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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application 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) | Room/suite
336 WEST SPRUCE STREET

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

D Employer identification number
23-1457999

E Telephone number
(610) 317-8000

G Gross receipts $ 4,134,843

F Name and address of principal officer
MARY JOY KAISER
336 WEST SPRUCE STREET
BETHLEHEM, PA 18018

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 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 SERVICES ARE PROVIDED WITH A FOCUS ON WHO 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 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), PRE-VOCATIONAL SERVICES, ADULT TRAINING SERVICES AND SUPPORTED LIVING

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**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	301
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)	240,569	101,562
9	Program service revenue (Part VIII, line 2g)	3,740,434	3,983,470
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,061	750
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	49,061
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,983,064	4,134,843
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)	2,996,094	3,155,732
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)	1,082,308	1,274,180
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,078,402	4,429,912
19	Revenue less expenses Subtract line 18 from line 12	-95,338	-295,069

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	1,348,100	1,675,314
21	Total liabilities (Part X, line 26)	513,923	1,136,206
22	Net assets or fund balances Subtract line 21 from line 20	834,177	539,108

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

****** | 2014-02-11
Signature of officer | Date

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
TARA L BENDER CPA		2014-02-11		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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the 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 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 $ 1,580,961 including grants of $) (Revenue $ 2,024,219)

EMPLOYMENT SERVICES SEE SCHEDULE O FOR PROGRAM DESCRIPTION

4b (Code) (Expenses $ 1,035,625 including grants of $) (Revenue $ 1,079,089)

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

4c (Code) (Expenses $ 750,486 including grants of $) (Revenue $ 553,789)

CHILDREN SERVICES, INCLUDING EARLY INTERVENTION AND LEHIGH CHILDREN'S ACADEMY SEE SCHEDULE O FOR PROGRAM DESCRIPTIONS

(Code) (Expenses $ 253,145 including grants of $) (Revenue $ 302,373)

VIA'S AUTISM SERVICES SEE SCHEDULE O FOR PROGRAM DESCRIPTION

4d Other program services (Describe in Schedule O)

(Expenses $ 253,145 including grants of $) (Revenue $ 302,373)

4e **Total program service expenses** ▶ 3,620,217

Part IV Checklist of Required Schedules

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

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**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, 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**		No
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**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	10		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	301		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	16		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	16		
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**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
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**			No
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**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
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**	Yes	
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**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
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**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ RANDALL LETTERHOUSE CFO 336 WEST SPRUCE ST BETHLEHEM, PA (610) 317-8000

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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAUL PIERPOINT CHAIR	5 00	X		X				0	0	0
(2) JERRY SOMERS VICE CHAIR	5 00	X		X				0	0	0
(3) JEREMY SESTITO TREASURER	5 00	X		X				0	0	0
(4) BRIAN SLOUGH SECRETARY	5 00	X		X				0	0	0
(5) MARK BACAK BOARD MEMBER	5 00	X						0	0	0
(6) STEPHEN BARATTA BOARD MEMBER	5 00	X						0	0	0
(7) STEVE BAILEY BOARD MEMBER	5 00	X						0	0	0
(8) ANNE BORAN BOARD MEMBER	5 00	X						0	0	0
(9) JOHN CRAMPSIE BOARD MEMBER	5 00	X						0	0	0
(10) BARBARA DAVIES BOARD MEMBER	5 00	X						0	0	0
(11) JOHN DIAMANT BOARD MEMBER	5 00	X						0	0	0
(12) THOMAS A HUTCHINSON MD BOARD MEMBER	5 00	X						0	0	0
(13) JOSEPH KEMPFER BOARD MEMBER	5 00	X						0	0	0
(14) EUGENE LENNON BOARD MEMBER	5 00	X						0	0	0
(15) MARYANNE SCHLICKEBIER BOARD MEMBER	5 00	X						0	0	0
(16) DONNA TAGGART BOARD MEMBER	5 00	X						0	0	0
(17) RANDALL LETTERHOUSE CFO/VP OF FINANCE	20 00			X				92,700	0	6,529

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARY JOY KAISER PRESIDENT/EXEC DIR	20 00			X				105,000	0	6,568
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								197,700	0	13,097

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*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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

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

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 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				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	101,562			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		101,562			
Program Service Revenue			Business Code				
	2a	EMPLOYMENT SERVICES	624100	2,024,219	2,024,219		
	b	COMMUNITY BASED HABILI	624100	1,079,089	1,079,089		
	c	EARLY INTERVENTION	624100	351,346	351,346		
	d	AUTISM SERVICES	624100	302,373	302,373		
	e	LEHIGH CHILDRENS ACADE	624100	202,443	202,443		
	f	All other program service revenue		24,000			24,000
	g	**Total.** Add lines 2a–2f		3,983,470			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)					
	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	750				
	b	Less cost or other basis and sales expenses	0				
	c	Gain or (loss)	750				
	d	Net gain or (loss)		750			750
	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	INSURANCE PROCEEDS	900099	49,061			49,061
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		49,061			
	12	**Total revenue.** See Instructions		4,134,843	3,959,470	0	73,811

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response 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	210,574		210,574	
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	2,355,343	2,207,351	147,992	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	375,795	345,437	30,358	
10 Payroll taxes	214,020	187,665	26,355	
11 Fees for services (non-employees)				
a Management				
b Legal	6,376	3,250	3,126	
c Accounting	34,750		34,750	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	256,046	231,113	24,933	
12 Advertising and promotion	11,520	11,015	505	
13 Office expenses	223,641	138,173	85,468	
14 Information technology	71,616	4,763	66,853	
15 Royalties . .				
16 Occupancy	190,647	106,599	84,048	
17 Travel	249,705	241,931	7,774	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	19,747	18,468	1,279	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	68,603	41,633	26,970	
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	55,473	12,152	43,321	
b BAD DEBTS	36,969	36,969		
c STAFF DEVELOPMENT	26,559	20,688	5,871	
d MISCELLANEOUS	13,828	11,690	2,138	
e All other expenses	8,700	1,320	7,380	
25 **Total functional expenses.** Add lines 1 through 24e	4,429,912	3,620,217	809,695	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

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	550	1	1,450
	2	Savings and temporary cash investments	114,251	2	100,424
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	989,134	4	866,555
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	65,745	9	36,193
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 2,630,512			
	b	Less accumulated depreciation — 10b: 1,959,820	178,420	10c	670,692
	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)	1,348,100	16	1,675,314
Liabilities	17	Accounts payable and accrued expenses	122,743	17	166,212
	18	Grants payable		18	
	19	Deferred revenue	11,180	19	29,510
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	380,000	23	932,000
	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	0	25	8,484
	26	**Total liabilities.** Add lines 17 through 25	513,923	26	1,136,206
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	816,871	27	530,739
	28	Temporarily restricted net assets	17,306	28	8,369
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), 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	834,177	33	539,108
	34	Total liabilities and net assets/fund balances	1,348,100	34	1,675,314

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,134,843
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,429,912
3	Revenue less expenses Subtract line 2 from line 1	3	-295,069
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	834,177
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	539,108

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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	Yes	
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	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
VIA OF THE LEHIGH VALLEY INC

Employer identification number
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 - Non-functionally integrated

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,062,465	611,223	330,258	240,569	101,562	2,346,077
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	1,062,465	611,223	330,258	240,569	101,562	2,346,077
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						2,346,077

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	1,062,465	611,223	330,258	240,569	101,562	2,346,077
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,083	604	518	211		3,416
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)	20,237	3,854	73,000		49,061	146,152
11 **Total support** (Add lines 7 through 10)						2,495,645

12	Gross receipts from related activities, etc (see instructions)	12	16,469,277

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	94 010 %
15	Public support percentage for 2011 Schedule A, Part II, line 14	15	97 340 %

16a **33 1/3% support test—2012.** 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—2011.** 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—2012.** 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—2011.** 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" 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 XIII, the text of the footnote to its financial statements that describes these items

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

(i) 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 XIII

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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 XIII 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		1,251,284	1,137,235	114,049
c Leasehold improvements		384,131	9,603	374,528
d Equipment		992,067	812,982	179,085
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				670,692

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		
Other		
Total. *(Column (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
Total. *(Column (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
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
Federal income taxes	
DEFERRED LIABILITIY - RENT	8,484
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	8,484

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

1	Total revenue, gains, and other support per audited financial statements			1	4,134,843
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 XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	4,134,843
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	4,134,843

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

1	Total expenses and losses per audited financial statements			1	4,429,912
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 XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	4,429,912
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	4,429,912

Part XIII 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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	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 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 2013 AND 2012 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 2009

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
VIA OF THE LEHIGH VALLEY INC

Employer identification number
23-1457999

Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	THE ORGANIZATION OPENED THE LEHIGH CHILDREN'S ACADEMY DURING FISCAL YEAR ENDED JUNE 30, 2013 THE LEHIGH CHILDREN'S ACADEMY PROVIDES INCLUSIVE HIGH QUALITY, NURTURING CARE AND EDUCATION FOR YOUNG CHILDREN MORE INFORMATION ON THE LEHIGH CHILDREN'S ACADEMY IS AVAILABLE IN SCHEDULE O UNDER THE SECTION HEADING - ADDITIONAL INFORMATION ABOUT VIA OF THE LEHIGH VALLEY, INC

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	DURING THE 2009/2010 FISCAL YEAR, 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 2012/2013

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

Identifier	Return Reference	Explanation
	FORM 990 PART XII LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION ABOUT VIA OF THE LEHIGH VALLEY, INC		VIA OF THE LEHIGH VALLEY IS A NON-PROFIT AGENCY THAT PROVIDES SERVICES FOR CHILDREN AND ADULTS WITH DISABILITIES LIKE AUTISM, CEREBRAL PALSY AND DOWN SYNDROME. VIA'S MISSION IS TO HELP THE PEOPLE WE SERVE REACH THEIR FULL POTENTIAL. SERVING THE COMMUNITY SINCE 1952, VIA'S STAFF AND VOLUNTEERS HELP INDIVIDUALS AND FAMILIES FROM BIRTH THROUGH RETIREMENT TO GAIN LIFE SKILLS, OBTAIN MEANINGFUL EMPLOYMENT AND DEVELOP SOCIAL CONNECTIONS. VIA OF THE LEHIGH VALLEY, INC. WORKS IN PARTNERSHIP WITH VIA EVENTS, INC. AND THE VIA FOUNDATION, INC. TO ACCOMPLISH THESE GOALS WITH COMMUNITY PARTNERS. 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 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. TODAY, VIA IS ONE OF THE LARGEST PROVIDERS OF SERVICES TO PEOPLE WITH DISABILITIES IN THE LEHIGH VALLEY. VIA PROVIDES CHILDREN, ADULTS AND THEIR FAMILIES WITH QUALITY SERVICES THAT FACILITATE DEVELOPMENTAL AND EDUCATIONAL OPPORTUNITIES, AS WELL AS PERSONAL CHOICE OF CAREER, HOME, LEISURE AND RETIREMENT. VIA ADVOCATES FOR INCLUSION OF ALL PEOPLE WITH DISABILITIES WITHIN SCHOOLS, NEIGHBORHOODS AND COMMUNITIES, PERSONAL RELATIONSHIPS, AND EMPLOYMENT. VIA BUILDS COMMUNITIES THAT PROVIDE EQUAL ACCESS TO APPROPRIATE DEVELOPMENTAL SERVICES SO PEOPLE HAVE FRIENDS WHO CARE AND RELATIONSHIPS THAT ARE RICH AND MEANINGFUL, ENJOY A REWARDING CAREER OF THEIR CHOICE, AND ARE CONNECTED TO THE RESOURCES OF THEIR COMMUNITY

Identifier	Return Reference	Explanation
		VIA'S IMPLEMENTATION OF ITS MISSION AND VISION IS BASED ON THE FOLLOWING -EVERY INDIVIDUAL IS VALUED AND TREATED WITH DIGNITY, RESPECT, AND COURTESY -EVERY INDIVIDUAL IS CAPABLE OF GROWTH AND LEARNING -EVERY INDIVIDUAL IS ABLE TO COMMUNICATE NEEDS, DESIRES, FEELINGS AND PERSONAL CHOICES THROUGH THE EXPERIENCE OF PERSON-CENTERED PLANNING AND APPROACHES -EVERY INDIVIDUAL HAS THE RIGHT TO BE INCLUDED AS AN ACTIVE, VALUABLE PARTICIPANT IN THE COMMUNITY -EVERY INDIVIDUAL HAS A RIGHT TO PHYSICAL AND MENTAL ACCESS TO THE COMMUNITY -EVERY INDIVIDUAL HAS A RIGHT TO AN ADVOCATE OF THEIR CHOICE VIA'S VALUES WE VALUE PEOPLE - WE BELIEVE PEOPLE SHOULD BE TREATED WITH DIGNITY, RESPECT, FAIRNESS AND COURTESY IN ENVIRONMENTS THAT ARE SAFE AND COMFORTABLE, AND SUPPORT INDIVIDUAL DEVELOPMENT WE VALUE GROWTH - WE BELIEVE THAT PERSONAL GROWTH IS PROMOTED THROUGH ATTENTION TO PRESENT STRENGTHS AND NOT PAST WEAKNESSES WE VALUE COMMUNITY - WE BELIEVE THAT THE DEVELOPMENT OF COMMUNITY SUPPORTS AND RESOURCES ENHANCES THE QUALITY OF LIFE WE VALUE DIVERSITY - WE BELIEVE THAT AN ATMOSPHERE OF MUTUAL RESPECT FOR EACH OTHER'S DIFFERENCES ADDS QUALITY TO OUR SERVICES WE VALUE SHARED IDEAS - WE BELIEVE THAT LISTENING IS A CRUCIAL PART OF EFFECTIVE COMMUNICATION AND THAT INDIVIDUALS SHOULD ACTIVELY PARTICIPATE IN THEIR SERVICE PLANNING WE VALUE ADVOCACY - WE BELIEVE THAT EVERYONE IS RESPONSIBLE FOR BRINGING ABOUT THE CHANGE NECESSARY TO BENEFIT THOSE WE SERVE TO THE FULLEST EXTENT WE VALUE REHABILITATION - WE BELIEVE SERVICES MUST BE AVAILABLE AS LONG AS THEY ARE NEEDED

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION REGARDING PROGRAMS AND SERVICES OF VIA		VIA OFFERS A FULL ARRAY OF SERVICES DESIGNED TO ASSIST CHILDREN AND ADULTS WITH DISABILITI ES SO THAT THEY CAN HAVE A FULFILLING LIFE WITHIN THEIR COMMUNITY SERVICES ARE PROVIDED W ITH A FOCUS ON WHO INDIVIDUALS ARE AND WHAT THEY, WITH FAMILY INPUT, DETERMINE ARE THEIR P ROGRAM PRIORITIES THERE IS A STRONG EMPHASIS ON INVOLVING AS MANY NATURAL RESOURCES AND S UPPORTS AS POSSIBLE TO HELP EACH PERSON ACHIEVE THEIR INDIVIDUAL GOALS THESE SERVICES MAY INCLUDE BUT ARE NOT LIMITED TO EARLY INTERVENTION, COMMUNITY-BASED HABILITATION, TRANSITI ONAL ACTIVITIES FOR TEENS AND YOUNG ADULTS, SUPPORTED EMPLOYMENT, CUSTOMIZED EMPLOYMENT (I NCLUDING SMALL BUSINESS DEVELOPMENT), PRE-VOCATIONAL SERVICES, ADULT TRAINING SERVICES AND SUPPORTED LIVING VIA EARLY INTERVENTION CHILDREN DESERVE A BRIGHT AND HEALTHY START IN L IFE RECOGNIZING DEVELOPMENTAL DELAYS AND TREATING THEM EARLY IS VITAL IN THE GROWTH OF CH ILDREN VIA EARLY INTERVENTION PROGRAM CAN MAKE ALL THE DIFFERENCE IN A FAMILY'S LIFE EAR LY IDENTIFICATION AND AGE-APPROPRIATE THERAPIES ARE CRITICAL TO THE WELL-BEING OF CHILDREN WITH DISABILITIES EARLY INTERVENTION, OFFERED TO CHILDREN FROM BIRTH TO AGE THREE, CAN E NHANCE A CHILDS DEVELOPMENT AND PROVIDE SUPPORT AND ASSISTANCE TO FAMILIES EARLY INTERVEN TION IS A VARIETY OF SERVICES AVAILABLE FOR CHILDREN FROM BIRTH THROUGH AGE THREE WITH DEV ELOPMENTAL DELAYS OR WHO ARE AT RISK SERVICES ARE DESIGNED FROM A FAMILY FOCUSED PERSPECT IVE TO MEET THE DEVELOPMENTAL NEEDS OF THE CHILD AND THEIR FAMILY SERVICES ARE PROVIDED I N NATURAL ENVIRONMENTS SUCH AS HOME, CHILD DAY CARE CENTERS, NURSERY/PRESCHOOL PROGRAMS, E TC VIA EARLY INTERVENTION SERVICES ARE STAFFED BY A GROUP OF HIGHLY QUALIFIED AND EXPERIE NCED PROFESSIONALS, FROM A VARIETY OF DISCIPLINES THE SERVICES PROVIDED ARE DESIGNATED BY AN INDIVIDUALIZED FAMILY SERVICE PLAN THAT MAY INCLUDE ANY OF THE FOLLOWING SERVICES SPE ECH THERAPY, OCCUPATIONAL THERAPY, PHYSICAL THERAPY, SPECIAL INSTRUCTIONS, SCREENING AND A SSESSMENT SERVICES, AND TECHNOLOGY DEVICES AND SERVICES EARLY INTERVENTION IS ADMINISTERE D THROUGH COUNTY'S EARLY INTERVENTION DEPARTMENT VIA RECEIVES REFERRALS FROM LEHIGH OR NO RTHAMPTON COUNTY AFTER A PARENT HAS CONTACTED THE COUNTY TO HAVE THEIR CHILD ENROLLED IN T HIS PROGRAM CHILDREN ARE ASSESSED IN THEIR HOME BY A TEAM OF THERAPISTS TO DETERMINE IF T HEY QUALIFY FOR EARLY INTERVENTION SERVICES ONCE A CHILD QUALIFIES, THEY ARE ASSIGNED A C OUNTY SERVICE COORDINATOR SERVICE COORDINATORS ESTABLISH A SERVICE PLAN WITH FAMILIES AND EARLY INTERVENTION SPECIALISTS WHICH INCLUDES DESIRED OUTCOMES FOR EACH CHILD AND FREQUEN CY AND DURATION OF SERVICES SESSIONS ARE DESIGNED TO INCLUDE CAREGIVERS SO THERAPIES CAN CONTINUE OUTSIDE OF THE STRUCTURED THERAPY SESSION SERVICE COORDINATORS REFER FAMILIES TO A PROGRAM LIKE VIA'S PROGRAM, FAMILIES MAY REQUEST AND/OR CHOOSE WHICH SERVICE PROVIDER T HEY WISH TO WORK WITH EARLY INTERVENTION IS A STATE-WIDE PROGRAM ENTITLEMENT PROGRAM AND IS AVAILABLE TO ALL FAMILIES AT NO COST, REGARDLESS OF HOUSEHOLD INCOME. CHILDREN ARE ASSE SSED BY THEIR THERAPIST TO DETERMINE THEIR STRENGTHS A PLAN IS DEVELOPED THAT HELPS EACH CHILD LEARN AND GROW ACCORDING TO THEIR NEEDS AND ABILITIES VIA EARLY INTERVENTION PROGRA M OFFERS LICENSED, HIGHLY TRAINED PROFESSIONAL STAFF OF SPEECH, OCCUPATIONAL AND PHYSICAL THERAPISTS, COMMUNITY-BASED DELIVERY IN THE CHILD'S NATURAL ENVIRONMENT (IN HOME AND CHILD CARE SETTINGS), A PLAN DESIGNED TO MEET THE CHILD'S INDIVIDUAL NEEDS AND CENTERED AROUND F AMILY ROUTINES, A TEAM-BASED APPROACH, AND FAMILY TRAINING LEHIGH CHILDREN'S ACADEMY LEHI GH CHILDREN'S ACADEMY PROVIDES INCLUSIVE HIGH QUALITY, NURTURING CARE AND EDUCATION FOR YO UNG CHILDREN, AGES SIX WEEKS TO SIX YEARS, AND PROVIDES BEFORE AND AFTER SCHOOL CARE FOR S CHOOL AGE CHILDREN INCLUSION AS A VALUE, SUPPORTS THE RIGHT OF ALL CHILDREN, REGARDLESS O F THEIR DIVERSE ABILITIES AND BACKGROUND, TO PARTICIPATE ACTIVELY IN NATURAL SETTINGS WITH IN THEIR COMMUNITIES INCLUSION IS CHARACTERIZED BY A FEELING OF BELONGING, IN CHILDREN OF ALL ABILITIES LEARNING, PLAYING, AND WORKING TOGETHER LEHIGH CHILDREN'S ACADEMY BELIEVES WITH SUCCESSFUL INCLUSION, ALL CHILDREN ARE ACTIVELY INVOLVED, PHYSICALLY ACCESSING PLAY AND WORK LOCATIONS, AND HAVE OPTIONS FROM WHICH THEY CAN CHOOSE PERSONALLY INCLUSION IS A PROCESS, NOT A PLACEMENT LEHIGH CHILDREN'S ACADEMY FOCUSES ON LASTING IMPRESSIONS FOR A LIFETIME OF LEARNING THROUGH EDUCATIONAL EXPERIENCES THAT PROMOTE A CHILD'S EMOTIONAL, SOC IAL, INTELLECTUAL AND PHYSICAL DEVELOPMENT THE ACADEMY WORKS COLLABORATIVELY WITH FAMILIE S TO ENCOURAGE AND SUPPORT CHILDREN'S DESIRE AND POTENTIAL TO BECOME ENTHUSIASTIC, INDEPEN DENT, CONFIDENT AND INQUISITIVE LIFELONG LEARNERS LEHIGH CHILDREN'S ACADEMY ENVIRONMENT A ND CURRICULUM ARE FOCUSED ON PROMOTING THE ACQUISITION OF SKILLS BY STUDENTS THROUGH THE D ESIGN AND ENHANCEMENT OF LEARNING ENVIRONMENTS, ACTIVITIES, AND ROUTINES CLASSROOMS HAVE CREATIVELY DESIGNED, DEVELOPMENTALLY APPROPRIATE L

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION REGARDING PROGRAMS AND SERVICES OF VIA		EARNING CENTERS WHICH PROVIDE CHILDREN WITH INFORMATION AND EXPERIENCES THAT ENCOURAGE THE M TO THINK AND EXPLORE. LEHIGH CHILDREN'S ACADEMY STRIVES TO PROVIDE AN EXPERIENCE THAT MA XIMIZES SUCCESS AND MINIMIZES FRUSTRATION, ALLOWING CHILDREN SPACE AND TIME TO EXPLORE, CR EATE AND LEARN AT THEIR OWN PACE, USING THEIR OWN LEARNING STYLE. LEHIGH CHILDREN'S ACADEM Y USES TECHNOLOGY AS A TOOL FOR ENGAGEMENT, PARTICIPATION AND PLAY TO ENHANCE CURRICULUM B ASED LEARNING. TECHNOLOGY AND DIGITAL MEDIA ARE VALUABLE TOOLS THAT ARE USED INTENTIONALLY WITH CHILDREN TO EXTEND AND SUPPORT ACTIVE, HANDS-ON, CREATIVE AND AUTHENTIC ENGAGEMENT W ITH THEIR PEERS AND THEIR WORLD. LEHIGH CHILDREN'S ACADEMY BELIEVES TECHNOLOGY SHOULD NOT REPLACE ACTIVITIES THAT ARE IMPORTANT FOR CHILDREN'S DEVELOPMENT LIKE CREATIVE PLAY, REAL LIFE EXPLORATION, PHY SICAL ACTIVITY, CONVERSATION AND SOCIAL INTERACTIONS. LEHIGH CHILDREN 'S ACADEMY FOLLOWS THE AMERICAN ACADEMY OF PEDIATRICS RECOMMENDATION WHICH DISCOURAGE SCRE EN MEDIA AND SCREEN TIME FOR CHILDREN UNDER TWO YEARS OF AGE AND RECOMMENDS LIMITED SCREEN TIME FOR OLDER CHILDREN. THE CORE OF LEHIGH CHILDREN'S ACADEMY PHILOSOPHY IS THAT EARLY C HILDHOOD INCLUSION EMBODIES THE VALUES, POLICIES, AND PRACTICES THAT SUPPORT THE RIGHT OF EVERY INFANT AND YOUNG CHILD AND HIS OR HER FAMILY, REGARDLESS OF ABILITY OR SOCIO-ECONOMI C BACKGROUND, TO PARTICIPATE IN A BROAD RANGE OF ACTIVITIES AND CONTEXTS AS FULL MEMBERS O F FAMILIES, COMMUNITIES, AND SOCIETY. VIA TEEN EXPERIENCE THE TEEN YEARS ARE CRITICAL TO D EVELOPING THE SOCIAL SKILLS AND PEER NETWORKS THAT LEAD TO SUCCESS IN YOUNG ADULT LIFE, CA REER DEVELOPMENT AND INDEPENDENCE. VIA TEEN EXPERIENCE SERVES YOUNG PEOPLE BETWEEN THE AGE S OF 13 AND 21 WITH DIAGNOSED DISABILITIES INCLUDING INTELLECTUAL, AUTISM, PHY SICAL, AND M ENTAL HEALTH CONCERNS, WHO LIVE IN LEHIGH AND NORTHAMPTON COUNTIES IN EASTERN PENNSYLVANIA. VIA TEEN EXPERIENCE IS OFFERED DURING THE SUMMER AND WINTER BREAK. VIA TEEN SUMMER EXPER IENCE IS AN ELEVEN-WEEK PROGRAM THAT ENCOURAGES YOUNG ADULTS WITH DISABILITIES TO EXPLORE THEIR COMMUNITIES AND DISCOVER HIS OR HER POTENTIAL. THE PROGRAM STRIVES TO CONNECT YOUTH WITH THE RESOURCES AND INFORMATION THEY NEED TO BUILD SUCCESSFUL AND INDEPENDENT LIVES IN THEIR COMMUNITIES THROUGH PARTNERSHIPS WITH MORE THAN 75 EMPLOY ERS AND 50 NON-PROFIT AGEN CIES, VIA INTRODUCES PARTICIPANTS TO CAREER, EDUCATIONAL, SOCIAL, AND INDEPENDENT LIVING O PTIONS AS THEY TRANSITION FROM SCHOOL TO ADULT LIFE. AS A RESULT OF THESE PARTNERSHIPS, PA RTICIPANTS ARE MENTORED IN VOLUNTEER ACTIVITIES, POST-SECONDARY EDUCATION OPPORTUNITIES, S OCIAL RESOURCES, CAREER INTEREST INVENTORIES, JOB SHADOWING, RESUME PREPARATION, AND OTHER SKILLS NECESSARY FOR INCREASED INDEPENDENCE IN HIS OR HER LIFE. IN ADDITION, PARTICIPANTS EXPLORE A VARIETY OF SOCIAL AND RECREATIONAL ACTIVITIES AVAILABLE IN THE LEHIGH VALLEY. H IGHLIGHTS FROM PREVIOUS SEASONS INCLUDE BASEBALL GAMES, NORTH START ADVENTURE, SWIMMING, E AGLES TRAINING CAMP AND MARTIN GUITAR TOURS. SOCIAL ACTIVITIES FOR PARTICIPANTS NOT ONLY P ROVIDE OPPORTUNITIES FOR FUN BUT ALSO ENCOURAGE YOUTH TO CONNECT WITH PEER NETWORKS IN THE IR COMMUNITIES AND SCHOOLS. THROUGH THE DEVELOPMENT OF CAREER, SOCIAL, AND INDEPENDENT LIV ING SKILLS, PARTICIPANTS ARE MORE PREPARED TO ASSUME THEIR ROLES AS PRODUCTIVE MEMBERS OF THE COMMUNITY AND WORKFORCE UPON GRADUATION FROM HIGH SCHOOL. IN TURN, THE COMMUNITY BENEF ITS FROM THE TALENTS AND APTITUDES THAT YOUTH WITH DISABILITIES HAVE TO OFFER

Identifier	Return Reference	Explanation
		VIA AUTISM SERVICES VIA AUTISM SERVICES PROVIDE ADULTS WITH AN AUTISM SPECTRUM DISORDER DI AGNOSIS (ASD) WITH EDUCATIONAL, VOCATIONAL AND RECREATIONAL ACTIVITIES IN THE COMMUNITY V IA AUTISM SERVICES PROVIDE AN INDIVIDUALIZED APPROACH TO SOCIAL AND LIFE SKILLS DEVELOPMEN T ADULTS HAVE THE OPPORTUNITY TO PARTICIPATE IN SOCIAL, VOCATIONAL AND INDEPENDENT LIVING ACTIVITIES THAT ARE TAILORED TO THEIR NEEDS AND INTERESTS PARTICIPANTS HAVE AN ACTIVE RO LE IN PLANNING THEIR SCHEDULE AND IN THE DEVELOPMENT OF GOALS AND OBJECTIVES FOR EACH ACTI VITY INDEPENDENT LIVING SKILLS ARE A LARGE COMPONENT OF THIS SERVICE AND ARE ADDRESSED TH ROUGH A COMBINATION OF COMMUNITY EXPERIENCES AND CLASSROOM INSTRUCTION INSTRUCTION ON THE USE OF PUBLIC TRANSPORTATION AND AN INTRODUCTION TO HOUSING OPTIONS IS PROVIDED VIA PART NERS WITH EMPLOYERS, LOCAL AGENCIES AND INSTITUTIONS OF HIGHER EDUCATION THROUGHOUT THE LE HIGH VALLEY THROUGH THESE PARTNERSHIPS, VIA AUTISM SERVICES PROVIDE OPPORTUNITIES FOR ADU LTS TO PARTICIPATE IN CAREER INTEREST INVENTORIES, JOB SHADOWING, JOB SITE VISITS AND CARE ER EXPLORATION, MOCK INTERVIEWS WITH HUMAN RESOURCE MANAGERS AT LEHIGH VALLEY COMPANIES, R ESUME PREPARATION, AND INCLUSIVE SERVICE LEARNING AND VOLUNTEER ACTIVITIES VIA AUTISM SER VICES WORKS WITH PARTICIPANTS TO TAILOR RECREATIONAL AND COMMUNITY ACTIVITIES TO PERSONAL PREFERENCES DEPENDING ON INDIVIDUAL INTERESTS, ACTIVITIES MAY INCLUDE SPORTING EVENTS, CU LTURAL EVENTS, ART CLASSES, AND VARIOUS COMMUNITY AND SOCIAL ACTIVITIES PARTICIPANTS HAVE AN ACTIVE ROLE IN PLANNING THEIR SCHEDULE AND INCORPORATE LIFE SKILLS SUCH AS MONEY MANAG EMENT AND TRANSPORTATION NEEDS INTO THESE ACTIVITIES VIA IS AN ADULT AUTISM WAIVER PROVID ER THROUGH THE PENNSYLVANIA OFFICE OF DEVELOPMENTAL PROGRAMS BUREAU OF AUTISM SERVICES TH E ADULT AUTISM WAIVER IS A STATE OF PENNSYLVANIA MEDICAL ASSISTANCE PROGRAM THAT PROVIDES HOME AND COMMUNITY-BASED SERVICES SPECIFICALLY DESIGNED TO HELP ADULTS WITH AN AUTISM SPEC TRUM DISORDER PARTICIPATE IN THEIR COMMUNITIES IN THE WAY THEY WANT TO VIA COMMUNITY EMPL OYMENT VIA EMPLOYMENT SERVICES ARE BASED ON THE BELIEF THAT EVERYBODY WORKS AND NO ONE SHO ULD BE EXCLUDED WORK IS A TYPICAL PART OF ADULT LIFE AND EVERYONE SHOULD HAVE THE OPPORTU NITY TO BENEFIT FROM BEING A PART OF THE EMPLOYED COMMUNITY A JOB OFFERS MORE THAN A PAYC HECK, HAVING A JOB MEANS HAVING A PLACE TO GO AND SOMETHING IMPORTANT TO DO A JOB PROVIDE S A CHANCE TO MEET NEW PEOPLE, ESTABLISH FRIENDSHIPS AND ENJOY THE COMPANY OF OTHERS WORK MEANS LEARNING SOMETHING NEW, PRACTICING OLD SKILLS AND MAKING A CONTRIBUTION BY ACCOMPLI SHING SOMETHING MEANINGFUL VIA STAFF WORK EVERY DAY TO HELP PEOPLE FIND AND MAINTAIN JOBS IN OUR COMMUNITY VIA COMMUNITY EMPLOYMENT PROGRAM ASSISTS PEOPLE IN DETERMINING THEIR EM PLOYMENT OBJECTIVES THROUGH VOCATIONAL ASSESSMENTS VIA WORKS ONE-ON-ONE WITH ADULTS AND E MPLOYERS TO MAKE EFFECTIVE JOB MATCHES AND PROVIDES ONSITE JOB COACHING AND SUPPORT TO ASS IST INDIVIDUALS IN ATTAINING, LEARNING AND KEEPING A JOB VIA HELPS INDIVIDUALS USE AND DE VELOP NATURAL SUPPORT CONCEPTS TO INCREASE THE PERSON'S NETWORK OF SUPPORT AND ENSURE JOB STABILITY VIA WORKS TO PROVIDE THE BEST EMPLOYMENT OPTION FOR INDIVIDUALS, AND EXCELS AT CREATING INNOVATIVE EMPLOYMENT SOLUTIONS THAT MATCH BUSINESS NEEDS REFERRALS FOR THIS PRO GRAM COME FROM THE OFFICE OF VOCATIONAL REHABILITATION, INDIVIDUALS, FAMILIES AND OTHER FU NDING SOURCES IN ADDITION, VIA WORKS WITH SCHOOL DISTRICTS TO ASSIST IN SCHOOL-TO-WORK TR ANSITION SERVICES FOR STUDENTS WITH DISABILITIES WHO ARE GRADUATING FROM HIGH SCHOOL VIA WORK TRAINING SERVICES WORKSHOP (PRE-VOCATIONAL SERVICES) VIA BELIEVES EVERYONE WHO WANTS TO WORK SHOULD HAVE THE OPPORTUNITY TO VIA ALSO REALIZES THAT FAMILIES, CAREGIVERS AND PE OPLE WITH DISABILITIES MAY WANT OR NEED A STEPPING STONE TO ADULT SERVICES OR COMMUNITY IN VOLVEMENT VIA WORK TRAINING SERVICES WORKSHOP HELP ADULTS WITH DISABILITIES DEVELOP SKILL S AND GAIN VALUABLE WORK EXPERIENCE FOR MORE THAN 50 YEARS, THE VIA WORK TRAINING SERVICE S WORKSHOP HAS SPECIALIZED IN CONTRACT PACKAGING AND ASSEMBLY WORK, AND PROVIDED CONSISTEN T HIGH-QUALITY WORK FOR BUSINESSES WORK INCLUDES SPECIALTY AND PROMOTIONAL PACKAGING, DIS PLAY ASSEMBLY, AND SMALL PARTS ASSEMBLY VIA'S DIVERSE CUSTOMER BASE INCLUDES SOME OF THE MOST WELL-KNOWN EASTERN PENNSYLVANIA COMPANIES THE VIA WORK TRAINING SERVICES WORKSHOP AS SISTS INDIVIDUALS AND THEIR TEAMS UNDERSTAND WHAT SERVICES ARE AVAILABLE, EXPLORES FUNDING SOURCES AND WORKS WITH TEAMS TO TRANSITION INDIVIDUALS INTO MORE INCLUSIVE SERVICES ON T HE WORK FLOOR, THE VIA WORK TRAINING SERVICES WORKSHOP OFFERS A SAFE, COMFORTABLE AND FRIE NDLY ENVIRONMENT WHERE INDIVIDUALS CAN IMPROVE INDEPENDENCE, ENHANCE WORK SKILLS, DEVELOP FRIENDSHIPS AND RECEIVE TRAINING ON A VARIETY OF HEALTH AND SAFETY TOPICS VIA'S PRE-VOCAT IONAL SERVICE IN BETHLEHEM IS LICENSED BY THE STATE OF PENNSYLVANIA UNDER CHAPTER 2390 - V OCATIONAL FACILITY VIA WORK TRAINING SERVICES WOR

Identifier	Return Reference	Explanation
		KSHOP EMPLOYS INDIVIDUALS 18 YEARS OR OLDER WHO HAVE A DISABILITY AND REQUIRE SUPPORT TO L EARN AND ACQUIRE WORK SKILLS THE PURPOSE OF THE PROGRAM IS TO PROVIDE WORK EXPERIENCE AND TRAINING DOING CONTRACT WORK FOR INDUSTRY WHILE EARNING WAGES COMMENSURATE TO THEIR LEVEL OF PRODUCTIVITY PARTICIPANTS IN THIS PROGRAM ARE SUPPORTED DIRECTLY BY INSTRUCTORS ON A 1 TO 15 OR 1 TO 6 RATIO BASED ON THEIR NEEDS TYPICALLY, INDIVIDUALS IN 1 TO 15 GROUPS NEE D TO BE INDEPENDENT IN DAILY LIVING SKILLS, REQUIRE MINIMAL ASSISTANCE TO STAY ON TASK DUR ING WORK TIME AND ARE ABLE TO SPEND BREAK TIME WITHOUT DIRECT SUPERVISION INDIVIDUALS IN 1 TO 6 GROUPS TYPICALLY REQUIRE SOME ASSISTANCE WITH DAILY LIVING SKILLS AND ONGOING SUPPO RT TO COMPLETE WORK AND SUPERVISION DURING WORK BREAKS VIA ALSO OFFERS PARTICIPANTS IN TH E VIA WORK TRAINING SERVICES WORKSHOP THE OPTION OF WORKING IN TRADITIONAL BUSINESSES IN T HE LEHIGH VALLEY IN SMALL GROUPS WITH STAFF SUPERVISION AND SUPPORT THE JOHN E. WALSON CE NTER AT VIA, AN ADULT TRAINING SERVICE THE JOHN E. WALSON CENTER AT VIA, AN ADULT TRAINING FACILITY, INTRODUCES INDIVIDUALS TO VOLUNTEER OPPORTUNITIES, RECREATIONAL ACTIVITIES AND CULTURAL EVENTS AT OUR FACILITY IN BETHLEHEM, COMBINED WITH OPPORTUNITIES TO EXPLORE THE C OMMUNITY ACTIVITIES LIKE COOKING, NUTRITION, PHY SICAL EXERCISE, AND COGNITIVE SKILLS DEVE LOPMENT ARE INTEGRATED INTO OUR DAILY SCHEDULE TO PROMOTE WELLNESS AND ENCOURAGE SOCIAL IN TERACTION THE JOHN E. WALSON CENTER AT VIA PROVIDES EDUCATIONAL, SOCIAL, CULTURAL AND WEL LNESS ACTIVITIES FOR ADULTS WITH DISABILITIES PARTICIPANTS IN THIS ADULT TRAINING PROGRAM SPEND A PORTION OF THEIR TIME AT OUR FACILITY IN BETHLEHEM, COMBINED WITH OPPORTUNITIES T O EXPLORE THE COMMUNITY THE JOHN E. WALSON CENTER AT VIA INTRODUCES INDIVIDUALS TO VOLUNT EER OPPORTUNITIES, RECREATIONAL ACTIVITIES AND CULTURAL EVENTS WITH THE ASSISTANCE OF VIA COMMUNITY INCLUSION SPECIALISTS THE JOHN E. WALSON CENTER AT VIA IS A PLACE FOR PEOPLE TO ENGAGE AS INDEPENDENTLY AS POSSIBLE IN THE ACTIVITIES AND EXPERIENCES OFFERED SO THEY MAY BE INCLUDED IN THEIR COMMUNITIES AND PEER GROUPS THE JOHN E. WALSON CENTER AT VIA INTROD UCES INDIVIDUALS TO TASKS AND ACTIVITIES THAT ENABLE THEM TO ACHIEVE INDEPENDENCE AND IMPR OVE SELF-AWARENESS AREAS ADDRESSED INCLUDE MOBILITY, PERSONAL HY GIENE, SELF-CARE SKILLS, AND COMMUNITY LIVING SKILLS THESE AREAS HELP TO PROVIDE OPPORTUNITIES FOR SELF-EXPRESSION AND ACHIEVEMENT VOLUNTEERISM PROMOTES COMMUNITY PARTICIPATION, CAN EXPAND AN INDIVIDUAL' S NETWORKS AND INTERESTS PARTICIPANTS HAVE THE OPPORTUNITY TO VOLUNTEER AT A VARIETY OF L OCAL NONPROFIT ORGANIZATIONS INCLUDING MEALS ON WHEELS, LIBRARIES, CONSERVATION PROGRAMS A ND NURSING HOMES PARTICIPANTS EXPERIENCE A VARIETY OF SOCIAL AND RECREATIONAL ACTIVITIES IN THEIR COMMUNITIES INSTRUCTION FOCUSES ON LEARNING ABOUT THE COMMUNITY, SAFETY, PUBLIC TRANSPORTATION AND APPROPRIATE SOCIAL INTERACTION IN ADDITION, PARTICIPANTS WILL LEARN AB OUT MONEY MANAGEMENT, SOCIAL INTERACTION SKILLS, AND HOW TO CONNECT TO ACTIVITIES AND EVEN TS IN THE COMMUNITY EXAMPLES OF COMMUNITY EXPLORATION INCLUDE SHOPPING, ART CLASSES, VISI TING SENIOR CENTERS, ATTENDING THE THEATRE AND CONCERTS, AND VISITING MUSEUMS AND GALLERIE S PARTICIPANTS GAIN AN UNDERSTANDING OF CREATING INDIVIDUAL PROGRAMS BY SELECTING THEIR O WN ACTIVITIES THIS IS ALSO AN OPPORTUNITY TO ENHANCE GROSS AND FINE MOTOR SKILLS, DEVELOP EYE/HAND COORDINATION, EXPERIENCE RECREATIONAL ACTIVITY, AND USE LEISURE EXPERIENCES FOR PERSONAL AND SOCIAL DEVELOPMENT EXAMPLES INCLUDE BASKETBALL, SWIMMING, GAMES, COMPUTER IN STRUCTION, COMMUNITY ACTIVITIES, READING, MOVIES, ARTS AND CRAFTS, BOWLING, DANCING, AND E XERCISE CLASSES

Identifier	Return Reference	Explanation
		THE JOHN E. WALSON CENTER AT VIA IS AN ADULT TRAINING SERVICE LICENSED BY THE COMMONWEALTH OF PENNSYLVANIA'S DEPARTMENT OF PUBLIC WELFARE. FACILITIES MAINTAIN COMPLIANCE WITH TITLE 55 PA CODE, CHAPTER 2380 REGULATIONS FOR ADULT TRAINING SERVICES. VIA SUPPORTED LIVING PEOPLE WANT THE FREEDOM TO CHOOSE WHERE THEY LIVE. THEY WANT TO FEEL HAPPY, SAFE AND IN CONTROL OF THEIR LIVES. VIA SUPPORTED LIVING HELPS ADULTS LIVE INDEPENDENTLY IN THEIR COMMUNITY, FORMING THE BONDS AND RELATIONSHIPS OF A NEIGHBORHOOD. A PLANNING PROCESS HELPS THEM EXPLORE WHERE THEY WANT TO LIVE AND MEET THEIR PERSONAL NEEDS AND DESIRES - LIVING WHERE THEY WANT AND WITH WHOM THEY WANT. VIA USES SUPPORTS THAT ARE TYPICALLY AVAILABLE TO ALL MEMBERS OF THE COMMUNITY, WITH THE EXPECTATIONS THAT PEOPLE WITH DISABILITIES CAN ALSO DEVELOP THE SAME SUPPORT NETWORK. VIA SUPPORTED LIVING ASSISTS INDIVIDUALS TO RESIDE INDEPENDENTLY AND RECEIVE SUPPORTS BASED ON THEIR NEEDS TO MAINTAIN THEIR INDEPENDENCE IN THE COMMUNITY. VIA COMMUNITY CONNECTIONS (COMMUNITY BASED HABILITATION) ADULTS WANT TO BE VALUABLE, ACTIVE AND PRODUCTIVE MEMBERS OF THEIR COMMUNITY. VIA COMMUNITY CONNECTIONS FACILITATES RELATIONSHIPS BETWEEN INDIVIDUALS AND THE COMMUNITIES IN WHICH THEY LIVE AND CONNECTS PEOPLE THROUGH VOLUNTEER, RECREATIONAL, SOCIAL AND EDUCATIONAL ACTIVITIES. THESE EXPERIENCES HELP PEOPLE DEVELOP INTERPERSONAL RELATIONSHIPS AND EXPLORE VOCATIONAL OPTIONS. IN ADDITION TO LIFE SKILLS, VIA COACHES PEOPLE INDIVIDUALLY OR IN SMALL GROUPS ON COMMUNICATION SKILLS, SOCIALIZATION, VOCATIONAL SKILLS, PUBLIC TRANSPORTATION, VOLUNTEERISM AND RECREATION. VIA HELPS PEOPLE DISCOVER PREFERENCES AND CHOOSE RECREATIONAL AND VOLUNTEER ACTIVITIES. VIA ASSISTS ADULTS IN DEVELOPING VOLUNTEER OPPORTUNITIES AT LOCAL ORGANIZATIONS BASED ON THEIR PERSONAL INTERESTS. ONCE AN OPPORTUNITY IS DEVELOPED, VIA HELPS EACH PERSON LEARN VOLUNTEER RESPONSIBILITIES, DEVELOP FRIENDSHIPS WITH OTHER VOLUNTEERS AND GAIN VALUABLE VOCATIONAL SKILLS. VIA COMMUNITY CONNECTIONS SUPPORTS INDIVIDUALS ONE TO ONE OR IN SMALL GROUPS IN THEIR HOME OR THE COMMUNITY. PEOPLE ARE LIVING LONGER, HEALTHIER LIVES. PEOPLE CAN EXPECT TO SPEND MORE TIME IN RETIREMENT THAN EVER BEFORE AND STAYING INVOLVED WITH FAMILY, FRIENDS AND NEIGHBORS IS AN IMPORTANT PART OF RETIREMENT. VIA HELPS PEOPLE WHO ARE OVER OR NEARING AGE 55, TRANSITION TO RETIREMENT TO MAINTAIN SKILLS, PARTICIPATE IN LEISURE AND VOLUNTEER ACTIVITIES, AND STAY ACTIVE. THIS PROCESS INVOLVES DISCUSSION OF WHAT RETIREMENT MEANS AND HELPING THEM CONNECT WITH ACTIVITIES IN THEIR COMMUNITY, AND FOCUSES ON THE DEVELOPMENT OF ACTIVITIES WITH NON-DISABLED PEERS IN SENIOR CENTERS, ADULT DAY CARE OR OTHER TYPICAL RETIREMENT ACTIVITIES. WHETHER INDIVIDUALS RESIDE WITH FAMILY, IN A RESIDENTIAL PROGRAM OR AN ADULT LIVING CENTER, VIA HELPS OLDER ADULTS CHOOSE ACTIVITIES TO MEET THEIR NEEDS AND INTERESTS. ACTIVITIES OCCUR IN THE COMMUNITY AND AT SENIOR CENTERS, AND FOCUS ON MAINTAINING SKILLS, GIVING BACK TO THE COMMUNITY, AND STAYING ACTIVE. IN ADDITION, VIA PROVIDES SUPPORT TO MANY PEOPLE WITH DEVELOPMENTAL DISABILITIES IN NURSING HOMES TO ASSIST THEM WITH THE RETENTION OF COGNITIVE SKILLS AND INTERESTS

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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

2012

Open to Public Inspection

Name of the organization
VIA OF THE LEHIGH VALLEY INC

Employer identification number
23-1457999

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

(a) Name, address, and EIN (if applicable) 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) No
(1) VIA EVENTS INC 336 WEST SPRUCE STREET BETHLEHEM, PA 18018 23-2993946	TO OPERATE THRIFT STORES AND FUNDRAISING EVENTS TO PROVIDE SUPPORT TO VIA	PA	501(C)(3)	509(A)(2)	N/A		No
(2) VIA FOUNDATION INC 336 WEST SPRUCE STREET BETHLEHEM, PA 18018 23-2608517	TO DISTRIBUTE CONTRIBUTIONS AND BEQUESTS TO VIA OF THE LEHIGH VALLEY, INC	PA	501(C)(3)	170(B)(1)(A) (VI)	N/A		No

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) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization 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		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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-s)	(c) Amount involved	(d) Method of determining amount involved

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 section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 23-1457999
Name: VIA OF THE LEHIGH VALLEY INC

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation	

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