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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termin-ated
☐ Amended return
☐ Applica-tion pending

C Name of organization
VIA OF THE LEHIGH VALLEY, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) 336 WEST SPRUCE STREET

Room/suite

City or town, state or country, and ZIP + 4 BETHLEHEM, PA 18018

F Name and address of principal officer MARY JOY KAISER
SAME AS C ABOVE

D Employer identification number 23-1457999

E Telephone number (610)317-8000

G Gross receipts $ 3,983,064.

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.VIANET.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1954

M State of legal domicile: PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: VIA PROVIDES LEADERSHIP, SUPPORT, OPPORTUNITIES AND RESOURCES TO PEOPLE WITH DISABILITIES, SO

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

Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	267
	6 Total number of volunteers (estimate if necessary)	6	16
	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)	330,258.	240,569.
	9 Program service revenue (Part VIII, line 2g)	3,288,748.	3,740,434.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	518.	2,061.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	73,000.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,692,524.	3,983,064.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	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)	2,667,151.	2,996,094.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	956,970.	1,082,308.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,624,121.	4,078,402.
	19 Revenue less expenses Subtract line 18 from line 12	68,403.	<95,338.>

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	1,567,094.	1,348,100.
	21 Total liabilities (Part X, line 26)	637,579.	513,923.
	22 Net assets or fund balances Subtract line 21 from line 20	929,515.	834,177.

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 — Date 2/12/13

▶ MARY JOY KAISER, PRESIDENT, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name TARA L. BENDER, CPA	Preparer's signature Tara L. Bender, CPA	Date 02/07/13	Check ☐ if self-employed	PTIN P00299403
Firm's name ▶ CAMPBELL, RAPPOLD & YURASITS			Firm's EIN ▶ 23-1386942	
Firm's address ▶ 1033 SOUTH CEDAR CREST BOULEVARD ALLENTOWN, PA 18103			Phone no. (610)435-7489	

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission

VIA PROVIDES LEADERSHIP, SUPPORT, OPPORTUNITIES AND RESOURCES TO PEOPLE WITH DISABILITIES, SO THAT THEY MAY BE INDEPENDENT, PRODUCTIVE, AND ENJOY A FULL LIFE WITHIN THE COMMUNITY. THESE SERVICES INCLUDE: EARLY INTERVENTION THERAPIES FOR YOUNG CHILDREN, COMMUNITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

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 [X] No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 $ 1,504,010. including grants of $ _____) (Revenue $ 1,732,662.)

EMPLOYMENT SERVICES: SEE SCHEDULE O FOR PROGRAM DESCRIPTION

4b (Code _____) (Expenses $ 1,135,334. including grants of $ _____) (Revenue $ 1,277,032.)

COMMUNITY BASED HABILITATION (COMMUNITY CONNECTIONS), INCLUDING SUPPORTIVE LIVING AND VIA'S TEEN EXPERIENCE: SEE SCHEDULE O FOR PROGRAM DESCRIPTIONS

4c (Code _____) (Expenses $ 477,191. including grants of $ _____) (Revenue $ 460,356.)

EARLY INTERVENTION: SEE SCHEDULE O FOR PROGRAM DESCRIPTION

4d Other program services (Describe in Schedule O.)

(Expenses $ 183,015. including grants of $) (Revenue $ 246,384.)

4e **Total program service expenses** ▶ 3,299,550.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
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	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
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		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
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		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
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		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
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	X	

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	22		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	267		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶ _____ See 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			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to 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			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	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?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
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			X
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 line 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 [X]

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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	12		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
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			X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available Check all that apply.

[ ] Own website [X] Another's website [X] Upon request

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

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

RANDALL LETTERHOUSE, CFO - 610-317-8000
336 WEST SPRUCE ST., BETHLEHEM, PA 18018

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 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EUGENE M. LENNON CHAIR	5.00	X		X				0.	0.	0.
(2) PAUL PIERPOINT VICE CHAIR	5.00	X		X				0.	0.	0.
(3) JERRY SOMERS TREASURER	5.00	X		X				0.	0.	0.
(4) JOSEPH E. KEMPFER SECRETARY	5.00	X		X				0.	0.	0.
(5) ANNE BORAN BOARD MEMBER	5.00	X						0.	0.	0.
(6) BRIAN SLOUGH BOARD MEMBER	5.00	X						0.	0.	0.
(7) JOHN CRAMPSIE BOARD MEMBER	5.00	X						0.	0.	0.
(8) BARBARA DAVIES BOARD MEMBER	5.00	X						0.	0.	0.
(9) JOHN DIAMANT BOARD MEMBER	5.00	X						0.	0.	0.
(10) MARK BACAK BOARD MEMBER	5.00	X						0.	0.	0.
(11) THOMAS A. HUTCHINSON BOARD MEMBER	5.00	X						0.	0.	0.
(12) MARYANNE SCHULUCKBIER BOARD MEMBER	5.00	X						0.	0.	0.
(13) RANDALL LETTERHOUSE CFO/VP OF FINANCE	20.00			X				94,554.	0.	5,453.
(14) MARY JOY KAISER PRESIDENT/EXEC. DIR.	20.00			X				105,000.	0.	6,448.

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total ▶								199,554.	0.	11,901.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								199,554.	0.	11,901.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 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*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	57,790.			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	182,779.			
	g Noncash contributions included in lines 1a-1f: $					
	h Total. Add lines 1a-1f		240,569.			
Program Service Revenue		Business Code				
	2a EMPLOYMENT SERVICES	624100	1,732,662.	1,732,662.		
	b COMMUNITY BASED HABILI	624100	1,277,032.	1,277,032.		
	c EARLY INTERVENTION	624100	460,356.	460,356.		
	d AUTISM SERVICES	624100	246,384.	246,384.		
	e RENTAL INCOME FROM AFF	900099	24,000.			24,000.
	f All other program service revenue					
	g Total. Add lines 2a-2f		3,740,434.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		211.			211.
	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		1,850.			
	b Less cost or other basis and sales expenses		0.			
	c Gain or (loss)		1,850.			
	d Net gain or (loss)		1,850.			1,850.
	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					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
	12 Total revenue. See instructions.		3,983,064.	3,716,434.	0.	26,061.

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).

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

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	218,469.		218,469.	
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	2,190,984.	2,057,968.	133,016.	
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	382,994.	353,605.	29,389.	
10	Payroll taxes	203,647.	177,045.	26,602.	
11	Fees for services (non-employees):				
a	Management				
b	Legal	11,084.		11,084.	
c	Accounting	34,494.		34,494.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	316,093.	310,407.	5,686.	
12	Advertising and promotion	3,976.	99.	3,877.	
13	Office expenses	160,095.	80,578.	79,517.	
14	Information technology	50,221.	961.	49,260.	
15	Royalties				
16	Occupancy	99,064.	14,098.	84,966.	
17	Travel	237,689.	230,134.	7,555.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	327.	61.	266.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	61,993.	29,621.	32,372.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	REPAIRS AND MAINTENANCE	47,129.	504.	46,625.	
b	BAD DEBTS	21,174.	21,174.		
c	STAFF DEVELOPMENT	21,022.	14,657.	6,365.	
d	MISCELLANEOUS	10,171.	8,243.	1,928.	
e	All other expenses	7,776.	395.	7,381.	
25	**Total functional expenses.** Add lines 1 through 24e	4,078,402.	3,299,550.	778,852.	0.
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		880.	1	550.
	2	Savings and temporary cash investments		200,676.	2	114,251.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,160,852.	4	989,134.
	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)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		22,929.	9	65,745.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,122,675.			
	b	Less: accumulated depreciation	10b 1,944,255.	181,757.	10c	178,420.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,567,094.	16	1,348,100.
Liabilities	17	Accounts payable and accrued expenses		257,199.	17	122,743.
	18	Grants payable			18	
	19	Deferred revenue		21,380.	19	11,180.
	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		359,000.	23	380,000.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		637,579.	26	513,923.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		895,476.	27	816,871.
	28	Temporarily restricted net assets		34,039.	28	17,306.
	29	Permanently restricted net assets			29	
		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		929,515.	33	834,177.
	34	Total liabilities and net assets/fund balances		1,567,094.	34	1,348,100.

Part XI Reconciliation 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	3,983,064.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,078,402.
3	Revenue less expenses. Subtract line 2 from line 1	3	<95,338.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	929,515.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
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	834,177.

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		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
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 separate 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	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

Form 990 (2011)

132012
01-23-12

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization	Employer identification number
VIA OF THE LEHIGH VALLEY, INC.	23-1457999

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2011

132021
01-24-12

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1635446.	1062465.	611,223.	330,258.	240,569.	3879961.
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	1635446.	1062465.	611,223.	330,258.	240,569.	3879961.
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						3879961.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1635446.	1062465.	611,223.	330,258.	240,569.	3879961.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,583.	2,083.	604.	518.	211.	7,999.
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.)	1,011.	20,237.	3,854.	73,000.		98,102.
11 **Total support.** Add lines 7 through 10						3986062.
12 Gross receipts from related activities, etc. (see instructions)					12	15,115,410.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	97.34 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	95.54 %

16a **33 1/3% support test - 2011.** 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 - 2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2011.** 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 - 2010.** 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2011.** 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 - 2010.** 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 ▶ ☐

Form **8868**
(Rev January 2012)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

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

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

Electronic filing *(e-file)*. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

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

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

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

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
File by the due date for filing your return See instructions	VIA OF THE LEHIGH VALLEY, INC.	[X] 23-1457999
	Number, street, and room or suite no If a P.O. box, see instructions 336 WEST SPRUCE STREET	Social security number (SSN) [ ]
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BETHLEHEM, PA 18018	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ RANDALL LETTERHOUSE, CFO 336 WEST SPRUCE ST. - BETHLEHEM, PA 18018
  Telephone No. ▶ 610-317-8000 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for.
▶ [ ] calendar year _____ or
▶ [X] tax year beginning JUL 1, 2011, and ending JUN 30, 2012.

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

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

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

Commonwealth of
Pennsylvania
Department of State

Bureau of Charitable Organizations
207 North Office Building
Harrisburg, Pennsylvania 17120
Telephone: (717) 783-1720
(800) 732-0999 (within PA only)
Fax: (717) 783-6014
Website: www.dos.state.pa.us/charities

For Official Use Only	
Approved:	
RF:	
AF:	
LF:	
Fee Received:	

Charitable Organization Registration Statement - Form BCO-10

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

Certificate Number: 230
(Renewals Only)

Fiscal Year Ended: 06/30/2012

Employer Identification Number (EIN): 23-1457999

1. **Legal name of organization:** VIA OF THE LEHIGH VALLEY, INC.

   ☐ Check if name change **Previous name:**

2. **All other names used to solicit contributions:**
   NONE

3. **Contact person:** MARY JOY KAISER, PRESIDENT/EXECUTIVE DIRECTOR

   Contact's E-mail: MJ.KAISER@VIANET.ORG

Physical address of organization: *(Required)*	**Mailing address:** *(If different than physical)*
336 WEST SPRUCE STREET	
City: BETHLEHEM	**City:**
State: PA **ZIP code:** 18018	**State:** **ZIP code:**
County: NORTHAMPTON	**800 number:**
Phone number: (610)317-8000	**Fax number:** 610-867-5385

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

Website: WWW.VIANET.ORG

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

   336 W SPRUCE STREET, BETHLEHEM, PA 18018

   610-317-8000

5. **For Organizations described in Section 162.7(a) of the Act, check section that describes organization:**
(See footnote #2 of instructions. Volunteer registrants do not respond.)
162.7(a)(1) ☐ 162.7(a)(2) ☐
162.7(a)(3) ☐ 162.7(a)(4) ☐ **Not Applicable** ☒

6. **List type of organization** *(e.g. corporation, association, etc.)*: NOT-FOR-PROFIT CORPORATON
Where established: PENNSYLVANIA **Date established:**** 11/01/1954
***(Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution, or other organizational instrument, and by-laws.)*

7. **Is any person compensated, or do you intend to compensate any person, for soliciting contributions in Pennsylvania, including employees of the organization and professional solicitors? Yes** ☐ **No** ☒
(Do not check "Yes" if you only use or intend to only use a professional fundraising counsel.)

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

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

8. **Date organization first solicited contributions from Pennsylvania residents:**
_____

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

10. **Has organization been granted IRS tax-exempt status? Yes** ☒ **No** ☐
(If "Yes", please submit copy of IRS exemption letter if not previously submitted.)

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

B. **Has organization's tax-exempt status ever been denied, revoked, or modified? Yes** ☐ **No** ☒
(If "Yes", attach copy of denial, revocation, or modification.)

11. **Was the organization required to file an IRS 990 return and applicable schedules for its most recently completed fiscal year? Yes** ☒ **No** ☐
(If "No", attach explanation of why organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return must file a Pennsylvania public disclosure form BCO-23. This includes an organization that files a 990N, 990EZ, or 990PF.)

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

THE ORGANIZATION'S MISSION IS TO PROVIDE LEADERSHIP, SUPPORT, OPPORTUNITIES AND RESOURCES TO PEOPLE WITH DISABILITIES SO THAT THEY MAY BE INDEPENDENT, PRODUCTIVE, AND ENJOY A FULL LIFE WITHIN THE COMMUNITY. THESE SERVICES INCLUDE: EARLY INTERVENTION THERAPIES FOR YOUNG CHILDREN, COMMUNITY HABILITATION SERVICES FOR TEENS AND ADULTS, COMMUNITY AND CUSTOMIZED EMPLOYMENT SERVICES, VOCATIONAL WORK TRAINING AND SUPPORTED LIVING SERVICES FOR ADULTS.

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

APPLICATION TO THE UNITED WAY

14. **Is organization registered to solicit contributions in any other state or municipality?** Yes ☐ No ☒
(If "Yes", list all states and municipalities. Attach separate sheet if necessary.)

15. **Names, addresses, and telephone numbers of all professional solicitors you use or intend to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts, and dates Pennsylvania residents were first solicited, or will be solicited:** *(Attach separate sheet if necessary)*

SEE STATEMENT 1

16. **Names, addresses, and telephone numbers of all professional fundraising counsels you use or intend to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts, and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents:** *(Attach separate sheet if necessary)*

SEE STATEMENT 2

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

NONE

18. **If you are a parent organization located in Pennsylvania, do you elect to file a combined registration covering all of your Pennsylvania affiliates?**
Yes ☐ **No** ☐ **Not Applicable** ☒ *(See note under "important information")*

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

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

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

(Legal name of parent organization) **(Certificate #)**

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

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

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

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

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

SEE STATEMENT 3

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

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

MARY JOY KAISER, PRESIDENT/EXECUTIVE DIRECTOR

336 WEST SPRUCE ST, BETHLEHEM, PA 18018

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

MARY JOY KAISER, PRESIDENT/EXECUTIVE DIRECTOR

336 WEST SPRUCE ST, BETHLEHEM, PA 18018

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

MARY JOY KAISER, PRESIDENT/EXECUTIVE DIRECTOR

336 WEST SPRUCE ST, BETHLEHEM, PA 18018

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

MARY JOY KAISER, PRESIDENT/EXECUTIVE DIRECTOR

336 WEST SPRUCE ST, BETHLEHEM, PA 18018

26. If you answer "Yes" to any of the following, attach a list of related individuals with names, business, and residence addresses of related parties. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A. Any other officer, director, trustee, or employee? Yes ☐ No ☒

B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? Yes ☐ No ☒

C. Any supplier or vendor providing goods or services? Yes ☐ No ☒

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

A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or are such proceedings pending in this or any other jurisdiction? Yes ☐ No ☒

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes ☐ No ☒

C. Entered into any legally enforceable agreement such as a consent agreement, an assurance of voluntary compliance or discontinuance with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes ☐ No ☒

VIA OF THE LEHIGH VALLEY, INC. 23-1457999

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

_____ Date _____
Signature of Chief Fiscal Officer

MARY JOY KAISER, PRESIDENT, EXECUTIVE DIRECTOR
Type or Print Name and Title of Chief Fiscal Officer

_____ Date _____
Signature of Another Authorized Officer

_____
Type or Print Name and Title of Another Authorized Officer

Checklist

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

FORM BCO-10 ALL PROFESSIONAL SOLICITORS STATEMENT 1

NAME AND ADDRESS	PHONE NUMBER
NONE	

CONTRACT BEGIN DATE	CONTRACT END DATE	SOLICIT DATE

FORM BCO-10 PROFESSIONAL FUNDRAISING COUNSELS STATEMENT 2

NAME AND ADDRESS	PHONE NUMBER
NONE	

CONTRACT BEGIN DATE	CONTRACT END DATE	SERVICE DATE

FORM BCO-10 OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES STATEMENT 3

NAME AND ADDRESS	TITLE
MARY JOY KAISER 336 WEST SPRUCE STREET BETHLEHEM, PA 18018	PRESIDENT/EXEC. DIR.
RANDALL LETTERHOUSE 336 WEST SPRUCE STREET BETHLEHEM, PA 18018	CFO/VP OF FINANCE
EUGENE M. LENNON 336 WEST SPRUCE STREET BETHLEHEM, PA 18018	CHAIR
PAUL PIERPOINT 336 WEST SPRUCE STREET BETHLEHEM, PA 18018	VICE CHAIR
JERRY SOMERS 336 WEST SPRUCE STREET BETHLEHEM, PA 18018	TREASURER
JOSEPH E. KEMPFER 336 WEST SPRUCE STREET BETHLEHEM, PA 18018	SECRETARY

NAME AND ADDRESS	TITLE
ANNE BORAN 336 WEST SPRUCE STREET BETHLEHEM, PA 18018	BOARD MEMBER
BRIAN SLOUGH 336 WEST SPRUCE STREET BETHLEHEM, PA 18018	BOARD MEMBER
JOHN CRAMPSIE 336 WEST SPRUCE STREET BETHLEHEM, PA 18018	BOARD MEMBER
BARBARA DAVIES 336 WEST SPRUCE STREET BETHLEHEM, PA 18018	BOARD MEMBER
JOHN DIAMANT 336 WEST SPRUCE STREET BETHLEHEM, PA 18018	BOARD MEMBER
MARK BACAK 336 WEST SPRUCE STREET BETHLEHEM, PA 18018	BOARD MEMBER
THOMAS A. HUTCHINSON 336 WEST SPRUCE STREET BETHLEHEM, PA 18018	BOARD MEMBER
MARYANNE SCHULUCKBIER 336 WEST SPRUCE STREET BETHLEHEM, PA 18018	BOARD MEMBER

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization: VIA OF THE LEHIGH VALLEY, INC.

Employer identification number: 23-1457999

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

(i) 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 (ASC 958) relating to these items.

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if 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 Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Temporarily restricted endowment ▶ _____%

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by.

		Yes	No
(i) unrelated organizations	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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,030.		3,030.
b Buildings		1,231,423.	1,124,326.	107,097.
c Leasehold improvements				
d Equipment		888,222.	819,929.	68,293.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				178,420.

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		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must 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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must 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) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	

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 (ASC 740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,983,064.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,078,402.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<95,338.>
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	<95,338.>

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	3,983,064.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	3,983,064.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	3,983,064.

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

1	Total expenses and losses per audited financial statements			1	4,078,402.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	4,078,402.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	4,078,402.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

PART X, LINE 2: VIA OF THE LEHIGH VALLEY, INC. IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

THE ACCOUNTING STANDARD FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THAT GUIDANCE, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFITS FROM AN

Part XIV Supplemental Information *(continued)*

UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE ORGANIZATION AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBIT). THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR FISCAL YEAR 2012 AND 2011.

THE ORGANIZATION FILES ITS 990 WITH THE UNITED STATES INTERNAL REVENUE SERVICE AND WITH THE BUREAU OF CHARITABLE ORGANIZATIONS IN PENNSYLVANIA. THE ORGANIZATION IS GENERALLY NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR YEARS BEFORE 2008.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization: VIA OF THE LEHIGH VALLEY, INC.

Employer identification number: 23-1457999

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

THAT THEY MAY BE INDEPENDENT, PRODUCTIVE, AND ENJOY A FULL LIFE WITHIN THE COMMUNITY. THESE SERVICES INCLUDE: EARLY INTERVENTION THERAPIES FOR YOUNG CHILDREN, COMMUNITY HABILITATION SERVICES FOR TEENS AND ADULTS, COMMUNITY AND CUSTOMIZED EMPLOYMENT SERVICES, VOCATIONAL WORK TRAINING AND SUPPORTED LIVING SERVICES FOR ADULTS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HABILITATION SERVICES FOR TEENS AND ADULTS, COMMUNITY AND CUSTOMIZED EMPLOYMENT SERVICES, VOCATIONAL WORK TRAINING AND SUPPORTED LIVING SERVICES FOR ADULTS.

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

VIA'S AUTISM SERVICES: SEE SCHEDULE O FOR PROGRAM DESCRIPTION

EXPENSES $ 183,015. INCLUDING GRANTS OF $ 0. REVENUE $ 246,384.

FORM 990, PART VI, SECTION B, LINE 11: THE COMPLETED AUDIT AND 990 WILL BE REVIEWED BY THE FINANCE COMMITTEE. THE AUDITOR WILL THEN PRESENT THE AUDIT AND THE 990 TO THE BOARD OF DIRECTORS. ONCE REVIEWED, UNDERSTOOD, AND APPROVED BY THE MEMBERS OF THE BOARD, THE 990 WILL BE SIGNED AND SUBMITTED.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, MEMBERS OF THE BOARD OF DIRECTORS AND THOSE NEW TO THE BOARD ARE EXPECTED TO COMPLETE A CONFLICT DECLARATION FORM WHICH IS FILED WITH THE BOARD MEETING MINUTES.

FORM 990, PART VI, SECTION B, LINE 15: DURING THE 2009/2010 FISCAL YEAR,

Name of the organization: VIA OF THE LEHIGH VALLEY, INC.

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THE BOARD OF DIRECTORS OF VIA, EVENTS, AND THE FOUNDATION CONTRACTED WITH THE NON PROFIT CENTER AT LASALLE UNIVERSITY'S SCHOOL OF BUSINESS. THE CENTER ASSIGNED AN INTERIM EXECUTIVE DIRECTOR. THE BOARD SEARCH COMMITTEE AND THE INTERIM EXECUTIVE DIRECTOR REVIEWED THE COMPENSATION OF KEY POSITIONS AT VIA, BASED UPON THE "NON-PROFIT WAGE AND BENEFIT SURVEY", A PROJECT OF THE LASALLE NON PROFIT CENTER AT LASALLE UNIVERSITY AND SUPPORTED BY THE WILLIAM PENN FOUNDATION. WAGES REMAIN BASED ON THIS EVALUATION, AND THE COMPENSATION FOR THE EXECUTIVE DIRECTOR HAS REMAINED THE SAME THROUGH 2010/2011.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

ADDITIONAL INFORMATION ABOUT VIA OF THE LEHIGH VALLEY, INC.:

VIA IS VERY PROUD TO BE A PART OF THE PROCESS THAT HELPS PEOPLE WITH DISABILITIES REALIZE THEIR DREAMS; DREAMS THAT MANY PEOPLE OFTEN TAKE FOR GRANTED - GOOD FRIENDS, INCLUSIVE EDUCATIONAL OPPORTUNITIES, A REWARDING JOB, A NICE PLACE TO LIVE, RELATIONSHIPS AND A SATISFYING RETIREMENT.

IN 1952 A GROUP OF DETERMINED LEHIGH VALLEY PARENTS OF ADULT CHILDREN WITH DISABILITIES OPENED A SMALL DAYTIME ACTIVITY PROGRAM. THE PROGRAM, WHICH PROVIDED TRAINING AND SOCIALIZATION OPPORTUNITIES FOR THEIR SONS AND DAUGHTERS, WAS STAFFED BY PARENTS AND VOLUNTEERS AND OPERATED IN THE BASEMENT OF A CHURCH. AFTER TWO YEARS OF SUCCESSFUL OPERATION THE PARENTS DECIDED THEY NEEDED TO HIRE STAFF. IN 1954 THE

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FIRST EXECUTIVE DIRECTOR OF THE NEWLY INCORPORATED LEHIGH COUNTY ASSOCIATION FOR RETARDED CHILDREN (LARC) WAS HIRED. IN 1967 LARC BECAME THE LEHIGH VALLEY ASSOCIATION OF REHABILITATION FACILITIES.

IN 1997 THE LEHIGH VALLEY ASSOCIATION OF REHABILITATION FACILITIES MERGED WITH UNITED CEREBRAL PALSY OF THE LEHIGH VALLEY. THE COMBINED ENTITY BECAME KNOWN AS VIA OF THE LEHIGH VALLEY, INC. "VIA" IN LATIN MEANS THE ROAD OR WAY - FOR US IT IS THE PATH TO SUCCESS FOR CHILDREN AND ADULTS WITH A WIDE RANGE OF DISABILITIES.

VIA'S VISION IS ONE OF INCLUSION THAT FOCUSES ON WHAT PEOPLE CAN DO, NOT WHAT THEY CAN'T DO. PEOPLE WITH DISABILITIES WANT AND CAN HAVE A LIFE WITH FRIENDS, RELATIONSHIPS, GOALS AND RESPONSIBILITIES.

VIA OFFERS A FULL ARRAY OF SERVICES DESIGNED TO ASSIST CHILDREN AND ADULTS WITH DISABILITIES SO THAT THEY CAN HAVE A FULFILLING LIFE WITHIN THEIR COMMUNITY. THESE SERVICES MAY INCLUDE BUT ARE NOT LIMITED TO EARLY INTERVENTION, COMMUNITY-BASED HABILITATION, TRANSITIONAL ACTIVITIES FOR TEENS AND YOUNG ADULTS, SUPPORTED EMPLOYMENT, CUSTOMIZED EMPLOYMENT (INCLUDING SMALL BUSINESS DEVELOPMENT), AND SUPPORTED LIVING.

VIA ENCOURAGES PEOPLE WITH DISABILITIES TO MAKE PLANS FOR THEIR FUTURE. THIS APPROACH OFFERS PEOPLE WITH DISABILITIES PERSON-CENTERED PLANNING AS A WAY OF THINKING ABOUT WHAT THEY NEED AND WANT IN LIFE AND HOW TO GO ABOUT ACHIEVING THESE DREAMS. VIA IS LOOKING FORWARD TO ANOTHER 50 YEARS OF SERVICE TO PEOPLE WITH DISABILITIES IN EASTERN PENNSYLVANIA.

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ADDITIONAL INFORMATION REGARDING PROGRAMS AND SERVICES OF VIA:

VIA PROVIDES A VARIETY OF PROGRAMS AND AN ARRAY OF SUPPORTS AND SERVICES TO ACHIEVE THE AGENCY MISSION. THESE SERVICES ARE PROVIDED TO BOTH ADULTS AND CHILDREN IN A VARIETY OF SETTINGS. THEY INCLUDE COMMUNITY BASED HABILITATION, SUPPORTED LIVING, EMPLOYMENT SERVICES IN COMPETITIVE AND SHELTERED ENVIRONMENTS, AND EARLY INTERVENTION SERVICES. SERVICES ARE PROVIDED WITH A FOCUS ON WHOM INDIVIDUALS ARE AND WHAT THEY, WITH FAMILY INPUT, DETERMINE ARE THEIR PROGRAM PRIORITIES. THERE IS A STRONG EMPHASIS ON INVOLVING AS MANY NATURAL RESOURCES AND SUPPORTS AS POSSIBLE TO HELP EACH PERSON ACHIEVE THEIR INDIVIDUAL GOALS.

EARLY INTERVENTION: EARLY INTERVENTION IS A VARIETY OF SERVICES AVAILABLE TO FAMILIES OF CHILDREN, BIRTH UNTIL SCHOOL AGE, WITH DEVELOPMENTAL DELAYS OR WHO ARE AT RISK. SERVICES ARE DESIGNED FROM A FAMILY FOCUSED PERSPECTIVE TO MEET THE DEVELOPMENTAL NEEDS OF THE CHILD AND THEIR FAMILY. ALL SERVICES ARE PROVIDED IN NATURAL ENVIRONMENTS SUCH AS HOME, CHILD DAY CARE CENTERS, NURSERY/PRESCHOOL PROGRAMS, ETC. VIA'S PROGRAM IS STAFFED BY A GROUP OF HIGHLY QUALIFIED AND EXPERIENCED PROFESSIONALS, FROM A VARIETY OF DISCIPLINES. EACH TEAM MEMBER LOOKS AT THE WHOLE CHILD AND THE STRENGTHS THAT CHILD HAS THAT WILL HELP THEM GROW AND DEVELOP INTO A HAPPY, HEALTHY FAMILY MEMBER AND INDIVIDUAL. THE SERVICES PROVIDED ARE DESIGNATED BY AN INDIVIDUALIZED FAMILY SERVICE PLAN THAT MAY INCLUDE ANY OF THE FOLLOWING SERVICES: SPEECH THERAPY, OCCUPATIONAL THERAPY, PHYSICAL THERAPY, SPECIAL INSTRUCTIONS, SCREENING AND ASSESSMENT SERVICES, AND TECHNOLOGY DEVICES AND SERVICES.

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COMMUNITY BASED HABILITATION (COMMUNITY CONNECTIONS): THE COMMUNITY BASED HABILITATION PROGRAM SUPPORTS INDIVIUDALS 1:1 OR IN SMALL GROUPS IN THEIR HOME OR THE COMMUNITY. THIS SUPPORT OPTION WAS PRIMARILY CREATED OUT OF THE NEED AND REQUEST TO SUPPORT ADULTS WHO DO NOT HAVE FULL TIME EMPLOYMENT OR ARE NOT CURRENTLY INTERESTED IN COMMUNITY EMPLOYMENT DURING WEEKDAY HOURS. COMMUNITY BASED HABILITATION IS AN OPTION THROUGH WHICH PARTICIPANTS ARE OFFERED OPPORTUNITIES FOR CONTINUED LEARNING, TO PARTICIPATE IN INTEGRATED RECREATIONAL, LEISURE AND HEALTH-RELATED ACTIVITIES AND A WAY OF DEVELOPING SOCIAL RELATIONSHIPS IN INCLUSIVE COMMUNITY SETTINGS.

VIA'S 1:3 COMMUNITY HABILITATION PROGRAMS PAIR INDIVIDUALS WITH SIMILAR INTERESTS TO PARTICIPATE IN VOLUNTEER, RECREATIONAL AND EDUCATIONAL SUPPORTS.

VIA PROVIDES ASSISTANCE TO INDIVIDUALS FROM ADOLESCENCE THROUGH SENIOR YEARS. VIA PROVIDES SUPPORTS TO MANY PEOPLE WITH DEVELOPMENTAL DISABILITIES IN NURSING HOMES TO ASSIST THEM WITH THE RETENTION OF COGNITIVE SKILLS AND INTERESTS. RETIREMENT SUPPORTS ARE OFFERED TO INDIVIDUALS AGE 55 AND OLDER AND FOCUS ON THE DEVELOPMENT OF ACTIVITIES WITH NON-DISABLED PEERS IN SENIOR CENTERS, ADULT DAY CARE OR OTHER TYPICAL RETIREMENT ACTIVITIES. COMMUNITY HABILITATION IS OFFERED TO TEENS DURING THEIR SUMMER SCHOOL VACATIONS. THESE ACTIVITIES FOCUS ON VOCATIONAL SKILLS AND TYPICAL SUMMER VACATION ACTIVITIES.

VIA'S TEEN EXPERIENCE (TRANSITION TO ADULT LIFE IN THE COMMUNITY): DEVELOPED TO ANSWER REQUESTS FROM PARENTS AND SCHOOL DISTRICTS FOR AN INDIVIDUALIZED APPROACH TO HELPING TEENS TRANSITION FROM SCHOOL TO

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WORK, SOCIAL CONNECTIONS, AND COMMUNITY SERVICE. TEEN EXPERIENCE IS CURRENTLY AN 11-WEEK SUMMER PROGRAM OF EDUCATIONAL, RECREATIONAL AND VOCATIONAL ACTIVITIES OFFERED 6 HRS EACH DAY/5 DAYS PER WEEK. ACTIVITIES INCLUDE CAREER EXPLORATION AND JOB SHADOWING, INTERVIEW SKILLS AND RESUME WRITING, VOLUNTEER OPPORTUNITIES, AND RECREATIONAL ACTIVITIES DEVELOPED IN RESPONSE TO REQUESTS AND INTERESTS OF TEENS IN THE PROGRAM.

VIA'S AUTISM SERVICES: IN 2009, VIA WAS AWARDED A GRANT FROM LEHIGH COUNTY HEALTH CHOICES RE-INVESTMENT FUNDS TO SERVE PEOPLE WITH AUTISM AGE 21 OR OLDER RESIDING IN LEHIGH COUNTY WITH A DIAGNOSIS OF AUTISM. PEOPLE WANT TO BE CONNECTED TO FRIENDS AND FAMILY, AND LEARN, WORK, AND BE RESPECTED FOR THEIR CHOICES. CONTINUED DEVELOPMENT OF SOCIAL SKILLS AND PEER NETWORKS LEAD TO SUCCESS IN ADULT LIFE, CAREER DEVELOPMENT AND INDEPENDENCE. WITH THE INCREASING NUMBER OF ASD DIAGNOSES, RESOURCES FOR PROGRAMS AND SUPPORT ARE LIMITED. VIA'S AUTISM SERVICES PROVIDE ADULTS WITH A AUTISM SPECTRUM DISORDER DIAGNOSIS (ASD) WITH EDUCATIONAL, VOCATIONAL AND RECREATIONAL ACTIVITIES IN THE COMMUNITY. VIA'S AUTISM SERVICES IS A RESOURCE FOR ADULTS WITH ASD TO CONNECT WITH EACH OTHER, THEIR PEERS, AND COMMUNITY RESOURCES SO THEY CAN EXPLORE THEIR TALENTS AND POTENTIAL.

SUPPORTED LIVING: VIA'S GOAL FOR OFFERING HOUSING SUPPORTS TO PEOPLE WITH DISABILITIES IS TO DESIGN AN APPROACH THAT WILL MEET THE PERSONAL NEEDS AND DESIRES OF THE PERSON RATHER THAN TO PROVIDE "PROGRAMS" THAT PLACE PEOPLE INTO "SLOTS". THIS SHIFT IN SUPPORTING PEOPLE WITH DISABILITIES MEANS THAT VIA SUPPORTS PEOPLE IN LIVING WHERE THEY WANT AND WITH WHOM THEY WANT. VIA ATTEMPTS TO UTILIZE SUPPORTS THAT ARE

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TYPICALLY AVAILABLE TO ALL MEMBERS OF OUR SOCIETY, WITH THE EXPECTATIONS THAT PEOPLE WITH DISABILITIES CAN ALSO DEVELOP THE SAME SUPPORT NETWORK. IT IS VIA'S GOAL TO MAXIMIZE PEOPLE'S CONNECTIONS TO THEIR COMMUNITY. SUPPORTED LIVING ASSISTS INDIVIDUALS TO RESIDE INDEPENDENTLY AND RECEIVE SUPPORTS BASED ON THEIR NEEDS TO MAINTAIN THEIR INDEPENDENCE IN THE COMMUNITY.

EMPLOYMENT SERVICES:

PRE-VOCATIONAL EMPLOYMENT PROGRAM (VIA WORKSHOP): THE PRE-VOCATIONAL EMPLOYMENT PROGRAM IS LOCATED IN VIA'S FACILITY IN BETHLEHEM, PA. IT IS LICENSED BY THE STATE UNDER CHAPTER 2390 - VOCATIONAL FACILITY. THE PRE-VOCATIONAL EMPLOYMENT PROGRAM SUPPORTS INDIVIDUALS 18 YEARS OF AGE OR OLDER WHO HAVE A DISABILITY AND WHO REQUIRE SUPPORT TO LEARN AND ACQUIRE WORK SKILLS TO BE PRODUCTIVE. THE PURPOSE OF THE PROGRAM IS TO PROVIDE WORK EXPERIENCE AND TRAINING FOR COMMUNITY EMPLOYMENT DOING SUBCONTRACT WORK FOR INDUSTRY WHILE EARNING WAGES COMMENSURATE TO THEIR LEVEL OF PRODUCTIVITY.

PARTICIPANTS IN THIS PROGRAM ARE SUPPORTED DIRECTLY BY TRANSITIONAL EMPLOYMENT INSTRUCTORS ON A 1:15 OR 1:6 RATIO BASED ON THEIR NEEDS. TYPICALLY, INDIVIDUALS IN 1:15 GROUPS NEED TO BE INDEPENDENT IN DAILY LIVING SKILLS, REQUIRE MINIMAL ASSISTANCE TO STAY ON TASK DURING WORK TIME AND ARE ABLE TO SPEND BREAK TIME WITHOUT DIRECT SUPERVISION. INDIVIDUALS IN 1:6 GROUPS TYPICALLY REQUIRE SOME ASSISTANCE WITH DAILY LIVING SKILLS AND ONGOING SUPPORT TO COMPLETE WORK AND SUPERVISION DURING WORK BREAKS.

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VIAWORKS: VIA ALSO OFFERS PARTICIPANTS IN THE PRE-VOCATIONAL EMPLOYMENT PROGRAM THE OPTION OF WORKING IN TRADITIONAL BUSINESSES IN THE LEHIGH VALLEY IN SMALL GROUPS WITH STAFF SUPERVISION AND SUPPORT. VIAWORKS, WAS DEVELOPED IN RESPONSE TO CONCERNS FROM PARTICIPANTS AND THEIR FAMILIES AS TO WHETHER THEY ARE CAPABLE OF COMMUNITY EMPLOYMENT. THIS PROGRAM HAS BEEN VERY SUCCESSFUL IN PROVIDING INDIVIDUALS THE CONFIDENCE NECESSARY TO MOVE ON TO COMMUNITY EMPLOYMENT.

COMMUNITY EMPLOYMENT: VIA'S COMMUNITY EMPLOYMENT PROGRAM ASSISTS PEOPLE IN DETERMINING THEIR EMPLOYMENT OBJECTIVES THROUGH VOCATIONAL ASSESSMENTS. VIA MAINTAINS AGREEMENTS WITH OVER 58 LOCAL BUSINESSES TO ALLOW PARTICIPANTS, SUPPORTED BY VIA EMPLOYMENT STAFF, TO TRY WORK AT THESE BUSINESSES. STAFF IS ON HAND TO ASSESS THEIR SUPPORT NEEDS FOR THAT TYPE OF WORK. REFERRALS FOR THIS PROGRAM COME FROM THE OFFICE OF VOCATIONAL REHABILITATION, INDIVIDUALS, FAMILIES AND OTHER FUNDING SOURCES. ADMISSION IS BASED ON INDIVIDUAL'S DESIRE FOR EMPLOYMENT, NOT ON PERCEIVED ABILITY. VIA ADMISSION STAFF ASSISTS PARTICIPANTS IN ACCESSING THE FUNDING NECESSARY TO BEGIN THIS PROCESS.

ALL COMMUNITY EMPLOYMENT SUPPORTS ARE PROVIDED ON A 1:1 STAFF TO CONSUMER RATIO. EMPLOYMENT SERVICES INCLUDE JOB DEVELOPMENT, JOB COACHING AND FOLLOW ALONG SERVICES. EMPLOYMENT STAFF UTILIZES NATURAL SUPPORT CONCEPTS TO INCREASE THE PERSON'S NETWORK OF SUPPORT AND TO ENSURE JOB STABILITY. WORKING AS A TEAM, STAFF ASSISTS EACH OTHER AS THEY DESIGN A SYSTEM OF SUPPORTS FOR CONSUMERS. VIA EMPLOYMENT STAFF PROVIDES BENEFITS ANALYSIS, CUSTOMIZED EMPLOYMENT DEVELOPMENT (SMALL BUSINESS AND OTHER CREATIVE EMPLOYMENT OPTIONS) AND ADA CONSULTATION FOR PARTICIPANTS AND EMPLOYERS.

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ANOTHER COMPONENT OF THIS PROGRAM IS WORKING WITH SCHOOL DISTRICTS TO ASSIST IN SCHOOL-TO-WORK TRANSITION SERVICES FOR STUDENTS WITH DISABILITIES WHO ARE GRADUATING. WITHIN THIS PROCESS, ASSESSMENT SERVICES ARE PROVIDED AS WELL AS CONSULTATION SERVICES TO SCHOOL PERSONNEL AROUND JOB DEVELOPMENT AND TRAINING. JOB COACH TRAINING IS ALSO AVAILABLE.

SCHEDULE R (Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2011
Open to Public Inspection

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Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
VIA EVENTS, INC - 23-2993946 336 WEST SPRUCE STREET BETHLEHEM, PA 18018	TO OPERATE THRIFT STORES AND FUNDRAISING EVENTS TO PROVIDE SUPPORT TO VIA	PENNSYLVANIA	501(C)(3)	509(A)(2)	N/A		X
VIA FOUNDATION, INC - 23-2608517 336 WEST SPRUCE STREET BETHLEHEM, PA 18018	TO DISTRIBUTE CONTRIBUTIONS AND BEQUESTS TO VIA OF THE LEHIGH	PENNSYLVANIA	501(C)(3)	170(B)(1)(A)(VI)	N/A		X

SEE PART VII FOR CONTINUATIONS35

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
c	Gift, grant, or capital contribution from related organization(s)	1c	X	
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e	X	
f	Sale of assets to related organization(s)	1f		X
g	Purchase of assets from related organization(s)	1g		X
h	Exchange of assets with related organization(s)	1h		X
i	Lease of facilities, equipment, or other assets to related organization(s)	1i	X	
j	Lease of facilities, equipment, or other assets from related organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l		X
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	X	
n	Sharing of paid employees with related organization(s)	1n	X	
o	Reimbursement paid to related organization(s) for expenses	1o		X
p	Reimbursement paid by related organization(s) for expenses	1p	X	
q	Other transfer of cash or property to related organization(s)	1q		X
r	Other transfer of cash or property from related organization(s)	1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec 501(c)(3) orgs? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

VIA FOUNDATION, INC

PRIMARY ACTIVITY: TO DISTRIBUTE CONTRIBUTIONS AND BEQUESTS TO VIA OF THE LEHIGH VALLEY, INC