73,209.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
CRIME VICTIMS COUNCIL OF LEHIGH VALLEY, INC - 801 W HAMILTON ST STE 300 - ALLENTOWN, PA 18101-2420	23-1997899	501C3	59,212.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
DA VINCI SCIENCE CENTER 3145 HAMILTON BLVD BYP ALLENTOWN, PA 18103-3686	23-2824084	501C3	277,789.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
DELAWARE MUSEUM OF NATURAL HISTORY, INC - PO BOX 3937 - GREENVILLE, DE 19807-0937	51-0083535	501C3	49,475.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
DESALES UNIVERSITY 2755 STATION AVE CENTER VALLEY, PA 18034-9565	23-1653718	501C3	130,726.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
DIAKON LSM 798 HAUSMAN RD STE 300 ALLENTOWN, PA 18104-9108	23-3014613	501C3	20,000.	0.			PROGRAM OPERATING COST
DIOCESE OF ALLENTOWN - SECRETARIAT FOR CATHOLIC EDUCATION - 1515 MARTIN LUTHER KING JR DR - ALLENTOWN, PA 18105	23-1598117	501C3	300,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DREAM COME TRUE PO BOX 21167 LEHIGH VALLEY, PA 18002-1167	22-2550269	501C3	13,095.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
EAST STROUDSBURG UNIVERSITY FOUNDATION - 200 PROSPECT STREET - EAST STROUDSBURG, PA 18301	22-2826714	501C3	7,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
EASTERN PA DOWN SYNDROME CENTER 6900 HAMILTON BLVD, PO BOX 60 TREXLERTOWN, PA 18087-0060	23-2828404	501C3	5,555.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
EASTERSEALS OF EASTERN PENNSYLVANIA - 1501 LEHIGH ST STE 201 - ALLENTOWN, PA 18103-3880	23-2823542	501C3	18,562.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
EASTON AREA COMMUNITY CENTER 901 WASHINGTON ST EASTON, PA 18042-4341	23-2147613	501C3	25,337.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
EASTON AREA SCHOOL DISTRICT 1801 BUSHKILL DR UNIT 1 EASTON, PA 18040-8186	27-4701323	501C3	75,000.	0.			PROGRAM OPERATING COSTS
EQUI-LIBRIUM, INC 524 FEHR RD NAZARETH, PA 18064-9153	23-3088228	501C3	18,073.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FAMILY CONNECTION OF EASTON INC 723 COAL ST EASTON, PA 18042-6556	20-4934762	501C3	141,783.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
FAMILY PROMISE 167 S 3RD STREET LEHIGHTON, PA 18235	27-0763520	501C3	7,000.	0.			PROGRAM OPERATING COSTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRANKLIN COVEY 2200 W PARKWAY BLVD MS 110 SALT LAKE CITY, UT 84119	87-0561601		328,064.	0.			PROGRAM OPERATING COSTS
FONDOS UNIDOS DE PUERTO RICO PO BOX 191914 SAN JUAN, PR 00919-1914	66-0269222	501C3	6,093.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FRIENDS OF THE BETHLEHEM MOUNTED POLICE - PO BOX 1314 - BETHLEHEM, PA 18017-1314	45-1546262	501C3	5,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FUND TO BENEFIT CHILDREN & YOUTH 903 E ELM ST ALLENTOWN, PA 18109-2629	23-2643243	501C3	14,637.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
GETTYSBURG COLLEGE 300 N WASHINGTON ST GETTYSBURG, PA 17325-1400	23-1352641	501C3	10,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
GIRL SCOUTS OF EASTERN PA 2633 MORAVIAN AVE ALLENTOWN, PA 18103-5523	23-1599656	501C3	25,000.	0.			PROGRAM OPERATING COST
GIRL SCOUTS OF EASTERN PENNSYLVANIA, INC - 330 MANOR ROAD - MIQUON, PA 19444	23-1352309	501C3	33,704.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
GOOD SHEPHERD REHABILITATION HOSPITAL (MAIN) - 850 S 5TH ST - ALLENTOWN, PA 18103-3308	23-2216041	501C3	120,653.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
GREATER VALLEY YMCA 1524 W LINDEN ST STE 209 ALLENTOWN, PA 18102	24-0798706	501C3	76,737.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY OF THE LEHIGH VALLEY - 245 N GRAHAM ST - ALLENTOWN, PA 18109-2191	23-2544326	501C3	30,133.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
HILLSIDE SCHOOL 2697 BROOKSIDE RD MACUNGIE, PA 18062-9045	23-2263178	501C3	15,961.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
HISPANIC CENTER LEHIGH VALLEY 520 E 4TH ST BETHLEHEM, PA 18015-1804	23-1882308	501C3	57,778.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
HISTORIC BETHLEHEM PARTNERSHIP, INC - 74 W BROAD ST STE 260 - BETHLEHEM, PA 18018-5878	23-2741808	501C3	23,574.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
JEWISH COMMUNITY CENTER OF THE LEHIGH VALLEY - 702 N 22ND ST - ALLENTOWN, PA 18104-3904	23-0734200	501C3	7,206.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
JEWISH FAMILY SERVICE OF THE LEHIGH VALLEY - 2004 W ALLEN ST - ALLENTOWN, PA 18104-5007	23-2301360	501C3	25,432.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
JEWISH FEDERATION OF THE LEHIGH VALLEY - 702 N 22ND ST - ALLENTOWN, PA 18104-3904	23-6396349	501C3	35,563.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
KELLYN FOUNDATION 336 BUSHKILL STREET, PO BOX 369 TATAMY, PA 18085	26-2623498	501C3	60,000.	0.			PROGRAM OPERATING COST
KEYSTONE-WARRIERS 16 E NOBLE AVE SHOEMAKERSVILLE, PA 19555	27-3705313	501C3	5,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIDSPACE 5300 KIDSPACE DRIVE OREFIELD, PA 18069-2044	23-1353394	501C3	5,833.	0.			PROGRAM OPERATING COST
LAFAYETTE COLLEGE 730 HIGH ST EASTON, PA 18042-7623	24-0795686	501C3	20,254.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
LEADER LEHIGH VALLEY PO BOX 8777 ALLENTOWN, PA 18105	47-4883177	501C3	130,906.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
LEARNSTEMIC LLC 400 CARLISLE PIKE MECHANICSBURG, PA 17050			30,000.	0.			PROGRAM OPERATING COST
LEHIGH CARBON COMMUNITY COLLEGE FOUNDATION - 4525 EDUCATION PARK DRIVE - SCHNECKSVILLE, PA 18078-2502	23-7454575	501C3	17,500.	0.			PROGRAM OPERATING COST
LEHIGH COUNTY CONFERENCE OF CHURCHES - 457 ALLEN STREET - ALLENTOWN, PA 18102-3338	23-1484205	501C3	58,613.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
LEHIGH UNIVERSITY 27 W MEMORIAL DR BETHLEHEM, PA 18015-3016	24-0795445	501C3	232,450.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
LEHIGH VALLEY ACTIVE LIFE 1633 W ELM STREET ALLENTOWN, PA 18102-4557	23-1627030	501C3	20,000.	0.			PROGRAM OPERATING COST
LEHIGH VALLEY ASSOCIATION OF INDEPENDENT COLLEGES - 130 W GREENWICH ST - BETHLEHEM, PA 18018	31-0901001	501C3	21,613.	0.			PROGRAM OPERATING COST

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEHIGH VALLEY CENTER FOR INDEPENDENT LIVING, INC - 713 N. 13TH STREET - ALLENTOWN, PA 18102	23-2610549	501C3	5,714.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
LEHIGH VALLEY CHILDREN'S CENTERS INC. - 1501 LEHIGH ST STE 201 - ALLENTOWN, PA 18103-3892	23-1908158	501C3	197,987.	0.			PROGRAM OPERATING COST
LEHIGH VALLEY CHILDREN'S CENTERS, INC - 1501 LEHIGH ST STE 208 - ALLENTOWN, PA 18103-3892	23-1908158	501C3	21,006.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
LEHIGH VALLEY COMMUNITY FOUNDATION 840 HAMILTON ST STE 310 ALLENTOWN, PA 18101-2456	23-1686634	501C3	33,291.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
LEHIGH VALLEY HEALTH NETWORK PO BOX 4000 ALLENTOWN, PA 18105-4000	22-2458317	501C3	57,393.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
LEHIGH VALLEY PBS/WLVT 839 SESAME ST. BETHLEHEM, PA 18015	23-1642883	501C3	16,618.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MANN CENTER FOR THE PERFORMING ARTS - 5201 PARKSIDE AVE - PHILADELPHIA, PA 19131	23-1473884	501C3	5,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MARCH OF DIMES BIRTH DEFECTS FOUNDATION - 252 BROADHEAD RD. STE 400 - BETHLEHEM, PA 18017-8611	13-1846366	501C3	14,514.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MARIA VERAS FAMILY DAYCARE 27 N 12TH ST ALLENTOWN, PA 18101-1029	09-8709098		39,750.	0.			PROGRAM OPERATING COSTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARY'S SHELTER 736 UPLAND AVE READING, PA 19607-1751	23-2722494	501C3	12,386.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MAYO CLINIC 4500 SAN PABLO ROAD S JACKSONVILLE, FL 32224	59-0714831	501C3	82,250.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MEALS ON WHEELS OF THE GREATER LEHIGH VALLEY - 4240 FRITCH DR - BETHLEHEM, PA 18020-8940	23-1861779	501C3	211,218.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
MERCY SPECIAL LEARNING CENTER 830 S WOODWARD ST ALLENTOWN, PA 18103-3440	90-0988217	501C3	113,487.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MILLER-KEYSTONE BLOOD CENTER 1465 VALLEY CENTER PARKWAY BETHLEHEM, PA 18017-2265	23-1731034	501C3	9,298.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MIRACLE LEAGUE OF THE LEHIGH VALLEY - 4460 PARK VIEW DR, APT T8 - SCHNECKSVILLE, PA 18078-2579	74-3167008	501C3	7,344.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MORAVIAN ACADEMY 4313 GREEN POND ROAD BETHLEHEM, PA 18018-5906	24-0829838	501C3	9,375.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MORAVIAN COLLEGE 1200 MAIN ST BETHLEHEM, PA 18018-6961	24-0795460	501C3	35,000.	0.			PROGRAM OPERATING COST
MOSSER VILLAGE FAMILY CENTER, INC 614 S CARLISLE ST ALLENTOWN, PA 18109-2803	23-3029327	501C3	5,780.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUHLENBERG COLLEGE 2400 CHEW ST ALLENTOWN, PA 18104-5564	23-1352664	501C3	7,007.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
NATIONAL MULTIPLE SCLEROSIS SOCIETY LEHIGH VALLEY AREA - 30 S 17TH STREET, SUITE 800 - PHILADELPHIA, PA 19103	13-5661935	501C3	5,475.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
NATIONAL MUSEUM OF INDUSTRIAL HISTORY - 602 E 2ND ST - BETHLEHEM, PA 18015	23-2912750	501C3	9,587.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
NEW BETHANY MINISTRIES 333 W 4TH STREET BETHLEHEM, PA 18015-1527	23-2365694	501C3	59,725.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
NORTH PENN LEGAL SERVICES 65 E ELIZABETH AVE STE 800 BETHLEHEM, PA 18018-6516	23-1659111	501C3	30,000.	0.			PROGRAM OPERATING COST
NORTH PENN UNITED WAY 1709 BENJAMIN FRANKLIN PKWY PHILADELPHIA, PA 19103-1208	23-1556045	501C3	5,436.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
NORTHAMPTON COMMUNITY COLLEGE 3835 GREEN POND RD BETHLEHEM, PA 18020-7568	23-2064496	501C3	308,416.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
NORTHAMPTON COUNTY HISTORICAL & GENEALOGICAL SOCIETY - 342 NORTHAMPTON ST - EASTON, PA 18042-3514	24-6021192	501C3	7,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
NORTHAMPTON MEMORIAL COMMUNITY CENTER - 16001 LAUBACH AVE - NORTHAMPTON, PA 18067	24-0841252	501C3	9,841.	0.			PROGRAM OPERATING COST

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHEAST MINISTRY 1119-21 MARVINE ST PO BOX 1463 BETHLEHEM, PA 18016-1463	23-2339841	501C3	10,000.	0.			PROGRAM OPERATING COST
PAGE 73 PRODUCTIONS 80 HANSON PLACE, 3RD FLOOR BROOKLYN, NY 11217	13-4059276	501C3	7,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
PALS PROGRAMS 4965 GRUNDY WAY DOYLESTOWN, PA 18902	35-2334489	501C3	6,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
PARKLAND SCHOOL DISTRICT EDUCATION FOUNDATION - 1210 SPRINGHOUSE ROAD - ALLENTOWN, PA 18104-2119	45-2645543	501C3	5,933.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
PATHSTONE 110 N THIRD STREET LEHIGHTON, PA 18235	16-1183242	501C3	5,000.	0.			PROGRAM OPERATING COST
PHILADELPHIA RONALD MCDONALD HOUSE 3925 CHESTNUT STREET PHILADELPHIA, PA 19104-3110	23-7377505	501C3	9,380.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
PINEBROOK FAMILY ANSWERS 402 N FULTON ST ALLENTOWN, PA 18102	23-2112204	501C3	631,409.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
PLANNED PARENTHOOD KEYSTONE PO BOX 813 TREXLERTOWN, PA 18087-0813	23-2450112	501C3	12,525.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
PLUMLOGIX 7035 SCHANTZ ROAD ALLENTOWN, PA 18106	81-4359004		10,000.	0.			PROGRAM OPERATING COST

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT OF EASTON, INC 320 FERRY ST EASTON, PA 18042-4541	23-2112204	501C3	109,920.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
PROMISE NEIGHBORHOODS OF THE LEHIGH VALLEY - 1101 HAMILTON STREET, SUITE 102 - ALLENTOWN, PA 18101	46-4977927	501C3	89,873.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
PUSH THE ROCK PO BOX 95 EMMAUS, PA 18049-0095	23-2990640	501C3	17,263.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
RESURRECTED LIFE COMMUNITY CHURCH 144 NORTH 9TH STREET ALLENTOWN, PA 18102	45-1018523	501C3	16,579.	0.			PROGRAM OPERATING COSTS
RODALE INSTITUTE 611 SIEGFRIEDALE ROAD KUTZTOWN, PA 19530	23-7206884	501C3	6,175.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
SAFE HARBOR 536 BUSHKILL DRIVE EASTON, PA 18042-1868	23-2589941	501C3	28,670.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
SALVATION ARMY OF THE LEHIGH VALLEY - BOX 147 144 N 8TH ST - ALLENTOWN, PA 18101-1223	13-5562351	501C3	90,000.	0.			PROGRAM OPERATING COST
SCHUYLKILL UNITED WAY 9 N CENTRE ST STE 301 POTTSVILLE, PA 17901-2925	23-1999071	501C3	15,616.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
SHANTHI PROJECT PO BOX 3617 EASTON, PA 18045	27-3592356	501C3	20,000.	0.			PROGRAM OPERATING COST

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHARECARE FAITH IN ACTION 321 WYANDOTTE ST BETHLEHEM, PA 18015-1527	23-2635994	501C3	25,000.	0.			PROGRAM OPERATING COST
SKILLSUSA, INC. 14001 SKILLSUSA WAY LEESBURG, VA 20176-5494	52-0812433	501C3	5,875.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
SLATER FAMILY NETWORK 267 FIVE POINTS RICHMOND RD BANGOR, PA 18013-5228	16-1672864	501C3	30,000.	0.			PROGRAM OPERATING COSTS
ST. BALDRICKS FOUNDATION 1333 S MAYFLOWER AVE STE 400 MONROVIA, CA 91016-5268	20-1173824	501C3	8,500.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ST JUDE CHILDRENS RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105-2729	62-0646012	501C3	7,485.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ST. LUKES UNIVERSITY HEALTH NETWORK - 801 OSTRUM ST - BETHLEHEM, PA 18015-1000	23-1352213	501C3	175,646.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
ST. LUKE'S HOSPICE 240 UNION STATION PLZ #1 BETHLEHEM, PA 18015-1281	24-0795497	501C3	20,908.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ST. MICHAEL THE ARCHANGEL SCHOOL 4121 OLD BETHLEHEM PK BETHLEHEM, PA 18015-9097	23-2042774	501C3	53,724.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ST. THOMAS MORE 1040 FLEXER AVE ALLENTOWN, PA 18103	23-1598117	501C3	12,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STATE THEATRE CENTER FOR THE ARTS, INC - 453 NORTHAMPTON ST - EASTON, PA 18042-3515	23-2173216	501C3	29,906.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
THE CHILDREN'S HOSPITAL OF PHILADELPHIA (CHOP) - 3401 CIVIC CENTER BLVD - PHILADELPHIA, PA 19104-4302	23-1352166	501C3	5,926.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
THE LEAGUE OF WOMEN VOTERS OF PA CITIZEN EDUCATION - 226 FORSTER STREET - HARRISBURG, PA 17102-3220	23-2574481	501C3	5,250.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
THE LITERACY CENTER 1132 HAMILTON STREET, 3RD FLR ALLENTOWN, PA 18101-1025	22-2458322	501C3	49,017.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
THE PENNSYLVANIA SHAKESPEARE FESTIVAL - 2755 STATION AVE - CENTER VALLEY, PA 18034-9565	23-2655672	501C3	26,564.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
THE SALVATION ARMY OF THE LEHIGH VALLEY - BOX 147, 144 N 8TH ST - ALLENTOWN, PA 18101-1223	13-5562351	501C3	27,408.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
THIRD STREET ALLIANCE FOR WOMEN & CHILDREN - 41 N 3RD ST - EASTON, PA 18042-3642	24-0795639	501C3	111,024.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
TOUCHSTONE THEATRE 321 E 4TH STREET BETHLEHEM, PA 18015	23-2073331	501C3	6,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
TURNING POINT OF LEHIGH VALLEY, INC - 444 E SUSQUEHANNA ST - ALLENTOWN, PA 18103-5144	23-2100651	501C3	124,623.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF BERKS COUNTY 501 WASHINGTON ST, PO BOX 702 READING, PA 19603-0702	23-1655375	501C3	36,994.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF BUCKS COUNTY 413 HOOD BLVD FAIRLESS HILLS, PA 19030-2901	23-1409706	501C3	17,629.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF GLOUCESTER COUNTY, INC. - 454 CROWN POINT ROAD - THOROFARE, NH 08086-2124	21-6006822	501C3	8,872.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF GREATER HAZLETON 134 S WYOMING ST HAZLETON, PA 18201-7084	24-0796034	501C3	5,575.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF GREATER HOUSTON PO BOX 3247, 50 WAUGH DR HOUSTON, TX 77007-5813	74-1167964	501C3	18,492.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF LANCASTER COUNTY 630 JANET AVE LANCASTER, PA 17601-4527	23-1352093	501C3	50,000.	0.			PROGRAM OPERATING COST
UNITED WAY OF MONROE COUNTY 135 WARNER RD, PO BOX 790 TANNERSVILLE, PA 18372-0790	24-0797026	501C3	6,337.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY WORLDWIDE 701 FAIRFAX STREET ALEXANDRIA, VA 22314	13-1635294	501C3	10,175.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNIVERSITY OF VIRGINIA LAW SCHOOL FOUNDATION - 580 MASSIE ROAD - CHARLOTTESVILLE, VA 22903-1738	54-0838566	501C3	17,500.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY AGAINST SEX TRAFFICKING PO BOX 3174 ALLENTOWN, PA 18102	47-4301496	501C3	8,750.	0.			PROGRAM OPERATING COST
VALLEY YOUTH HOUSE 3400 HIGH POINT BLVD BETHLEHEM, PA 18017-7815	23-7178820	501C3	548,999.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
VIA OF THE LEHIGH VALLEY, INC 336 W SPRUCE ST BETHLEHEM, PA 18018-3739	23-1457999	501C3	28,417.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
VICTORY HOUSE OF LEHIGH VALLEY 314 FILLMORE ST, PO BOX 5458 BETHLEHEM, PA 18015-0458	23-2370759	501C3	49,074.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
VISITING NURSES - ST. LUKES 1510 VALLEY CENTER PKWY STE 200 BETHLEHEM, PA 18017-2267	24-0795497	501C3	80,000.	0.			PROGRAM OPERATING COST
VOA CHILDREN'S CENTER 730 W UNION ST ALLENTOWN, PA 18101-2260	13-1692595	501C3	124,203.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
VOLUNTEER CENTER OF THE LEHIGH VALLEY - 2158 AVENUE C SUITE 201 - BETHLEHEM, PA 18017-2150	23-2862188	501C3	81,248.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
WEISENBERG ELEMENTARY SCHOOL 6493 ROUTE 309 NEW TRIPOLI, PA 18066-2038	59-3793641	501C3	8,997.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
WEST CHESTER UNIVERSITY FOUNDATION 202 CARTER DRIVE WEST CHESTER, PA 19382-4972	23-3054174	501C3	7,500.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST SIDE MISSION COLLABORATIVE 1245 W HAMILTON STREET ALLENTOWN, PA 18102	23-1401550	501C3	10,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
WHEATON ARTS AND CULTURAL CENTER, INC. - 1501 GLASSTOWN ROAD - MILLVILLE, NJ 08332-1568	22-1849118	501C3	5,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
WILDLANDS CONSERVANCY 3701 ORCHID PL EMMAUS, PA 18049-1638	23-7401326	501C3	190,618.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
WOUNDED WARRIOR PROJECT, INC. 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 32256-6033	20-2370934	501C3	5,619.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
YWCA OF BETHLEHEM 3895 ADLER PL BLDG A STE 180 BETHLEHEM, PA 18017	23-6395256	501C3	47,636.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS
YOUNG LIFE LEHIGH VALLEY PO BOX 5249 BETHLEHEM, PA 18015	84-0385934	501C3	11,265.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ZOE BECKERMAN CONSULTING 2316 ONTARIO RD NW WASHINGTON, DC 20009	81-2375849		20,000.	0.			PROGRAM OPERATING COST
ZOELLNER ARTS CENTER - LEHIGH UNIVERSITY - 420 E PACKER AVE - BETHLEHEM, PA 18015	24-0795445	501C3	12,484.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

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.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF THE GREATER LEHIGH VALLEY

Employer identification number
23-2657933

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

- | | |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Compensation committee | <input 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		X
4b		X
4c		X
5a	X	
5b		X
6a	X	
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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

AND BENEFITS.

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.

- COMPENSATION COMMITTEE WILL BE STAFFED BY DIRECTOR, HUMAN RESOURCES AND

VP FINANCE & ADMINISTRATION.

- COMMITTEE WILL REVIEW CURRENT COMPENSATION & BENEFITS PACKAGE AND COMPARE

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

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

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

EXECUTIVE COMMITTEE VOTES TO RECOMMEND CONTRACT FOR APPROVAL BY BOARD.

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

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

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

SHALL PRESENT CONTRACT FOR ALL OTHER EMPLOYEES.

- EMPLOYEE MUST SEEK OUTSIDE LEGAL COUNSEL FOR REVIEW OF CONTRACT.

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

COUNSEL.

- CONTRACT IS SIGNED BY EMPLOYEE, BOARD CHAIR, VICE-CHAIR AND VP FINANCE &

ADMINISTRATION

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

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

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

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.

PRESIDENT FOR ANY OF HIS/HER DIRECT REPORTS.

PART I, LINE 5:

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

PART I, LINE 6:

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	22	566,107.	FMV AT DATE OF GIFT
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

UNITED WAY OF THE GREATER LEHIGH VALLEY

Employer identification number

23-2657933

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

IN SUPPORT OF OUR 2022 COMMUNITY GOAL OF INCREASING BY 50% THE NUMBER
OF DEPENDENT SENIORS IN THE LEHIGH VALLEY WHO ARE SUPPORTED, OUR
HEALTHY AGING INVESTMENTS TOTALED \$497,613 THIS INCLUDES 17 PROGRAMS
PROVIDING 3,118 OLDER ADULTS WITH GROCERY SHOPPING SERVICES, FALL
PREVENTION PROGRAMS, TRANSPORTATION SERVICES, CHRONIC DISEASE PROGRAMS,
AND IN-HOME SUPPORT SERVICES.

IN SUPPORT OF OUR 2022 COMMUNITY GOAL OF DECREASING BY 50% FOOD
INSECURITY IN THE LEHIGH VALLEY, OUR FOOD ACCESS INVESTMENTS TOTALED
\$347,500; THIS INCLUDES 13 PROGRAMS PROVIDING 24,201 PEOPLE WITH FOOD
FROM PANTRIES, HOME DELIVERED MEALS, AND NUTRITION EDUCATION COURSES.

FOR CONTINUED SUPPORT, OUR EMERGENCY SERVICES INVESTMENTS INCLUDE
\$608,750 IN 17 PROGRAMS THAT PROVIDE 15,701 LEHIGH VALLEY RESIDENTS
WITH EMERGENCY SHELTER, VIOLENCE AND CRISIS SHELTER, DISASTER RELIEF,
EMERGENCY FOOD, VIOLENCE AND CRISIS SUPPORTS, HOUSING-BASED LEGAL
SERVICES, RESOURCE AND ASSISTANCE INFORMATION REFERRALS, AND DAY OF
CARING VOLUNTEER SERVICES.

SERVING CARBON COUNTY, UNITED WAY OF THE GREATER LEHIGH VALLEY INVESTED
\$52,500 INTO 17 PROGRAMS IN THE REGION. THESE PROGRAMS RANGED IN
SERVICES FROM INTERVENING IN HOUSING/UTILITY CRISES TO AVOID EVICTION,
HOUSING FOR THE HOMELESS, AFTERSCHOOL PROGRAMS, AND DENTAL VAN SERVICES
FOR STUDENTS.

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

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

UNITED WAY COMMUNITY SCHOOLS: UNITED WAY COMMUNITY SCHOOLS LINKS 24 AREA SCHOOLS WITH THEIR COMMUNITIES IN WAYS THAT ARE GIVING PUBLIC EDUCATION IN THE LEHIGH VALLEY RESOURCES AND CRUCIAL SUPPORT. UNITED WAY PROVIDES FUNDING, CONVENES PARTNERS TO IDENTIFY SYSTEMS-LEVEL STRATEGIES TO SUPPORT YOUTH SUCCEEDING IN SCHOOL, CONNECTS RESOURCES AND PROGRAMS TO SCHOOL SITES TO SUPPORT ENHANCED SCHOOL DAY LEARNING, ASSISTS WITH ON-SITE COACHING AND TRAINING TO SUPPORT IMPLEMENTATION OF THE COMMUNITY SCHOOL MODEL AND COLLECTS AND ANALYZES DATA TO MONITOR PROGRESS OF THIS SYSTEMS LEVEL WORK. UNITED WAY COMMUNITY SCHOOLS HAVE EXPERIENCED TREMENDOUS GROWTH IN FAMILY AND COMMUNITY INVOLVEMENT, IMPROVEMENTS IN ACADEMIC PERFORMANCE FOR INDIVIDUAL STUDENTS, AND IMPROVED SCHOOL CLIMATE.

LEHIGH VALLEY READS: LEHIGH VALLEY READS IS A REGIONAL LITERACY CAMPAIGN COMMITTED TO ENSURING THAT ALL LEHIGH VALLEY STUDENTS READ ON GRADE LEVEL BY THE END OF THIRD GRADE BY 2025. THIS COLLECTIVE IMPACT INITIATIVE IS POWERED BY UNITED WAY OF THE GREATER LEHIGH VALLEY AND LEHIGH VALLEY PUBLIC MEDIA, HOME OF PBS39. WITH OVER 100 COMMUNITY PARTNERS WORKING TOGETHER TO MAXIMIZE RESOURCES, LEHIGH VALLEY READS IS A COLLECTIVE IMPACT INITIATIVE WITH FIVE KEY FOCUS AREAS: EARLY CHILDHOOD EDUCATION, SUMMER LEARNING, SCHOOL ATTENDANCE, TRAUMA-INFORMED CLASSROOMS AND COMMUNITY SCHOOLS.

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

UNITED WAY ALLIANCE ON AGING: THE UNITED WAY ALLIANCE ON AGING IS A MULTI-PARTNER INITIATIVE RUN BY UNITED WAY OF THE GREATER LEHIGH VALLEY THAT ADVANCES MODEL SOLUTIONS TO COMMUNITY PROBLEMS AFFECTING OLDER ADULTS. RATHER THAN FUNDING PROGRAMS IN THE CURRENT SYSTEM, THE UNITED WAY ALLIANCE ON AGING BRINGS TOGETHER NON-PROFIT, FOR PROFIT, GOVERNMENT AND COMMUNITY ADVOCATES TO WORK TOGETHER TO CREATE SYSTEMS-LEVEL CHANGE. BY FOSTERING COLLABORATION AND SUPPORTING INNOVATIVE BEST PRACTICE STRATEGIES, WE IMPROVE LIVES BY CHANGING THE VERY WAY SUPPORTS ARE DELIVERED.

OTHER PROGRAM SERVICES: COMMUNITY EDUCATION WORK WITH MEDIA ON BEHALF OF AGENCIES, DAY OF CARING ACTIVITIES, FUNDS DISTRIBUTION, COORDINATION OF HEALTH/HUMAN SERVICE PROGRAMS IN THE GREATER LEHIGH VALLEY AND LABOR COMMUNITY SERVICES.

FORM 990, PART 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.

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

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

EXECUTIVE COMPENSATION & BENEFIT PACKAGE AND CONTRACT

-BOARD CHAIR, VICE-CHAIR FORM A COMMITTEE TO REVIEW EXECUTIVE COMPENSATION AND BENEFITS.

-COMPENSATION COMMITTEE WILL BE STAFFED BY DIRECTOR, HUMAN RESOURCES AND VP FINANCE & ADMINISTRATION.

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

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

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

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

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

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

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

-CONTRACT IS SIGNED BY EMPLOYEE, BOARD CHAIR, VICE-CHAIR AND VP FINANCE & ADMINISTRATION

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

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

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

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC THROUGH THE

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

ORGANIZATION'S WEBSITE, GUIDESTAR, CHARITY NAVIGATOR AND UPON REQUEST.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH THE ORGANIZATION'S WEBSITE.

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

UNREALIZED GAINS ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS	24,684.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	2,401.
TOTAL TO FORM 990, PART XI, LINE 9	27,085.

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	1,058,198
PART IX, LINE 25, COLUMN D	1,509,981
TOTAL NUMERATOR	2,568,179

DENOMINATOR

PART VIII, LINE 12, COLUMN A	17,874,535
------------------------------	------------

OVERHEAD RATIO: 2,568,179 / 17,874,535 = 14.37%

**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 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

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

Part I 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) 2018

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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information.

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

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 Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. UNITED WAY OF THE GREATER LEHIGH VALLEY	Employer identification number (EIN) or 23-2657933
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1110 AMERICAN PARKWAY NE, NO. F-120	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALLENTOWN, PA 18109	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE ORGANIZATION - 1110 AMERICAN PARKWAY NE, NO. F-120 -

- The books are in the care of ▶ **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 EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2018**, and ending **JUN 30, 2019**.

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Mail to:

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
207 North Office Building
Harrisburg, PA 17120

See www.dos.pa.gov/charities for more information

Charitable Organization Registration Statement

BCO-10 (rev. 8/2017)

Fee: See instructions

Read all instructions prior to completing form.

Certificate number: 09001
(N/A if initial registration)

Fiscal year ended: 06/30/2019
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: DEBRA KLOCEK Contact's E-mail: DEBBIEK@UNITEDWAYGLV.ORG

4. Physical address of organization: _____ Mailing address: (If different than physical) _____

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

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)

N/A

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, etc.):

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 organization only uses or intends 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)

SEE STATEMENT 1

UNITED WAY OF THE GREATER LEHIGH VALLEY

- 17. Names, addresses, and telephone numbers of all professional fundraising counsel the organization 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)

SEE STATEMENT 2

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

NONE

- 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.)

- 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.)

Legal name of parent organization

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

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 DIRECTORS

1110 AMERICAN PARKWAY NE F-120 ALLENTOWN, PA 18109

B. Have final responsibility for the custody of contributions:

BOARD OF DIRECTORS

1110 AMERICAN PARKWAY NE F-120 ALLENTOWN, PA 18109

C. Have final responsibility for final distribution of contributions:

BOARD OF DIRECTORS

1110 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 No

B. 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 No

C. 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:	
<input checked="" type="checkbox"/>	Completed registration statement properly signed and dated.
<input checked="" type="checkbox"/>	A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer
<input type="checkbox"/>	Public Disclosure Form BCO-23 (if required)
<input checked="" type="checkbox"/>	Applicable Financial Statements (audited, reviewed, compiled or internally prepared)
<input checked="" type="checkbox"/>	Registration fee and any late filing fees
<input type="checkbox"/>	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 ADDRESS

PHONE NUMBER

NONE

CONTRACT BEGIN DATE

CONTRACT END DATE

SOLICIT DATE

FORM BCO-10

PROFESSIONAL FUNDRAISING COUNSELS

STATEMENT 2

NAME AND ADDRESS

PHONE NUMBER

NONE

CONTRACT BEGIN DATE

CONTRACT END DATE

SERVICE DATE

FORM BCO-10

OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES

STATEMENT 3

NAME AND ADDRESS

TITLE

DAVID LEWIS
1110 AMERICAN PARKWAY NE, NO. F-120
ALLENTOWN, PA 18109

PRESIDENT

NAME AND ADDRESS

TITLE

MARCI LESKO
1110 AMERICAN PARKWAY NE, NO. F-120
ALLENTOWN, PA 18109

EXECUTIVE VICE
PRESIDENT/SECRE

NAME AND ADDRESS

TITLE

DR. JOSEPH ROY
1110 AMERICAN PARKWAY NE, NO. F-120
ALLENTOWN, PA 18109

BOARD CHAIR

NAME AND ADDRESS

TITLE

JOANNE RAPHAEL
1110 AMERICAN PARKWAY NE, NO. F-120
ALLENTOWN, PA 18109

BOARD VICE CHAIR

NAME AND ADDRESS

TITLE

ANNE BAUM
1110 AMERICAN PARKWAY NE, NO. F-120
ALLENTOWN, PA 18109

BOARD MEMBER

NAME AND ADDRESS

TITLE

MEGAN BESTE
1110 AMERICAN PARKWAY NE, NO. F-120
ALLENTOWN, PA 18109

BOARD MEMBER

NAME AND ADDRESS

TITLE

WENDY BORN
1110 AMERICAN PARKWAY NE, NO. F-120
ALLENTOWN, PA 18109

BOARD MEMBER

NAME AND ADDRESS

TITLE

ALLAN CHEN
1110 AMERICAN PARKWAY NE, NO. F-120
ALLENTOWN, PA 18109

BOARD MEMBER

NAME AND ADDRESS

TITLE

THOMAS DAUB
1110 AMERICAN PARKWAY NE, NO. F-120
ALLENTOWN, PA 18109

BOARD MEMBER

NAME AND ADDRESS

TITLE

RAFAEL DE LA HOZ
1110 AMERICAN PARKWAY NE, NO. F-120
ALLENTOWN, PA 18109

BOARD MEMBER

NAME AND ADDRESS

TITLE

MARILEE FLACO
1110 AMERICAN PARKWAY NE, NO. F-120
ALLENTOWN, PA 18109

BOARD MEMBER

NAME AND ADDRESS

TITLE

DOROTA GASNIENICA-KOZAK
1110 AMERICAN PARKWAY NE, NO. F-120
ALLENTOWN, PA 18109

BOARD MEMBER

NAME AND ADDRESS

TITLE

DR. MARC GRANSON
1110 AMERICAN PARKWAY NE, NO. F-120
ALLENTOWN, PA 18109

BOARD MEMBER

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
TRISHA R. HIGGINS, CPA 1110 AMERICAN PARKWAY NE, NO. F-120 ALLENTOWN, PA 18109	BOARD MEMBER

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
DR. CARLOS HODGES 1110 AMERICAN PARKWAY NE, NO. F-120 ALLENTOWN, PA 18109	BOARD MEMBER

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
JOHN MARZANO 1110 AMERICAN PARKWAY NE, NO. F-120 ALLENTOWN, PA 18109	BOARD MEMBER

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
THOMAS PARKER 1110 AMERICAN PARKWAY NE, NO. F-120 ALLENTOWN, PA 18109	BOARD MEMBER

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
MATTHEW PYE 1110 AMERICAN PARKWAY NE, NO. F-120 ALLENTOWN, PA 18109	BOARD MEMBER

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
CELESTE RAU 1110 AMERICAN PARKWAY NE, NO. F-120 ALLENTOWN, PA 18109	BOARD MEMBER

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
TIMOTHY S. RAUSCH 1110 AMERICAN PARKWAY NE, NO. F-120 ALLENTOWN, PA 18109	BOARD MEMBER

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
JOHN F. REINHART 1110 AMERICAN PARKWAY NE, NO. F-120 ALLENTOWN, PA 18109	BOARD MEMBER

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
DR. TINA Q. RICHARDSON 1110 AMERICAN PARKWAY NE, NO. F-120 ALLENTOWN, PA 18109	BOARD MEMBER

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
PETER RUGGIERO 1110 AMERICAN PARKWAY NE, NO. F-120 ALLENTOWN, PA 18109	BOARD MEMBER

NAME AND ADDRESS

TITLE

ASHLEY RUSSO
1110 AMERICAN PARKWAY NE, NO. F-120
ALLENTOWN, PA 18109

BOARD MEMBER

NAME AND ADDRESS

TITLE

SALEEM SAAB
1110 AMERICAN PARKWAY NE, NO. F-120
ALLENTOWN, PA 18109

BOARD MEMBER

NAME AND ADDRESS

TITLE

DR. BILL SCHANINGER
1110 AMERICAN PARKWAY NE, NO. F-120
ALLENTOWN, PA 18109

BOARD MEMBER

NAME AND ADDRESS

TITLE

JOHN WERKHEISER
1110 AMERICAN PARKWAY NE, NO. F-120
ALLENTOWN, PA 18109

BOARD MEMBER

FORM BCO-10

CUSTODY OF FINANCIAL RECORDS

STATEMENT 4

NAME AND ADDRESS

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

NAME AND ADDRESS

DEBRA KLOCEK, VP OF FINANCE AND ADMINISTRATION
1110 AMERICAN PARKWAY NE F-120 ALLENTOWN, PA 18109