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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
UNITED WAY OF WYOMING VALLEY
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) 8 WEST MARKET ST NO 450

Room/suite

City or town, state or country, and ZIP + 4
WILKES BARRE, PA 18701

D Employer identification number
24-0831490

E Telephone number
(570) 829-6711

G Gross receipts $ 7,136,317

F Name and address of principal officer
WILLIAM JONES
8 WEST MARKET ST NO 450
WILKES BARRE, PA 18701

H(a) Is this a group return for affiliates? ☐ Yes ☑ 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 ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW UNITEDWAYWB ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1956

M State of legal domicile PA

Part I Summary

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

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	54
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	54
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	39
6	Total number of volunteers (estimate if necessary)	**6**	1,456
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**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)	5,124,979	5,075,920
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	69,831	317,331
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	45,971	43,980
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,240,781	5,437,231
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,792,849	3,791,200
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,213,148	1,205,678
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶500,962		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	277,569	299,985
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,283,566	5,296,863
19	Revenue less expenses Subtract line 18 from line 12	-42,785	140,368
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	9,815,596	11,183,319
21	Total liabilities (Part X, line 26)	3,057,881	3,180,340
22	Net assets or fund balances Subtract line 21 from line 20	6,757,715	8,002,979

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 — 2012-05-14 — Date

DAVID LEE PRESIDENT — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
		2012-05-14		

Firm's name ▶ KRONICK KALADA BERDY & CO PC — Firm's EIN ▶

Firm's address ▶ 190 LATHROP ST, KINGSTON, PA 18704 — Phone no ▶ (570) 283-2727

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

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

4a (Code) (Expenses $ 1,784,834 including grants of $ 1,784,834) (Revenue $)

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

4b (Code) (Expenses $ 1,053,715 including grants of $ 913,928) (Revenue $)

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

4c (Code) (Expenses $ 262,808 including grants of $ 210,246) (Revenue $)

TAX CREDIT PROGRAMS - UNITED WAY OF WYOMING VALLEY IS AN APPROVED PRE-KINDERGARTEN SCHOLARSHIP ORGANIZATION AND K-12 SCHOLARSHIP ORGANIZATION THROUGH THE PENNSYLVANIA DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT BY DONATING TO UNITED WAY OF WYOMING VALLEY THROUGH ONE OF THESE PROGRAMS, A COMPANY MAY BE ELIGIBLE TO RECEIVE A TAX CREDIT FOR THEIR DONATION THROUGH THE PRE-K PROGRAM, UNITED WAY ALLOCATES THIS MONEY TO QUALIFIED PRE-KINDERGARTEN INSTITUTIONS TO PROVIDE LOW INCOME CHILDREN SCHOLARSHIPS TO ATTEND THESE APPROVED PRE-K PROGRAMS THE K-12 SCHOLARSHIP PROGRAM PROVIDES SCHOLARSHIPS TO LOW INCOME CHILDREN WITH SPECIAL NEEDS THESE SCHOLARSHIPS PROVIDE THEM AN OPPORTUNITY TO RECEIVE THE SPECIALIZED EDUCATION THEY NEED IN ORDER TO SUCCEED IN LIFE

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 1,282,195 including grants of $ 882,192) (Revenue $ 43,980)

4e **Total program service expenses** ▶ $ 4,383,552

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		No
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	Yes	
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
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 U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
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 U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
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 lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
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**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
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**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
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**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
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**		No
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**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	3		
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	Yes	
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	39		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		No
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		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
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 receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
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		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**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				
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				
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	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	54		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	54		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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 Form 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 See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

RICHARD E BARRETT CO UNITED WAY
8 WEST MARKET STREET
WILKES BARRE, PA 18701
(570) 829-6711

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								194,794	0	71,000

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

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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**	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

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

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

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

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	173,234				
	b Membership dues					
	c Fundraising events					
	d Related organizations					
	e Government grants (contributions)	1,103,715				
	f All other contributions, gifts, grants, and similar amounts not included above	3,798,971				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f		5,075,920			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f					
	3 Investment income (including dividends, interest and other similar amounts)		162,401			162,401
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	1,854,016				
	b Less cost or other basis and sales expenses	1,699,086				
	c Gain or (loss)	154,930				
	d Net gain or (loss)		154,930			154,930
	8a 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					
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
	10a 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					
Other Revenue	Miscellaneous Revenue	Business Code				
	11a SERVICE FEE INCOME	900099	33,079	33,079		
	b ADMINISTRATION INCOME	900099	10,901	10,901		
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d		43,980			
	12 **Total revenue.** See Instructions		5,437,231	43,980	0	317,331

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	3,791,200	3,791,200		
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	265,794	115,839	59,540	90,415
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	667,986	291,258	151,156	225,572
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	179,102	78,474	39,209	61,419
10 Payroll taxes	92,796	37,548	21,657	33,591
a Fees for services (non-employees) Management				
b Legal	32,000		32,000	
c Accounting	18,027		15,527	2,500
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	103,078	26,801	47,201	29,076
17 Travel	13,060	4,783	5,075	3,202
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,085	293	4,433	2,359
20 Interest				
21 Payments to affiliates	41,351	13,661	11,017	16,673
22 Depreciation, depletion, and amortization	19,263	6,457	5,294	7,512
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a MISCELLANEOUS SUPPORT S	20,516	7,267	6,480	6,769
b COMMUNICATION AND MARKE	14,264	2,624	1,318	10,322
c TELEPHONE	12,517	2,964	5,192	4,361
d POSTAGE AND SHIPPING	9,414	2,329	3,328	3,757
e SUPPLIES	9,410	2,054	3,922	3,434
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	5,296,863	4,383,552	412,349	500,962
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		564,693	1	570,736
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		1,493,363	3	1,385,276
	4	Accounts receivable, net		29,640	4	12,988
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		33,330	9	42,615
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 242,993			
	b	Less accumulated depreciation	10b 196,074	42,988	10c	46,919
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		7,276,407	12	8,701,471
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		375,175	15	423,314
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		9,815,596	16	11,183,319
Liabilities	17	Accounts payable and accrued expenses		12,519	17	4,872
	18	Grants payable			18	
	19	Deferred revenue		161,993	19	146,989
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial 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 to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		2,883,369	25	3,028,479
	26	**Total liabilities.** Add lines 17 through 25		3,057,881	26	3,180,340
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		945,077	27	1,311,388
	28	Temporarily restricted net assets		1,324,767	28	1,215,518
	29	Permanently restricted net assets		4,487,871	29	5,476,073
		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		6,757,715	33	8,002,979
	34	Total liabilities and net assets/fund balances		9,815,596	34	11,183,319

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,437,231
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,296,863
3	Revenue less expenses Subtract line 2 from line 1	3	140,368
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,757,715
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,104,896
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	8,002,979

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF WYOMING VALLEY
ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY

Employer identification number
24-0831490

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the 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 supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	6,714,155	6,080,610	5,809,889	4,078,896	3,972,205	26,655,755
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	6,714,155	6,080,610	5,809,889	4,078,896	3,972,205	26,655,755
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						26,655,755

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	6,714,155	6,080,610	5,809,889	4,078,896	3,972,205	26,655,755
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	179,835	282,946	210,323	138,377	162,401	973,882
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)	50,962	44,796	38,426	45,971	43,980	224,135
11 **Total support** (Add lines 7 through 10)						27,853,772

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	**14**	95 700 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	**15**	96 080 %

16a **33 1/3% support test—2010.** 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—2009.** If the organization did not check the 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—2010.** 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—2009.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public support percentage from 2009 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2009** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2010.** 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—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF WYOMING VALLEY
ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY

Employer identification number
24-0831490

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	1	
2	Aggregate contributions to (during year)	58,528	
3	Aggregate grants from (during year)	41,282	
4	Aggregate value at end of year	17,246	

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 for any other purpose conferring 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)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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 Escrow and Custodial Arrangements. Complete if the 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 the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c 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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		7,131	6,435	696
c Leasehold improvements				
d Equipment		212,612	166,389	46,223
e Other		23,250	23,250	0
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				46,919

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
(1) Financial derivatives	345,330	F
(2) Closely-held equity interests		
(3) Other		
(A) CORPORATE BONDS	2,465,624	F
(B) EQUITY SECURITIES	5,519,061	F
(C) MONEY MARKET ACCOUNT	371,456	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	8,701,471	

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. *(Column (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.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DESIGNATIONS PAYABLE	820,119
ALLOCATIONS PAYABLE	1,911,000
DEFERRED COMPENSATION PAYABLE	174,855
ACCRUED VACATION	24,798
EMERGENCY RESERVE	2,000
PAYROLL TAXES PAYABLE	1,108
RESERVE FOR SPECIAL FUNCTIONS	49,239
DEFEERRED REV - MISC	45,360
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	3,028,479

2. Fin 48 (ASC 740) Footnote 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 (ASC740)

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	5,437,231
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,296,863
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	140,368
4	Net unrealized gains (losses) on investments	4	1,104,896
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	1,104,896
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,245,264

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

1	Total revenue, gains, and other support per audited financial statements			1	6,558,556
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,104,896		
b	Donated services and use of facilities	2b	16,429		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	1,121,325
3	Subtract line **2e** from line **1**			3	5,437,231
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	5,437,231

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

1	Total expenses and losses per audited financial statements			1	5,313,292
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	16,429		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	16,429
3	Subtract line **2e** from line **1**			3	5,296,863
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	5,296,863

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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 24-0831490

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

Form 990, Schedule D, Part X, - Other Liabilities

1 **(a)** Description of Liability	**(b)** Amount
DESIGNATIONS PAYABLE	820,119
ALLOCATIONS PAYABLE	1,911,000
DEFERRED COMPENSATION PAYABLE	174,855
ACCRUED VACATION	24,798
EMERGENCY RESERVE	2,000
PAYROLL TAXES PAYABLE	1,108
RESERVE FOR SPECIAL FUNCTIONS	49,239
DEFEERRED REV - MISC	45,360

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF WYOMING VALLEY
ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY

Employer identification number
24-0831490

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 63

3 Enter total number of other organizations . . . ▶

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	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

Additional Data Return to Form

Software ID:
Software Version:
EIN: 24-0831490
Name: UNITED WAY OF WYOMING VALLEY
ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
AMERICAN RED CROSS256 N SHERMAN ST WILKESBARRE,PA 18702	24-0803079	3	192,446				DISASTER RELIEF
THE ARC OF LUZERNE COUNTY67 PUBLIC SQUARE SUITE 1320 WILKESBARRE,PA 18701	23-1634316	3	10,498				COGNITIVE DISABILITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
BOY SCOUTS NEPA1 BOB MELLOW DRIVE MOOSIC,PA 18507	23-2602695	3	40,283				RECREATION FOR YOUTH
CATHOLIC SOCIAL SERVICES33 E NORTHAMPTON ST WILKESBARRE,PA 18701	24-0818341	3	325,948				MENTAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CATHOLIC YOUTH CENTER 36 S WASHINGTON ST WILKESBARRE,PA 18701	24-0818341	3	57,174				CHILD CARE
COMMISSION ON ECONOMIC OPPORTUNITY 165 AMBER LANE WILKES BARRE,PA 18703	23-1653093	3	117,833				HOUSING AND FINANCIAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 COUNCIL9 E MARKET ST WILKESBARRE,PA 18711	23-1875342	3	48,754				CHILD CARE
CHILDREN'S SERVICE CENTER OF WYO VALLEY 335 S FRANKLIN ST WILKES BARRE,PA 18702	24-0795404	3	52,277				MENTAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CONSUMBER CREDIT COUNSELING OF NEPA401 LAUREL ST PITTSTON,PA 18640	23-2072807	3	5,462				FINANCIAL CARE
CREATING UNLIMITED POSSIBILITIES159 SIMPSON ST WILKES BARRE,PA 18702	24-0833764	3	9,131				PHYSICAL DISABILITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
DOMESTIC VIOLENCE SERVICE CTR13 E SOUTH STREET PO BOX 2177 WILKESBARRE,PA 18703	23-2070668	3	48,245				FAMILY VIOLENCE
FAMILY SERVICE ASSOCIATION WV31 W MARKET ST WILKES BARRE,PA 18701	24-0795415	3	230,105				INFO AND REFERRAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
GIRL SCOUTS IN HEART OF PA350 HALE AVENUE HARRISBURG,PA 17104	24-0795960	3	38,291				RECREATION FOR YOUTH
GREATER PITTSTON YMCA 10 N MAIN ST PITTSTON,PA 18640	24-0796039	3	47,994				NUTRITION AND EXERCISE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 ASSOCIATION512 LACKAWANNA AVE MAYFIELD,PA 18433	23-1939485	3	8,502				CHRONIC HEALTH
JEWISH FAMILY SERVICE 71-73 NORTHAMPTON ST WILKES BARRE,PA 18701	23-6296584	3	30,961				MENTAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
JEWISH COMMUNITY CENTER60 S RIVER ST WILKES BARRE,PA 18702	24-0795437	3	63,866				REC FOR YOUTH AND SER
NORTH PENN LEGAL SERVICES65 EAST ELIZABETH AVENUE SUITE 800 BETHLEHEM,PA 18018	23-1659111	3	16,186				FINANCIAL CARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
LUZERNE COUNTY HEAD START23 BEEKMAN ST WILKES BARRE,PA 18703	23-2038753	3	52,475				EDUCATION
SALVATION ARMY17 S PENNSYLVANIA AVENUE WILKES BARRE,PA 18701	13-5562351	3	55,528				FIANCIAL CARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
UNITED REHABILITATION SERVICES287 N PENNSYLVAIA AVE WILKESBARRE,PA 18702	23-1639928	3	31,979				PHYSICAL DISABILITIES
VICTIM'S RESOURCE CENTER71 N FRANKLIN ST WILKESBARRE,PA 18701	23-1973148	3	41,594				VICTIM ASSISTANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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	15,853				PHYSICAL DISABILITIES
WILKES-BARRE FAMILY YMCA40 W NORTHAMPTON ST WILKES BARRE,PA 18701	24-0795638	3	75,804				REC FOR YOUTH AND SER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 VALLEY CHILDREN'S ASSOCIATION1133 WYOMING AVE KINGSTON,PA 18704	24-0795510	3	130,269				COGNITIVE DISABILITIES
WYOMING VALLEY ALCOHOL AND DRUG437 N MAIN ST WILKES BARRE,PA 18702	23-2045690	3	96,768				DRUG AND ALCOHOL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
UNITED WAY OF LACKAWANNA COUNTY615 JEFFERSON AVE SCRANTON,PA 18501	24-0824164	3	63,730				DONOR DESIGNATIONS
UNITED WAY OF WYOMING COUNTY119 WARREN STREET PO 399 TUNKHANNOCK,PA 18657	23-1702298	3	48,742				DONOR DESIGNATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
BRADFORD COUNTY UNITED WAYPO BOX 106 TOWANDA,PA 18848	23-2077784	3	69,233				DESIGNATIONS
UNITED WAY OF GREATER HAZLETON134 S WYOMING ST HAZLETON,PA 18201	24-0796034	3	16,163				DESIGNATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
JEWISH FEDERATION-GR WILKES-BARRE60 S RIVER ST WILKES BARRE,PA 18702	24-0796936	3	15,000				DESIGNATIONS
							DESIGNATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
AMERICAN RED CROSS-SUSQ COUNTY6 PUBLIC AVE MAYFIELD,PA 18801	24-0803782	3	16,897				DESIGNATIONS
BOY SCOUTS-BADEN POWELL COUNCIL2150 NYS ROUTE 12 BINGHAMTON,PA 13901	15-0536607	3	7,776				SUPPORT PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CARENET PREGNANCY CENTER OF NEPAPO BOX 13 MONTROSE,PA 18801	23-2398020	3	7,538				SUPPPORT PROGRAM
END OF DAY PROGRAMPO BOX 6 MONTROSE,PA 18801	16-1623532	3	7,379				SUPPORT PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
GIRL SCOUTS IN THE HEART OF PA350 HALE AVENUE HARRISBURG,PA 17104	24-0795960	3	7,297				SUPPORT PROGRAM
HABITAT FOR HUMANITY-SUSQ COUNTYPO BOX 231 MONTROSE,PA 18801	23-2955699	3	7,406				SUPPORT PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
SUSQUEHANNA COUNTY INTERFAITH17 PUBLIC AVE MONTROSE,PA 18801	23-3046246	3	42,723				SUPPORT PROGRAM
SUSQUEHANNA CNTY LIBRARY ASSOC2 MONUMENT SQ MONTROSE,PA 18801	24-0798835	3	21,966				SUPPORT PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
COMMUNITY FOUNDATION-SUSQ CNTY 270 LAKE AVE MONTROSE,PA 18801	30-0011355	3	49,526				SUPPORT PROGRAMDESIG DONATIONS
WOMEN'S RESOURCE CENTERPO BOX 202 MONTROSE,PA 18801	23-2003915	3	15,064				SUPPORT PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
SUSQUEHANNA CNTY LITERARY PROGRAMPO BOX 277 MONTROSE,PA 18801	23-2473551	3	7,027				SUPPORT PROGRAM
ALLIED SERVICESDEPAUL SCHOOL475 MORGAN HIGHWAY SCRANTON,PA 18508	23-2523682	3	103,710				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 IN MEDICINE 190 N PENNSYLVANIA AVE WILKES BARRE,PA 18702	20-3531527	3	13,800				HEALTH CARE
UNITED NEIGHBORHOOD CENTERS OF NEPA425 ALDER ST SCRANTON,PA 18503	24-0795389	3	66,895				HIV PREVENTIONHIV PREVENTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 VALLEY AIDS COUNCIL330 BOWMAN STREET WILKES BARRE,PA 18702	23-2577754	3	314,168				HIV PREVENTION/CM
AMERICAN RED CROSS 256 SHERMAN ST WILKES BARRE,PA 18702	24-0803079	3	99,297				HIV PREVENTION/CMHIV PREVENTIONHIV PREVENTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
STRP MEDICAL GROUP PC 746 JEFFERSON AVE SCRANTON,PA 18505	23-2772504	3	405,674				HIV PREVENTION/CM
CARING COMMUNITIES 301 A WEST THIRD STREET BERWICK,PA 18603	23-2815276	3	25,107				HIV PREVENTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
UNITED WAY OF BERWICK AREA139R E 2ND STREET BERWICK,PA 18603	23-7114627	3	9,442				DESIGNATIONS
WILKES BARRE JUNIOR PENGUINS38 COAL STREET WILKES BARRE,PA 18702	16-1615064	3	21,913				SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
ENDLESS MOUNTAINS3 GROW AVENUE MONTROSE,PA 18801	23-2720289	3	10,000				DEISGNATIONS
DIETRICH THEATER160 E TIOGA STREET TUNKHANNOCK,PA 18657	23-2957803	3	10,000				DESIGNATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
MATERNAL FAMILY & HEALTH15 PUBLIC SQUARE WILKES BARRE,PA 18701	23-1856766	3	5,398				SUPPORT PROGRAM
MONTROSE MINUTE MEN 55 GROW STREET MONTROSE,PA 18801	23-2514298	3	5,843				SUPPORT PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
KINGS COLLEGE133 RIVER STREET WILKES BARRE,PA 18711	24-0804602	3	6,300				DESIGNATIONS
CONVOY OF HOPE330 S PATTERSON AVENUE SPRINGFIELD,MO 65802	68-0051386	3	15,970				DESIGNATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 SEMINARY201 N SPRAGUE STREET KINGSTON,PA 18704	24-0795509	3	20,700				EDUCATIONEDUCATION
ANIMAL CHARITIES OF AMERICA1100 LARKSPUR LANDING CIRCLE LARKSPUR,CA 94939	94-3193389	3	7,993				CFC DESIGNATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
COMMUNITY HEALTH CHARITIES200 N GLEBE ROAD SUITE 801 ARLINGTON,VA 22203	13-6167225	3	10,380				CFC DESIGNATIONS
COMMUNITY HEALTH CHARITIES OF PA1536 MANTON STREET PHILADELPHIA,PA 19146	25-1676478	3	6,386				CFC DESIGNATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
UNITD WAY OF LACKAWANNA COUNTYPO BOX 526 SCRANTON,PA 18501	24-0824164	3	9,581				CFC DESIGNATIONS
SPCA OF LUZERNE COUNTY524 E MAIN STREET WILKES BARRE,PA 18702	24-0855811	3	16,789				CFC DESIGNATIONS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF WYOMING VALLEY
ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY

Employer identification number
24-0831490

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all 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 with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	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 only must complete lines 5-9.			
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**		No
b	Any related organization?	**5b**		No
	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**		No
b	Any related organization?	**6b**		No
	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**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RICHARD BARRETT	(i)	60,511	0	7,665	6,136	21,818	96,130	92,026
	(ii)	0	0	0	0	0	0	0
(2) DAVID LEE	(i)	114,008	0	12,610	23,396	19,650	169,664	158,653
	(ii)	0	0	0	0	0	0	0
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF WYOMING VALLEY
ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY

Employer identification number
24-0831490

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

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		A COPY OF 2010 FORM 990 IS PROVIDED TO ALL BOARD MEMBERS BY EMAIL IT IS PRESENTED, IN DETAIL, AT A MEETING OF THE FINANCE AND ADMINISTRATION COMMITTEE FOR ACCEPTANCE AND APPROVAL IT IS THEN PRESENTED AT A FULL MEETING OF THE BOARD OF DIRECTORS FOR REVIEW AND DISCUSSION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR, A QUESTIONNAIRE IS MAILED TO ALL BOARD MEMBERS ASKING THEM TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	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.

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 1,104,896

Additional Data

Software ID:
Software Version:
EIN: 24-0831490
Name: UNITED WAY OF WYOMING VALLEY
ALSO D/B/A UNITED WAY OF SUSQUEHANNA CTY

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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
ELISABETH BAKER BOARD MEMBER	1 00	X						0	0	0
CHARLES BARBER BOARD MEMBER	1 00	X						0	0	0
RICHARD BEASLEY BOARD MEMBER	1 00	X						0	0	0
ANDREW BIGDA ESQ BOARD MEMBER	1 00	X						0	0	0
DAN BLOCK BOARD MEMBER	1 00	X						0	0	0
CHRISTOPHER BORTON BOARD MEMBER	1 00	X						0	0	0
NORENE BRADSHAW VICE CHAIR - CIC	2 00	X		X				0	0	0
LISSA BRYAN-SMITH CAMPAIGN CHAIR	2 00	X		X				0	0	0
DAVID CAPITANO BOARD MEMBER	1 00	X						0	0	0
TERENCE CASEY VICE CHAIR	1 00	X						0	0	0
CORNELIO CATENA BOARD MEMBER	1 00	X						0	0	0
JEANNIE CLEMENTS SECRETARY	2 00	X		X				0	0	0
RICHARD COHEN BOARD MEMBER	1 00	X						0	0	0
PATRICK CONNERS BOARD MEMBER	1 00	X						0	0	0
VIRGINIA CROSSIN BOARD MEMBER	1 00	X						0	0	0
MARTIN DEROME BOARD MEMBER	1 00	X						0	0	0
MARK DESTEFANO BOARD MEMBER	1 00	X						0	0	0
THOMAS DRUBY VICE CHAIR	1 00	X		X				0	0	0
PATRICK ENDLER BOARD MEMBER	1 00	X						0	0	0
RON FELTON BOARD MEMBER	1 00	X						0	0	0
KERRI GALLAGHER BOARD MEMBER	1 00	X						0	0	0
DOUGLAS GAUDET BOARD MEMBER	1 00	X						0	0	0
KEITH GRIERSON BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
BRIAN GROVE BOARD MEMBER	1 00	X						0	0	0
RAMAH HACKETT BOARD MEMBER	1 00	X						0	0	0
WILLIAM HARDWICK BOARD MEMBER	1 00	X						0	0	0
FRANK JOANLANNE BOARD MEMBER	1 00	X						0	0	0
ROSE LANG BOARD MEMBER	1 00	X						0	0	0
MICHAEL LAST BOARD MEMBER	1 00	X						0	0	0
JENNIFER LIMON BOARD MEMBER	1 00	X						0	0	0
JOSEPH MAKAREWICZ BOARD MEMBER	1 00	X						0	0	0
SUSAN MEUSER BOARD MEMBER	1 00	X						0	0	0
JOSEPH NEALON BOARD MEMBER	1 00	X						0	0	0
DR KIP NYGREN BOARD MEMBER	1 00	X						0	0	0
EDDIE PASHINSKI VICE CHAIR	1 00	X		X				0	0	0
RACHAEL PUGH BOARD MEMBER	1 00	X						0	0	0
ALEX ROGERS BOARD MEMBER	1 00	X						0	0	0
KRISTEN ROSE AUDIT CHAIR	1 00	X		X				0	0	0
SAM ROSTOCK TREASURER	2 00	X		X				0	0	0
SHEILA SAIDMAN ESQ BOARD MEMBER	1 00	X						0	0	0
CONRAD SHINTZ BOARD MEMBER	1 00	X						0	0	0
JAME SHOEMAKER ESQ BOARD MEMBER	1 00	X						0	0	0
CHRIS SIEGEL BOARD MEMBER	1 00	X						0	0	0
ROBERT SYNDER BOARD MEMBER	1 00	X						0	0	0
ROBERT SOPER BOARD CHAIR	2 00	X		X				0	0	0
WILLIAM SORDONI BOARD MEMBER	1 00	X						0	0	0
TROY STANDISH BOARD MEMBER	1 00	X						0	0	0
ROBERT STOYKO BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
BARBARA STRAUB VICE CHAIR	1 00	X		X				0	0	0
ROBERT S TAMBURRO BOARD MEMBER	1 00	X						0	0	0
TODD VONDERHEID BOARD MEMBER	1 00	X						0	0	0
CARL WITKOWSKI BOARD MEMBER	1 00	X						0	0	0
RICHARD BARRETT CHIEF FINANCIAL OFFICER	40 00			X	X			68,176	0	27,954
DAVID LEE PRESIDENT/CEO	40 00			X		X		126,618	0	43,046

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code	) (Expenses $	827,140	including grants of $	827,140	) (Revenue $	)
DESIGNATED GIFTS						
(Code	) (Expenses $	455,055	including grants of $	55,052	) (Revenue $	43,980)
OTHER PROGRAM SERVICES						