

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

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

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

**2019**  
Open to Public Inspection

**A** For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

|  |   |  |
|--|---|--|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>UNITED WAY OF THE GREATER LEHIGH VALLEY</b><br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>1110 AMERICAN PARKWAY NE F-120</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>ALLENTOWN, PA 18109</b><br><b>F</b> Name and address of principal officer: <b>DEBRA KLOCEK</b><br><b>SAME AS C ABOVE</b> | <b>D</b> Employer identification number<br><b>23-2657933</b><br><b>E</b> Telephone number<br><b>610-807-5755</b><br><b>G</b> Gross receipts \$ <b>21,423,952.</b><br><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c)</b> Group exemption number ▶ <b>3751</b> |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   |  |
| <b>J</b> Website: ▶ <b>WWW.UNITEDWAYGLV.ORG</b>  |   |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |   | <b>L</b> Year of formation: <b>1992</b>  |
| <b>M</b> State of legal domicile: <b>PA</b>  |   |  |

**Part I Summary**

|                                    |                |   |  |                                   |
|------------------------------------|----------------|---|--|-----------------------------------|
|                                    | <b>1</b>       | Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE LEADERSHIP AND DEVELOP THE RESOURCES AND SOLUTIONS THAT IMPROVE OUR COMMUNITY</b> |  |                                   |
|                                    | <b>2</b>       | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                     |  |                                   |
| <b>Activities &amp; Governance</b> | <b>3</b>       | Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>   | <b>26</b>                         |
|                                    | <b>4</b>       | Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>   | <b>24</b>                         |
|                                    | <b>5</b>       | Total number of individuals employed in calendar year 2019 (Part V, line 2a)  | <b>5</b>   | <b>48</b>                         |
|                                    | <b>6</b>       | Total number of volunteers (estimate if necessary)  | <b>6</b>   | <b>3356</b>                       |
|                                    | <b>7a</b>      | Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>  | <b>0.</b>                         |
|                                    | <b>7b</b>      | Net unrelated business taxable income from Form 990-T, line 39  | <b>7b</b>  | <b>0.</b>                         |
|                                    | <b>Revenue</b> | <b>8</b>  | Contributions and grants (Part VIII, line 1h)                    | <b>Prior Year</b><br>17,674,052.  |
| <b>9</b>                           |                | Program service revenue (Part VIII, line 2g)  | 0.   | 0.                                |
| <b>10</b>                          |                | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 200,483.   | 250,010.                          |
| <b>11</b>                          |                | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 0.   | 0.                                |
| <b>12</b>                          |                | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 17,874,535.  | 21,423,952.                       |
| <b>Expenses</b>                    |                | <b>13</b>   | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 12,925,950.                       |
|                                    | <b>14</b>      | Benefits paid to or for members (Part IX, column (A), line 4)   | 0.   | 0.                                |
|                                    | <b>15</b>      | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 2,969,287.   | 3,648,172.                        |
|                                    | <b>16a</b>     | Professional fundraising fees (Part IX, column (A), line 11e)   | 0.   | 0.                                |
|                                    | <b>b</b>       | Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,786,800.</b>   |  |                                   |
|                                    | <b>17</b>      | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 1,607,627.   | 1,875,614.                        |
|                                    | <b>18</b>      | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | 17,502,864.  | 21,110,570.                       |
|                                    | <b>19</b>      | Revenue less expenses. Subtract line 18 from line 12  | 371,671.   | 313,382.                          |
| <b>Net Assets or Fund Balances</b> | <b>20</b>      | Total assets (Part X, line 16)  | <b>Beginning of Current Year</b><br>14,091,103.                  | <b>End of Year</b><br>14,138,990. |
|                                    | <b>21</b>      | Total liabilities (Part X, line 26)   | 3,125,299.   | 2,867,298.                        |
|                                    | <b>22</b>      | Net assets or fund balances. Subtract line 21 from line 20  | 10,965,804.  | 11,271,692.                       |

**Part II Signature Block**

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

|                               |  |   |                         |   |                          |
|-------------------------------|--|---|-------------------------|---|--------------------------|
| <b>Sign Here</b>              | Signature of officer<br><b>DEBRA KLOCEK, VICE PRESIDENT, FINANCE &amp; ADMIN</b><br>Type or print name and title | Date<br>_____                                       |                         |   |                          |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>LINDA S HIMEBACK, CPA</b>   | Preparer's signature<br><b>LINDA S HIMEBACK, CP</b> | Date<br><b>01/12/21</b> | Check if self-employed <input type="checkbox"/> | PTIN<br><b>P00042618</b> |
|                               | Firm's name ▶ <b>HERBEIN + COMPANY, INC.</b>   | Firm's EIN ▶ <b>23-2415973</b>                      |                         |   |                          |
|                               | Firm's address ▶ <b>2763 CENTURY BOULEVARD<br/>READING, PA 19610</b>   | Phone no. (610) 378-1175                            |                         |   |                          |

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 \$ 18,195,983. including grants of \$ 15,586,784. ) (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 \$4,704,673, PROVIDING 16,800 CHILDREN AND FAMILIES WITH EARLY LITERACY SKILLS SUPPORT, HIGH QUALITY EARLY LEARNING, PARENT AND CHILD DEVELOPMENT EDUCATION, SUMMER KINDERGARTEN READINESS, AND SKILL-BUILDING COURSES FOR EARLY CHILDHOOD TEACHERS AS WELL AS PROVIDING ELEMENTARY AND MIDDLE SCHOOL STUDENTS WITH TARGETED ACADEMIC INTERVENTIONS, SUMMER LEARNING, MENTORING, POSITIVE YOUTH DEVELOPMENT, BEHAVIORAL HEALTH SERVICES, AND FAMILY CASE MANAGEMENT.

SEE ADDITIONAL INFO ON SCHEDULE O.

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

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

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

4e Total program service expenses 18,195,983.

**Part IV Checklist of Required Schedules**

|  | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>   | 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 donor-restricted endowments or in 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?<br><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)

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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, gross 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 on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. |     |    |
|           | 1a 26  |     |    |
| <b>b</b>  | Enter the number of voting members included on line 1a, above, who are independent   |     |    |
|           | 1b 24  |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   |     | X  |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   |     | X  |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>a</b>  | The governing body?  | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O   |     | X  |

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ PA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**THE ORGANIZATION - 610-807-5755**  
**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. See instructions for the order in which to list the persons above.

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

| (A)<br>Name and title                       | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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<br>BOARD CHAIR           | 0.50  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2) JOANNE RAPHAEL<br>BOARD VICE CHAIR      | 0.50  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) ANNE BAUM<br>BOARD MEMBER               | 0.50  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (4) THOMAS DAUB<br>BOARD MEMBER             | 0.50  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (5) RAFAEL DE LA HOZ<br>BOARD MEMBER        | 0.50  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) MARILEE FALCO<br>BOARD MEMBER           | 0.50  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) DOROTA GASIENICA-KOZAK<br>BOARD MEMBER  | 0.50  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) DR. MARC GRANSON<br>BOARD MEMBER        | 0.50  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) MATT GREEN<br>BOARD MEMBER              | 0.50  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) LAURIE HACKETT<br>BOARD MEMBER         | 0.50  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) TRISHA R. HIGGINS, CPA<br>BOARD MEMBER | 0.50  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (12) DR. CARLOS HODGES<br>BOARD MEMBER      | 0.50  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (13) JAMES IRWIN<br>BOARD MEMBER            | 0.50  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (14) DIANA LAQUINTA<br>BOARD MEMBER         | 0.50  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (15) DR. DONALD OUTING<br>BOARD MEMBER      | 0.50  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (16) THOMAS PARKER<br>BOARD MEMBER          | 0.50  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (17) MATTHEW PYE<br>BOARD MEMBER            | 0.50  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) CELESTE RAU<br>BOARD MEMBER                               | 0.50  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (19) DR. TINA Q. RICHARDSON<br>BOARD MEMBER                    | 0.50  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (20) PETER RUGGIERO<br>BOARD MEMBER                            | 0.50  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (21) ASHLEY RUSSO<br>BOARD MEMBER                              | 0.50  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (22) SALEEM SAAB<br>BOARD MEMBER                               | 0.50  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (23) DR. BILL SCHANINGER<br>BOARD MEMBER                       | 0.50  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (24) JOSEPH TOPPER<br>BOARD MEMBER                             | 0.50  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (25) DAVID LEWIS<br>PRESIDENT                                  | 40.00   | X   |                       | X       |              |                              | 213,679. | 0.   | 13,044.   |   |
| (26) MARCI LESKO<br>EXECUTIVE VICE PRESIDENT/SECRETARY         | 40.00   | X   |                       | X       |              |                              | 145,961. | 0.   | 30,987.   |   |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              | 359,640. | 0.   | 44,031.   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              | 367,127. | 0.   | 77,495.   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              | 726,767. | 0.   | 121,526.  |   |

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 **5**

|   | Yes | No |
|---|-----|----|
| 3 Did the organization list any <b>former</b> officer, director, 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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Name and title                             | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) DEBRA KLOCEK<br>VP, FINANCE & ADMINISTRATION | 40.00   |  |                       |         | X            |                              |        | 113,590.   | 0.  | 25,413.   |
| (28) PAUL HURD<br>VP, RESOURCE DEVELOPMENT        | 40.00   |  |                       |         | X            |                              |        | 145,963.   | 0.  | 27,084.   |
| (29) JILL PEREIRA<br>VP, EDUCATION & IMPACT       | 40.00   |  |                       |         | X            |                              |        | 107,574.   | 0.  | 24,998.   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
| Total to Part VII, Section A, line 1c .....       |   |  |                       |         |              |                              |        | 367,127.   |   | 77,495.   |

**Part VIII Statement of Revenue**

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

|  |  |  | (A)            | (B)                                | (C)                        | (D)  |  |
|--|--|--|----------------|------------------------------------|----------------------------|--|--|
|  |  |  | Total revenue  | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| Contributions, Gifts, Grants and Other Similar Amounts | <b>1 a</b>   | Federated campaigns  | 82,609.        |                                    |                            |  |  |
|  | <b>1 b</b>   | Membership dues  |                |                                    |                            |  |  |
|  | <b>1 c</b>   | Fundraising events   |                |                                    |                            |  |  |
|  | <b>1 d</b>   | Related organizations  |                |                                    |                            |  |  |
|  | <b>1 e</b>   | Government grants (contributions)  |                |                                    |                            |  |  |
|  | <b>1 f</b>   | All other contributions, gifts, grants, and similar amounts not included above | 21,091,333.    |                                    |                            |  |  |
|  | <b>1 g</b>   | Noncash contributions included in lines 1a-1f                                  | \$ 1,392,430.  |                                    |                            |  |  |
|  | <b>1 h</b>   | <b>Total.</b> Add lines 1a-1f  |                | 21,173,942.                        |                            |  |  |
| Program Service Revenue                                | <b>2 a</b>   |  |                |                                    |                            |  |  |
|  | <b>2 b</b>   |  |                |                                    |                            |  |  |
|  | <b>2 c</b>   |  |                |                                    |                            |  |  |
|  | <b>2 d</b>   |  |                |                                    |                            |  |  |
|  | <b>2 e</b>   |  |                |                                    |                            |  |  |
|  | <b>2 f</b>   | All other program service revenue  |                |                                    |                            |  |  |
|  | <b>2 g</b>   | <b>Total.</b> Add lines 2a-2f  |                |                                    |                            |  |  |
| Other Revenue  | <b>3</b>   | Investment income (including dividends, interest, and other similar amounts)   |                | 201,812.                           |                            | 201,812.   |  |
|  | <b>4</b>   | Income from investment of tax-exempt bond proceeds                             |                |                                    |                            |  |  |
|  | <b>5</b>   | Royalties  |                |                                    |                            |  |  |
|  | <b>6 a</b>   | Gross rents  | (i) Real       |                                    |                            |  |  |
|  |  |  | (ii) Personal  |                                    |                            |  |  |
|  |  |  |                |                                    |                            |  |  |
|  | <b>6 b</b>   | Less: rental expenses  |                |                                    |                            |  |  |
|  | <b>6 c</b>   | Rental income or (loss)  |                |                                    |                            |  |  |
|  | <b>6 d</b>   | Net rental income or (loss)  |                |                                    |                            |  |  |
|  | <b>7 a</b>   | Gross amount from sales of assets other than inventory                         | (i) Securities | 48,198.                            |                            |  |  |
|  |  |  | (ii) Other     |                                    |                            |  |  |
|  |  |  |                |                                    |                            |  |  |
|  | <b>7 b</b>   | Less: cost or other basis and sales expenses                                   | 0.             |                                    |                            |  |  |
| <b>7 c</b>   | Gain or (loss)   | 48,198.  |                |                                    |                            |  |  |
| <b>7 d</b>   | Net gain or (loss)   |  | 48,198.        |                                    | 48,198.                    |  |  |
| <b>8 a</b>   | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 |  |                |                                    |                            |  |  |
| <b>8 b</b>   | Less: direct expenses  |  |                |                                    |                            |  |  |
| <b>8 c</b>   | Net income or (loss) from fundraising events   |  |                |                                    |                            |  |  |
| <b>9 a</b>   | Gross income from gaming activities. See Part IV, line 19  |  |                |                                    |                            |  |  |
| <b>9 b</b>   | Less: direct expenses  |  |                |                                    |                            |  |  |
| <b>9 c</b>   | Net income or (loss) from gaming activities  |  |                |                                    |                            |  |  |
| <b>10 a</b>  | Gross sales of inventory, less returns and allowances  |  |                |                                    |                            |  |  |
| <b>10 b</b>  | Less: cost of goods sold   |  |                |                                    |                            |  |  |
| <b>10 c</b>  | Net income or (loss) from sales of inventory   |  |                |                                    |                            |  |  |
| Miscellaneous Revenue                                  | <b>11 a</b>  |  |                |                                    |                            |  |  |
|  | <b>11 b</b>  |  |                |                                    |                            |  |  |
|  | <b>11 c</b>  |  |                |                                    |                            |  |  |
|  | <b>11 d</b>  | All other revenue  |                |                                    |                            |  |  |
|  | <b>11 e</b>  | <b>Total.</b> Add lines 11a-11d  |                |                                    |                            |  |  |
| <b>12</b>  | <b>Total revenue.</b> See instructions   |  | 21,423,952.    | 0.                                 | 0.                         | 250,010.   |  |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  | 15,586,784.           | 15,586,784.                     |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22   |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  | 403,670.              | 158,640.                        | 73,256.                                | 171,774.                    |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages  | 2,561,016.            | 1,168,507.                      | 583,393.                               | 809,116.                    |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 115,522.              | 50,137.                         | 27,228.                                | 38,157.                     |
| <b>9</b> Other employee benefits   | 346,201.              | 147,427.                        | 78,887.                                | 119,887.                    |
| <b>10</b> Payroll taxes  | 221,763.              | 94,718.                         | 50,401.                                | 76,644.                     |
| <b>11</b> Fees for services (nonemployees):  |                       |                                 |  |                             |
| <b>a</b> Management  |                       |                                 |  |                             |
| <b>b</b> Legal   |                       |                                 |  |                             |
| <b>c</b> Accounting  | 26,400.               |                                 | 26,400.                                |                             |
| <b>d</b> Lobbying  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| <b>f</b> Investment management fees  | 19,473.               | 19,473.                         |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)   | 478,385.              | 330,000.                        | 67,153.                                | 81,232.                     |
| <b>12</b> Advertising and promotion  |                       |                                 |  |                             |
| <b>13</b> Office expenses  | 48,871.               | 21,284.                         | 9,942.                                 | 17,645.                     |
| <b>14</b> Information technology   |                       |                                 |  |                             |
| <b>15</b> Royalties  |                       |                                 |  |                             |
| <b>16</b> Occupancy  | 278,455.              | 125,750.                        | 59,005.                                | 93,700.                     |
| <b>17</b> Travel   | 24,623.               | 12,821.                         | 4,230.                                 | 7,572.                      |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings   | 84,096.               | 43,789.                         | 14,445.                                | 25,862.                     |
| <b>20</b> Interest   |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization  | 85,714.               | 38,708.                         | 18,163.                                | 28,843.                     |
| <b>23</b> Insurance  | 15,465.               | 4,011.                          | 8,721.                                 | 2,733.                      |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  |                       |                                 |  |                             |
| <b>a</b> <b>DIRECT PROGRAM COSTS</b>   | 344,882.              | 154,306.                        | 28,576.                                | 162,000.                    |
| <b>b</b> <b>DUES AND FAIR SHARE SUP</b>  | 218,940.              | 133,855.                        | 11,638.                                | 73,447.                     |
| <b>c</b> <b>EQUIPMENT COSTS</b>  | 212,506.              | 95,968.                         | 45,030.                                | 71,508.                     |
| <b>d</b> <b>BANK CHARGES</b>   | 27,146.               | 7,041.                          | 15,308.                                | 4,797.                      |
| <b>e</b> All other expenses  | 10,658.               | 2,764.                          | 6,011.                                 | 1,883.                      |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e  | 21,110,570.           | 18,195,983.                     | 1,127,787.                             | 1,786,800.                  |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.<br>Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|  |  | (A)<br>Beginning of year |             | (B)<br>End of year |
|--|--|--------------------------|-------------|--------------------|
| <b>Assets</b>  | <b>1</b> Cash - non-interest-bearing .....   |                          | <b>1</b>    |                    |
|  | <b>2</b> Savings and temporary cash investments .....  | 3,154,701.               | <b>2</b>    | 3,161,323.         |
|  | <b>3</b> Pledges and grants receivable, net .....  | 4,289,878.               | <b>3</b>    | 3,840,143.         |
|  | <b>4</b> Accounts receivable, net .....  | 71,186.                  | <b>4</b>    | 48,642.            |
|  | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                          | <b>5</b>    |                    |
|  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <b>6</b>    |                    |
|  | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>    |                    |
|  | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>    |                    |
|  | <b>9</b> Prepaid expenses and deferred charges .....   | 117,826.                 | <b>9</b>    | 281,981.           |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 693,030.      |             |                    |
|  | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 335,403.      |             |                    |
|  | <b>11</b> Investments - publicly traded securities .....   | 278,991.                 | <b>10c</b>  | 357,627.           |
|  | <b>12</b> Investments - other securities. See Part IV, line 11 .....   | 3,683,212.               | <b>11</b>   | 4,022,521.         |
|  | <b>13</b> Investments - program-related. See Part IV, line 11 .....  | 2,412,777.               | <b>12</b>   | 2,341,017.         |
|  | <b>14</b> Intangible assets .....  |                          | <b>13</b>   |                    |
|  | <b>15</b> Other assets. See Part IV, line 11 .....   | 82,532.                  | <b>14</b>   |                    |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 14,091,103.  | <b>15</b>                | 85,736.     |                    |
|  |  | <b>16</b>                | 14,138,990. |                    |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses .....  | 395,853.                 | <b>17</b>   | 321,534.           |
|  | <b>18</b> Grants payable .....   |                          | <b>18</b>   |                    |
|  | <b>19</b> Deferred revenue .....   |                          | <b>19</b>   |                    |
|  | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>   |                    |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  | 6,468.                   | <b>21</b>   | 13.                |
|  | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                          | <b>22</b>   |                    |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>   |                    |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>   | 594,392.           |
|  | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  | 2,722,978.               | <b>25</b>   | 1,951,359.         |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....  | 3,125,299.               | <b>26</b>   | 2,867,298.         |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |             |                    |
|  | <b>27</b> Net assets without donor restrictions .....  | -2,076,717.              | <b>27</b>   | -1,969,584.        |
|  | <b>28</b> Net assets with donor restrictions .....   | 13,042,521.              | <b>28</b>   | 13,241,276.        |
|  | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |             |                    |
|  | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | <b>29</b>   |                    |
|  | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>30</b>   |                    |
|  | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>31</b>   |                    |
|  | <b>32</b> Total net assets or fund balances .....  | 10,965,804.              | <b>32</b>   | 11,271,692.        |
| <b>33</b> Total liabilities and net assets/fund balances .....                   | 14,091,103.  | <b>33</b>                | 14,138,990. |                    |

**Part XI Reconciliation of Net Assets**

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

|    |  |    |             |
|----|--|----|-------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 21,423,952. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 21,110,570. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 313,382.    |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 10,965,804. |
| 5  | Net unrealized gains (losses) on investments   | 5  | 62,454.     |
| 6  | Donated services and use of facilities   | 6  |             |
| 7  | Investment expenses  | 7  |             |
| 8  | Prior period adjustments   | 8  |             |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)   | 9  | -69,948.    |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 11,271,692. |

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

|    | Yes | No |
|----|-----|----|
| 2a |     | X  |
| 2b | X   |    |
| 2c | X   |    |
| 3a |     | X  |
| 3b |     |    |

Form 990 (2019)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

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

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **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 |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2015    | (b) 2016    | (c) 2017    | (d) 2018    | (e) 2019    | (f) Total   |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 11,625,546. | 12,325,592. | 18,452,736. | 17,674,052. | 21,173,942. | 81,251,868. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |             |             |             |             |             |             |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |             |             |             |             |             |             |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 11,625,546. | 12,325,592. | 18,452,736. | 17,674,052. | 21,173,942. | 81,251,868. |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |             |             |             |             |             | 11,801,106. |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |             |             |             |             |             | 69,450,762. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2015    | (b) 2016    | (c) 2017    | (d) 2018    | (e) 2019    | (f) Total                |
|--|-------------|-------------|-------------|-------------|-------------|--------------------------|
| <b>7</b> Amounts from line 4 .....   | 11,625,546. | 12,325,592. | 18,452,736. | 17,674,052. | 21,173,942. | 81,251,868.              |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....   | 181,332.    | 226,483.    | 341,348.    | 200,483.    | 250,010.    | 1,199,656.               |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  |             |             |             |             |             |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....  | 117,162.    | 209,618.    |             |             |             | 326,780.                 |
| <b>11 Total support.</b> Add lines 7 through 10  |             |             |             |             |             | 82,778,304.              |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |             |             |             |             | 12          |                          |
| <b>13 First five years.</b> 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 <b>stop here</b> ..... |             |             |             |             |             | <input type="checkbox"/> |

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

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b> | 83.90 %                             |
| <b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....  | <b>15</b> | 85.90 %                             |
| <b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |           | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           | <input type="checkbox"/>            |

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

**14 First 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**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

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

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

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

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

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



**Part IV Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described in (a) above?   |     |    |
| <b>c</b> 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 |
|---|-----|----|
| <b>1</b> 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> |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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 |
|--|-----|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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 |
|---|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   |     |    |
| <b>3</b> 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**

|   |  |  |
|---|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).   |  |  |
| <b>2</b> Activities Test. Answer (a) and (b) below.   |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>b</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>  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.   |  |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  |  |  |
| <b>b</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.

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

| <b>Section B - Minimum Asset Amount</b> |   | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1                                       | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                       | Average monthly value of securities   | 1a             |                             |
| b                                       | Average monthly cash balances   | 1b             |                             |
| c                                       | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 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                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C - Distributable Amount</b> |   | (A) Prior Year | 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                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6              |              |
| 7                                       | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |                |              |

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

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

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

Schedule A (Form 990 or 990-EZ) 2019

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

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

**OTHER INCOME**

2015 AMOUNT: \$ 117,162.

2016 AMOUNT: \$ 209,618.

Multiple horizontal lines for providing additional information.

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2019**

**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](http://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<br><b>UNITED WAY OF THE GREATER LEHIGH VALLEY</b> | Employer identification number<br><b>23-2657933</b> |
|--|---|

**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) 2019**

**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.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)  |  | (a) Filing organization's totals                | (b) Affiliated group totals                              |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|--|--|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....  |  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....   |  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....   |  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b> Other exempt purpose expenditures .....   |  | 8,824.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....   |  | 8,824.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.  |  | 1,765.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <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.                                       |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....   |  | 441.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....   |  | 0.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....   |  | 0.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....   |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |                               |   |  |   |  |  |   |                   |              |  |  |

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

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>         |          |          |          |          |           |
|---|----------|----------|----------|----------|-----------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                                | 7,526.   | 7,276.   | 6,270.   | 1,765.   | 22,837.   |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          | 34,256.   |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               | 1,882.   | 2,272.   | 1,568.   | 441.     | 6,163.    |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          | 9,245.    |
| <b>f</b> 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 |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |        |
| <b>a</b> Volunteers? .....  |     |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..  |     |    |        |
| <b>c</b> Media advertisements? .....  |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public? .....   |     |    |        |
| <b>e</b> Publications, or published or broadcast statements? .....  |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes? .....   |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....  |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....  |     |    |        |
| <b>i</b> Other activities? .....  |     |    |        |
| <b>j</b> Total. Add lines 1c through 1i .....   |     |    |        |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....   |     |    |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....  |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....   |     |    |        |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....   |     |    |        |

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

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

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

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

**Part IV Supplemental Information**

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

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

**THE ORGANIZATION HAS NOT SUPPORTED ANY POLITICAL CANDIDATE.**



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

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

Form with sections 1a-1b and 2. 1a-1b: Reporting requirements for art collections. 2: Reporting requirements for art held for financial gain.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - 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                     | 1,868,100.       | 1,516,364.     | 1,712,262.         | 1,383,711.           | 1,378,964.          |
| b Contributions                                  | 165,269.         | 243,590.       | 127,018.           | 258,000.             | 5,242.              |
| c Net investment earnings, gains, and losses     | 9,452.           | 108,146.       | 89,868.            | 135,551.             | 7,847.              |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs | 403,088.         |                | 412,784.           | 65,000.              | 8,342.              |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 1,639,733.       | 1,868,100.     | 1,516,364.         | 1,712,262.           | 1,383,711.          |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  46.90 %
  - b Permanent endowment  53.10 %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | 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  |                                      | 693,030.                        | 335,403.                     | 357,627.       |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 357,627.       |

**Part VII Investments - Other Securities.**

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

| (a) Description of security or category (including name of security)      | (b) Book value    | (c) Method of valuation: Cost or end-of-year market value |
|---|-------------------|---|
| (1) Financial derivatives .....   |                   |   |
| (2) Closely held equity interests .....                                   |                   |   |
| (3) Other   |                   |   |
| (A) SPLIT INTEREST AGREEMENTS   | 151,004.          | COST  |
| (B) PERPETUAL TRUSTS  | 2,190,013.        | COST  |
| (C)   |                   |   |
| (D)   |                   |   |
| (E)   |                   |   |
| (F)   |                   |   |
| (G)   |                   |   |
| (H)   |                   |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | <b>2,341,017.</b> |   |

**Part VIII Investments - Program Related.**

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

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, 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)   |                |
| <b>Total.</b> (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  | 1,863,297.        |
| (3) LIABILITY TO DONORS UNDER   |                   |
| (4) SPLIT-INTEREST TRUSTS   | 88,062.           |
| (5)   |                   |
| (6)   |                   |
| (7)   |                   |
| (8)   |                   |
| (9)   |                   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | <b>1,951,359.</b> |

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

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

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

|   |   |    |             |             |
|---|---|----|-------------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements        |    | 1           | 13,193,274. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |             |             |
| a | Net unrealized gains (losses) on investments                                    | 2a | 62,454.     |             |
| b | Donated services and use of facilities  | 2b | 558,359.    |             |
| c | Recoveries of prior year grants   | 2c |             |             |
| d | Other (Describe in Part XIII.)  | 2d | -69,948.    |             |
| e | Add lines 2a through 2d   | 2e | 550,865.    |             |
| 3 | Subtract line 2e from line 1  | 3  | 12,642,409. |             |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |             |             |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a | 19,473.     |             |
| b | Other (Describe in Part XIII.)  | 4b | 8,762,070.  |             |
| c | Add lines 4a and 4b   | 4c | 8,781,543.  |             |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 21,423,952. |             |

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

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

|   |  |    |             |             |
|---|--|----|-------------|-------------|
| 1 | Total expenses and losses per audited financial statements                       |    | 1           | 12,887,386. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |             |             |
| a | Donated services and use of facilities   | 2a | 558,359.    |             |
| b | Prior year adjustments   | 2b |             |             |
| c | Other losses   | 2c |             |             |
| d | Other (Describe in Part XIII.)   | 2d |             |             |
| e | Add lines 2a through 2d  | 2e | 558,359.    |             |
| 3 | Subtract line 2e from line 1   | 3  | 12,329,027. |             |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |             |             |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a | 19,473.     |             |
| b | Other (Describe in Part XIII.)   | 4b | 8,762,070.  |             |
| c | Add lines 4a and 4b  | 4c | 8,781,543.  |             |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 21,110,570. |             |

**Part XIII Supplemental Information.**

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

**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 (LOSS) ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS | -71,510. |
| CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS                       | 1,562.   |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D                              | -69,948. |

PART XI, LINE 4B - OTHER ADJUSTMENTS:

|                                |            |
|--------------------------------|------------|
| DONOR DESIGNATED CONTRIBUTIONS | 8,762,070. |
|--------------------------------|------------|

PART XII, LINE 4B - OTHER ADJUSTMENTS:

|                                |            |
|--------------------------------|------------|
| DONOR DESIGNATED CONTRIBUTIONS | 8,762,070. |
|--------------------------------|------------|

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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

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

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

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

| <b>1 (a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--|---------------------------------|--|--|--|---|
| ACT KNOWLEDGE INC<br>365 FIFTH AVE 6TH FLOOR<br>NEW YORK, NY 10016                                   | 13-4142264     |  | 32,050.                         | 0.                                       |  |  | PROGRAM OPERATING COSTS                   |
| ADAMS OUTDOOR ADVERTISING<br>PO BOX 809140<br>CHICAGO, IL 60680-9140                                 | 41-1540241     |  | 11,000.                         | 0.                                       |  |  | PROGRAM OPERATING COSTS                   |
| ALLENTOWN ART MUSEUM<br>31 N 5TH ST<br>ALLENTOWN, PA 18101-1616                                      | 23-1548101     | 501C3                                  | 112,276.                        | 0.                                       |  |  | DONOR DESIGNATED FOR GENERAL SUPPORT      |
| ALLENTOWN DRIVE BASEBALL<br>840 HAMILTON ST STE 210<br>ALLENTOWN, PA 18101-2456                      | 27-1768416     | 501C3                                  | 10,000.                         | 0.                                       |  |  | DONOR DESIGNATED FOR GENERAL SUPPORT      |
| ALLENTOWN RESCUE MISSION, INC<br>355 W HAMILTON ST<br>ALLENTOWN, PA 18101-1819                       | 23-6005983     | 501C3                                  | 51,026.                         | 0.                                       |  |  | DONOR DESIGNATED FOR GENERAL SUPPORT      |
| ALLENTOWN SCHOOL DISTRICT,<br>SHERIDAN ELEMENTARY SCHOOL - 521 N<br>2ND STREET - ALLENTOWN, PA 18102 | 23-6003488     | 501C3                                  | 150,000.                        | 0.                                       |  |  | PROGRAM OPERATING COSTS                   |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **196.**
- 3** Enter total number of other organizations listed in the line 1 table ..... ▶ **12.**

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

Schedule I (Form 990) (2019)



**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 SCHOOL DISTRICT<br>FOUNDATION - 31 S PENN STREET -<br>ALLENTOWN, PA 18105                 | 27-0743152 | 501C3                         | 20,612.                  | 0.                                |   |  | DONOR DESIGNATED FOR<br>GENERAL SUPPORT                             |
| ALLENTOWN SYMPHONY ASSOCIATION<br>23 N 6TH ST<br>ALLENTOWN, PA 18101                                | 23-6272140 | 501C3                         | 69,994.                  | 0.                                |   |  | DONOR DESIGNATED FOR<br>GENERAL SUPPORT                             |
| ALLENTOWN YMCA<br>425 S 15TH ST<br>ALLENTOWN, PA 18102-4617   | 23-1365989 | 501C3                         | 14,500.                  | 0.                                |   |  | DONOR DESIGNATED FOR<br>GENERAL SUPPORT                             |
| ALVIN AILEY DANCE FOUNDATION INC<br>405 W 55TH ST<br>NEW YORK, NY 10019-4402                        | 13-2584273 | 501C3                         | 43,750.                  | 0.                                |   |  | DONOR DESIGNATED FOR<br>GENERAL SUPPORT                             |
| AMERICAN CANCER SOCIETY LEHIGH<br>VALLEY UNIT - 3893 ADLER PL STE<br>170 - BETHLEHEM, PA 18017-9000 | 13-1788491 | 501C3                         | 10,354.                  | 0.                                |   |  | DONOR DESIGNATED FOR<br>GENERAL SUPPORT                             |
| AMERICAN HEART ASSOCIATION (LEHIGH<br>VALLEY) - 968 POSTAL RD STE 110 -<br>ALLENTOWN, PA 18109-9301 | 13-5613797 | 501C3                         | 23,377.                  | 0.                                |   |  | DONOR DESIGNATED FOR<br>GENERAL SUPPORT                             |
| AMERICAN RED CROSS OF THE GREATER<br>LEHIGH VALLEY - 3939 BROADWAY -<br>ALLENTOWN, PA 18104         | 23-1381431 | 501C3                         | 134,460.                 | 0.                                |   |  | DONOR DESIGNATED FOR<br>GENERAL SUPPORT; PROGRAM<br>OPERATING COSTS |
| ARC OF LEHIGH & NORTHAMPTON<br>COUNTIES - 2289 AVENUE A -<br>BETHLEHEM, PA 18017-2107               | 23-1679102 | 501C3                         | 10,762.                  | 0.                                |   |  | DONOR DESIGNATED FOR<br>GENERAL SUPPORT                             |
| ARTSQUEST<br>25 W 3RD ST STE 300<br>BETHLEHEM, PA 18015-1238  | 23-2280560 | 501C3                         | 115,883.                 | 0.                                |   |  | DONOR DESIGNATED FOR<br>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                                  |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| ASR MEDIA, LLC<br>410 MAIN STREET<br>HELLERTOWN, PA 18055   | 46-2057209 |                               | 10,000.                  | 0.                                |   |  | PROGRAM OPERATING COSTS   |
| ASSOCIATION OF GRADUATES OF THE US<br>MILITARY ACADEMY - 698 HERBERT<br>HALL - WEST POINT, NY 10996 | 14-1260763 | 501C3                         | 8,750.                   | 0.                                |   |  | DONOR DESIGNATED FOR<br>GENERAL SUPPORT                             |
| BACH CHOIR OF BETHLEHEM<br>423 HECKEWELDER PLACE<br>BETHLEHEM, PA 18018                             | 24-0795385 | 501C3                         | 26,507.                  | 0.                                |   |  | DONOR DESIGNATED FOR<br>GENERAL SUPPORT                             |
| BAUM SCHOOL OF ART<br>PO BOX 653, 510 LINDEN STREET<br>ALLENTOWN, PA 18105-0653                     | 23-1607174 | 501C3                         | 50,395.                  | 0.                                |   |  | DONOR DESIGNATED FOR<br>GENERAL SUPPORT                             |
| BETHLEHEM AREA SCHOOL DISTRICT<br>1516 SYCAMORE ST<br>BETHLEHEM, PA 18017                           | 46-7306294 | 501C3                         | 100,000.                 | 0.                                |   |  | PROGRAM OPERATING COSTS   |
| BETHLEHEM BUSINESS FORMS, LLC<br>PO BOX 4250<br>BETHLEHEM, PA 18018                                 | 32-0150171 |                               | 17,600.                  | 0.                                |   |  | PROGRAM OPERATING COSTS   |
| BIG BROTHERS BIG SISTERS OF THE<br>LEHIGH VALLEY - 41 S CARLISLE ST -<br>ALLENTOWN, PA 18109-2558   | 23-1746895 | 501C3                         | 48,362.                  | 0.                                |   |  | DONOR DESIGNATED FOR<br>GENERAL SUPPORT; PROGRAM<br>OPERATING COSTS |
| BLACK HERITAGE ASSOCIATION<br>1132 HAMILTON STREET, SUITE 203<br>ALLENTOWN, PA 18101                | 23-2997404 | 501C3                         | 5,000.                   | 0.                                |   |  | PROGRAM OPERATING COSTS   |
| BOOMER ESIASON FOUNDATION<br>200 B ARMSTRONG ROAD<br>GARDEN CITY PARK, NY 11040                     | 11-3142753 | 501C3                         | 5,224.                   | 0.                                |   |  | DONOR DESIGNATED FOR<br>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.)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| BOY SCOUTS OF AMERICA - MINSI TRAILS COUNCIL - 991 POSTAL RD - ALLENTOWN, PA 18109    | 23-1708585 | 501C3                         | 109,489.                 | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |
| BOYS & GIRLS CLUB OF ALLENTOWN 720 N 6TH ST ALLENTOWN, PA 18102                       | 23-1352042 | 501C3                         | 234,622.                 | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |
| BOYS & GIRLS CLUB OF BETHLEHEM 1430 FRITZ DR BETHLEHEM, PA 18017                      | 23-6298476 | 501C3                         | 31,099.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |
| BOYS & GIRLS CLUB OF EASTON, INC 210 JONES HOUSTON WAY EASTON, PA 18042               | 23-1941228 | 501C3                         | 92,604.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |
| BRADBURY-SULLIVAN LGBT COMMUNITY CENTER - 522 W. MAPLE STREET - ALLENTOWN, PA 18101   | 20-1443960 | 501C3                         | 39,861.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |
| BRIGHT HOPE PREGNANCY SUPPORT CENTERS - 1034 W HAMILTON ST - ALLENTOWN, PA 18101-1036 | 23-7337229 | 501C3                         | 8,430.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| BUILDING 21 265 LEHIGH ST ALEXANDRIA, PA 18102  | 47-2514219 | 501C3                         | 34,089.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| BURN PREVENTION FOUNDATION 236 N 17TH ST 2ND FL ALLENTOWN, PA 18104-5605              | 22-2839595 | 501C3                         | 9,271.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| CAMELOT FOR CHILDREN 2354 W EMMAUS AVE ALLENTOWN, PA 18103                            | 23-2565740 | 501C3                         | 12,316.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |

Schedule I (Form 990)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CANCER SUPPORT COMMUNITY OF THE GREATER LEHIGH VALLEY - 944 MARCON BLVD SUITE 110 - ALLENTOWN, PA 18109 | 73-1657537 | 501C3                         | 24,660.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| CARBON-SCHUYLKILL COMMUNITY HOSPITAL, INC. - 400 S 9TH ST - LEHIGHTON, PA 18235                         | 23-1352213 | 501C3                         | 6,160.                   | 0.                                |   |  | PROGRAM OPERATING COSTS                                       |
| CASA GUADALUPE CENTER<br>218 N 2ND ST<br>ALLENTOWN, PA 18102-3508                                       | 23-1988203 | 501C3                         | 39,119.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |
| CATHEDRAL OF ST. CATHERINE OF SIENA - 1825 WEST TURNER ST - ALLENTOWN, PA 18104                         | 23-1598116 | 501C3                         | 7,875.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| CATHOLIC CHARITIES DIOCESE OF ALLENTOWN - 900 S WOODWARD ST - ALLENTOWN, PA 18103-4179                  | 23-1598117 | 501C3                         | 193,234.                 | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |
| CATHOLIC FOUNDATION OF EASTERN PA<br>PO BOX 1430<br>ALLENTOWN, PA 18105                                 | 46-4060385 | 501C3                         | 87,500.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| CAY GALGON LIFE HOUSE<br>714 W BROAD ST<br>BETHLEHEM, PA 18018  | 83-3008929 | 501C3                         | 26,290.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| CEDAR CREST COLLEGE<br>100 COLLEGE DR<br>ALLENTOWN, PA 18104  | 23-1365953 | 501C3                         | 15,025.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| CENTER FOR HUMANISTIC CHANGE<br>555 UNION BLVD SUITE 7<br>ALLENTOWN, PA 18109                           | 23-2107264 | 501C3                         | 97,980.                  | 0.                                |   |  | PROGRAM OPERATING COSTS                                       |

Schedule I (Form 990)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CENTER FOR VISION LOSS<br>845 WYOMING ST<br>ALLENTOWN, PA 18103                            | 23-1352260 | 501C3                         | 48,925.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |
| CHILDREN'S HOME OF EASTON<br>2000 S 25TH ST<br>EASTON, PA 18042                            | 24-0806100 | 501C3                         | 63,222.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |
| CHRIST EVANGELICAL LUTHERAN CHURCH<br>1245 HAMILTON ST<br>ALLENTOWN, PA 18102              | 23-1401550 | 501C3                         | 30,000.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |
| CHRIST LUTHERAN CHURCH OF HELLERTOWN - 69 MAIN STREET - HELLERTOWN, PA 18055               | 24-0830791 | 501C3                         | 5,250.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| CITRO DIGITAL<br>330 S. WARMINSTER RD SUITE 341<br>HATBORO, PA 19040                       | 82-3835410 |                               | 6,300.                   | 0.                                |   |  | PROGRAM OPERATING COSTS                                       |
| CIVIC THEATRE OF ALLENTOWN PA<br>527 N 19TH ST<br>ALLENTOWN, PA 18104                      | 23-2152581 | 501C3                         | 60,538.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| COCO FOUNDATION<br>PO BOX 375<br>BETHLEHEM, PA 18016-0375                                  | 27-3267960 | 501C3                         | 5,013.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| COHESION NETWORK INCE<br>125 N 3RD ST<br>ALLENTOWN, PA 18101                               | 27-5034772 | 501C3                         | 7,000.                   | 0.                                |   |  | PROGRAM OPERATING COSTS                                       |
| COMMUNITIES IN SCHOOLS OF THE LEHIGH VALLEY, INC - 739 N 12TH STREET - ALLENTOWN, PA 18102 | 23-2222874 | 501C3                         | 1,069,114.               | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |

Schedule I (Form 990)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| COMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEY - 1337 E 5TH ST - BETHLEHEM, PA 18015-2103           | 23-1669589 | 501C3                         | 433,191.                 | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |
| COMMUNITY BIKE WORKS<br>235 N MADISON ST<br>ALLENTOWN, PA 18102                                      | 23-2867945 | 501C3                         | 136,094.                 | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |
| COMMUNITY SERVICES FOR CHILDREN, INC - 1520 HANOVER AVE - ALLENTOWN, PA 18109-2360                   | 23-2204725 | 501C3                         | 64,600.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |
| CONGREGATION KENESETH ISRAEL<br>2227 W CHEW ST<br>ALLENTOWN, PA 18104                                | 23-1489807 | 501C3                         | 12,750.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| CONNECTIONS FOR WOMEN<br>32 BROADWAY<br>BANGOR, PA 18013   | 26-1984125 | 501C3                         | 5,000.                   | 0.                                |   |  | PROGRAM OPERATING COSTS                                       |
| CRIME VICTIMS COUNCIL OF LEHIGH VALLEY - 801 W HAMILTON ST STE 300 - ALLENTOWN, PA 18101             | 23-1997899 | 501C3                         | 56,170.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |
| DA VINCI SCIENCE CENTER<br>3145 HAMILTON BLVD BYPASS<br>ALLENTOWN, PA 18103                          | 23-2824084 | 501C3                         | 332,202.                 | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |
| DELAWARE AND LEHIGH NATIONAL HERITAGE CORRIDOR INC - 2750 HUGH MOORE PARK RD - EASTON, PA 18042-7120 | 23-2977618 | 501C3                         | 7,584.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| DELAWARE MUSEUM OF NATURAL HISTORY<br>4840 KENNETT PIKE<br>WILMINGTON, DE 19807                      | 51-0083535 | 501C3                         | 50,000.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |

Schedule I (Form 990)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| DESALES UNIVERSITY<br>2755 STATION AVE<br>CENTER VALLEY, PA 18034                                  | 23-1653718 | 501C3                         | 201,250.                 | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| DIAKON LUTHERAN SOCIAL MINISTRIES<br>798 HAUSMAN RD STE 300<br>ALLENTOWN, PA 18104                 | 23-3014613 | 501C3                         | 26,334.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |
| DIOCESE OF ALLENTOWN<br>TEMPORAR AFFAIRS OFFICE, PO BOX F<br>ALLENTOWN, PA 18105-1538              | 23-1598116 | 501C3                         | 323,037.                 | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| DOMESTIC VIOLENCE SERVICE CENTER<br>(WILKES BARRES) - PO BOX 2177 -<br>WILKES-BARRE, PA 18703-2177 | 23-2070668 | 501C3                         | 11,160.                  | 0.                                |   |  | PROGRAM OPERATING COSTS                                       |
| DOWN FOR DANCE<br>6 BARLOVENTO CT<br>NEWPORT BEACH, CA 92663                                       | 82-2389441 | 501C3                         | 9,261.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| DREAM COME TRUE<br>PO BOX 21167<br>LEHIGH VALLEY, PA 18002-1167                                    | 22-2550269 | 501C3                         | 11,951.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| DUQUESNE UNIVERSITY OF THE HOLY<br>SPIRIT - 600 FORBES AVE -<br>PITTSBURGH, PA 15219-3016          | 25-1035663 | 501C3                         | 12,250.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| EAST STROUDSBURG UNIVERSITY<br>FOUNDATION - 200 PROSPECT STREET -<br>EAST STROUDSBURG, PA 18301    | 22-2826714 | 501C3                         | 9,969.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| EASTER SEALS OF EASTERN<br>PENNSYLVANIA - 1501 LEHIGH ST STE<br>201 - ALLENTOWN, PA 18103          | 23-2823542 | 501C3                         | 26,481.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |

Schedule I (Form 990)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| EASTON AREA COMMUNITY CENTER<br>901 WASHINGTON ST<br>EASTON, PA 18042-4389                  | 23-2147613 | 501C3                         | 12,631.                  | 0.                                |   |  | DONOR DESIGNATED FOR<br>GENERAL SUPPORT                             |
| EASTON AREA NEIGHBORHOOD CENTER,<br>INC. - 902 PHILADELPHIA ROAD -<br>EASTON, PA 18042-6599 | 23-2039194 | 501C3                         | 15,000.                  | 0.                                |   |  | PROGRAM OPERATING COSTS   |
| EASTON AREA SCHOOL DISTRICT<br>1801 BUSHKILL DRIVE<br>EASTON, PA 18040                      | 27-4701323 | 501C3                         | 75,000.                  | 0.                                |   |  | PROGRAM OPERATING COSTS   |
| ENGINEERS WITHOUT BORDERS USA,<br>INC. - 1031 33RD ST SUITE 210 -<br>DENVER, CO 80205-2767  | 84-1589324 | 501C3                         | 5,862.                   | 0.                                |   |  | DONOR DESIGNATED FOR<br>GENERAL SUPPORT                             |
| EQUI-LIBRIUM, INC<br>524 FEHR RD<br>NAZARETH, PA 18064-9153                                 | 23-3088228 | 501C3                         | 16,836.                  | 0.                                |   |  | DONOR DESIGNATED FOR<br>GENERAL SUPPORT                             |
| FAMILY CONNECTION OF EASTON INC<br>723 COAL ST<br>EASTON, PA 18042                          | 20-4934762 | 501C3                         | 146,744.                 | 0.                                |   |  | DONOR DESIGNATED FOR<br>GENERAL SUPPORT; PROGRAM<br>OPERATING COSTS |
| FAMILY PROMISE OF CARBON COUNTY<br>167 S 3RD STREET<br>LEHIGHTON, PA 18235                  | 27-0763520 | 501C3                         | 12,700.                  | 0.                                |   |  | PROGRAM OPERATING COSTS   |
| FRANKLIN COVEY CLIENT SALES INC<br>PO BOX 25127<br>SALT LAKE CITY, UT 84125-0127            | 87-0561601 |                               | 319,486.                 | 0.                                |   |  | PROGRAM OPERATING COSTS   |
| FRIENDS OF THE BETHLEHEM MOUNTED<br>POLICE - 615 E LANGHORNE AVE -<br>BETHLEHEM, PA 18017   | 45-1546262 | 501C3                         | 15,000.                  | 0.                                |   |  | DONOR DESIGNATED FOR<br>GENERAL SUPPORT                             |

Schedule I (Form 990)



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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| FUND TO BENEFIT CHILDREN & YOUTH<br>903 E ELM ST<br>ALLENTOWN, PA 18109-2629           | 23-2643243 | 501C3                         | 35,878.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |
| GETTYSBURG COLLEGE<br>300 N WASHINGTON ST<br>GETTYSBURG, PA 17325-1400                 | 23-1352641 | 501C3                         | 5,825.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| GIRL SCOUTS OF EASTERN PENNSYLVANIA - 330 MANOR ROAD - MIQUON, PA 19444-1741           | 23-1599656 | 501C3                         | 65,850.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |
| GODFREY DANIELS<br>7 EAST 4TH STREET<br>BETHLEHEM, PA 18015-1601                       | 23-1986385 | 501C3                         | 5,000.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| GOOD SHEPHERD REHABILITATION HOSPITAL - 850 S 5TH ST - ALLENTOWN, PA 18103-3308        | 23-2216041 | 501C3                         | 91,477.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| GREATER EASTON DEVELOPMENT PARTNERSHIP - 325 NORTHAMPTON ST - EASTON, PA 18042         | 23-2660344 | 501C3                         | 15,000.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |
| GREATER VALLEY YMCA<br>1524 W LINDEN ST STE 209<br>ALLENTOWN, PA 18102                 | 24-0798706 | 501C3                         | 108,959.                 | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |
| HABITAT FOR HUMANITY OF THE LEHIGH VALLEY - 245 N GRAHAM ST - ALLENTOWN, PA 18109-2191 | 23-2544326 | 501C3                         | 38,035.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| HILLSIDE SCHOOL<br>2697 BROOKSIDE RD<br>MACUNGIE, PA 18062-9045                        | 23-2263178 | 501C3                         | 21,422.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| HISPANIC CENTER LEHIGH VALLEY<br>520 E 4TH ST<br>BETHLEHEM, PA 18015                                | 23-1882308 | 501C3                         | 85,222.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |
| HISTORIC BETHLEHEM PARTNERSHIP,<br>INC - 74 W BROAD ST STE 310 -<br>BETHLEHEM, PA 18018             | 23-2741808 | 501C3                         | 41,103.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| HOLY FAMILY MANOR<br>1200 SPRING ST<br>BETHLEHEM, PA 18018-4940                                     | 23-2523605 | 501C3                         | 5,929.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| HOLY FAMILY SCHOOL - NAZARETH<br>17 N CONVENT AVE<br>NAZARETH, PA 18064                             | 24-0818343 | 501C3                         | 7,498.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| HOPE COMMUNITY CHURCH<br>7974 CLAUSVILLE ROAD<br>FOGELSVILLE, PA 18051                              | 80-0797738 | 501C3                         | 6,136.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| HOUSING ASSOCIATION AND<br>DEVELOPMENT CORPORATION - 513 CHEW<br>ST SUITE 515 - ALLENTOWN, PA 18102 | 23-2118810 | 501C3                         | 5,000.                   | 0.                                |   |  | PROGRAM OPERATING COSTS                                       |
| HUMANE SOCIETY OF HARRISBURG AREA<br>INC. - 7790 GRAYSON RD -<br>HARRISBURG, PA 17111-5415          | 23-1365361 | 501C3                         | 6,130.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| JEWISH COMMUNITY CENTER OF<br>ALLENTOWN - 702 N 22ND ST -<br>ALLENTOWN, PA 18104                    | 23-0734200 | 501C3                         | 10,983.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |
| JEWISH FAMILY SERVICE OF THE<br>LEHIGH VALLEY - 2004 W ALLEN ST -<br>ALLENTOWN, PA 18104-5053       | 23-2301360 | 501C3                         | 35,980.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| JEWISH FEDERATION OF THE LEHIGH VALLEY - 702 N 22ND ST - ALLENTOWN, PA 18104                          | 23-6396349 | 501C3                         | 36,744.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| KELLYN FOUNDATION<br>336 BUSHKILL STREET, PO BOX 369<br>TATAMY, PA 18085                              | 26-2623498 | 501C3                         | 60,000.                  | 0.                                |   |  | PROGRAM OPERATING COSTS                                       |
| KIDSPEACE<br>1650 BROADWAY<br>BETHLEHEM, PA 18015-3998  | 23-1353394 | 501C3                         | 11,570.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |
| KOLBE ACADEMY INC<br>395 BRIDLE PATH ROAD<br>BETHLEHEM, PA 18017                                      | 83-1367068 | 501C3                         | 83,334.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| KUTZTOWN UNIVERSITY FOUNDATION<br>PO BOX 151<br>KUTZTOWN, PA 19530                                    | 23-2256893 | 501C3                         | 53,246.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| LAFAYETTE COLLEGE<br>730 HIGH ST<br>EASTON, PA 18042-7623   | 24-0795686 | 501C3                         | 121,806.                 | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| LEHIGH CARBON COMMUNITY COLLEGE FOUNDATION - 4525 EDUCATION PARK DRIVE - SCHNECKSVILLE, PA 18078-2502 | 23-7454575 | 501C3                         | 10,000.                  | 0.                                |   |  | PROGRAM OPERATING COSTS                                       |
| LEHIGH CONFERENCE OF CHURCHES<br>457 W ALLEN STREET<br>ALLENTOWN, PA 18102-3338                       | 23-1484205 | 501C3                         | 32,111.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |
| LEHIGH UNIVERSITY<br>27 W MEMORIAL DR<br>BETHLEHEM, PA 18015  | 24-0795445 | 501C3                         | 280,529.                 | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| LEHIGH VALLEY ACTIVE LIFE<br>1633 W ELM STREET<br>ALLENTOWN, PA 18102                            | 23-1627030 | 501C3                         | 20,000.                  | 0.                                |   |  | PROGRAM OPERATING COSTS   |
| LEHIGH VALLEY ASSOCIATION OF<br>INDEPENDENT COLLEGES - 1309 MAIN<br>STREET - BETHLEHEM, PA 18018 | 31-0901001 | 501C3                         | 17,027.                  | 0.                                |   |  | PROGRAM OPERATING COSTS   |
| LEHIGH VALLEY CENTER FOR<br>INDEPENDENT LIVING - 435 ALLENTOWN<br>DR - ALLENTOWN, PA 18109-9121  | 23-2610549 | 501C3                         | 7,500.                   | 0.                                |   |  | PROGRAM OPERATING COSTS   |
| LEHIGH VALLEY CHILDREN'S CENTERS<br>INC. - 1501 LEHIGH ST STE 208 -<br>ALLENTOWN, PA 18103-3880  | 23-1908158 | 501C3                         | 192,285.                 | 0.                                |   |  | DONOR DESIGNATED FOR<br>GENERAL SUPPORT; PROGRAM<br>OPERATING COSTS |
| LEHIGH VALLEY COMMUNITY FOUNDATION<br>840 HAMILTON ST STE 310<br>ALLENTOWN, PA 18101-2456        | 23-1686634 | 501C3                         | 102,396.                 | 0.                                |   |  | DONOR DESIGNATED FOR<br>GENERAL SUPPORT                             |
| LEHIGH VALLEY HEALTH NETWORK<br>PO BOX 4000<br>ALLENTOWN, PA 18103                               | 22-2458317 | 501C3                         | 1,135,945.               | 0.                                |   |  | DONOR DESIGNATED FOR<br>GENERAL SUPPORT                             |
| LEHIGH VALLEY LABOR COUNCIL<br>PO BOX 20226<br>LEHIGH VALLEY, PA 18002                           | 24-0833078 |                               | 6,000.                   | 0.                                |   |  | PROGRAM OPERATING COSTS   |
| LEHIGH VALLEY PBS/WLVT<br>839 SESAME ST.<br>BETHLEHEM, PA 18015                                  | 23-1642883 | 501C3                         | 50,313.                  | 0.                                |   |  | DONOR DESIGNATED FOR<br>GENERAL SUPPORT; PROGRAM<br>OPERATING COSTS |
| LEHIGH VALLEY ZOO<br>5150 GAMES PRESERVE RD<br>SCHNECKSVILLE, PA 18078-3305                      | 05-0606070 | 501C3                         | 7,258.                   | 0.                                |   |  | DONOR DESIGNATED FOR<br>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.)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| LEUKEMIA LYMPHOMA SOCIETY EASTERN<br>PA CHAPTER - 100 N. 20TH ST SUITE<br>405 - PHILADELPHIA, PA 19103 | 23-1636818 | 501C3                         | 5,850.                   | 0.                                |   |  | DONOR DESIGNATED FOR<br>GENERAL SUPPORT                             |
| LIBERTY BELL SHRINE OF ALLENTOWN<br>622 W HAMILTON ST<br>ALLENTOWN, PA 18101                           | 23-6289914 | 501C3                         | 6,000.                   | 0.                                |   |  | DONOR DESIGNATED FOR<br>GENERAL SUPPORT                             |
| LIFECHURCH<br>PO BOX 1996<br>ALLENTOWN, PA 18105   | 22-3110904 | 501C3                         | 15,000.                  | 0.                                |   |  | DONOR DESIGNATED FOR<br>GENERAL SUPPORT                             |
| LIFEPATH FOUNDATION<br>3500 HIGH POINT BLVD<br>BETHLEHEM, PA 18107                                     | 23-7402943 | 501C3                         | 17,915.                  | 0.                                |   |  | DONOR DESIGNATED FOR<br>GENERAL SUPPORT                             |
| LIVING THE DREAM FOUNDATION, INC.<br>2987 CORPORATE CT SUITE 300<br>OREFIELD, PA 18069-3161            | 26-3373616 | 501C3                         | 8,750.                   | 0.                                |   |  | DONOR DESIGNATED FOR<br>GENERAL SUPPORT                             |
| MARCH OF DIMES BIRTH DEFECTS<br>FOUNDATION - PO BOX 18819 -<br>ATLANTA, GA 31126                       | 13-1846366 | 501C3                         | 7,074.                   | 0.                                |   |  | DONOR DESIGNATED FOR<br>GENERAL SUPPORT                             |
| MARIA VERAS FAMILY DAYCARE, INC.<br>27 N 12TH ST<br>ALLENTOWN, PA 18101-1029                           | 09-8709098 |                               | 45,420.                  | 0.                                |   |  | PROGRAM OPERATING COSTS   |
| MAYO CLINIC<br>4500 SAN PABLO ROAD S<br>JACKSONVILLE, FL 32224-1865                                    | 59-0714831 | 501C3                         | 5,250.                   | 0.                                |   |  | DONOR DESIGNATED FOR<br>GENERAL SUPPORT                             |
| MEALS ON WHEELS OF THE GREATER<br>LEHIGH VALLEY - 4240 FRITCH DR -<br>BETHLEHEM, PA 18017-8940         | 23-1861779 | 501C3                         | 210,794.                 | 0.                                |   |  | DONOR DESIGNATED FOR<br>GENERAL SUPPORT; PROGRAM<br>OPERATING COSTS |

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| MERCY SPECIAL LEARNING CENTER<br>830 S WOODWARD ST<br>ALLENTOWN, PA 18103-3440         | 90-0988217 | 501C3                         | 154,750.                 | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| MIRACLE LEAGUE OF THE LEHIGH VALLEY - 4460 PARK VIEW DR - SCHNECKSVILLE, PA 18078-2579 | 74-3167008 | 501C3                         | 10,111.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| MORAVIAN ACADEMY<br>7 E MARKET ST FLOOR 2<br>BETHLEHEM, PA 18018-5963                  | 24-0829838 | 501C3                         | 12,569.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| MORAVIAN COLLEGE<br>1200 MAIN ST<br>BETHLEHEM, PA 18018                                | 24-0795460 | 501C3                         | 110,223.                 | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |
| MOSSER VILLAGE FAMILY CENTER<br>614 S CARLISLE ST<br>ALLENTOWN, PA 18109-2803          | 23-3029327 | 501C3                         | 5,263.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| MUHLENBERG COLLEGE<br>2400 W, CHEW ST<br>ALLENTOWN, PA 18104-5564                      | 23-1352664 | 501C3                         | 20,828.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| NAMI LEHIGH VALLEY<br>802 W BROAD ST<br>BETHLEHEM, PA 18018-5225                       | 91-1846073 | 501C3                         | 15,000.                  | 0.                                |   |  | PROGRAM OPERATING COSTS                                       |
| NATIONAL ACADEMY OF ENGINEERING FUND - 500 FIFTH STREET - WASHINGTON, DC 20001         | 23-7284092 | 501C3                         | 5,250.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| NATIONAL MUSEUM OF INDUSTRIAL HISTORY - 754 ROBLE RD SUITE 70 - ALLENTOWN, PA 18109    | 23-2912750 | 501C3                         | 22,137.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| NEIGHBORHOOD HEALTH CENTERS OF THE LEHIGH VALLEY - 218 N. 2ND ST - ALLENTOWN, PA 18102            | 20-1894438 | 501C3                         | 10,000.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| NEW BETHANY MINISTRIES<br>337 WYANDOTTE ST<br>BETHLEHEM, PA 18015                                 | 23-2365694 | 501C3                         | 106,129.                 | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |
| NORTH PENN LEGAL SERVICES<br>101 WEST BROAD STREET, SUITE 513<br>HAZELTON, PA 18201               | 23-1659111 | 501C3                         | 30,000.                  | 0.                                |   |  | PROGRAM OPERATING COSTS                                       |
| NORTHAMPTON AREA FOOD BANK<br>1601 CANAL ST<br>NORTHAMPTON, PA 18067-1675                         | 23-3007282 | 501C3                         | 8,428.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| NORTHAMPTON COUNTY COMMUNITY COLLEGE FOUNDATION - 3835 GREEN POND RD - BETHLEHEM, PA 18020-7568   | 23-2064496 | 501C3                         | 257,848.                 | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |
| NORTHAMPTON COUNTY HISTORICAL & GENEALOGICAL SOCIETY - 342 NORTHAMPTON ST - EASTON, PA 18042-3514 | 24-6021192 | 501C3                         | 5,000.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| NORTHEAST COMMUNITY CENTER<br>PO BOX 1463<br>BETHLEHEM, PA 18016-1463                             | 23-2339841 | 501C3                         | 34,233.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |
| NORTHERN VALLEY EMS<br>2375 LEVANS RD<br>COPLAY, PA 18037-2202                                    | 23-2941451 | 501C3                         | 6,152.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| NORTHWESTERN LEHIGH EDUCATIONAL FOUNDATION INC - 6493 ROUTE 309 - NEW TRIPOLI, PA 18066-2038      | 59-3793641 | 501C3                         | 5,461.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| PALS PROGRAMS<br>4965 GRUNDY WAY<br>DOYLESTOWN, PA 18902   | 35-2334489 | 501C3                         | 11,000.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| PARKLAND SCHOOL DISTRICT EDUCATION FOUNDATION - 1210 SPRINGHOUSE ROAD - ALLENTOWN, PA 18104-2119   | 42-2645543 | 501C3                         | 8,128.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| PENNSYLVANIA PARTNERSHIPS FOR CHILDREN - 116 PINE ST SUITE 430 - HARRISBURG, PA 17101-1250         | 23-2613869 | 501C3                         | 5,250.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| PENNSYLVANIA STATE UNIVERSITY PHILANTHROPIC FUND - 408 OLD MAIN - UNIVERSITY PARK, PA 16802        | 27-4628784 | 501C3                         | 190,199.                 | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| PINEBROOK FAMILY ANSWERS<br>402 N FULTON ST<br>ALLENTOWN, PA 18102                                 | 23-2112204 | 501C3                         | 678,333.                 | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |
| PLANNED PARENTHOOD KEYSTONE<br>PO BOX 813<br>TREXLERTOWN, PA 18087-0813                            | 23-2450112 | 501C3                         | 14,915.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| PLUMLOGIX<br>7035 SCHANTZ ROAD SUITE 150<br>ALLENTOWN, PA 18106                                    | 81-4359004 |                               | 19,200.                  | 0.                                |   |  | PROGRAM OPERATING COSTS                                       |
| PROJECT OF EASTON, INC<br>320 FERRY ST<br>EASTON, PA 18042-4541                                    | 23-2112204 | 501C3                         | 124,820.                 | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |
| PROMISE NEIGHBORHOODS OF THE LEHIGH VALLEY - 1101 HAMILTON STREET, SUITE 102 - ALLENTOWN, PA 18102 | 46-4977927 | 501C3                         | 94,921.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| PUSH THE ROCK<br>PO BOX 95<br>EMMAUS, PA 18049-0095                                   | 23-2990640 | 501C3                         | 16,683.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| RED DOOR EARLY LEARNING INC<br>4777 SAUCON CREEK RD<br>CENTER VALLEY, PA 18034        | 81-4799500 | 501C3                         | 11,719.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| RESURRECTED COMMUNITY DEVELOPMENT CORP, INC - 144 N. 9TH STREET - ALLENTOWN, PA 18102 | 45-1018523 | 501C3                         | 7,500.                   | 0.                                |   |  | PROGRAM OPERATING COSTS                                       |
| RIPPLE COMMUNITY INC<br>1335 W LINDEN ST<br>ALEXANDRIA, PA 18102                      | 47-4828012 | 501C3                         | 17,000.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| SAFE HARBOR EMERGENCY SHELTER<br>536 BUSHKILL DRIVE<br>EASTON, PA 18042               | 23-2589941 | 501C3                         | 34,539.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |
| SCHUYLKILL UNITED WAY<br>9 N CENTRE ST STE 301<br>POTTSVILLE, PA 17901-2925           | 23-1999071 | 501C3                         | 9,728.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| SELF LV<br>1243 S JEFFERSON ST<br>ALLENTOWN, PA 18103                                 | 36-4916578 | 501C3                         | 5,000.                   | 0.                                |   |  | PROGRAM OPERATING COSTS                                       |
| SHANTHI PROJECT<br>PO BOX 3617<br>EASTON, PA 18045                                    | 27-3592356 | 501C3                         | 20,000.                  | 0.                                |   |  | PROGRAM OPERATING COSTS                                       |
| SHARE CARE FAITH IN ACTION<br>321 WYANDOTTE ST<br>BETHLEHEM, PA 18015-1527            | 23-2635994 | 501C3                         | 25,000.                  | 0.                                |   |  | PROGRAM OPERATING COSTS                                       |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| SHEPHERD HOUSE INC<br>1067 MAIN ROAD<br>LEHIGHTON, PA 18235-9066                               | 23-2305493 | 501C3                         | 5,000.                   | 0.                                |   |  | PROGRAM OPERATING COSTS                                       |
| SKILLSUSA COUNCIL<br>555 UNION BLVD<br>ALLENTOWN, PA 18109                                     | 23-2695915 | 501C3                         | 6,176.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| SLATER FAMILY NETWORK<br>187 FIVE POINTS RICHMOND RD<br>BANGOR, PA 18013                       | 16-1672864 | 501C3                         | 44,000.                  | 0.                                |   |  | PROGRAM OPERATING COSTS                                       |
| SPARK NONPROFIT CONSULTING<br>1195 DAGER ROAD<br>WARMINSTER, PA 18974                          | 27-0931840 |                               | 13,725.                  | 0.                                |   |  | PROGRAM OPERATING COSTS                                       |
| ST. BALDRICKS FOUNDATION<br>1333 S MAYFLOWER AVE STE 400<br>MONROVIA, CA 91016-5268            | 20-1173824 | 501C3                         | 8,500.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| ST. HUBERT CATHOLIC HIGH SCHOOL<br>FOR GIRLS - 7320 TORRESDALE AVE -<br>PHILADELPHIA, PA 19136 | 23-1355131 | 501C3                         | 8,750.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| ST JUDE CHILDRENS RESEARCH<br>HOSPITAL - 501 ST. JUDE PLACE -<br>MEMPHIS, TN 38105-2729        | 62-0646012 | 501C3                         | 15,441.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| ST. LUKE'S HOSPICE (VNA)<br>240 UNION STATION PLZ #1<br>BETHLEHEM, PA 18015-1281               | 24-0795497 | 501C3                         | 99,345.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |
| ST. LUKES HOSPITAL<br>801 OSTRUM ST<br>BETHLEHEM, PA 18015-1014                                | 23-1352213 | 501C3                         | 277,873.                 | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| ST. MICHAEL THE ARCHANGEL SCHOOL<br>4121 OLD BETHLEHEM PK<br>BETHLEHEM, PA 18015-9097                 | 23-2042774 | 501C3                         | 7,562.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| ST. THOMAS MORE CHURCH<br>1040 FLEXER AVE<br>ALLENTOWN, PA 18103                                      | 23-2091672 | 501C3                         | 112,905.                 | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| STATE THEATRE CENTER FOR THE ARTS<br>453 NORTHAMPTON ST<br>EASTON, PA 18042                           | 23-2173216 | 501C3                         | 19,980.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| THE CHILDREN'S CENTER - VOLUNTEER OF AMERICA - 730 W UNION ST - ALLENTOWN, PA 18101-6328              | 13-1692595 | 501C3                         | 125,401.                 | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |
| THE CHILDREN'S HOSPITAL OF PHILADELPHIA (CHOP) - 3401 CIVIC CENTER BLVD - PHILADELPHIA, PA 19104-9829 | 23-1352166 | 501C3                         | 5,465.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| THE LITERACY CENTER<br>1132 HAMILTON STREET, SUITE 300<br>ALLENTOWN, PA 18101                         | 22-2458322 | 501C3                         | 50,839.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |
| THE ORTIZ ARK FOUNDATION<br>523 W TILGHMAN ST<br>ALLENTOWN, PA 18102                                  | 84-3640684 | 501C3                         | 5,000.                   | 0.                                |   |  | PROGRAM OPERATING COSTS                                       |
| THE PENNSYLVANIA SHAKESPEARE FESTIVAL - 2755 STATION AVE - CENTER VALLEY, PA 18034-9565               | 23-2655672 | 501C3                         | 18,223.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| THE PENNSYLVANIA STATE UNIVERSITY<br>201 SHIELDS BUILDING<br>UNIVERSITY PARK, PA 16802                | 24-6000376 | 501C3                         | 80,190.                  | 0.                                |   |  | PROGRAM OPERATING COSTS                                       |

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| THE SALVATION ARMY OF EASTON<br>PO BOX 937<br>EASTON, PA 18044-0937                            | 23-1352533 | 501C3                         | 10,690.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| THE SALVATION ARMY OF THE LEHIGH VALLEY - 344 NORTH 7TH ST - ALLENTOWN, PA 18102               | 13-5562351 | 501C3                         | 111,855.                 | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |
| THE TRUSTEES OF STEVENS INSTITUTE OF TECHNOLOGY - 1 CASTLE POINT TERRACE - HOBOKEN, NJ 07303   | 22-1487354 | 501C3                         | 10,000.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| THIRD STREET ALLIANCE FOR WOMEN & CHILDREN - 41 N 3RD ST - EASTON, PA 18042                    | 24-0795639 | 501C3                         | 162,682.                 | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |
| TRANSVERSE MYELITIS ASSOCIATION<br>1787 SUTTER PARKWAY<br>POWELL, OH 43065                     | 91-1780467 | 501C3                         | 13,316.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| TREATMENT TRENDS, INC.<br>633 N 4TH ST<br>ALLENTOWN, PA 18102                                  | 23-1856007 | 501C3                         | 15,000.                  | 0.                                |   |  | PROGRAM OPERATING COSTS                                       |
| TRUSTEES OF DARTMOUTH COLLEGE<br>207 PARKHURST HALL<br>HANOVER, NH 03755                       | 02-0222111 | 501C3                         | 5,000.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3535 MARKET ST SUITE 750 - PHILADELPHIA, PA 19104 | 23-1352685 | 501C3                         | 21,000.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| TURNING POINT OF LEHIGH VALLEY<br>444 E SUSQUEHANNA ST<br>ALLENTOWN, PA 18103                  | 23-2100651 | 501C3                         | 136,140.                 | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |

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| UNIDOS INC<br>1329 HAMILTON ST FLOOR 1<br>ALLENTOWN, PA 18102                         | 83-4310898 | 501C3                         | 5,000.                   | 0.                                |   |  | PROGRAM OPERATING COSTS                                       |
| UNITED WAY OF BERKS COUNTY<br>501 WASHINGTON ST, PO BOX 702<br>READING, PA 19603-0702 | 23-1655375 | 501C3                         | 29,248.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| UNITED WAY OF BUCKS COUNTY<br>413 HOOD BLVD<br>FAIRLESS HILLS, PA 19030-2901          | 23-1409706 | 501C3                         | 12,440.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| UNITED WAY OF GLOUCESTER COUNTY<br>454 CROWN POINT ROAD<br>THOROFARE, NJ 08086-2124   | 21-6006822 | 501C3                         | 10,093.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| UNITED WAY OF GREATER HOUSTON<br>50 WAUGH DR<br>HOUSTON, TX 77007                     | 74-1167964 | 501C3                         | 12,260.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| UNITED WAY OF LANCASTER COUNTY<br>630 JANET AVE<br>LANCASTER, PA 17601-4543           | 23-1352093 | 501C3                         | 50,000.                  | 0.                                |   |  | PROGRAM OPERATING COSTS                                       |
| VALLEY YOUTH HOUSE<br>3400 HIGH POINT BLVD<br>BETHLEHEM, PA 18017-7815                | 23-7178820 | 501C3                         | 577,955.                 | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |
| VIA OF THE LEHIGH VALLEY, INC<br>336 W SPRUCE ST<br>BETHLEHEM, PA 18018-3789          | 23-1457999 | 501C3                         | 45,144.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |
| VICTIMS RESOURCE CENTER<br>1001 MAHONING STREET<br>LEHIGHTON, PA 18229                | 23-1973148 | 501C3                         | 5,000.                   | 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                            |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| VICTORY HOUSE OF LEHIGH VALLEY<br>PO BOX 5458<br>BETHLEHEM, PA 18015-5458         | 23-2370759 | 501C3                         | 58,662.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |
| VILLANOVA UNIVERSITY<br>800 E LANCASTER AVE<br>VILLANOVA, PA 19085-1603           | 23-1352688 | 501C3                         | 84,375.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| VOLUNTEER CENTER OF THE LEHIGH VALLEY - 25 W 3RD ST - BETHLEHEM, PA 18015         | 23-2862188 | 501C3                         | 61,690.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |
| VP BROADCASTING LLC<br>1125 COLORADO ST<br>ALLENTOWN, PA 18103                    | 83-2231186 |                               | 5,000.                   | 0.                                |   |  | PROGRAM OPERATING COSTS                                       |
| WEST VIRGINIA UNIVERSITY FOUNDATION INC - PO BOX 1650 - MORGANTOWN, WV 26507-1650 | 55-6017181 | 501C3                         | 5,309.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| WFMZ DIGITAL<br>300 EAST ROCK RD<br>ALLENTOWN, PA 18103                           | 23-1634199 |                               | 5,000.                   | 0.                                |   |  | PROGRAM OPERATING COSTS                                       |
| WILDLANDS CONSERVANCY<br>3701 ORCHID PL<br>EMMAUS, PA 18049                       | 23-7401326 | 501C3                         | 309,795.                 | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |
| WILKES UNIVERSITY<br>84 WEST SOUTH STREET<br>WILKES-BARRE, PA 18766               | 24-0795506 | 501C3                         | 10,000.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| WILLIAM ALLEN CONSTRUCTION COMPANY<br>840 W HAMILTON ST<br>ALLENTOWN, PA 18105    | 23-3023319 | 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                            |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| YOUNG LIFE LEHIGH VALLEY<br>PO BOX 5249<br>BETHLEHEM, PA 18015                    | 84-0385934 | 501C3                         | 5,135.                   | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| YWCA OF BETHLEHEM<br>3895 ADLER PL BLDG A STE 180<br>BETHLEHEM, PA 18017          | 23-6395256 | 501C3                         | 62,324.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT; PROGRAM OPERATING COSTS |
| ZION'S REFORMED UNITED CHURCH OF CHRIST - 620 HAMILTON ST - ALLENTOWN, PA 18101   | 41-1494786 | 501C3                         | 11,344.                  | 0.                                |   |  | DONOR DESIGNATED FOR GENERAL SUPPORT                          |
| ZOELLNER ARTS CENTER - LEHIGH UNIVERSITY - 420 E PACKER AVE - BETHLEHEM, PA 18015 | 24-0795445 | 501C3                         | 6,669.                   | 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)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization

**UNITED WAY OF THE GREATER LEHIGH VALLEY**

Employer identification number

**23-2657933**

**Part I Questions Regarding Compensation**

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

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

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

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

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

|           | Yes      | No       |
|-----------|----------|----------|
| <b>1b</b> |          |          |
| <b>2</b>  |          |          |
| <b>4a</b> |          | <b>X</b> |
| <b>4b</b> |          | <b>X</b> |
| <b>4c</b> |          | <b>X</b> |
| <b>5a</b> | <b>X</b> |          |
| <b>5b</b> |          | <b>X</b> |
| <b>6a</b> | <b>X</b> |          |
| <b>6b</b> |          | <b>X</b> |
| <b>7</b>  |          | <b>X</b> |
| <b>8</b>  |          | <b>X</b> |
| <b>9</b>  |          |          |

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

Schedule J (Form 990) 2019

**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<br>PRESIDENT                          | (i)  | 173,144.   | 30,535.                             | 10,000.                             | 0.   | 13,044.                 | 226,723.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (2) MARCI LESKO<br>EXECUTIVE VICE PRESIDENT/SECRETARY | (i)  | 125,555.   | 17,906.                             | 2,500.                              | 0.   | 30,987.                 | 176,948.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (3) PAUL HURD<br>VP, RESOURCE DEVELOPMENT             | (i)  | 123,195.   | 17,768.                             | 5,000.                              | 0.   | 27,084.                 | 173,047.                        | 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) |  |                                     |                                     |  |                         |                                 |   |

**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

**2019**

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](http://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)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art   |                            |   |  |   |
| 2 Art - Historical treasures                                 |                            |   |  |   |
| 3 Art - Fractional interests                                 |                            |   |  |   |
| 4 Books and publications                                     |                            |   |  |   |
| 5 Clothing and household goods                               |                            |   |  |   |
| 6 Cars and other vehicles                                    |                            |   |  |   |
| 7 Boats and planes   |                            |   |  |   |
| 8 Intellectual property                                      |                            |   |  |   |
| 9 Securities - Publicly traded                               | X                          | 35  | 1,392,430.   | FMV AT DATE OF GIFT                                       |
| 10 Securities - Closely held stock                           |                            |   |  |   |
| 11 Securities - Partnership, LLC, or trust interests         |                            |   |  |   |
| 12 Securities - Miscellaneous                                |                            |   |  |   |
| 13 Qualified conservation contribution - Historic structures |                            |   |  |   |
| 14 Qualified conservation contribution - Other               |                            |   |  |   |
| 15 Real estate - Residential                                 |                            |   |  |   |
| 16 Real estate - Commercial                                  |                            |   |  |   |
| 17 Real estate - Other                                       |                            |   |  |   |
| 18 Collectibles  |                            |   |  |   |
| 19 Food inventory  |                            |   |  |   |
| 20 Drugs and medical supplies                                |                            |   |  |   |
| 21 Taxidermy   |                            |   |  |   |
| 22 Historical artifacts                                      |                            |   |  |   |
| 23 Scientific specimens                                      |                            |   |  |   |
| 24 Archeological artifacts                                   |                            |   |  |   |
| 25 Other ( )   |                            |   |  |   |
| 26 Other ( )   |                            |   |  |   |
| 27 Other ( )   |                            |   |  |   |
| 28 Other ( )   |                            |   |  |   |

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

|   | 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.   |     |    |

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

Multiple horizontal lines for supplemental information.



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF THE GREATER LEHIGH VALLEY

Employer identification number

23-2657933

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 \$509,027; PROVIDING 3,137 OLDER  
ADULTS WITH GROCERY SHOPPING SERVICES, FALL PREVENTION PROGRAMS,  
TRANSPORTATION SERVICES, CHRONIC DISEASE PROGRAMS, AND IN-HOME SUPPORT  
SERVICES.

IN SUPPORT OF OUR 2022 COMMUNITY GOAL OF DECREASING BY 50% FOOD  
INSECURITY IN THE LEHIGH VALLEY, OUR FOOD ACCESS INVESTMENTS TOTALED  
\$347,500, PROVIDING 19,240 PEOPLE WITH FOOD FROM PANTRIES, HOME  
DELIVERED MEALS, AND NUTRITION EDUCATION COURSES.

FOR CONTINUED SUPPORT, OUR EMERGENCY SERVICES INVESTMENTS INCLUDE  
\$600,000, PROVIDING 15,198 LEHIGH VALLEY RESIDENTS WITH EMERGENCY  
SHELTER, VIOLENCE AND CRISIS SHELTER, DISASTER RELIEF, EMERGENCY FOOD,  
VIOLENCE AND CRISIS SUPPORTS, HOUSING-BASED LEGAL SERVICES, RESOURCE  
AND ASSISTANCE INFORMATION REFERRALS, AND DAY OF CARING VOLUNTEER  
SERVICES.

DISASTER RELIEF FUNDING TOTALED \$518,514, PROVIDING EMERGENCY  
ASSISTANCE TO LEHIGH VALLEY RESIDENTS DURING THE MONTHS FOLLOWING THE  
CORONAVIRUS OUTBREAK IN MARCH 2020.

SERVING CARBON COUNTY, UNITED WAY OF THE GREATER LEHIGH VALLEY INVESTED

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

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

\$55,000 INTO 16 PROGRAMS IN THE REGION. THESE PROGRAMS RANGED IN SERVICES FROM INTERVENING IN HOUSING/UTILITY CRISES TO AVOID EVICTION, HOUSING FOR THE HOMELESS, AFTER-SCHOOL PROGRAMS, AND DENTAL VAN SERVICES FOR STUDENTS.

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

UNITED WAY COMMUNITY SCHOOLS: UNITED WAY COMMUNITY SCHOOLS LINKS 28 AREA SCHOOLS WITH THEIR COMMUNITIES IN WAYS THAT ARE GIVING PUBLIC EDUCATION IN THE LEHIGH VALLEY RESOURCES AND CRUCIAL SUPPORT. UNITED WAY PROVIDES FUNDING, CONVENES PARTNERS TO IDENTIFY SYSTEMS-LEVEL STRATEGIES TO SUPPORT YOUTH SUCCEEDING IN SCHOOL, CONNECTS RESOURCES AND PROGRAMS TO SCHOOL SITES TO SUPPORT ENHANCED SCHOOL-DAY LEARNING, ASSISTS WITH ON-SITE COACHING AND TRAINING TO SUPPORT IMPLEMENTATION OF THE COMMUNITY SCHOOL MODEL AND COLLECTS AND ANALYZES DATA TO MONITOR PROGRESS OF THIS SYSTEMS-LEVEL WORK. UNITED WAY COMMUNITY SCHOOLS HAVE EXPERIENCED TREMENDOUS GROWTH IN FAMILY AND COMMUNITY INVOLVEMENT, IMPROVEMENTS IN ACADEMIC PERFORMANCE FOR INDIVIDUAL STUDENTS, AND IMPROVED SCHOOL CLIMATE.

LEHIGH VALLEY READS: LEHIGH VALLEY READS IS A REGIONAL LITERACY CAMPAIGN COMMITTED TO ENSURING THAT ALL LEHIGH VALLEY STUDENTS READ ON GRADE LEVEL BY THE END OF THIRD GRADE BY 2025. THIS COLLECTIVE IMPACT INITIATIVE IS POWERED BY UNITED WAY OF THE GREATER LEHIGH VALLEY AND

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

LEHIGH VALLEY PUBLIC MEDIA, HOME OF PBS39. WITH OVER 100 COMMUNITY PARTNERS WORKING TOGETHER WITH 17 LEHIGH VALLEY SCHOOL DISTRICTS TO MAXIMIZE RESOURCES, LEHIGH VALLEY READS IS A COLLECTIVE IMPACT INITIATIVE WITH FIVE KEY FOCUS AREAS: EARLY CHILDHOOD EDUCATION, SUMMER LEARNING, SCHOOL ATTENDANCE, TRAUMA-INFORMED CLASSROOMS AND COMMUNITY SCHOOLS.

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

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

FORM 990, PART 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

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

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

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

EXECUTIVE COMPENSATION & BENEFIT PACKAGE AND CONTRACT

-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

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

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

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

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

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC THROUGH THE ORGANIZATION'S WEBSITE, GUIDESTAR, 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 | -71,510. |
| CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS                | 1,562.   |
| TOTAL TO FORM 990, PART XI, LINE 9                          | -69,948. |

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 | 1,127,787 |
| PART IX, LINE 25, COLUMN D | 1,786,800 |

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

TOTAL NUMERATOR 2,914,587

DENOMINATOR

PART VIII, LINE 12, COLUMN A 21,423,952

OVERHEAD RATIO: 2,914,587 / 21,423,952 = 13.60%

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2019**

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)<br>Name, address, and EIN (if applicable)<br>of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
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**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)<br>Name, address, and EIN<br>of related organization                                  | (b)<br>Primary activity  | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|---|--|---|-------------------------------|---|-------------------------------------|--|----|
|   |  |   |                               |   |                                     | Yes  | No |
| UNITED WAY SERVICES, INC. - 23-3025771<br>1110 AMERICAN PARKWAY NE<br>ALLENTOWN, PA 18109 | SECURING RESOURCES TO<br>DEVELOP HUMAN SERVICES<br>INITIATIVES IN LEHIGH | PENNSYLVANIA  | 501(C)(3)                     | 170(B)(1)(A)  | N/A                                 |  | X  |
|   |  |   |                               |   |                                     |  |    |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2019

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)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|  |                         |  |                                     |   |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
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**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)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|  |                         |   |                                     |  |                                 |  |                                | Yes   | No |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
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**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 |
|--|-----|----|
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity ..... |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....                                 |     | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....                               |     | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....                                      |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) .....   |     | X  |
| <b>f</b> Dividends from related organization(s) .....  |     | X  |
| <b>g</b> Sale of assets to related organization(s) .....   |     | X  |
| <b>h</b> Purchase of assets from related organization(s) .....   |     | X  |
| <b>i</b> Exchange of assets with related organization(s) .....   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....                      |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....                    |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....  |     | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....   |     | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....   | X   |    |
| <b>o</b> Sharing of paid employees with related organization(s) .....  | X   |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....                                      |     | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....                                      |     | X  |
| <b>r</b> Other transfer of cash or property to related organization(s) .....                                   |     | X  |
| <b>s</b> 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)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) UNITED WAY SERVICES, INC.       | N                             | 0.                     |  |
| (2) UNITED WAY SERVICES, INC.       | O                             | 0.                     |  |
| (3)                                 |                               |                        |  |
| (4)                                 |                               |                        |  |
| (5)                                 |                               |                        |  |
| (6)                                 |                               |                        |  |



**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](http://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](http://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.

|  |  |   |
|--|--|---|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><br><b>UNITED WAY OF THE GREATER LEHIGH VALLEY</b>    | Taxpayer identification number (TIN)<br><br><b>23-2657933</b> |
| 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.<br><b>1110 AMERICAN PARKWAY NE, NO. F-120</b>   |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>ALLENTOWN, PA 18109</b> |   |

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 TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 17, 2021**, 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, 2019**, and ending **JUN 30, 2020**.

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

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 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](http://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: 06/30/2020  
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

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

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

Website: WWW.UNITEDWAYGLV.ORG

Phone number: 610-807-5755

Fax number: 610-867-7255

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

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

- §162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust
- §162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.
- §162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities
- §162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.
- Not Applicable

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

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

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

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

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

UNITED WAY OF THE GREATER LEHIGH VALLEY

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

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

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

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

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

12. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, 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

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 FALCO  
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

NAME AND ADDRESS

TITLE

MATT GREEN  
1110 AMERICAN PARKWAY NE, NO. F-120  
ALLENTOWN, PA 18109

BOARD MEMBER

NAME AND ADDRESS

TITLE

LAURIE HACKETT  
1110 AMERICAN PARKWAY NE, NO. F-120  
ALLENTOWN, PA 18109

BOARD MEMBER

NAME AND ADDRESS

TITLE

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<br>1110 AMERICAN PARKWAY NE, NO. F-120<br>ALLENTOWN, PA 18109 | BOARD MEMBER |

| <u>NAME AND ADDRESS</u>   | <u>TITLE</u> |
|---|--------------|
| JAMES IRWIN<br>1110 AMERICAN PARKWAY NE, NO. F-120<br>ALLENTOWN, PA 18109 | BOARD MEMBER |

| <u>NAME AND ADDRESS</u>  | <u>TITLE</u> |
|--|--------------|
| DIANA LAQUINTA<br>1110 AMERICAN PARKWAY NE, NO. F-120<br>ALLENTOWN, PA 18109 | BOARD MEMBER |

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

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

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

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

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

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

| <u>NAME AND ADDRESS</u>  | <u>TITLE</u> |
|--|--------------|
| ASHLEY RUSSO<br>1110 AMERICAN PARKWAY NE, NO. F-120<br>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

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

BOARD MEMBER

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FORM BCO-10

CUSTODY OF FINANCIAL RECORDS

STATEMENT 4

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NAME AND ADDRESS

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

NAME AND ADDRESS

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