

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2016**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY OF WYOMING VALLEY</b> <b>ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>100 NORTH PENNSYLVANIA AVENUE</b> City or town, state or province, country, and ZIP or foreign postal code <b>WILKES BARRE, PA 18701</b> <b>F</b> Name and address of principal officer: <b>WILLIAM M. JONES</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>24-0831490</b> <b>E</b> Telephone number <b>570-829-6711</b> <b>G</b> Gross receipts \$ <b>6,627,415.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<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.UNITEDWAYWB.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>1956</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>SEE SCHEDULE O FOR COMPLETE DESCRIPTION</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>3</b>	Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>37</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>37</b>
<b>5</b>	Total number of individuals employed in calendar year 2016 (Part V, line 2a) .....	<b>5</b>	<b>16</b>
<b>6</b>	Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>1350</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 34 .....	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g) .....	<b>4,654,036.</b>	<b>4,680,631.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	<b>0.</b>	<b>0.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	<b>529,325.</b>	<b>319,616.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<b>26,760.</b>	<b>37,525.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>5,210,121.</b>	<b>5,037,772.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>3,345,085.</b>	<b>3,104,848.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>0.</b>	<b>0.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>1,034,849.</b>	<b>1,035,398.</b>
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>329,404.</b>	<b>0.</b>	<b>0.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>295,340.</b>	<b>286,896.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>4,675,274.</b>	<b>4,427,142.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 .....	<b>534,847.</b>	<b>610,630.</b>
<b>20</b>	Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26) .....	<b>14,799,356.</b>	<b>15,900,974.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 .....	<b>2,624,237.</b>	<b>2,158,058.</b>
		<b>12,175,119.</b>	<b>13,742,916.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>WILLIAM M. JONES, PRESIDENT</b> Type or print name and title	Date		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>FRANCIS K. EICK, CPA</b>	Preparer's signature <b>FRANCIS K. EICK, CPA</b>	Date <b>01/10/18</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P01402662</b>
	Firm's name ▶ <b>KRONICK KALADA BERDY &amp; CO., P.C.</b> Firm's address ▶ <b>190 LATHROP ST. KINGSTON, PA 18704</b>	Firm's EIN ▶ <b>23-2667890</b> Phone no. <b>570-283-2727</b>		

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: TO IMPACT LIVES - TODAY, TOMORROW, AND FOREVER

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 \$ 1,504,017. including grants of \$ 1,504,017.) (Revenue \$ ) THROUGH THE UNITED WAY OF WYOMING VALLEY'S POVERTY TO POSSIBILITY INITIATIVE, THE ORGANIZATION INVESTS IN PROGRAMS AND SERVICES TO HELP AT-RISK CHILDREN ENTER KINDERGARTEN READY TO LEARN AND MOVE THROUGH SCHOOL AND BEYOND GRADUATION WITH CONFIDENCE; TO HELP AT-RISK INDIVIDUALS AND FAMILIES ACHIEVE GREATER FINANCIAL STABILITY; AND TO HELP AT-RISK CHILDREN AND FAMILIES ACHIEVE GOOD HEALTH AND AVOID RISKY BEHAVIORS. THE ORGANIZATION ALSO WORKS TO PROVIDE ACCESS TO FOOD, SHELTER AND OTHER ESSENTIAL SERVICES FOR INDIVIDUALS, FAMILIES AND YOUTH WHO FACE THREATS TO THEIR IMMEDIATE WELL BEING.

4b (Code: ) (Expenses \$ 1,132,533. including grants of \$ 1,009,171.) (Revenue \$ ) PA DEPARTMENT OF HEALTH HIV CONTRACT - STATE AND FEDERAL FUNDS ARE ALLOCATED BY A PROCUREMENT COMMITTEE OF THE UNITED WAY OF WYOMING VALLEY FOR A VARIETY OF HIV/AIDS SERVICES IN THE SIX COUNTY REGION OF NORTHEASTERN PA. THESE SERVICES INCLUDE SUBCONTRACTING WITH SEVERAL AGENCIES TO PROVIDE HIV PREVENTION SERVICES AS WELL AS HIV CASE MANAGEMENT SERVICES. THROUGH MEDICAL CASE MANAGEMENT CLIENTS MAY ALSO RECEIVE A VARIETY OF PATIENT SERVICES INCLUDING; MEDICAL CARE, DENTAL CARE, HOUSING ASSISTANCE, TRANSPORTATION ASSISTANCE, EMERGENCY FINANCIAL ASSISTANCE, AND SEVERAL ADDITIONAL SUPPORTIVE SERVICES. APPROXIMATELY 360 INDIVIDUALS RECEIVE HIV CARE AND PREVENTION SERVICES THROUGH THE ASSISTANCE PROVIDED WITH THESE FUNDS.

4c (Code: ) (Expenses \$ 319,250. including grants of \$ 255,400.) (Revenue \$ ) TAX CREDIT PROGRAMS - UNITED WAY OF WYOMING VALLEY IS AN APPROVED RECIPIENT BY PENNSYLVANIA DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT TO RECEIVE THE FOLLOWING FOUR TYPES OF EITC TAX CREDITS: PRE-KINDERGARTEN, K-12 SCHOLARSHIP (SO), OPPORTUNITY SCHOLARSHIP (OSTC) EDUCATIONAL IMPROVEMENT (EIO). BY DONATING TO UNITED WAY OF WYOMING VALLEY THROUGH ONE OF THESE PROGRAMS, A COMPANY MAY BE ELIGIBLE TO RECEIVE A TAX CREDIT FOR THEIR DONATION. SOME PRE-K AND EIO SCHOLARSHIPS ARE INCLUDED IN THE GRANTS AMOUNT DESCRIBED IN 4A. THE OPPORTUNITY SCHOLARSHIP AND THE K-12 SCHOLARSHIP PROGRAMS PROVIDE SCHOLARSHIPS TO STUDENTS FROM LIMITED INCOME FAMILIES TO ASSIST WITH THE COST OF A PRIVATE OR RELIGIOUS EDUCATION.

4d Other program services (Describe in Schedule O.) (Expenses \$ 654,511. including grants of \$ 336,260.) (Revenue \$ 37,525.)

4e Total program service expenses 3,610,311.

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<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</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		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> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		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? .....		
<b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes questions about Form 1096, Form W-2G, Form W-3, and various IRS forms like 8886-T, 8899, and 720.

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

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

**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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 37		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 37		
<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, or 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 in 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>10b</b>			
<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>12c</b>		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?		
<b>16b</b>			

**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 (or 1024 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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **THOMAS STIRES, C/O UNITED WAY - 570-829-6711**  
**100 NORTH PENNSYLVANIA AVENUE, 2ND FL, WILKES BARRE, PA 18701**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KAREN BORTON EXEC COMM./CIC COMM	2.50	X						0.	0.	0.
(2) DR. THOMAS BOTZMAN GOVERNANCE COMM	0.50	X						0.	0.	0.
(3) PATRICK J. ENDLER BOARD CHAIR/EXEC&GOVERN COMM	2.50	X		X				0.	0.	0.
(4) TONI MATHIS ETHICS COMMITTEE	0.50	X						0.	0.	0.
(5) SAM A. ROSTOCK TREASURER&EXEC./FIN COMMITTEE	2.00	X		X				0.	0.	0.
(6) WILLIAM E. SORDONI EXEC COMM/GOV.COMM CHAIR	2.50	X		X				0.	0.	0.
(7) TROY STANDISH EXEC COMM/1ST VICE CGAIR/CAMP& STEER	2.00	X		X				0.	0.	0.
(8) CARL J. WITKOWSKI EXEC,GOVERN, & STEERING COMM	2.00	X						0.	0.	0.
(9) SCOTT PERTL PERSONNEL COMMITTEE CHAIR	0.50	X						0.	0.	0.
(10) CONRAD SCHINTZ CAMPAIGN COMMITTEE	0.50	X						0.	0.	0.
(11) DON BROMINSKI CAMPAIGN COMMITTEE	0.50	X						0.	0.	0.
(12) ATTY. THOMAS J. CAMPENNI GOVERNANCE COMMITTEE	0.50	X						0.	0.	0.
(13) ROBERT GRAHAM FINANCE COMMITTEE	0.50	X						0.	0.	0.
(14) KATHY LANTZ CAMPAIGN COMMITTEE	0.50	X						0.	0.	0.
(15) SCOTT LYNETT CAMPAIGN COMMITTEE	0.50	X						0.	0.	0.
(16) ATTY JANE SMEDLEY ANZALONE GOVERNANCE/CAMPAIGN COMMITTEE	0.50	X						0.	0.	0.
(17) JENNIFER SORDONI EXEC COMM/2ND VICE CHAIR/CIC	2.50	X		X				0.	0.	0.

UNITED WAY OF WYOMING VALLEY

ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY

24-0831490

Form 990 (2016)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RICHARD KAZMERICK FINANCE COMMITTEE	0.50	X						0.	0.	0.
(19) JASON WILLIAMS PERSONNEL COMMITTEE	0.50	X						0.	0.	0.
(20) JOSEPH LESKO EXEC. COMM/CIC CHAIR	1.00	X		X				0.	0.	0.
(21) TARA WILSON GOVERNANCE COMM	0.50	X						0.	0.	0.
(22) DONNA FARRELL PERSONNEL COMM/CAMPAIGN CABINET	0.50	X						0.	0.	0.
(23) LAUREN ALLEN ETHICS COMM/IMPACT COUN. CHAIR	0.50	X						0.	0.	0.
(24) RON BEER FINANCE COMMITTEE	0.50	X						0.	0.	0.
(25) DANIELLE HAWLEY AUDIT COMMITTEE CHAIR	0.50	X						0.	0.	0.
(26) R. GREG COLLINS CAMPAIGN COMMITTEE/CHAIR	2.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								237,685.	0.	57,844.
<b>d Total (add lines 1b and 1c)</b>								237,685.	0.	57,844.

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 **2**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS



UNITED WAY OF WYOMING VALLEY  
ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY

24-0831490

Form 990

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MARY KATE LAMBERT PERSONNEL COMM	0.50	X						0.	0.	0.
(28) ATTY CATHERINE O'DONNELL PERSONNEL COMM/CAMPAIGN CABINET	0.50	X						0.	0.	0.
(29) TERI OOMS ETHICS & STEERING COMM	0.50	X						0.	0.	0.
(30) BRIAN RINKER FINANCE COMMITTEE	0.50	X						0.	0.	0.
(31) DR. ANNE SKLEDER BOARD MEMBER	0.50	X						0.	0.	0.
(32) ROB MILLER FINANCE COMMITTEE	0.50	X						0.	0.	0.
(33) DAVID PEDRI INVESTMENT COMMITTEE	0.50	X						0.	0.	0.
(34) KEVIN REA AUDIT COMMITTEE	0.50	X						0.	0.	0.
(35) LINDSEY BEZICK YOUNG PROFESSIONALS	0.50	X						0.	0.	0.
(36) JESSICA CRONAUER YOUNG PROFESSIONALS	0.50	X						0.	0.	0.
(37) JOSEPH GORHAM YOUNG PROFESSIONALS	0.50	X						0.	0.	0.
(38) RICHARD E. BARRETT CHIEF FINANCIAL OFFICER	40.00			X				87,871.	0.	26,573.
(39) WILLIAM M JONES PRESIDENT/CEO	40.00			X				149,814.	0.	31,271.
Total to Part VII, Section A, line 1c .....								237,685.		57,844.

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 179,477.				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b>				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b> 1,152,268.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 3,348,886.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....					
	<b>h Total.</b> Add lines 1a-1f .....		4,680,631.			
	<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>			
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		328,335.		328,335.	
	<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>b</b> Less: rental expenses .....				
		<b>c</b> Rental income or (loss) .....				
	<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....				
		<b>c</b> Gain or (loss) .....				
	<b>d</b> Net gain or (loss) .....		-8,719.		-8,719.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>				
		<b>b</b> Less: direct expenses .....	<b>b</b>			
<b>c</b> Net income or (loss) from fundraising events .....						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory .....					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> ADMINISTRATION INCOME .....	900099	19,849.	19,849.			
<b>b</b> SERVICE FEE INCOME .....	900099	17,676.	17,676.			
<b>c</b> _____						
<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....		37,525.				
<b>12 Total revenue.</b> See instructions. ....		5,037,772.	37,525.	0.	319,616.	

UNITED WAY OF WYOMING VALLEY

ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY

Form 990 (2016)

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,104,848.	3,104,848.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	295,529.	141,854.	79,793.	73,882.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	584,133.	224,158.	208,828.	151,147.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	87,089.	31,060.	38,812.	17,217.
10 Payroll taxes	68,647.	27,452.	24,571.	16,624.
11 Fees for services (non-employees):				
a Management	8,198.		4,187.	4,011.
b Legal	13,227.	6,685.	6,542.	
c Accounting	15,000.	3,000.	12,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	10,727.		9,118.	1,609.
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	105,990.	44,140.	33,177.	28,673.
17 Travel	11,763.	2,709.	4,590.	4,464.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,577.	2,953.	23.	2,601.
20 Interest				
21 Payments to affiliates	36,063.		36,063.	
22 Depreciation, depletion, and amortization	14,486.	2,897.	9,851.	1,738.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS SUPPORT S	20,145.	4,575.	12,880.	2,690.
b COMMUNICATION AND MARKE	18,744.	987.	134.	17,623.
c SUPPLIES	12,773.	7,864.	2,915.	1,994.
d TELEPHONE	9,168.	3,895.	2,794.	2,479.
e All other expenses	5,035.	1,234.	1,149.	2,652.
25 Total functional expenses. Add lines 1 through 24e	4,427,142.	3,610,311.	487,427.	329,404.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**UNITED WAY OF WYOMING VALLEY  
ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY**

Form 990 (2016)

24-0831490 Page 11

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,140,864.	<b>1</b>	1,067,424.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	1,157,449.	<b>3</b>	1,063,246.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	8,582.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<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 .....	45,324.	<b>9</b>	37,890.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	173,263.		
	<b>b</b> Less: accumulated depreciation .....	134,493.		
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	12,402,448.	<b>12</b>	13,684,399.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	658.	<b>15</b>	663.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	14,799,356.	<b>16</b>	15,900,974.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	11,829.	<b>17</b>	0.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	131,732.	<b>19</b>	204,262.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	2,480,676.	<b>25</b>	1,953,796.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,624,237.	<b>26</b>	2,158,058.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	3,298,812.	<b>27</b>	4,186,963.
	<b>28</b> Temporarily restricted net assets .....	1,056,516.	<b>28</b>	957,026.
	<b>29</b> Permanently restricted net assets .....	7,819,791.	<b>29</b>	8,598,927.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	12,175,119.	<b>33</b>	13,742,916.
	<b>34</b> Total liabilities and net assets/fund balances .....	14,799,356.	<b>34</b>	15,900,974.

Form 990 (2016)

**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	5,037,772.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,427,142.
3	Revenue less expenses. Subtract line 2 from line 1	3	610,630.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,175,119.
5	Net unrealized gains (losses) on investments	5	957,167.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	13,742,916.

**Part XII Financial Statements and Reporting**

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

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

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.

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

Name of the organization UNITED WAY OF WYOMING VALLEY
ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY
Employer identification number 24-0831490

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).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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).
8 A community trust described in section 170(b)(1)(A)(vi).
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.
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.
11 An organization organized and operated exclusively to test for public safety.
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).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
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).

Table with columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support.

UNITED WAY OF WYOMING VALLEY

**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5,135,300.	4,650,935.	4,682,411.	4,654,036.	4,680,631.	23,803,313.
<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 .....	5,135,300.	4,650,935.	4,682,411.	4,654,036.	4,680,631.	23,803,313.
<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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						23,803,313.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....	5,135,300.	4,650,935.	4,682,411.	4,654,036.	4,680,631.	23,803,313.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	193,935.	188,155.	285,755.	529,325.	319,616.	1,516,786.
<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.) .....	96,699.	26,098.	43,085.	26,760.	37,525.	230,167.
<b>11 Total support.</b> Add lines 7 through 10						25,550,266.

**12** Gross receipts from related activities, etc. (see instructions) ..... **12**

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

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

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	93.16 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	93.30 %

**16a 33 1/3% support test - 2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....

**b 33 1/3% support test - 2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....

**17a 10% -facts-and-circumstances test - 2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....

**b 10% -facts-and-circumstances test - 2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....

**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** 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 - 2015.** 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</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</b> <b>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 (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? If "Yes" to a, b, or c, provide detail in Part VI.		

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

**Section C. Type II Supporting Organizations**

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

**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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**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? 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.	Yes	No
<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? 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.		
<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? Provide details in Part VI.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

**UNITED WAY OF WYOMING VALLEY**

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

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

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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).		

UNITED WAY OF WYOMING VALLEY

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>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 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013			
<b>c</b> Excess from 2014			
<b>d</b> Excess from 2015			
<b>e</b> Excess from 2016			

UNITED WAY OF WYOMING VALLEY

**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.)

Multiple horizontal lines for supplemental information.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Name of the organization

UNITED WAY OF WYOMING VALLEY  
ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY

Employer identification number

24-0831490

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization <b>UNITED WAY OF WYOMING VALLEY</b> <b>ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY</b>	Employer identification number <b>24-0831490</b>
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	I2M  755 OAK HILL ROAD, CRESTWOOD IND PK  MOUNTAINTOP, PA 18707-2113	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>UNITED WAY OF WYOMING VALLEY</b> <b>ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY</b>	Employer identification number <b>24-0831490</b>
--	---

**Part II Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	



Name of organization <b>UNITED WAY OF WYOMING VALLEY</b> <b>ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY</b>	Employer identification number  <b>24-0831490</b>
--	---

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

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

**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.**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Name of the organization** **UNITED WAY OF WYOMING VALLEY**  
**ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY** **Employer identification number**  
**24-0831490**

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	12,402,448.	11,726,481.	8,232,550.	7,076,309.	5,982,907.
b Contributions	5,168.	3,261.	3,102,680.	35,714.	228,405.
c Net investment earnings, gains, and losses	1,299,976.	690,225.	417,833.	1,153,124.	829,019.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	23,193.	17,519.	26,582.	32,597.	27,022.
g End of year balance	13,684,399.	12,402,448.	11,726,481.	8,232,550.	7,076,309.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| (i) unrelated organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input 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		173,263.	134,493.	38,770.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				38,770.

**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) CORPORATE BONDS	978,748.	END-OF-YEAR MARKET VALUE
(B) U.S. GOVERNMENT BONDS	596,107.	END-OF-YEAR MARKET VALUE
(C) EQUITY SECURITIES	10,217,012.	END-OF-YEAR MARKET VALUE
(D) MONEY MARKET ACCOUNT	52,092.	END-OF-YEAR MARKET VALUE
(E) U.S. TREASURY NOTES	1,741,095.	END-OF-YEAR MARKET VALUE
(F) CERTIFICATES OF DEPOSIT	99,345.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>13,684,399.</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	220,146.
(3) ALLOCATIONS PAYABLE	1,654,000.
(4) ACCRUED PAYROLL	42,135.
(5) ACCRUED VACATION	11,472.
(6) PAYROLL TAXES PAYABLE	6,287.
(7) RESERVE FOR SPECIAL FUNCTIONS	4,790.
(8) DEFEERRED REV - MISC	14,966.
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>1,953,796.</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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements .....		1	6,152,328.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments .....	2a	957,167.	
	b Donated services and use of facilities .....	2b	157,389.	
	c Recoveries of prior year grants .....	2c		
	d Other (Describe in Part XIII.) .....	2d		
	e Add lines 2a through 2d .....	2e	1,114,556.	
3	Subtract line 2e from line 1 .....		3	5,037,772.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b .....	4a		
	b Other (Describe in Part XIII.) .....	4b		
	c Add lines 4a and 4b .....	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) .....		5	5,037,772.

**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	4,584,531.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities .....	2a	157,389.	
	b Prior year adjustments .....	2b		
	c Other losses .....	2c		
	d Other (Describe in Part XIII.) .....	2d		
	e Add lines 2a through 2d .....	2e	157,389.	
3	Subtract line 2e from line 1 .....		3	4,427,142.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b .....	4a		
	b Other (Describe in Part XIII.) .....	4b		
	c Add lines 4a and 4b .....	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .....		5	4,427,142.

**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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **UNITED WAY OF WYOMING VALLEY  
ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY** Employer identification number  
**24-0831490**

**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
ALLIED SERVICES - DEPAUL SCHOOL 475 MORGAN HIGHWAY SCRANTON, PA 18508	23-2523682	3	25,800.	0.			PROGRAM OPERATING COSTS
AMERICAN RED CROSS OF THE WYOMING VALLEY - 256 N SHERMAN ST - WILKES BARRE, PA 18702	24-0803079	3	17,466.	0.			PROGRAM OPERATING COSTS
BOY SCOUTS BADEN-POWELL COUNCIL 2150 NYS ROUTE 12 BINGHAMTON, NY 13901	15-0536607	3	8,682.	0.			PROGRAM OPERATING COSTS
CASA OF LUZERNE COUNTY 667 NORTH RIVER STREET WILKES BARRE, PA 18701	46-2279058	3	11,420.	0.			DONOR DESIGNATED FOR PROGRAM COSTS
CARING COMMUNITIES 67 PUBLIC SQUARE, SUITE 508 WILKES BARRE, PA 18701	23-2815276	3	152,678.	0.			PROGRAM OPERATING COSTS
CATHOLIC SOCIAL SERVICES 33 E NORTHAMPTON ST WILKES BARRE, PA 18701	24-0818341	3	185,925.	0.			PROGRAM OPERATING COSTS

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

**3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2016)

UNITED WAY OF WYOMING VALLEY  
ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY

Schedule I (Form 990)

24-0831490

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC YOUTH CENTER 36 S WASHINGTON ST WILKES BARRE, PA 18701	23-7227221	3	57,881.	0.			PROGRAM OPERATING COSTS
CHILD DEVELOPMENT COUNCIL OF NEPA 9 E MARKET ST, SUITE B WILKES BARRE, PA 18701	23-1875342	3	74,372.	0.			PROGRAM OPERATING COSTS
CHILDREN'S SERVICE CENTER 335 S FRANKLIN ST WILKES BARRE, PA 18701	24-0795404	3	29,639.	0.			PROGRAM OPERATING COSTS
COMMISSION ON ECONOMIC OPPORTUNITY PO BOX 1127, 165 AMBER LANE WILKES BARRE, PA 18703	23-1653093	3	94,823.	0.			PROGRAM OPERATING COSTS
CONSUMER CREDIT COUNSELING NEPA 401 LAUREL ST PITTSSTON, PA 18643	23-2072807	3	39,096.	0.			PROGRAM OPERATING COSTS
DOLLYWOOD FOUNDATION 2700 DOLLYWOOD PARKS BLVD PIGEON FORGE, TN 37863	62-1348105	3	47,022.	0.			PROGRAM OPERATING COSTS
DIOCESE OF SCRANTON - CHANCERY BLDG - 300 WYOMING AVE - SCRANTON, PA 18503	24-0798640	3	47,867.	0.			DONOR DESIGNATED FOR PROGRAM COSTS
DOMESTIC VIOLENCE SERVICE CENTER 13 E SOUTH STREET WILKES BARRE, PA 18703	23-2070668	3	76,880.	0.			PROGRAM OPERATING COSTS
FAMILY SERVICE ASSOCIATION 31 WEST MARKET STREET WILKES BARRE, PA 18701	24-0795415	3	187,297.	0.			PROGRAM OPERATING COSTS

Schedule I (Form 990)

**UNITED WAY OF WYOMING VALLEY  
ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY**

Schedule I (Form 990)

24-0831490

Page 1

**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
JEWISH COMMUNITY ALLIANCE 60 S RIVER ST WILKES BARRE, PA 18702	24-0795437	3	72,090.	0.			PROGRAM OPERATING COSTS
MATERNAL & FAMILY HEALTH SERVICES 15 PUBLIC SQUARE, SUITE 600 WILKES BARRE, PA 18701	23-1856766	3	38,577.	0.			PROGRAM OPERATING COSTS
MCGLYNN CENTER PO BOX 842, 72 MIDLAND CT WILKES BARRE, PA 18702	46-3067291	3	55,031.	0.			PROGRAM OPERATING COSTS
LUZERNE COUNTY HEAD START INC 23 BEEKMAN ST, PO BOX 540 WILKES BARRE, PA 18703	23-2038753	3	95,864.	0.			PROGRAM OPERATING COSTS
MONTESSORI SCHOOL OF WYOMING VALLEY - 851 W MARKET STREET - KINGSTON, PA 18704	23-1729715	3	19,787.	0.			DONOR DESIGNATED FOR PROGRAM COSTS
MMI PREP SCHOOL 154 CENTRE STREET FREELAND, PA 18224	24-0795967	3	28,200.	0.			DONOR DESIGNATED FOR PROGRAM COSTS
SCRANTON PREP SCHOOL 1000 WYOMING AVENUE SCRANTON, PA 18509	04-3608411	3	26,800.	0.			DONOR DESIGNATED FOR PROGRAM COSTS
SUSQUEHANNA COUNTY INTERFAITH 17 PUBLIC AVE MONTROSE, PA 18801	23-3046246	3	33,175.	0.			PROGRAM OPERATING COSTS
ROCK SOLID ACADEMY 106 S LEHIGH STREET SHAVERTOWN, PA 18708	27-2392471	3	10,000.	0.			DONOR DESIGNATED FOR PROGRAM COSTS

Schedule I (Form 990)



**UNITED WAY OF WYOMING VALLEY  
ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY**

Schedule I (Form 990)

24-0831490

Page 1

**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
THE WRIGHT CENTER 510 MADISON AVE SCRANTON, PA 18510	23-2772504	3	466,131.	0.			PROGRAM OPERATING COSTS
UNITED WAY OF GREATER HAZLETON 134 S WYOMING ST HAZLETON, PA 18201	24-0796034	3	7,932.	0.			DONOR DESIGNATED FOR PROGRAM COSTS
UNITED WAY OF LACKAWANNA COUNTY 615 JEFFERSON AVE SCRANTON, PA 18501	24-0824164	3	41,097.	0.			DONOR DESIGNATED FOR PROGRAM COSTS
VICTIMS RESOURCE CENTER 71 NORTH FRANKLIN STREET WILKES BARRE, PA 18701	23-1973148	3	45,211.	0.			PROGRAM OPERATING COSTS
VOLUNTARY ACTION CENTER OF NEPA 538 SRUCE ST, SUITE 420 SCRANTON, PA 18503	23-1857761	3	6,705.	0.			PROGRAM OPERATING COSTS
VOLUNTEERS OF AMERICA 25 N RIVER STREET WILKES BARRE, PA 18702	52-2145785	3	45,722.	0.			PROGRAM OPERATING COSTS
WILKES BARRE ACADEMY 20 STEVENS ROAD WILKES BARRE, PA 18702	23-2478225	3	20,787.	0.			DONOR DESIGNATED FOR PROGRAM COSTS
WILKES BARRE FAMILY YMCA 40 W NORTHAMPTON ST WILKES BARRE, PA 18701	24-0795638	3	73,137.	0.			PROGRAM OPERATING COSTS
WOMEN'S RESOURCE CENTER PO BOX 202 MONTROSE, PA 18801	23-2003915	3	19,616.	0.			PROGRAM OPERATING COSTS

Schedule I (Form 990)

UNITED WAY OF WYOMING VALLEY  
 ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY

Schedule I (Form 990)

24-0831490

Page 1

**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
WYOMING SEMINARY 201 N SPRAGUE AVE KINGSTON, PA 18704	24-0795509	3	59,862.	0.			DONOR DESIGNATED FOR PROGRAM COSTS
WYOMING VALLEY AIDS COUNCIL 330 BOWMAN STREET, UNIT #1 WILKES BARRE, PA 18702	23-2577754	3	342,548.	0.			PROGRAM OPERATING COSTS
WYOMING VALLEY ALCOHOL AND DRUG SERVICES INC - 437 N MAIN STREET - WILKES BARRE, PA 18705	23-2045690	3	51,338.	0.			PROGRAM OPERATING COSTS
WYOMING VALLEY CHILDREN'S ASSOCIATION - 1133 WYOMING AVENUE - FORTY FORT, PA 18704	24-0795510	3	117,603.	0.			PROGRAM OPERATING COSTS
TRUE FRIENDS ANIMAL WELFARE CENTER 16332 SR 706 MONTROSE, PA 18801	45-1604146	3	12,216.	0.			PROGRAM OPERATING COSTS
VOLUNTEERS IN MEDICINE 190 N PENNSYLVANIA AVENUE WILKES BARRE, PA 18701	20-3531527	3	118,146.	0.			PROGRAM OPERATING COSTS
WILKES UNIVERSITY 84 W SOUTH STREET WILKES BARRE, PA 18766	24-0795506	3	80,806.	0.			PROGRAM OPERATING COSTS
GREATER PITTSTON YMCA 10 N MAIN ST PITTSTON, PA 18640	24-0796039	3	6,200.	0.			PROGRAM OPERATING COSTS
LUZERNE INTERMEDIATE UNIT #18 368 TIOGA AVE KINGSTON, PA 18704	23-1741699	3	30,000.	0.			PROGRAM OPERATING COSTS

Schedule I (Form 990)

UNITED WAY OF WYOMING VALLEY  
ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY

Schedule I (Form 990)

24-0831490

Page 1

**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
MCGOWAN CENTER FOR HEALTY LIVING 165 AMBER LANE, PO BOX 1127 WILKES BARRE, PA 18702	23-1653093	3	11,351.	0.			PROGRAM OPERATING COSTS

**UNITED WAY OF WYOMING VALLEY  
ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY**

**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:**

ALL PROGRAMS THAT RECEIVE FUNDING FROM THE UNITED WAY'S ALLOCATION PROCESS  
MUST FOLLOW PROCEDURES TO DEMONSTRATE THEIR ACCOUNTABILITY. AGENCIES REPORT  
TO UNITED WAY ON A QUARTERLY BASIS, PROVIDING THE NUMBER OF SERVICES,  
ACTIVITIES, AND CLIENTS SERVED FOR THE MONTH. EACH YEAR, UNITED WAY  
VOLUNTEERS AND STAFF MEET WITH AGENCIES TO VERIFY THEIR USE OF UNITED WAY  
FUNDING BY REVIEWING SPECIFIC CLIENT INFORMATION, NUMBER OF SERVICES  
PROVIDED AND EVIDENCE OF CLIENT NEED. VOLUNTEERS ALSO REVIEW THE PROGRAM'S  
YEAR END RESULTS TO ENSURE THAT PROGRAM OUTCOMES HAVE BEEN MET.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2016**

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **UNITED WAY OF WYOMING VALLEY  
ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY** Employer identification number **24-0831490**

**Part I Questions Regarding Compensation**

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

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

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

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

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

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input 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>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2016

**UNITED WAY OF WYOMING VALLEY  
ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY 24-0831490**

**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) RICHARD E. BARRETT CHIEF FINANCIAL OFFICER	(i)	86,885.	0.	986.	7,820.	18,753.	114,444.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) WILLIAM M JONES PRESIDENT/CEO	(i)	123,000.	26,400.	414.	13,446.	17,825.	181,085.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

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.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **UNITED WAY OF WYOMING VALLEY  
ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY** Employer identification number **24-0831490**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	13	86,098.	MARKET VALUE
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 ( PROMOTIONAL I )	X	20	157,389.	FMV
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.		

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

Schedule M (Form 990) (2016)



**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.

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

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization	UNITED WAY OF WYOMING VALLEY ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY	Employer identification number	24-0831490
--------------------------	--	--------------------------------	------------

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

THROUGH STRATEGIC INVESTMENTS IN EDUCATION, INCOME, HEALTH AND SAFETY  
NET PRIORITIES, THE UNITED WAY OF WYOMING VALLEY PROVIDES LEADERSHIP  
THAT IMPROVES COMMUNITY CONDITIONS AND ADVANCES THE COMMON GOOD FOR  
ALL. THE ORGANIZATION IS SPECIFICALLY FOCUSED ON THE GROWING ISSUES OF  
CHILDHOOD POVERTY AND HAS CREATED THE POVERTY TO POSSIBILITY INITIATIVE  
TO IMPROVE THE ODDS FOR CHILDREN AND FAMILIES IN THE WYOMING VALLEY TO  
BE SUCCESSFUL. THE ORGANIZATION ACCOMPLISHES ITS GOALS THROUGH  
COMMUNITY ENGAGEMENT, RESOURCE DEVELOPMENT AND INVESTMENT, ADVOCACY AND  
VOLUNTEERISM.

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**

DONOR DESIGNATED GIFTS- CONTRIBUTIONS TO UNITED WAY THAT DONORS DIRECT  
TO SPECIFIC 501C3 AGENCIES  
EXPENSES \$ 269,728. INCLUDING GRANTS OF \$ 269,728. REVENUE \$ 0.

**COMMUNITY IMPACT AND OTHER PROGRAM SERVICES**

EXPENSES \$ 384,783. INCLUDING GRANTS OF \$ 66,532. REVENUE \$ 37,525.

**FORM 990, PART VI, SECTION A, LINE 2:**

THE ORGANIZATION ISSUES A QUESTIONNAIRE ANNUALLY TO EACH OF ITS BOARD  
MEMBERS TO DETERMINE IF THERE ARE FAMILY OR BUSINESS RELATIONSHIPS EXISTING  
THAT MAY REQUIRE DISCLOSURE OR PRESENT A CONFLICT OF INTEREST.

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

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization UNITED WAY OF WYOMING VALLEY ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY	Employer identification number 24-0831490
--	--

A COPY OF THE FORM 990 IS PROVIDED TO ALL BOARD MEMBERS BY EMAIL. IT IS PRESENTED, IN DETAIL, AT A MEETING OF THE FINANCE AND ADMINISTRATION COMMITTEE FOR ACCEPTANCE AND APPROVAL. IT IS THEN PRESENTED AT A FULL MEETING OF THE BOARD OF DIRECTORS FOR REVIEW AND DISCUSSION.

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

EACH YEAR, A QUESTIONNAIRE IS MAILED TO ALL BOARD MEMBERS ASKING THEM TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST

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

ORGANIZATION'S PRESIDENT/CPOS'S PERFORMANCE IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE MEMBERS. ANY INCREASES OR ONE TIME ADJUSTMENTS WILL BE MADE, ONLY UPON WRITTEN RECOMMENDATION OF THIS COMMITTEE AND THROUGH APPROVAL OF THE ORGANIZATION'S ANNUAL OPERATING BUDGET BY THE FULL BOARD OF DIRECTORS. CFO'S PERFORMANCE IS REVIEWED ANNUALLY BY PRESIDENT/CPO AND LATER BECOMES APPROVED AS PART OF ORGANIZATION'S ANNUAL OPERATING BUDGET BY THE FULL BOARD.

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

ALL DOCUMENTS MADE AVAILABLE TO THE PUBLIC UPON REQUEST. ORGANIZATION'S FORM 990 HAS ALWAYS BEEN MADE AVAILABLE TO THE PUBLIC THROUGH GUIDESTAR'S WEBSITE. UNITED WAY'S FORM 990 AND ANNUAL AUDIT REPORT ARE NOW MADE AVAILABLE THROUGH ITS OWN WEBSITE.

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
212	WATER COOLER	04/04/00	200DB	7.00		HY17	728.				728.	728.		0.	728.
242	6 LAZER PRINTERS	10/15/03	SL	5.00		16	1,212.				1,212.	1,212.		0.	1,212.
249	3 LAZER PRINTERS	03/15/04	SL	5.00		16	627.				627.	627.		0.	627.
259	LASER PRINTER	09/06/05	SL	5.00		16	799.				799.	799.		0.	799.
261	HELIX SERVER	06/30/06	SL	5.00		16	23,250.				23,250.	23,250.		0.	23,250.
276	2009 CHRYSLER TOWN AND COUNTRY	03/27/09	SL	5.00		16	22,347.				22,347.	22,347.		0.	22,347.
278	MULTI MEDIA PROJECTOR	12/10/09	SL	5.00		16	1,416.				1,416.	1,416.		0.	1,416.
281	COMPAQ BUSINESS DESKTOP	08/05/10	SL	5.00		16	1,500.				1,500.	1,500.		0.	1,500.
282	COMPAQ BUSINESS DESKTOP	08/05/10	SL	5.00		16	1,500.				1,500.	1,500.		0.	1,500.
283	COMPAQ BUSINESS DESKTOP	08/05/10	SL	5.00		16	1,500.				1,500.	1,500.		0.	1,500.
285	HP PROLIANT ENTRY LEVEL SERVER	09/30/10	SL	5.00		16	8,688.				8,688.	8,688.		0.	8,688.
286	OFFICE PROFESSIONAL PLUS	09/09/10	SL	3.00		16	1,904.				1,904.	1,904.		0.	1,904.
287	LICENSE-1 ANDAR USER SESSION	10/14/10	SL	3.00		16	1,750.				1,750.	1,750.		0.	1,750.
289	HP 600 INTERNAL HARD DRIVE	12/15/10	SL	5.00		16	1,889.				1,889.	1,889.		0.	1,889.
290	4 HP DESKTOP 505B WITH MONITORS	02/24/12	SL	5.00		16	2,852.				2,852.	2,471.		380.	2,852.
291	4 HP DESKTOP 505B WITH MONITORS	02/24/12	SL	5.00		16	5,000.				5,000.	4,333.		667.	5,000.
292	COMPAQ 21.5" LED LCD MONITOR	02/24/12	SL	5.00		16	199.				199.	172.		26.	199.

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
293	FAX L510	04/13/12	SL	5.00		16	698.				698.	594.		104.	698.
294	DATA PRO ACCOUNTING SOFTWARE UPGRADE	02/24/12	SL	3.00		16	2,700.				2,700.	2,700.		0.	2,700.
296	DESKTOP & MONITOR	01/21/13	SL	5.00		16	993.				993.	679.		199.	878.
297	DESKTOP & MONITOR	01/21/13	SL	5.00		16	993.				993.	679.		199.	878.
298	MONITOR (WALTER)	01/21/13	SL	5.00		16	207.				207.	140.		41.	181.
299	HP PRO BOOK 4540S NOTEBOOK	01/21/13	SL	5.00		16	950.				950.	649.		190.	839.
300	HP PRO BOOK 4540S NOTEBOOK	01/21/13	SL	5.00		16	950.				950.	649.		190.	839.
301	LICENSE FEE E PLEDGE MODULE	03/19/13	SL	3.00		16	5,000.				5,000.	5,000.		0.	5,000.
302	LICENSE FEE C CARD ACH	03/27/13	SL	3.00		16	1,000.				1,000.	1,000.		0.	1,000.
304	E-C IMPACT SOFTWARE FOR GRANT APPLICATION PRO	07/01/13	SL	3.00		16	9,379.				9,379.	9,379.		0.	9,379.
305	APPLE IPAD AIR 16 GB W/ CHARGER	03/12/14	SL	5.00		16	1,199.				1,199.	560.		240.	800.
306	HP SB DESKTOP PRO & MONITOR	03/12/14	SL	5.00		16	1,048.				1,048.	489.		210.	699.
307	SERVER UPGRADE	03/12/14	SL	5.00		16	1,654.				1,654.	772.		331.	1,103.
308	HP OFFICEJET X551 INKJET PRINTER	03/12/14	SL	5.00		16	1,099.				1,099.	513.		220.	733.
309	OFFICE FURNITURE	08/27/14	SL	7.00		16	22,527.				22,527.	5,900.		3,218.	9,118.
310	COMMUNITY ROOM CHAIRS	09/12/14	SL	7.00		16	2,755.				2,755.	722.		394.	1,116.
311	CABINETS	10/02/14	SL	7.00		16	1,519.				1,519.	380.		217.	597.
312	PHONE SYSTEM	09/30/14	SL	5.00		16	14,761.				14,761.	5,166.		2,952.	8,118.

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
313	PHONE EQUIPMENT RACK	11/11/14	SL	5.00		16	2,935.				2,935.	978.		587.	1,565.
314	HP DESKTOP AND MONITOR (GBM)	10/10/14	SL	5.00		16	1,769.				1,769.	619.		354.	973.
315	SERVER UPGRADES	10/10/14	SL	5.00		16	3,231.				3,231.	1,131.		646.	1,777.
316	HP ML350T709	10/27/15	SL	5.00		16	8,668.				8,668.	1,156.		1,733.	2,889.
317	HP ELITEDESK 800G DESKTOP COMPUTER	05/31/16	SL	5.00		16	1,250.				1,250.	21.		250.	271.
318	HP ELITEDESK 800G DESKTOP COMPUTER	05/31/16	SL	5.00		16	1,250.				1,250.	21.		250.	271.
319	HP ELITEDESK 800G DESKTOP COMPUTER	05/31/16	SL	5.00		16	1,250.				1,250.	21.		250.	271.
320	HP ELITEDESK 800G DESKTOP COMPUTER	05/31/16	SL	5.00		16	1,250.				1,250.	21.		250.	271.
321	NIKON COOLPIX CAMERA & MEMORY CARD	05/22/17	SL	5.00		16	643.				643.			11.	11.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						168,839.				168,839.	116,025.		14,109.	130,136.
	* 990 PAGE 10 TOTAL - MACHINERY & EQUIPMENT						168,839.				168,839.	116,025.		14,109.	130,136.
263	COMPUTER EQUIPMENT	11/16/06	SL	5.00		16	1,557.				1,557.	1,557.		0.	1,557.
275	PHASER 856DN PRINTER	11/29/07	SL	5.00		16	899.				899.	899.		0.	899.
295	HP ELITEBOOK 8560P NOTEBOOK	06/11/12	SL	5.00		16	974.				974.	796.		178.	974.
303	HP LASERJET M551DN	11/06/12	SL	5.00		16	994.				994.	730.		199.	929.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						4,424.				4,424.	3,982.		377.	4,359.
	* 990 PAGE 10 TOTAL -						4,424.				4,424.	3,982.		377.	4,359.

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* GRAND TOTAL 990 PAGE 10 DEPR						173,263.				173,263.	120,007.		14,486.	134,495.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						172,620.			0.	172,620.	120,007.			134,484.
	ACQUISITIONS						643.			0.	643.	0.			11.
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE						173,263.			0.	173,263.	120,007.			134,495.
	ENDING ACCUM DEPR											134,495.			
	ENDING BOOK VALUE											38,768.			

# 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.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**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/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

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

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

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>UNITED WAY OF WYOMING VALLEY ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY</b>	Employer identification number (EIN) or  <b>24-0831490</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. <b>100 NORTH PENNSYLVANIA AVENUE</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WILKES BARRE, PA 18701</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

**THOMAS STIRES, C/O UNITED WAY - 100 NORTH PENNSYLVANIA**

• The books are in the care of ▶ **AVENUE, 2ND FL - WILKES BARRE, PA 18701**  
Telephone No. ▶ **570-829-6711** Fax No. ▶ \_\_\_\_\_

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

**1** I request an automatic 6-month extension of time until **MAY 15, 2018**, 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, 2016**, and ending **JUN 30, 2017**.

**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.



2016 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - UNITED WAY OF WYOMING VALLEY  
 ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MACHINERY & EQUIPMENT											
212	WATER COOLER	040400	200DB	7.00	17	728.			728.	728.		0.
242	6 LAZER PRINTERS	101503	SL	5.00	16	1,212.			1,212.	1,212.		0.
249	3 LAZER PRINTERS	031504	SL	5.00	16	627.			627.	627.		0.
259	LASER PRINTER	090605	SL	5.00	16	799.			799.	799.		0.
261	HELIX SERVER	063006	SL	5.00	16	23,250.			23,250.	23,250.		0.
276	2009 CHRYSLER TOWN AND COUNTRY	032709	SL	5.00	16	22,347.			22,347.	22,347.		0.
278	MULTI MEDIA PROJECTOR	121009	SL	5.00	16	1,416.			1,416.	1,416.		0.
281	COMPAQ BUSINESS DESKTOP	080510	SL	5.00	16	1,500.			1,500.	1,500.		0.
282	COMPAQ BUSINESS DESKTOP	080510	SL	5.00	16	1,500.			1,500.	1,500.		0.
283	COMPAQ BUSINESS DESKTOP	080510	SL	5.00	16	1,500.			1,500.	1,500.		0.
285	HP PROLIANT ENTRY LEVEL SERVER	093010	SL	5.00	16	8,688.			8,688.	8,688.		0.
286	OFFICE PROFESSIONAL PLUS	090910	SL	3.00	16	1,904.			1,904.	1,904.		0.
287	LICENSE-1 ANDAR USER SESSION	101410	SL	3.00	16	1,750.			1,750.	1,750.		0.
289	HP 600 INTERNAL HARD DRIVE	121510	SL	5.00	16	1,889.			1,889.	1,889.		0.
290	4 HP DESKTOP 505B WITH MONITORS	022412	SL	5.00	16	2,852.			2,852.	2,471.		380.
291	4 HP DESKTOP 505B WITH MONITORS	022412	SL	5.00	16	5,000.			5,000.	4,333.		667.
292	COMPAQ 21.5" LED LCD MONITOR	022412	SL	5.00	16	199.			199.	172.		26.

2016 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - UNITED WAY OF WYOMING VALLEY  
ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
293	FAX L510	041312	SL	5.00	16	698.			698.	594.		104.
294	DATA PRO ACCOUNTING SOFTWARE UPGRADE	022412	SL	3.00	16	2,700.			2,700.	2,700.		0.
296	DESKTOP & MONITOR	012113	SL	5.00	16	993.			993.	679.		199.
297	DESKTOP & MONITOR	012113	SL	5.00	16	993.			993.	679.		199.
298	MONITOR (WALTER)	012113	SL	5.00	16	207.			207.	140.		41.
299	HP PRO BOOK 4540S NOTEBOOK	012113	SL	5.00	16	950.			950.	649.		190.
300	HP PRO BOOK 4540S NOTEBOOK	012113	SL	5.00	16	950.			950.	649.		190.
301	LICENSE FEE E PLEDGE MODULE	031913	SL	3.00	16	5,000.			5,000.	5,000.		0.
302	LICENSE FEE C CARD	032713	SL	3.00	16	1,000.			1,000.	1,000.		0.
304	E-C IMPACT SOFTWARE FOR GRANT APPLICAT	070113	SL	3.00	16	9,379.			9,379.	9,379.		0.
305	APPLE IPAD AIR 16 GB W/ CHARGER	031214	SL	5.00	16	1,199.			1,199.	560.		240.
306	HP SB DESKTOP PRO & MONITOR	031214	SL	5.00	16	1,048.			1,048.	489.		210.
307	SERVER UPGRADE	031214	SL	5.00	16	1,654.			1,654.	772.		331.
308	HP OFFICEJET X551 INKJET PRINTER	031214	SL	5.00	16	1,099.			1,099.	513.		220.
309	OFFICE FURNITURE COMMUNITY ROOM	082714	SL	7.00	16	22,527.			22,527.	5,900.		3,218.
310	CHAIRS	091214	SL	7.00	16	2,755.			2,755.	722.		394.
311	CABINETS	100214	SL	7.00	16	1,519.			1,519.	380.		217.
312	PHONE SYSTEM	093014	SL	5.00	16	14,761.			14,761.	5,166.		2,952.

2016 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - UNITED WAY OF WYOMING VALLEY  
 ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
313	PHONE EQUIPMENT RACK	111114	SL	5.00	16	2,935.			2,935.	978.		587.
314	HP DESKTOP AND MONITOR (GBM)	101014	SL	5.00	16	1,769.			1,769.	619.		354.
315	SERVER UPGRADES	101014	SL	5.00	16	3,231.			3,231.	1,131.		646.
316	HP ML350T709	102715	SL	5.00	16	8,668.			8,668.	1,156.		1,733.
317	HP ELITEDESK 800G DESKTOP COMPUTER	053116	SL	5.00	16	1,250.			1,250.	21.		250.
318	HP ELITEDESK 800G DESKTOP COMPUTER	053116	SL	5.00	16	1,250.			1,250.	21.		250.
319	HP ELITEDESK 800G DESKTOP COMPUTER	053116	SL	5.00	16	1,250.			1,250.	21.		250.
320	HP ELITEDESK 800G DESKTOP COMPUTER	053116	SL	5.00	16	1,250.			1,250.	21.		250.
321	NIKON COOLPIX CAMERA & MEMORY CAR	052217	SL	5.00	16	643.			643.			11.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					168,839.		0.	168,839.	116,025.		14,109.
	* 990 PAGE 10 TOTAL -					168,839.		0.	168,839.	116,025.		14,109.
	MACHINERY & EQUIPMENT											
263	COMPUTER EQUIPMENT PHASER 856DN	111606	SL	5.00	16	1,557.			1,557.	1,557.		0.
275	PRINTER	112907	SL	5.00	16	899.			899.	899.		0.
295	HP ELITEBOOK 8560P NOTEBOOK	061112	SL	5.00	16	974.			974.	796.		178.
303	HP LASERJET M551DN	110612	SL	5.00	16	994.			994.	730.		199.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					4,424.		0.	4,424.	3,982.		377.
	* 990 PAGE 10 TOTAL -					4,424.		0.	4,424.	3,982.		377.

2016 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL -

UNITED WAY OF WYOMING VALLEY

ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* GRAND TOTAL 990 PAGE 10 DEPR					173,263.		0.	173,263.	120,007.		14,486.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					172,620.		0.	172,620.	120,007.		
	ACQUISITIONS					643.		0.	643.	0.		
	DISPOSITIONS					0.		0.	0.	0.		
	ENDING BALANCE					173,263.		0.	173,263.	120,007.		

**Bureau of Charitable Organizations  
207 North Office Building  
Harrisburg, Pennsylvania 17120**

Telephone: (717) 783-1720  
(800) 732-0999 (within PA only)  
Fax: (717) 783-6014

Website: [www.dos.state.pa.us/charities](http://www.dos.state.pa.us/charities)

For Official Use Only

Approved: \_\_\_\_\_

RF: \_\_\_\_\_

AF: \_\_\_\_\_

LF: \_\_\_\_\_

Fee Received: \_\_\_\_\_

Commonwealth of  
Pennsylvania  
Department of State

## Charitable Organization Registration Statement - Form BCO-10

Check if registering voluntarily  
(See note under "important information")

Certificate Number: 427  
(Renewals Only)

Fiscal Year Ended: 06/30/2017

Employer Identification Number (EIN): 24-0831490

UNITED WAY OF WYOMING VALLEY

1. Legal name of organization: ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY

Check if name change Previous name: \_\_\_\_\_

2. All other names used to solicit contributions:

STATE EMPLOYEE COMBINED APPEAL (SECA)

3. Contact person: TOM STIRES

Contact's E-mail: TSTIRES@UNITEDWAYWB.ORG

Physical address of organization: (Required)

Mailing address: (If different than physical)

100 NORTH PENNSYLVANIA AVENUE

City: WILKES BARRE

City: \_\_\_\_\_

State: PA ZIP code: 18701

State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

County: \_\_\_\_\_

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

Phone number: 570-829-6711

Fax number: \_\_\_\_\_

E-mail (If different than Contact's E-mail): \_\_\_\_\_

Website: WWW.UNITEDWAYWB.ORG

4. Names, addresses, and telephone numbers of all offices, chapters, branches, auxiliaries, affiliates, or other subordinate units located in Pennsylvania: (Attach separate sheet if necessary)

UNITED WAY OF SUSQUEHANNA COUNTY

P.O. BOX 365, NEW MILFORD, PA 18834

570-465-3868

5. For Organizations described in Section 162.7(a) of the Act, check section that describes organization:

(See footnote #2 of instructions. Volunteer registrants do not respond.)

- 162.7(a)(1)  162.7(a)(2)   
162.7(a)(3)  162.7(a)(4)  Not Applicable

6. List type of organization (e.g. corporation, association, etc.) : CORPORATION

Where established: PENNSYLVANIA Date established:\*\* 05/02/1956

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

7. Is any person compensated, or do you intend to compensate any person, for soliciting contributions in Pennsylvania, including employees of the organization and professional solicitors? Yes  No

(Do not check "Yes" if you only use or intend to only use a professional fundraising counsel.)

If "Yes", give date person or entity started or will start soliciting contributions from Pennsylvania residents. \_\_\_\_\_

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

8. Date organization first solicited contributions from Pennsylvania residents:

\_\_\_\_\_

9. If organization solicited Pennsylvania residents and received gross \* contributions totaling more than \$25,000 during the fiscal year covered by this registration statement, or during its current fiscal year, give date contributions first totaled more than \$25,000. \_\_\_\_\_

\*Includes contributions received both within and outside Pennsylvania

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

(If "Yes", please submit copy of IRS exemption letter if not previously submitted.)

A. If "Yes", under which IRS code section: 501(C)(3)

B. Has organization's tax-exempt status ever been denied, revoked, or modified? Yes  No

(If "Yes", attach copy of denial, revocation, or modification.)

11. Was the organization required to file an IRS 990 return and applicable schedules for its most recently completed fiscal year? Yes  No

(If "No", attach explanation of why organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return must file a Pennsylvania public disclosure form BCO-23. This includes an organization that files a 990N, 990EZ, or 990PF.)

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

BY RAISING FINANCIAL RESOURCES THROUGHOUT THE YEAR, THE UNITED WAY OF  
WYOMING VALLEY & SUSQUEHANNA COUNTY IMPACTS ITS LOCAL COMMUNITIES BY  
FOCUSING ON IMPROVING PEOPLE'S HEALTH, BUILDING STABLE COMMUNITIES, AND  
STRENGTHENING AT-RISK POPULATIONS.

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

UNITED WAY OF WYOMING VALLEY & SUSQUEHANNA COUNTY RAISES MONEY THROUGH  
INDIVIDUAL PLEDGES, CORPORATE DONATIONS AND EMPLOYEE CAMPAIGNS TO HELP  
LOCAL PROGRAMS AND AGENCIES IN THE COMMUNITY.

14. Is organization registered to solicit contributions in any other state or municipality? Yes  No

(If "Yes", list all states and municipalities. Attach separate sheet if necessary.)

15. Names, addresses, and telephone numbers of all professional solicitors you use or intend 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 separate sheet if necessary)

16. Names, addresses, and telephone numbers of all professional fundraising counsels you use or intend 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 separate sheet if necessary)

17. Names, addresses, and telephone numbers of any commercial coventurers under contract with your organization:

18. If you are a parent organization located in Pennsylvania, do you elect to file a combined registration covering all of your Pennsylvania affiliates?

Yes  No  Not Applicable  (See note under "important information")

If "Yes", give all names and certificate numbers of your affiliate organizations: (For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)

---

---

---

19. Are you a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on your behalf? Yes  No  (See note under "important information")

If "Yes", provide the name and, if available, certificate # of your parent organization. (For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)

\_\_\_\_\_  
(Legal name of parent organization)

\_\_\_\_\_  
(Certificate #)

20. Does your organization share contributions or other revenue with any other nonprofit corporation or unincorporated association? Yes  No  (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)

21. Does your organization share formal governance with any other nonprofit corporation or unincorporated association? Yes  No  (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)

22. Does any other domestic or foreign organization own a 10% or greater interest in your organization? Yes  No  (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)

23. Does your organization own a 10% or greater interest in any other domestic or foreign organization? Yes  No  (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)

24. Provide the names and addresses of all officers, directors, trustees, and principal salaried executive staff officers: (Attach separate sheet if necessary)

SEE STATEMENT 1

---

---

---

---



25. Names and addresses for: (Attach separate sheet if necessary)

A. Individual(s) in charge of solicitation activities:

BOARD OF DIRECTORS

100 NORTH PENNSYLVANIA AVENUE, 2ND FL WILKES BARRE, PA 18701

B. Individual(s) with final responsibility for the custody of contributions:

BOARD OF DIRECTORS

100 NORTH PENNSYLVANIA AVENUE, 2ND FL WILKES BARRE, PA 18701

C. Individual(s) with final responsibility for final distribution of contributions:

BOARD OF DIRECTORS

100 NORTH PENNSYLVANIA AVENUE, 2ND FL WILKES BARRE, PA 18701

D. Individual(s) responsible for custody of financial records:

TOM STIRES

100 NORTH PENNSYLVANIA AVENUE, 2ND FL WILKES BARRE, PA 18701

26. If you answer "Yes" to any of the following, attach a list of related individuals with names, business, and residence addresses of related parties. 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 supplier or vendor providing goods or services? Yes  No

27. If you answer "Yes" to any of the following, attach full written explanations, including reasons for actions, and copies of all relevant documents. Has organization or any of its present officers, directors, executive personnel, trustees, employees, or fundraisers:

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 are 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 with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes  No

I certify that the information provided in this registration, including all statements and documentation, is true and correct. I understand that the falsification of any statement or documentation is subject to criminal penalties for unsworn falsifications pursuant to 18 PA. C.S. § 4904.

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

Date \_\_\_\_\_

TOM STIRES, CFO  
\_\_\_\_\_  
Type or Print Name and Title of Chief Fiscal Officer

\_\_\_\_\_  
Signature of Another Authorized Officer

Date \_\_\_\_\_

WILLIAM M. JONES, PRESIDENT  
\_\_\_\_\_  
Type or Print Name and Title of Another Authorized Officer

Checklist

- Original Registration Statement Properly Signed and Dated
- A Copy of Form IRS 990 Return and Required Schedules Signed and Dated by an Authorized Officer
- Form BCO-23, if Required
- Applicable Financial Statements
- Registration Fee and any Late Filing Fees
- Additional Filings, if an Initial Registrant

---



---

FORM BCO-10                      OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES                      STATEMENT                      1

---

NAME AND ADDRESSTITLE

WILLIAM M JONES  
100 NORTH PENNSYLVANIA AVENUE  
WILKES BARRE, PA 18701

PRESIDENT/CEO

NAME AND ADDRESSTITLE

RICHARD E. BARRETT  
100 NORTH PENNSYLVANIA AVENUE  
WILKES BARRE, PA 18701

CHIEF FINANCIAL OFFICER

NAME AND ADDRESSTITLE

KAREN BORTON  
100 NORTH PENNSYLVANIA AVENUE  
WILKES BARRE, PA 18701

EXEC COMM./CIC COMM

NAME AND ADDRESSTITLE

DR. THOMAS BOTZMAN  
100 NORTH PENNSYLVANIA AVENUE  
WILKES BARRE, PA 18701

GOVERNANCE COMM

NAME AND ADDRESSTITLE

PATRICK J. ENDLER  
100 NORTH PENNSYLVANIA AVENUE  
WILKES BARRE, PA 18701

BOARD CHAIR/EXEC&GOVERN COMM

NAME AND ADDRESSTITLE

TONI MATHIS  
100 NORTH PENNSYLVANIA AVENUE  
WILKES BARRE, PA 18701

ETHICS COMMITTEE

NAME AND ADDRESSTITLE

SAM A. ROSTOCK  
  
100 NORTH PENNSYLVANIA AVENUE  
WILKES BARRE, PA 18701

TREASURER&EXEC./FIN  
COMMITTEE

NAME AND ADDRESSTITLE

WILLIAM E. SORDONI  
100 NORTH PENNSYLVANIA AVENUE  
WILKES BARRE, PA 18701

EXEC COMM/GOV.COMM CHAIR

NAME AND ADDRESS

TROY STANDISH  
  
100 NORTH PENNSYLVANIA AVENUE  
WILKES BARRE, PA 18701

TITLE

EXEC COMM/1ST VICE  
CGAIR/CAMP&

NAME AND ADDRESS

CARL J. WITKOWSKI  
100 NORTH PENNSYLVANIA AVENUE  
WILKES BARRE, PA 18701

TITLE

EXEC, GOVERN, & STEERING COMM

NAME AND ADDRESS

SCOTT PERTL  
100 NORTH PENNSYLVANIA AVENUE  
WILKES BARRE, PA 18701

TITLE

PERSONNEL COMMITTEE CHAIR

NAME AND ADDRESS

CONRAD SCHINTZ  
100 NORTH PENNSYLVANIA AVENUE  
WILKES BARRE, PA 18701

TITLE

CAMPAIGN COMMITTEE

NAME AND ADDRESS

DON BROMINSKI  
100 NORTH PENNSYLVANIA AVENUE  
WILKES BARRE, PA 18701

TITLE

CAMPAIGN COMMITTEE

NAME AND ADDRESS

ATTY. THOMAS J. CAMPENNI  
100 NORTH PENNSYLVANIA AVENUE  
WILKES BARRE, PA 18701

TITLE

GOVERNANCE COMMITTEE

NAME AND ADDRESS

ROBERT GRAHAM  
100 NORTH PENNSYLVANIA AVENUE  
WILKES BARRE, PA 18701

TITLE

FINANCE COMMITTEE

NAME AND ADDRESS

KATHY LANTZ  
100 NORTH PENNSYLVANIA AVENUE  
WILKES BARRE, PA 18701

TITLE

CAMPAIGN COMMITTEE

NAME AND ADDRESS

SCOTT LYNETT  
100 NORTH PENNSYLVANIA AVENUE  
WILKES BARRE, PA 18701

TITLE

CAMPAIGN COMMITTEE

NAME AND ADDRESS

ATTY JANE SMEDLEY ANZALONE  
  
100 NORTH PENNSYLVANIA AVENUE  
WILKES BARRE, PA 18701

TITLE

GOVERNANACE/CAMPAIGN  
COMMITTEE

NAME AND ADDRESS

JENNIFER SORDONI  
100 NORTH PENNSYLVANIA AVENUE  
WILKES BARRE, PA 18701

TITLE

EXEC COMM/2ND VICE CHAIR/CIC

NAME AND ADDRESS

RICHARD KAZMERICK  
100 NORTH PENNSYLVANIA AVENUE  
WILKES BARRE, PA 18701

TITLE

FINANCE COMMITTEE

NAME AND ADDRESS

JASON WILLIAMS  
100 NORTH PENNSYLVANIA AVENUE  
WILKES BARRE, PA 18701

TITLE

PERSONNEL COMMITTEE

NAME AND ADDRESS

JOSEPH LESKO  
100 NORTH PENNSYLVANIA AVENUE  
WILKES BARRE, PA 18701

TITLE

EXEC. COMM/CIC CHAIR

NAME AND ADDRESS

TARA WILSON  
100 NORTH PENNSYLVANIA AVENUE  
WILKES BARRE, PA 18701

TITLE

GOVERNANCE COMM

NAME AND ADDRESS

DONNA FARRELL  
  
100 NORTH PENNSYLVANIA AVENUE  
WILKES BARRE, PA 18701

TITLE

PERSONNEL COMM/CAMPAIGN  
CABINE

NAME AND ADDRESS

LAUREN ALLEN  
  
100 NORTH PENNSYLVANIA AVENUE  
WILKES BARRE, PA 18701

TITLE

ETHICS COMM/IMPACT COUN.  
CHAIR

NAME AND ADDRESS

RON BEER  
100 NORTH PENNSYLVANIA AVENUE  
WILKES BARRE, PA 18701

TITLE

FINANCE COMMITTEE

NAME AND ADDRESS

DANIELLE HAWLEY  
100 NORTH PENNSYLVANIA AVENUE  
WILKES BARRE, PA 18701

TITLE

AUDIT COMMITTEE CHAIR

NAME AND ADDRESS

R. GREG COLLINS  
100 NORTH PENNSYLVANIA AVENUE  
WILKES BARRE, PA 18701

TITLE

CAMPAIGN COMMITTEE/CHAIR

NAME AND ADDRESS

MARY KATE LAMBERT  
100 NORTH PENNSYLVANIA AVENUE  
WILKES BARRE, PA 18701

TITLE

PERSONNEL COMM

NAME AND ADDRESS

ATTY CATHERINE O'DONNELL  
  
100 NORTH PENNSYLVANIA AVENUE  
WILKES BARRE, PA 18701

TITLE

PERSONNEL COMM/CAMPAIGN  
CABINE

NAME AND ADDRESS

TERI OOMS  
100 NORTH PENNSYLVANIA AVENUE  
WILKES BARRE, PA 18701

TITLE

ETHICS & STEERING COMM

NAME AND ADDRESS

BRIAN RINKER  
100 NORTH PENNSYLVANIA AVENUE  
WILKES BARRE, PA 18701

TITLE

FINANCE COMMITTEE

NAME AND ADDRESS

DR. ANNE SKLEDER  
100 NORTH PENNSYLVANIA AVENUE  
WILKES BARRE, PA 18701

TITLE

BOARD MEMBER

NAME AND ADDRESS

ROB MILLER  
100 NORTH PENNSYLVANIA AVENUE  
WILKES BARRE, PA 18701

TITLE

FINANCE COMMITTEE

NAME AND ADDRESS

DAVID PEDRI  
100 NORTH PENNSYLVANIA AVENUE  
WILKES BARRE, PA 18701

TITLE

INVESTMENT COMMITTEE

NAME AND ADDRESS

KEVIN REA  
100 NORTH PENNSYLVANIA AVENUE  
WILKES BARRE, PA 18701

TITLE

AUDIT COMMITTEE

NAME AND ADDRESS

LINDSEY BEZICK  
100 NORTH PENNSYLVANIA AVENUE  
WILKES BARRE, PA 18701

TITLE

YOUNG PROFESSIONALS

NAME AND ADDRESS

JESSICA CRONAU  
100 NORTH PENNSYLVANIA AVENUE  
WILKES BARRE, PA 18701

TITLE

YOUNG PROFESSIONALS

NAME AND ADDRESS

JOSEPH GORHAM  
100 NORTH PENNSYLVANIA AVENUE  
WILKES BARRE, PA 18701

TITLE

YOUNG PROFESSIONALS