

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type.</p> <p>See Specific Instructions.</p>	<p><b>C</b> Name of organization <b>UNITED WAY OF WYOMING VALLEY, PA</b> <b>ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY</b></p> <p>Doing Business As</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>8 WEST MARKET ST 450</b></p> <p>City or town, state or country, and ZIP + 4 <b>WILKES BARRE, PA 18701</b></p>	<p><b>D</b> Employer identification number <b>24-0831490</b></p>
		<p><b>F</b> Name and address of principal officer: <b>DAVID LEE</b> <b>SAME AS C ABOVE</b></p>	<p><b>E</b> Telephone number <b>570-829-6711</b></p>
		<p><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>	<p><b>G</b> Gross receipts \$ <b>7,763,280.</b></p>
		<p><b>J</b> Website: ▶ <b>WWW.UNITEDWAYWB.ORG</b></p>	<p><b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</p> <p><b>H(c)</b> Group exemption number ▶</p>
		<p><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>	<p><b>L</b> Year of formation: <b>1956</b> <b>M</b> State of legal domicile: <b>PA</b></p>

Part I Summary			
	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>BY RAISING FINANCIAL RESOURCES THROUGHOUT THE YEAR, THE LOCAL COMMUNITY IS IMPACTED BY FOCUSING ON</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.	
Activities & Governance	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	3 54
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	4 54
	<b>5</b>	Total number of employees (Part V, line 2a)	5 35
	<b>6</b>	Total number of volunteers (estimate if necessary)	6 2010
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	7b 0.
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year 5,809,889. Current Year 5,124,979.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-717,247. 69,831.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	38,426. 45,971.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,131,068. 5,240,781.
	Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,256,982. 1,213,148.
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>486,669.</b>	
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,233,792. 277,569.
Net Assets or Fund Balances	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,933,193. 5,283,566.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-802,125. -42,785.
	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year 9,337,841. End of Year 9,815,596.
	<b>21</b>	Total liabilities (Part X, line 26)	3,312,553. 3,057,881.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	6,025,288. 6,757,715.

<b>Part II Signature Block</b>			
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>	<i>Sam A. Rostock</i> Signature of officer	<b>5/16/11</b> Date	
	<b>Sam A Rostock Board Treasurer</b> Type or print name and title		
<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ <i>Donald M. Groner CPC</i>	Date ▶ <b>05/13/11</b>	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <b>KRONICK KALADA BERDY &amp; CO., P.C. 190 LATHROP ST. KINGSTON, PA 18704</b>	EIN ▶	Preparer's identifying number (see instructions)
		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

1 Briefly describe the organization's mission: IMPACTING 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 No

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code: ) (Expenses \$ 1,878,908. including grants of \$ 1,878,908. ) (Revenue \$ ) UNITED WAY RAISES MONEY THROUGH INDIVIDUAL PLEDGES, CORPORATE DONATIONS, AND EMPLOYEE CAMPAIGNS TO HELP LOCAL PROGRAMS AND AGENCIES IN THE COMMUNITY. WHILE SOME INDIVIDUALS AND COMPANIES CHOOSE TO PLEDGE THEIR CONTRIBUTIONS TO SPECIFIC 501(C)3 AGENCIES OR OTHER UNITED WAYS ACROSS THE COUNTRY, MANY DONORS CHOOSE TO ALLOW UNITED WAY TO MEET THE CHALLENGE OF SPENDING THEIR DOLLARS TO MAKE THE MOST IMPACT IN THE WYOMING VALLEY. TO DISTRIBUTE THIS MONEY, OVER 60 UNITED WAY VOLUNTEERS MEET THROUGHOUT THE YEAR TO EXAMINE LOCAL NEEDS, AS WELL AS ANALYZE THE AGENCIES AND PROGRAMS THAT ARE SEEKING UNITED WAY FUNDING FOR THEIR SERVICES. THROUGH AN INTENSE PROCESS THAT INCLUDES VISITS TO THE AGENCIES, AN ANALYSIS OF PAST PROGRAM PERFORMANCE, A REVIEW OF THE PROJECTED USE OF FUNDS AND THE RESULT OF SERVICES ON CLIENTS, FINANCIAL

4b (Code: ) (Expenses \$ 996,083. including grants of \$ 996,083. ) (Revenue \$ ) HIV COALITION - STATE AND FEDERAL FUNDS ARE ALLOCATED BY THE UNITED WAY OF WYOMING VALLEY FOR VARIOUS ACTIVITIES OF THE NORTHEAST REGIONAL HIV PLANNING COALITION WHICH SERVES THE SIX COUNTIES IN THE NORTHEAST CORNER OF PENNSYLVANIA. THESE ACTIVITIES INCLUDE SUBCONTRACTING WITH SEVERAL AGENCIES TO PROVIDE HIV PREVENTION SERVICES AS WELL AS HIV CASE MANAGEMENT SERVICES. THROUGH HIV CASE MANAGEMENT, FUNDS ARE ALSO AVAILABLE FOR PATIENT CARE SERVICES (E.G. MEDICAL CARE, DENTAL CARE, FINANCIAL ASSISTANCE, ECT.) AND HOUSING ASSISTANCE. EACH YEAR, HUNDREDS OF INDIVIDUALS ARE REACHED THROUGH HIV PREVENTION EFFORTS AND APPROXIMATELY 250 INDIVIDUALS AND THEIR FAMILIES BENEFIT FROM HIV CASE MANAGEMENT.

4c (Code: ) (Expenses \$ 276,315. including grants of \$ 314,644. ) (Revenue \$ ) TAX CREDIT PROGRAMS - UNITED WAY OF WYOMING VALLEY IS AN APPROVED PRE-KINDERGARTEN SCHOLARSHIP ORGANIZATION AND K-12 SCHOLARSHIP ORGANIZATION THROUGH THE PENNSYLVANIA DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT. 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. THROUGH THE PRE-K PROGRAM, UNITED WAY ALLOCATES THIS MONEY TO QUALIFIED PRE-KINDERGARTEN INSTITUTIONS TO PROVIDE LOW INCOME CHILDREN SCHOLARSHIPS TO ATTEND THESE APPROVED PRE-K PROGRAMS. THE K-12 SCHOLARSHIP PROGRAM PROVIDES SCHOLARSHIPS TO LOW INCOME CHILDREN WITH SPECIAL NEEDS. THESE SCHOLARSHIPS PROVIDE THEM AN OPPORTUNITY TO RECEIVE THE SPECIALIZED EDUCATION THEY NEED IN ORDER TO SUCCEED IN LIFE.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 1,259,411. including grants of \$ 732,323. ) (Revenue \$ 45,971. )

4e Total program service expenses \$ 4,410,717.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> .....		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	X	
	• 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>		
	• 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>		
	• 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>		
	• 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>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> .....	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> .....		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> .....		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> .....		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		X

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 and other assistance to individuals in the United States 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 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) 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> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <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 a grant selection committee member, or to a person related to such an individual? <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 of the organization (or a family member) 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, Parts II, III, IV, and V, line 1</i> .....		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? .....	X	

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 2		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	<b>1c</b>		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 35		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	<b>2b</b>		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	<b>3a</b>		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	<b>3b</b>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	<b>4a</b>		
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	<b>4b</b>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	<b>5a</b>		
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	<b>5b</b>		
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	<b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
	<b>6a</b>		
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
	<b>7a</b>		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	<b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	<b>7c</b>		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	<b>7e</b>		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	<b>7f</b>		
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
	<b>7g</b>		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
	<b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	<b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
	<b>9a</b>		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
	<b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

**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.

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body		
1a			54
b	Enter the number of voting members that are independent		
1b			54
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

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

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

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **RICHARD E. BARRETT, C/O UNITED WAY OF WYOMING VALLEY - 570-829-6711**  
**8 WEST MARKET STREET, WILKES BARRE, PA 18701**

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

**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. Use Schedule J-2 if additional space is needed.

• 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(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			
JASON ABEN BOARD MEMBER	1.00	X					0.	0.	0.	
LOU ABITABLO BOARD MEMBER	1.00	X					0.	0.	0.	
ELISABETH BAKER BOARD MEMBER	1.00	X					0.	0.	0.	
CHARLES BARBER BOARD MEMBER	1.00	X					0.	0.	0.	
RICHARD BEASLEY BOARD MEMBER	1.00	X					0.	0.	0.	
ANDREW BIGDA, ESQ BOARD MEMBER	1.00	X					0.	0.	0.	
DAN BLOCK BOARD MEMBER	1.00	X					0.	0.	0.	
CHRISTOPHER BORTON BOARD MEMBER	1.00	X					0.	0.	0.	
NORENE BRADSHAW VICE CHAIR - CIC	2.00	X		X			0.	0.	0.	
LISSA BRYAN-SMITH CAMPAIGN CHAIR	2.00	X		X			0.	0.	0.	
DAVID CAPITANO BOARD MEMBER	1.00	X					0.	0.	0.	
TERENCE CASEY VICE CHAIR	1.00	X					0.	0.	0.	
CORNELIO CATENA BOARD MEMBER	1.00	X					0.	0.	0.	
JEANNIE CLEMENTS SECRETARY	2.00	X		X			0.	0.	0.	
RICHARD COHEN BOARD MEMBER	1.00	X					0.	0.	0.	
PATRICK CONNERS BOARD MEMBER	1.00	X					0.	0.	0.	
VIRGINIA CROSSIN BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(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			
MARTIN DEROME BOARD MEMBER	1.00	X						0.	0.	0.
MARK DESTEFANO BOARD MEMBER	1.00	X						0.	0.	0.
THOMAS DRUBY VICE CHAIR	1.00	X		X				0.	0.	0.
PATRICK ENDLER BOARD MEMBER	1.00	X						0.	0.	0.
RON FELTON BOARD MEMBER	1.00	X						0.	0.	0.
KERRI GALLAGHER BOARD MEMBER	1.00	X						0.	0.	0.
DOUGLAS GAUDET BOARD MEMBER	1.00	X						0.	0.	0.
KEITH GRIERSON BOARD MEMBER	1.00	X						0.	0.	0.
BRIAN GROVE BOARD MEMBER	1.00	X						0.	0.	0.
RAMAH HACKETT BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Total</b>								<b>191,801.</b>	<b>0.</b>	<b>58,878.</b>

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

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

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

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

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	189,059.				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	1046083.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3889837.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	<b>Total.</b> Add lines 1a-1f			5124979.			
	Program Service Revenue	2 a		Business Code				
b								
c								
d								
e								
f		All other program service revenue						
g		<b>Total.</b> Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		138,377.			138,377.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)			-68,546.			-68,546.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		Less: direct expenses	b					
		Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11 a	<b>SERVICE FEE INCOME</b>	900099		33,751.	33,751.			
b	<b>ADMINISTRATION INCOME</b>	900099		12,220.	12,220.			
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d			45,971.				
12	<b>Total revenue.</b> See instructions.			5240781.	45,971.	0.	69,831.	

**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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21 .....	3,792,849.	3,792,849.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	158,653.	57,116.	55,528.	46,009.
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 .....	723,232.	337,900.	151,126.	234,206.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....	234,799.	109,076.	51,786.	73,937.
10 Payroll taxes .....	96,464.	40,358.	23,366.	32,740.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....	13,610.		11,610.	2,000.
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....				
12 Advertising and promotion .....				
13 Office expenses .....				
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	97,445.	26,296.	42,531.	28,618.
17 Travel .....	14,989.	6,080.	5,691.	3,218.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....	7,097.	168.	609.	6,320.
20 Interest .....				
21 Payments to affiliates .....	45,543.	16,397.	12,283.	16,863.
22 Depreciation, depletion, and amortization .....	16,498.	6,014.	4,575.	5,909.
23 Insurance .....				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>MISCELLANEOUS SUPPORT S</b>	32,935.	7,621.	11,888.	13,426.
b <b>COMMUNICATION AND MARKE</b>	14,019.	1,366.	1,322.	11,331.
c <b>TELEPHONE</b>	13,884.	3,387.	5,657.	4,840.
d <b>SUPPLIES</b>	12,871.	3,616.	5,294.	3,961.
e <b>POSTAGE AND SHIPPING</b>	8,678.	2,473.	2,914.	3,291.
f All other expenses .....				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	5,283,566.	4,410,717.	386,180.	486,669.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	561,635.	<b>1</b>	564,693.	
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>		
	<b>3</b> Pledges and grants receivable, net .....	1,900,312.	<b>3</b>	1,493,363.	
	<b>4</b> Accounts receivable, net .....		<b>4</b>		
	<b>5</b> 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> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....	25,262.	<b>7</b>	29,640.	
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	33,670.	<b>9</b>	33,330.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 219,799.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 176,811.	54,339.	<b>10c</b>	42,988.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	6,427,155.	<b>12</b>	7,276,407.	
	<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 .....	335,468.	<b>15</b>	375,175.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	9,337,841.	<b>16</b>	9,815,596.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	23,332.	<b>17</b>	12,519.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....	283,309.	<b>19</b>	161,993.	
	<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> 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. Complete Part X of Schedule D .....	3,005,912.	<b>25</b>	2,883,369.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,312,553.	<b>26</b>	3,057,881.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	599,296.	<b>27</b>	945,077.	
	<b>28</b> Temporarily restricted net assets .....	1,548,823.	<b>28</b>	1,324,767.	
	<b>29</b> Permanently restricted net assets .....	3,877,169.	<b>29</b>	4,487,871.	
	<b>Organizations that do not follow SFAS 117, 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 .....	6,025,288.	<b>33</b>	6,757,715.	
<b>34</b> Total liabilities and net assets/fund balances .....	9,337,841.	<b>34</b>	9,815,596.		

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? .....	X	
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? .....	X	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....	X	
<b>2d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....		X
<b>3b</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. ....		

Form **990** (2009)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization **UNITED WAY OF WYOMING VALLEY, PA**  
**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 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....		
(ii) A family member of a person described in (i) above? .....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,908,937.	6,714,155.	6,080,610.	5,809,889.	4,078,896.	28,592,487.
<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	5,908,937.	6,714,155.	6,080,610.	5,809,889.	4,078,896.	28,592,487.
<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.						28,592,487.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	5,908,937.	6,714,155.	6,080,610.	5,809,889.	4,078,896.	28,592,487.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	128,092.	179,835.	282,946.	210,323.	138,377.	939,573.
<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 IV.)	45,999.	50,962.	44,796.	38,426.	45,971.	226,154.
<b>11 Total support.</b> Add lines 7 through 10						29,758,214.

**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 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	96.08	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	97.58	%
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float:right"><input checked="" type="checkbox"/></span>			
<b>b 33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float:right"><input type="checkbox"/></span>			
<b>17a 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <span style="float:right"><input type="checkbox"/></span>			
<b>b 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <span style="float:right"><input type="checkbox"/></span>			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span style="float:right"><input type="checkbox"/></span>			

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV.) .....						
<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 2009 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** 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 - 2008.** 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

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2009**

**Name of the organization**

UNITED WAY OF WYOMING VALLEY, PA  
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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

<b>Name of organization</b> UNITED WAY OF WYOMING VALLEY, PA ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY	<b>Employer identification number</b> 24-0831490
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	PP&L <hr/> 503 NEW MARKET STREET <hr/> WILKES BARRE, PA 18702-6693 <hr/>	\$ 119,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> UNITED WAY OF WYOMING VALLEY, PA ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY	<b>Employer identification number</b> 24-0831490
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**Part II Noncash Property** (see instructions)

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

<b>Name of organization</b> UNITED WAY OF WYOMING VALLEY, PA ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY	<b>Employer identification number</b> 24-0831490
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. 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 information once. See instructions.) ▶ \$

(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>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**Schedule D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization **UNITED WAY OF WYOMING VALLEY, PA**  
**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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate 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" to 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 pleasure)  Preservation of an 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 .....	2d

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

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

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

Yes  No

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

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

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

Yes  No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

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

▶ \$ \_\_\_\_\_

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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

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 organization answered "Yes" to 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 XIV and complete the following table:

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Term endowment  \_\_\_\_\_ %

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	<b>3a(i)</b>	
(ii) related organizations	<b>3a(ii)</b>	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<b>3b</b>	

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

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(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		7,131.	6,215.	916.
d Equipment		212,668.	170,596.	42,072.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>42,988.</b>



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,240,781.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,283,566.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-42,785.
4	Net unrealized gains (losses) on investments	4	775,212.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	775,212.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	732,427.

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

1	Total revenue, gains, and other support per audited financial statements	1	6,027,118.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	775,212.
b	Donated services and use of facilities	2b	11,125.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	786,337.
3	Subtract line 2e from line 1	3	5,240,781.
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 XIV.)	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	5,240,781.

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

1	Total expenses and losses per audited financial statements	1	5,294,691.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	11,125.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	11,125.
3	Subtract line 2e from line 1	3	5,283,566.
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 XIV.)	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	5,283,566.

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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**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

**2009**

Open to Public  
Inspection

Name of the organization **UNITED WAY OF WYOMING VALLEY, PA  
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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) 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 non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN RED CROSS 256 N. SHERMAN ST. WILKES-BARRE, PA 18702	24-0803079	3	193,938.	0.			DISASTER RELIEF
THE ARC OF LUZERNE COUNTY 16-18 W. LINDEN ST. WILKES-BARRE, PA 18702	23-1634316	3	11,104.	0.			COGNITIVE DISABILITIES
BOY SCOUTS NEPA 1 BOB MELLOW DRIVE MOOSIC, PA 18507	23-2602695	3	36,000.	0.			RECREATION FOR YOUTH
CATHOLIC SOCIAL SERVICES 33 E. NORTHAMPTON ST WILKES-BARRE, PA 18701	24-0818341	3	322,342.	0.			MENTAL HEALTH
CATHOLIC YOUTH CENTER 36 S WASHINGTON ST WILKES-BARRE, PA 18701	24-0818341	3	75,561.	0.			CHILD CARE
COMMISSION ON ECONOMIC OPPORTUNITY 165 AMBER LANE WILKES BARRE, PA 18703	23-1653093	3	108,431.	0.			HOUSING AND FINANCIAL

- 2** Enter total number of section 501(c)(3) and government organizations
- 3** Enter total number of other organizations

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

Schedule I (Form 990) 2009

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
 Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: ALL PROGRAMS THAT RECEIVE FUNDING FROM THE UNITED WAY'S ALLOCATION PROCESS MUST FOLLOW PROCEDURES TO DEMONSTRATE THEIR ACCOUNTABILITY. AGENCIES BILL UNITED WAY ON A MONTHLY 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 THIER 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 I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

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

**Part I** 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
CHILD DEVELOPMENT COUNCIL 9 E. MARKET ST WILKES-BARRE, PA 18711	23-1875342	3	57,274.	0.			CHILD CARE
CHILDREN'S SERVICE CENTER OF WYO. VALLEY - 335 S FRANKLIN ST - WILKES BARRE, PA 18702	24-0795404	3	54,697.	0.			MENTAL HEALTH
CONSUMER CREDIT COUNSELING OF NEPA - 401 LAUREL ST - PITTSTON , PA 18640	23-2072807	3	5,000.	0.			FINANCIAL CARE
CREATING UNLIMITED POSSIBILITIES 159 SIMPSON ST WILKES BARRE, PA 18702	24-0833764	3	9,137.	0.			PHYSICAL DISABILITIES
DOMESTIC VIOLENCE SERVICE CTR 14 E SOUTH ST WILKES-BARRE, PA 18703	23-2070668	3	47,346.	0.			FAMILY VIOLENCE
FAMILY SERVICE ASSOCIATION WV 31 W. MARKET ST. WILKES BARRE, PA 18701	24-0795415	3	235,735.	0.			INFO AND REFERRAL
GIRL SCOUTS IN HEART OF PA 350 HAZLE ST HARRISBURG, PA 17105	24-0795960	3	36,855.	0.			RECREATION FOR YOUTH
GREATER PITTSTON YMCA 10 N. MAIN ST PITTSTON, PA 18640	24-0796039	3	47,659.	0.			NUTRITION AND EXERCISE

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

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

**Part I** 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
HEMODIALYSIS PATIENTS ASSOCIATION 512 LACKAWANNA AVE MAYFIELD, PA 18433	23-1939485	3	8,508.	0.			CHRONIC HEALTH
JEWISH FAMILY SERVICE 71-73 NORTHAMPTON ST WILKES BARRE, PA 18701	23-6296584	3	29,629.	0.			MENTAL HEALTH
JEWISH COMMUNITY CENTER 60 S RIVER ST WILKES BARRE, PA 18702	24-0795437	3	96,827.	0.			REC FOR YOUTH AND SER
NORTH PENN LEGAL SERVICES 410 BICENTENNIAL BLDG WILKES BARRE, PA 18703	23-1659111	3	16,186.	0.			FINANCIAL CARE
LUZERNE COUNTY HEAD START 23 BEEKMAN ST WILKES BARRE, PA 18703	23-2038753	3	52,220.	0.			EDUCATION
SALVATION ARMY 171 S PENNSYLVANIA AVE WILKES BARRE, PA 18701	13-5562351	3	65,327.	0.			FIANCIAL CARE
UNITED REHABILITATION SERVICES 287 N PENNSYLVANIA AVE WILKES-BARRE, PA 18702	23-1639928	3	53,975.	0.			PHYSICAL DISABILITIES
VICTIM'S RESOURCE CENTER 71 N FRANKLIN ST WILKES-BARRE, PA 18701	23-1973148	3	41,622.	0.			VICTIM ASSISTANCE

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

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

**Part I** 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
VOLUNTEERS OF AMERICA 25 N RIVER STREET WILKES BARRE, PA 18702	52-2145785	3	12,483.	0.			PHYSICAL DISABILITIES
WILKES-BARRE FAMILY YMCA 40 W NORTHAMPTON ST WILKES BARRE, PA 18701	24-0795638	3	74,439.	0.			REC FOR YOUTH AND SER
WYOMING VALLEY CHILDREN'S ASSOCIATION - 1133 WYOMING AVE - KINGSTON, PA 18704	24-0795510	3	133,965.	0.			COGNITIVE DISABILITIES
WYOMING VALLEY ALCOHOL AND DRUG 437 N MAIN ST WILKES BARRE, PA 18702	23-2045690	3	70,052.	0.			DRUG AND ALCOHOL
UNITED WAY OF LACKAWANNA COUNTY 615 JEFFERSON AVE SCRANTON, PA 18501	24-0824164	3	82,834.	0.			DONOR DESIGNATIONS
UNITED WAY OF WYOMING COUNTY 119 WARREN ST TUNKHANNOCK, PA 18657	23-1702298	3	66,745.	0.			DONOR DESIGNATIONS
BRADFORD COUNTY UNITED WAY PO BOX 106 TOWANDA, PA 18848	23-2077784	3	58,432.	0.			DESIGNATIONS
SPCA OF LUZERNE COUNTY 524 E MAIN ST WILKES BARRE, PA 18702	24-0855811	3	14,533.	0.			DESIGNATIONS

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
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OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization <b>UNITED WAY OF WYOMING VALLEY, PA ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY</b>	<b>Employer identification number 24-0831490</b>
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**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER HAZLETON 134 S WYOMING ST HAZLETON, PA 18201	24-0796034	3	19,935.	0.			DESIGNATIONS
JEWISH FEDERATION-GR WILKES-BARRE 60 S RIVER ST WILKES BARRE, PA 18702	24-0796936	3	15,000.	0.			DESIGNATIONS
BACK MOUNTAIN RECREATION, INC OLD ROUTE 115 LEHMAN, PA 18627	23-2986991	3	21,990.	0.			DESIGNATIONS DESIGNATIONS
COMMUNITY FOUNDATION-SUSQ. CNTY 36 LAKE AVE MONTROSE, PA 18801	30-0011355	3	5,000.	0.			DESIGNATIONS
AMERICAN RED CROSS-SUSQ COUNTY 6 PUBLIC AVE MAYFIELD, PA 18801	24-0803782	3	14,212.	0.			DESIGNATIONS
BOY SCOUTS-BADEN POWELL COUNCIL PO BOX 66 BINGHAMTON, PA 13903	15-0536607	3	5,706.	0.			SUPPORT PROGRAM
CARENET PREGNANCY CENTER OF NEPA PO BOX 13 MONTROSE, PA 18801	23-2398020	3	5,967.	0.			SUPPPORT PROGRAM
END OF DAY PROGRAM PO BOX 66 MONTROSE, PA 18801	16-1623532	3	5,916.	0.			SUPPORT PROGRAM

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
**▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

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

**Part I** 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
GIRL SCOUTS IN THE HEART OF PA PO BOX 2837 HARRISBURG, PA 17105	24-0795960	3	5,794.	0.			SUPPORT PROGRAM
HABITAT FOR HUMANITY-SUSQ. COUNTY PO BOX 231 MONTROSE, PA 18801	23-2955699	3	5,928.	0.			SUPPORT PROGRAM
SUSQUEHANNA COUNTY INTERFAITH 17 PUBLIC AVE MONTROSE, PA 18801	23-3046246	3	41,944.	0.			SUPPORT PROGRAM
SUSQUEHANNA CNTY. LIBRARY ASSOC 2 MONUMENT SQ MAYFIELD, PA 18801	24-0798835	3	18,173.	0.			SUPPORT PROGRAM
COMMUNITY FOUNDATION-SUSQ. CNTY 36 LAKE AVE MONTROSE, PA 18801	30-0011355	3	46,148.	0.			SUPPORT PROGRAM DESIG DONATIONS
WOMEN'S RESOURCE CENTER PO BOX 202 MONTROSE, PA 18801	23-2003915	3	11,460.	0.			SUPPORT PROGRAM
SUSQUEHANNA CNTY LITERARY COUNCIL PO BOX 277 MONTROSE, PA 18801	23-2473551	3	5,868.	0.			SUPPORT PROGRAM
ALLIED SERVICES/JOHN HEINZ REHAB 150 MUNDY ST WILKES BARRE, PA 18701	23-2523682	3	90,933.	0.			EDUCATION

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
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OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

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

**Part I** 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
VOLUNTEERS IN MEDICINE 190 N PENNSYLVANIA AVE WILKES BARRE, PA 18702	20-3531527	3	15,539.	0.			HEALTH CARE
YMCA OF HAZLETON 75 S CHURCH ST HAZLETON, PA 18201	24-0796038	3	7,500.	0.			EDUCATION
BERWICK SCHOOL DISTRICT 500 LINE STREET BERWICK, PA 18603	23-2287358	3	38,933.	0.			EDUCATION
UNITED NEIGHBORHOOD CENTERS OF NEPA - 425 ALDER ST - SCRANTON, PA 18503	24-0795389	3	79,154.	0.			HIV PREVENTION HIV PREVENTION
WYOMING VALLEY AIDS COUNCIL 183 MARKET ST KINGSTON, PA 18704	23-2577754	3	302,857.	0.			HIV PREVENTION/CM
AMERICAN RED CROSS 256 SHERMAN ST WILKES BARRE, PA 18702	24-0803079	3	124,595.	0.			HIV PREVENTION/CM HIV PREVENTION HIV PREVENTION
STRP MEDICAL GROUP PC 746 JEFFERSON AVE SCRANTON, PA 18505	23-2772504	3	374,542.	0.			HIV PREVENTION/CM
CARING COMMUNITIES 301 A WEST THIRD STREET BERWICK, PA 18603	23-2815276	3	25,012.	0.			HIV PREVENTION

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

Schedule I-1 (Form 990) 2009

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

**Part I** 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
FORTY FORST CEMETARY 20 RIVER STREET FORTY FORT, PA 18704	24-0771965	3	9,000.	0.			DESIGNATIONS
MERCY TYLER HOSPITAL 880 SR 6 W TUNKHANNOCK, PA 18657	24-0779665	3	5,000.	0.			DESIGNATIONS
UNITED WAY OF BERWICK AREA 139R E 2ND STREET BERWICK, PA 18603	23-7114627	3	6,351.	0.			DESIGNATIONS
WILKES BARRE JUNIOR PENGUINS 38 COAL STREET WILKES BARRE, PA 18702	16-1615064	3	9,625.	0.			SCHOLARSHIPS
WVIA 100 WVIA WAY PITTSION, PA 18640	23-1663603	3	5,000.	0.			DESIGNATIONS DESIGNATIONS
ENDLESS MOUNTAINS 3 GROW AVENUE MONTROSE, PA 18801	23-2720289	3	10,000.	0.			DEISGNATIONS

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public Inspection

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

**Part I Questions Regarding Compensation**

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

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

Schedule J (Form 990) 2009

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

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DAVID LEE	(i)	112,399.	0.	12,610.	5,000.	28,644.	158,653.	161,280.
	(ii)	0.	0.	0.	0.	0.	0.	0.
RICHARD BARRETT	(i)	66,792.	0.	0.	6,011.	19,223.	92,026.	90,024.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the Organization **UNITED WAY OF WYOMING VALLEY, PA**  
**ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY** Employer Identification number  
**24-0831490**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(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			
WILLIAM HARDWICK BOARD MEMBER	1.00	X						0.	0.	0.
FRANK JOANLANNE BOARD MEMBER	1.00	X						0.	0.	0.
ROSE LANG BOARD MEMBER	1.00	X						0.	0.	0.
MICHAEL LAST BOARD MEMBER	1.00	X						0.	0.	0.
JENNIFER LIMON BOARD MEMBER	1.00	X						0.	0.	0.
JOSEPH MAKAREWICZ BOARD MEMBER	1.00	X						0.	0.	0.
SUSAN MEUSER BOARD MEMBER	1.00	X						0.	0.	0.
JOSEPH NEALON BOARD MEMBER	1.00	X						0.	0.	0.
DR. KIP NYGREN BOARD MEMBER	1.00	X						0.	0.	0.
EDDIE PASHINSKI VICE CHAIR	1.00	X		X				0.	0.	0.
RACHAEL PUGH BOARD MEMBER	1.00	X						0.	0.	0.
ALEX ROGERS BOARD MEMBER	1.00	X						0.	0.	0.
KRISTEN ROSE AUDIT CHAIR	1.00	X		X				0.	0.	0.
SAM ROSTOCK TREASURER	2.00	X		X				0.	0.	0.
SHEILA SAIDMAN, ESQ BOARD MEMBER	1.00	X						0.	0.	0.
CONRAD SHINTZ BOARD MEMBER	1.00	X						0.	0.	0.
JAME SHOEMAKER, ESQ BOARD MEMBER	1.00	X						0.	0.	0.
CHRIS SIEGEL BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT SYNDER BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT SOPER BOARD CHAIR	2.00	X		X				0.	0.	0.



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization	UNITED WAY OF WYOMING VALLEY, PA ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY	Employer identification number	24-0831490
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IMPROVING PEOPLE'S HEALTH, BUILDING STABLE COMMUNITIES, AND  
STRENGTHENING AT-RISK POPULATIONS.

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

AUDIT ASSESSMENT, AND A MONITORING VISIT, THE UNITED WAY DISTRIBUTES  
FUNDS TO PROGRAMS AT 28 PARTICIPATING AGENCIES. ALL PROGRAMS THAT ARE  
FUNDED BY UNITED WAY MUST PROVE ITS IMPACT ON THE COMMUNITY IN THE  
FOLLOWING WAYS, BASED ON THE CURRENT STRATEGIC PLAN: PROVIDING MENTAL  
HEALTH ASSISTANCE, SUPPORTING PHYSICAL AND MEDICAL NEEDS, REVITALIZING  
NEIGHBORHOODS, MAXIMIZING INDIVIDUAL SAFETY, INCREASING FINANCIAL  
STABILITY AND ADVANCING PERSONAL WELLNESS.

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

DESIGNATED GIFTS

EXPENSES \$ 732323. INCLUDING GRANTS OF \$ 732323. REVENUE \$ 0.

OTHER PROGRAM SERVICES

EXPENSES \$ 527088. INCLUDING GRANTS OF \$ 0. REVENUE \$ 45971.

FORM 990, PART VI, SECTION A, LINE 2: THE ORGANIZATION ISSUES A  
QUESTIONNAIRE ANNUALLY TO EACH OF ITS BOARD MEMBERS TO ENSURE THERE ARE NO  
FAMILY OR BUSINESS RELATIONSHIPS EXISTING THAT MAY REQUIRE DISCLOSURE OR  
PRESENT CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF 2009 FORM 990 WAS

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
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OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization	UNITED WAY OF WYOMING VALLEY, PA ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY	Employer identification number	24-0831490
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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, IN THE PRESENCE OF THEIR INDEPENDENT PUBLIC AUDITOR.

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 BOARD LEVEL COMPENSATION 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 ANY RECOMMENDATIONS ARE THEN MADE TO THE COMPENSATION COMMITTEE FOR REVIEW, 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 PUBLIC THROUGH GUIDESTAR'S WEBSITE. UNITED WAY PLANS TO MAKE THIS YEARS'S FORM 990 AND ITS ANNUAL AUDIT REPORT AVAILABLE THROUGH ITS OWN WEBSITE.

