See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable:
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
UNITED WAY OF WYOMING VALLEY, PA
ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY

Doing Business As

Number and street (or P.O box if mail is not delivered to street address) Room/suite
8 WEST MARKET STREET 450

City or town, state or country, and ZIP + 4
WILKES BARRE, PA 18711-0100

D Employer identification number
24-0831490

E Telephone number
570-829-6711

G Gross receipts $ 8,475,191.

F Name and address of principal officer DAVID LEE
450 MELLON BANK CTR, 8 WEST MARKET STREET, W

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ N/A

K Type of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1956 M State of legal domicile: PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: BY RAISING FINANCIAL RESOURCES THROUGHOUT THE YEAR, THE LOCAL COMMUNITY IS IMPACTED BY FOCUSING ON		
	2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	56
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	56
	5 Total number of employees (Part V, line 2a)	5	36
	6 Total number of volunteers (estimate if necessary)	6	2010
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	6,080,610.	5,809,889.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	282,946.	-717,247.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	330,327.	38,426.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,693,883.	5,131,068.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,553,871.	3,442,419.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,275,933.	1,256,982.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 500,488.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,232,198.	1,233,792.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	6,062,002.	5,933,193.
	19 Revenue less expenses. Subtract line 18 from line 12	631,881.	-802,125.

		Beginning of Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	10,691,211.	9,337,841.
	21 Total liabilities (Part X, line 26)	3,276,652.	3,312,553.
	22 Net assets or fund balances Subtract line 21 from line 20	7,414,559.	6,025,288.

RECEIVED FEB 18 2010 OGDEN UT

Part II Signature Block

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

Sign Here

▶ Signature of officer: David P. Lee, President — Date: 2-11-10

▶ Type or print name and title: DAVID C. LEE PRESIDENT

Paid Preparer's Use Only

Preparer's signature: ▶ Donald M. Kronick CPA — Date: 2-11-10 — Check if self-employed ▶ [ ] — Preparer's identifying number (see instructions): 209-36-2790

Firm's name (or yours if self-employed), address, and ZIP + 4:
▶ KRONICK KALADA BERDY & CO., P.C.
190 LATHROP ST.
KINGSTON, PA 18704

EIN ▶

Phone no. ▶ (570) 283-2727

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

SCANNED MAR 19 2010

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

gls 12

Part III Statement of Program Service Accomplishments (see instructions)

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
If "Yes", describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes", describe these changes on Schedule O

4 Describe the 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 $ 2,830,996. including grants of $) (Revenue $ 2,830,996.)
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 $ 984,326. including grants of $) (Revenue $ 984,326.)
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 $ 339,366. including grants of $) (Revenue $ 351,833.)
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 $ 884,476. including grants of $) (Revenue $)

4e **Total program service expenses ▶ $** 5,039,164. *(Must equal Part IX, Line 25, column (B).)*

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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		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? *If "Yes," complete Schedule F, Part II*	15		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? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	X	
24a	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? *If "Yes," answer questions 24b-24d and complete Schedule K If "No", go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
26	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? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	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? *If "Yes," complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S Information Returns Enter -0- if not applicable	1a	2		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	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	2a	36		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	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)?		4a		X
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		4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		X
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter N/A				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter. N/A				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body	1a 56		
b	Enter the number of voting members that are independent	1b 56		
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?	2		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?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		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?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or 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*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	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?	15a	X	
b	Other officers or key employees of the organization?	15b	X	
	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?	16a		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?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (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 & SUSQUEHHANNA COUN
8 WEST MARKET STREET, WILKES BARRE, PA 18711-0100

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 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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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 officer, director, trustee, or key employee

(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			
ALEX ROGERS BOARD CHAIR	3.00	X		X				0.	0.	0.
ELIZABETH HASTIE SECRETARY	1.00	X		X				0.	0.	0.
ROBERT SOPER TREASURER	2.00	X		X				0.	0.	0.
NORENE BRADSHAW BOARD MEMBER	2.00	X						0.	0.	0.
JEANNIE CLEMENTS BOARD MEMBER	1.00	X						0.	0.	0.
VIRGINIA CROSSIN BOARD MEMBER	1.00	X						0.	0.	0.
RAMAH HACKETT BOARD MEMBER	2.00	X						0.	0.	0.
JOE MAKAREWICZ BOARD MEMBER	1.00	X						0.	0.	0.
SUSAN MEUSER BOARD MEMBER	1.00	X						0.	0.	0.
H. JEREMY PACKARD, D.S.L BOARD MEMBER	2.00	X						0.	0.	0.
KERRI GALLAGHER BOARD MEMBER	2.00	X						0.	0.	0.
MARK DESTEFANO BOARD MEMBER	2.00	X						0.	0.	0.
RICHARD COHEN BOARD MEMBER	1.00	X						0.	0.	0.
THOMAS DRUBY BOARD MEMBER	2.00	X						0.	0.	0.
CHRISTOPHER BORTON BOARD MEMBER	2.00	X						0.	0.	0.
PATRICK ENDLER BOARD MEMBER	1.00	X						0.	0.	0.
ROSE LANG 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			
FRANK JOANLANNE BOARD MEMBER	2.00	X						0.	0.	0.
JENNIFER LIMON BOARD MEMBER	1.00	X						0.	0.	0.
CONRAD SCHINTZ BOARD MEMBER	2.00	X						0.	0.	0.
LISSA BRYAN-SMITH BOARD MEMBER	2.00	X						0.	0.	0.
TODD VONDERHELD BOARD MEMBER	2.00	X						0.	0.	0.
SAM BIANCO BOARD MEMBER	2.00	X						0.	0.	0.
CARL WITKOWSKI BOARD MEMBER	1.00	X						0.	0.	0.
JAMES SHOEMAKER, ESQ BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT SNYDER BOARD MEMBER	1.00	X						0.	0.	0.
CHARLES BARBER BOARD MEMBER	1.00	X						0.	0.	0.
1b Total						▶		187,043.	0.	64,261.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 1

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		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 those in 1) 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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 4,720,563.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 1,089,326.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f $ 166,416.					
	h Total. Add lines 1a-1f	▶	5809889.			
Program Service Revenue		Business Code				
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	210,323.			210,323.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real / (ii) Personal				
	6 a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
		(i) Securities / (ii) Other				
	7 a Gross amount from sales of assets other than inventory	2,416,553.				
	b Less: cost or other basis and sales expenses	3,344,123.				
	c Gain or (loss)	-927,570.				
	d Net gain or (loss)	▶	-927,570.			-927570.
	8 a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events	▶				
	9 a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11 a SERVICE FEE INCOME	900099	31,558.	31,558.		
	b ADMINISTRATION INCOME	900099	6,868.	6,868.		
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	▶	38,426.			
	12 Total Revenue Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	▶	5131068.	38,426.	0.	-717247.

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	3,442,419.	3,442,419.		
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	251,304.	129,087.	72,826.	49,391.
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	678,366.	291,492.	150,580.	236,294.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	226,543.	106,870.	49,945.	69,728.
10 Payroll taxes	100,769.	43,193.	24,084.	33,492.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	20,635.		11,285.	9,350.
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	94,496.	29,563.	37,695.	27,238.
17 Travel	18,100.	8,453.	6,371.	3,276.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,283.	703.	28.	552.
20 Interest				
21 Payments to affiliates	46,449.	46,449.		
22 Depreciation, depletion, and amortization	26,044.	8,707.	7,803.	9,534.
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 OTHER ASSISTANCE	910,870.	910,870.		
b MISCELLANEOUS SUPPORT S	68,499.	9,032.	17,293.	42,174.
c COMMUNICATION AND MARKE	15,446.	2,747.	3,808.	8,891.
d TELEPHONE	13,301.	4,044.	5,743.	3,514.
e POSTAGE & SHIPPING	9,401.	3,034.	2,963.	3,404.
f All other expenses	9,268.	2,501.	3,117.	3,650.
25 Total functional expenses Add lines 1 through 24f	5,933,193.	5,039,164.	393,541.	500,488.
26 Joint Costs Check here ▶ ☐ 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
Assets	1	Cash - non-interest-bearing		598,562.	1	561,635.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		1,920,515.	3	1,900,312.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L			5	
	6	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			6	
	7	Notes and loans receivable, net		29,958.	7	25,262.
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		37,239.	9	33,670.
	10a	Land, buildings, and equipment: cost basis	10a 214,651.			
	b	Less accumulated depreciation Complete Part VI of Schedule D	10b 160,312.	66,642.	10c	54,339.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 11		7,704,489.	12	6,427,155.
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		333,806.	15	335,468.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		10,691,211.	16	9,337,841.
Liabilities	17	Accounts payable and accrued expenses		11,984.	17	23,332.
	18	Grants payable			18	
	19	Deferred revenue		202,675.	19	283,309.
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities Complete Part X of Schedule D		3,061,993.	25	3,005,912.
	26	**Total liabilities.** Add lines 17 through 25		3,276,652.	26	3,312,553.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		613,672.	27	599,296.
	28	Temporarily restricted net assets		1,647,049.	28	1,548,823.
	29	Permanently restricted net assets		5,153,838.	29	3,877,169.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		7,414,559.	33	6,025,288.
	34	Total liabilities and net assets/fund balances		10,691,211.	34	9,337,841.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lines 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?	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008

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: (Please check only **one** organization)

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).** (Attach Schedule H)

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 the Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).** (see instructions)

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?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the organizations the organization supports

(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? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	5,726,446.	5,908,937.	6,714,155.	6,080,610.	5,809,889.	30,240,037.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 - 3	5,726,446.	5,908,937.	6,714,155.	6,080,610.	5,809,889.	30,240,037.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						30,240,037.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	5,726,446.	5,908,937.	6,714,155.	6,080,610.	5,809,889.	30,240,037.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	91,548.	128,092.	179,835.	282,946.	210,323.	892,744.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	50,491.	45,999.	50,962.	44,796.	38,426.	230,674.
11 **Total support.** Add lines 7 through 10						31,363,455.

12 Gross receipts from related activities, etc (see instructions)	12	-326,977.

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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	96.42 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	97.19 %

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** 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 - 2007.** 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 D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ 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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

2 Complete lines 2a-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 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 taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 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 Trust, 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	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

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

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

Part V Endowment Funds. Complete if 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	Investment earnings or 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	3a(i)	
(ii)	related organizations	3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		208,620.	154,281.	54,339.
e Other		6,031.	6,031.	0.
Total. Add lines 1a-1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				54,339.

Schedule D (Form 990) 2008

832052
12-23-08

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products	334,820.	END-OF-YEAR MARKET VALUE
Closely-held equity interests		
Other		
CORPORATE BONDS	1,326,129.	END-OF-YEAR MARKET VALUE
EQUITY SECURITIES	4,171,801.	END-OF-YEAR MARKET VALUE
MONEY MARKET ACCOUNT	594,405.	END-OF-YEAR MARKET VALUE
Total (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶	6,427,155.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
Federal income taxes	
DESIGNATIONS PAYABLE	855,839.
ALLOCATIONS PAYABLE	1,959,000.
DEFERRED COMPENSATION PAYABLE	134,891.
CHARITABLE GIFT ANNUITY PAYMENT	6,815.
ACCRUED VACATION	24,451.
EMERGENCY RESERVE	2,000.
PAYROLL TAXES PAYABLE	736.
RESERVE FOR SPECIAL FUNCTIONS	2,482.
DEFERRED REV- MISC	17,225.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	3,005,912.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 SEE PART XIV FOR CONTINUATIONS

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,131,068.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,933,193.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-802,125.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-587,146.
9	Total adjustments (net) Add lines 4-8	9	-587,146.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,389,271.

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	5,758,065.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	39,850.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	587,147.		
e	Add lines 2a through 2d			2e	626,997.
3	Subtract line 2e from line 1			3	5,131,068.
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 should equal Form 990, Part I, line 12.)			5	5,131,068.

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

1	Total expenses and losses per audited financial statements			1	5,973,043.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	39,850.		
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	39,850.
3	Subtract line 2e from line 1			3	5,933,193.
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 should equal Form 990, Part I, line 18)			5	5,933,193.

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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

PART XI, LINE 8 - OTHER ADJUSTMENTS:

UNREALIZED LOSS ON INVESTMENTS: -587146.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

UNREALIZED LOSS: 587147.

Part XIV **Supplemental Information** *(continued)*

Part X **Other Liabilities.** See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
DEFERRED FOR FUTURE CAMPAIGNS	2,473.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047

2008

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? [X] 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" on 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 ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 256 N. SHERMAN ST. WILKES-BARRE, PA 18702	24-0803079	3	211,392.	0.			DISASTER RELIEF
THE ARC OF LUZERNE COUNTY 16-18 W. LINDEN ST. WILKES-BARRE, PA 18702	23-1634316	3	11,900.	0.			COGNITIVE DISABILITIES
BOY SCOUTS NEPA 1 BOB MELLOW DRIVE MOOSIC, PA 18507	23-2602695	3	39,745.	0.			RECREATION FOR YOUTH
CATHOLIC SOCIAL SERVICES 33 E. NORTHAMPTON ST WILKES-BARRE, PA 18701	24-0818341	3	340,021.	0.			MENTAL HEALTH
CATHOLIC YOUTH CENTER 36 S WASHINGTON ST WILKES-BARRE, PA 18701	24-0818341	3	85,988.	0.			CHLD CARE
COMMISSION ON ECONOMIC OPPORTUNITY 165 AMBER LANE WILKES BARRE, PA 18703	23-1653093	3	127,380.	0.			HOUSING AND FINANCIAL

2 Enter total number of section 501(c)(3) and government organizations ▶ 67.

3 Enter total number of other organizations ▶ 0.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) 2008**

832101 12-18-08

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Use 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 Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
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 U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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	59,181.	0.			CHILD CARE
CHILDREN'S SERVICE CENTER OF WYO. VALLEY - 335 S FRANKLIN ST - WILKES-BARRE, PA 18702	24-0795404	3	61,381.	0.			MENTAL HEALTH
CONSUMBER CREDIT COUNSELING OF NEPA - 401 LAUREL ST - PITTSTON , PA 16840	23-2072807	3	5,000.	0.			FINANIAL CARE
CREATING UNLIMITED POSSIBILITIES 159 SIMPSON ST WILKES-BARRE, PA 18702	24-0833764	3	10,000.	0.			PHYSICAL DISABILITIES
DOMESTIC VIOLENCE SERVICE CTR 14 E SOUTH ST WILKES-BARRE, PA 18703	23-2070668	3	40,652.	0.			FAMILY VIOLENCE
FAMILY SERVICE ASSOCIATION WV 31 W. MARKET ST. WILKES-BARRE, PA 18701	24-0795415	3	253,206.	0.			INFO AND REFERRAL
GIRL SCOUTS IN HEART OF PA 350 HALE ST HARRISBURG, PA 17105	24-0795960	3	43,781.	0.			RECREATION FOR YOUTH
GREATER PITTSTON YMCA 10 N. MAIN ST PITTSTON, PA 18640	24-0796039	3	52,834.	0.			NUTRITION AND EXERCISE

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

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 Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008
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 U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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	9,251.	0.			CRONIC HEALTH
JEWISH FAMILY SERVICE 71-73 NORTHAMPTON ST WILKES-BARRE, PA 18701	23-6296584	3	98,648.	0.			MENTAL HEALTH
JEWISH COMMUNITY CENTER 60 S RIVER ST WILKES-BARRE, PA 18702	24-0795437	3	35,000.	0.			REC FOR YOUTH AND SER
NORTH PENN LEGAL SERVICES 410 BICENTENNIAL BLDG WILKES-BARRE, PA 18703	23-1659111	3	18,498.	0.			FINCANIAL 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	120,218.	0.			FINCANIAL CARE
UNITED REHABILITATION SERVICES 287 N PENNSYLVAIA AVE WILKES-BARRE, PA 18703	23-1639928	3	58,433.	0.			PHYSICAL DISABILITIES
VICTIM'S RESOURCE CENTER 71 N FRANKLIN ST WILKES-BARRE, PA 18701	23-1973148	3	45,307.	0.			VICTIM ASSISTANCE

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

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 Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
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 U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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	13,354.	0.			PHYSICAL DISABILITIES
WILKES-BARRE FAMILY YMCA 40 W NORTHAMPTON ST WILKES-BARRE, PA 18701	24-0795638	3	79,664.	0.			REC FOR YOUTH & SER
WYOMING VALLEY CHILDREN'S ASSOCIATION - 1133 WYOMING AVE - KINGSTON , PA 18704	24-0795510	3	145,000.	0.			COGNITIVE DISABILITIES
WYOMING VALLEY ALCOHOL AND DRUB 437 N MAIN ST WILKES-BARRE, PA 18702	23-2045690	3	75,196.	0.			DRUG & ALCOHOL
UNITED WAY OF LACKAWANNA COUNTY 615 JEFFERSON AVE SCRANTON, PA 18501	24-0824164	3	81,728.	0.			DONOR DESIGNATIONS
UNITED WAY OF WYOMING COUNTY 119 WARREN ST TUNKHANNOCK, PA 18657	23-1702298	3	55,500.	0.			DONOR DESIGNATIONS
MISERICORDIA UNIVERSITY 301 LAKE ST DALLAS , PA 18612	23-2986991	3	53,300.	0.			DESIGNATIONS
BRADFORD COUNTY UNITED WAY PO BOX 106 TOWANDA, PA 18848	23-2077784	3	48,775.	0.			DESIGNATIONS

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

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 Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
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 U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WYOMING SEMINARY 201 N SPRAGUE AVE KINGSTON, PA 18704	24-0795509	3	46,300.	0.			DESIGNATIONS
SPCA OF LUZERNE COUNTY 524 E MAIN ST WILKES-BARRE, PA 18702	24-0855811	3	59,794.	0.			DESIGNATIONS
KING'S COLLEGE 133 N RIVER ST WILKES-BARRE, PA 18711	24-0804602	3	36,250.	0.			DESIGNATIONS
OSTERHOUT LIBRARY 71 S FRANKLIN ST WILKES-BARRE, PA 18701	24-0795971	3	35,000.	0.			DESIGNATIONS
UNITED WAY OF GREATER HAZLETON 134 S WYOMING ST HAZLETON, PA 18201	24-0796034	3	26,839.	0.			DESIGNATIONS
JEWISH FEDERATION-GR WILKES-BARRE 60 S RIVER ST WILKES-BARRE, PA 18702	24-0796936	3	15,000.	0.			DESIGNATIONS
BACK MOUNTAIJN RECREATION, INC OLD ROUTE 115 LEHMAN, PA 18627	23-2986991	3	12,154.	0.			DESIGNATIONS
COMMUNITY FOUNDATION-SUSQ. CNTY 36 LAKE AVE MONTROSE, PA 18801	30-0011355	3	10,000.	0.			DESIGNATIONS

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I-1 (Form 990) 2008

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 Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
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 U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HELPING HANDS SOCIETY 301 ROCKY ROAD HAZLETON, PA 18201	31-1623348	3	17,500.	0.			DESIGNATIONS/EDUCATION
LEUKEMIA & LYMPHOMA SOCIETY 961 MARCON BLVD, SUITE 452 ALLENTOWN, PA 18109	13-5644916	3	7,571.	0.			DESIGNATIONS
UNITED WAY OF MONROE COUNTY PO BOX 790 TANNERSVILLE, PA 18372	24-0797026	3	5,903.	0.			DESIGNATIONS
WILKES UNIVERSITY 2ND FLR. 84 SOUTH STREET WILKES-BARRE, PA 18766	24-0795506	3	5,000.	0.			DESIGNATIONS
AMERICAN RED CROSS-SUSQ COUNTY 6 PUBLIC AVE MONTROSE, PA 18801	24-0803782	3	10,005.	0.			SUPPORT PROGRAM
BOY SCOUTS-BADEN POWELL COUNCIL PO BOX 66 BINGHAMTON, NY 13903	15-0536607	3	5,602.	0.			SUPPORT PROGRAM
CARENET PREGNANCY CENTER OF NEPA PO BOX 13 MONTROSE, PA 18801	23-2398020	3	5,147.	0.			SUPPORT PROGRAM
FIRST BAPTIST CHURCH OF NEW MILFORD - 164 MAIN ST - NEW MILFORD, PA 18834	23-2270334	3	10,500.	0.			DESIG DONATION

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

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 Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
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 U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
END OF DAY PROGRAM PO BOX 66 MONTROSE, PA 18801	16-1623532	3	5,381.	0.			SUPPORT PROGRAM
FRIENDS OF SALT SPRINGS PARK PO BOX 541 MONTROSE, PA 18801	23-2794115	3	6,105.	0.			SUPPORT PROGRAM
GIRL SCOUTS IN THE HEART OF PA PO BOX 2837 HARRISBURG, PA 17105	24-0795960	3	5,397.	0.			SUPPORT PROGRAM
HABITAT FOR HUMANITY-SUSQ. COUNTY PO BOX 231 MONTROSE, PA 18801	23-2955699	3	5,761.	0.			SUPPORT PROGRAM
SUSQUEHANNA COUNTY INTERFAITH 17 PUBLIC AVE MONTROSE, PA 18801	23-3046246	3	32,567.	0.			SUPPORT PROGRAM
SUSQUEHANNA CNTY. LIBRARY ASSOC 2 MONUMENT SQ MONTROSE, PA 18801	24-0798835	3	18,371.	0.			SUPPORT PROGRAM
COMMUNITY FOUNDATION-SUSQ. CNTY 36 LAKE AVE MONTROSE, PA 18801	30-0011355	3	43,613.	0.			DESIG DONATION
WOMEN'S RESOURCE CENTER PO BOX 202 MONTROSE, PA 18801	23-2003915	3	10,190.	0.			SUPPORT PROGRAM

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

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 Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
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 U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
OASIS/TREEHAB PO BOX 366 MONTROSE, PA 18801	23-1729514	3	17,686.	0.			SUPPORT PROGRAM
UNITED METHODIST CHURCH-MONTROSE 90 CHURCH ST MONTROSE, PA 18801	23-2152702	3	5,000.	0.			DESIGNATED DONATION
SUSQUEHANNA CNTY LITERARY COUNCIL PO BOX 277 MONTROSE, PA 18801	23-2473551	3	5,199.	0.			SUPPORT PROGRAM
ALLIED SERVICES/JOHN HEINZ REHAB 150 MUNDY ST WILKES-BARRE, PA 18701	23-2523682	3	37,571.	0.			EDUCATION
VOLUNTEERS IN MEDICINE 190 N PENNSYLVANIA AVE WILKES-BARRE, PA 18702	20-3531527	3	16,791.	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	20,000.	0.			EDUCATION
MINSI TRAIL BOY SCOUTS 991 POSTAL ROAD ALLENTOWN, PA 18109	23-1708585	3	20,000.	0.			EDUCATION

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

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 Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
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 U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
NEIGHBORHOOD CENTERS OF NEPA 425 ALDER ST SCRANTON, PA 18503	24-0795389	3	82,000.	0.			HIV PREVENTION
WYOMING VALLEY AIDS COUNCIL 183 MARKET ST KINGSTON, PA 18704	23-2577754	3	253,123.	0.			HIV PREVENTION/CM
AMERICAN RED CROSS 256 SHERMAN ST WILKES-BARRE, PA 18702	24-0803079	3	185,726.	0.			HIV PREVENTION
STRP MEDICAL GROUP PC 746 JEFFERSON AVE SCRANTON, PA 18505	23-2772504	3	287,379.	0.			HIV PREVENTION/CM
FAMILY PROMISE 901 N. 5TH ST, SUITE A STROUDSBURG, PA 18360	30-0428877	3	7,000.	0.			SERVE THE HOMELESS

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

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
1a	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			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If line 1a is 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	1b		
2	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?	2		
3	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			
	☒ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	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			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes," to line 5a or 5b, describe in Part III			
6	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			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	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	7		X
8	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	8		X

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) 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 compensation				
DAVID LEE	(i)	120,698.	0.	0.	12,610.	27,972.	161,280.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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.

OMB No 1545-0047

2008

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			
TERRENCE CASEY BOARD MEMBER	2.00	X						0.	0.	0.
STEPHEN BARROUK BOARD MEMBER	2.00	X						0.	0.	0.
RON FELTON BOARD MEMBER	1.00	X						0.	0.	0.
PAM ROGERS BOARD MEMBER	2.00	X						0.	0.	0.
BARBARA STRAUB BOARD MEMBER	2.00	X						0.	0.	0.
WILLIAM HARDWICK BOARD MEMBER	1.00	X						0.	0.	0.
RICHARD BEASLEY BOARD MEMBER	1.00	X						0.	0.	0.
SHEILA SAIDMAN, ESQ. BOARD MEMBER	1.00	X						0.	0.	0.
DOUGLAS GAUDET BOARD MEMBER	3.00	X						0.	0.	0.
ANDREW BIGDA, ESQ. BOARD MEMBER	1.00	X						0.	0.	0.
CHRIS SIEGEL BOARD MEMBER	1.00	X						0.	0.	0.
KRISTEN ROSE BOARD MEMBER	1.00	X						0.	0.	0.
WILLIAM E. SORDONI BOARD MEMBER	1.00	X						0.	0.	0.
EDDIE (DAY) PASHINSKI BOARD MEMBER	1.00	X						0.	0.	0.
ELISABETH BAKER BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT S. TAMBURRO BOARD MEMBER	1.00	X						0.	0.	0.
PATRICK CONNORS BOARD MEMBER	2.00	X						0.	0.	0.
RICHARD CONNOR BOARD MEMBER	1.00	X						0.	0.	0.
SAM ROSTOCK BOARD MEMBER	2.00	X						0.	0.	0.
ROBERT STOYKO BOARD MEMBER	1.00	X						0.	0.	0.

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.

OMB No 1545-0047

2008

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			
JASON ABEN BOARD MEMBER	1.00	X						0.	0.	0.
LOU ABITABILO BOARD MEMBER	1.00	X						0.	0.	0.
MICHAEL LAST BOARD MEMBER	1.00	X						0.	0.	0.
KEITH GRIERSON BOARD MEMBER	1.00	X						0.	0.	0.
RICHARD HIXON BOARD MEMBER	1.00	X						0.	0.	0.
DR. JOSEPH GILMOUR BOARD MEMBER	1.00	X						0.	0.	0.
DR. KIP NYGREN BOARD MEMBER	1.00	X						0.	0.	0.
CORNELIO CATENA BOARD MEMBER	1.00	X						0.	0.	0.
JILL SCHWARTZ BOARD MEMBER	1.00	X						0.	0.	0.
DAVID LEE PRESIDENT/CPO	40.00			X		X		120,698.	0.	40,582.
RICHARD E. BARRETT CHIEF FINANCIAL OFFICER	40.00				X			66,345.	0.	23,679.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

OMB No 1545-0047

2008

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 Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles	X	1	16,850.	FAIR MARKET VALUE
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	14	126,566.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (CONSULTING SE)	X	1	10,000.	FAIR MARKET VALUE
26	Other ▶ (COMPUTERS)	X	1	5,000.	FAIR MARKET VALUE
27	Other ▶ (CAMPAIGN EVEN)	X	1	5,000.	FAIR MARKET VALUE
28	Other ▶ (PRINTING)	X	1	3,000.	FAIR MARKET VALUE

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment	29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non standard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

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

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:

OTHER PROGRAM SERVICES

EXPENSES $ 884476. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

FORM 990, PART VI, SECTION A, LINE 10: A COPY OF 2008 FORM 990 WAS 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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

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

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.

FORM 990, PART 1, LINE 5:
THIS LINE SHOWS THE NUMBER OF EMPLOYEES REPORTED ON W-3 TRANSMITTAL OF WAGE TAX STATEMENTS FILED FOR 2008. UNITED WAY OF WYOMING VALLEY AND SUSQUEHANNA COUNTY ASSISTS 3 SMALLER LOCAL UNITED WAYS BY PROVIDING PAYROLL AND TAX REPORTING SERVICES ALONG WITH ITS OWN. THUS, IN CALENDAR YEAR 2008, 36 W-2 FORMS WERE FILED. REGULAR EMPLOYEES OF UNITED WAY OF WYOMING VALLEY & SUSQUEHANNA COUNTY, IN THAT TIMEFRAME INCLUDED 19 FULL TIME AND 4 PART TIME EMPLOYEES

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

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

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3 month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6 month extension - check this box and complete Part I only ▶ [ ]

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3 month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990 T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3 month extension or (2) you file Forms 990 BL, 6069, or 8870, group returns, or a composite or consolidated Form 990 T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return See instructions	UNITED WAY OF WYOMING VALLEY	24-0831490
	Number, street, and room or suite no If a P O box, see instructions 400 MELLON BANK CENTER, 8 WEST MARKET ST	
	City, town or post office, state, and ZIP code For a foreign address, see instructions WILKES BARRE, PA 18711-0351	

Check type of return to be filed (file a separate application for each return)

[X] Form 990	[ ] Form 990 T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ RICK BARRETT - UNITED WAY OF WYOMING VALLEY, WILKES BARRE, PA - 18711-0200
  Telephone No ▶ 570-829-0200 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3 month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2010, to file the exempt organization return for the organization named above The extension is for the organization's return for
▶ [ ] calendar year _____ or
▶ [X] tax year beginning JUL 1, 2008, and ending JUN 30, 2009

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879 EO for payment instructions