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DLN: 93493029013536

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 private

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

B Che	ck if applicable	C Name of organization		15	D Emplo	yer ident	tification number				
	ress change	Via of the Lehigh Valley Inc			23-14	57999					
	ne change	Doing business as									
•	al return	Number and street (or P O box if n	nail is not delivered to street address) Room/s	uıte	E Telepho	ne numbe	er				
Fina retu	ırn/termınated	336 West Spruce Street			(610)	(610)317-8000					
	ended return lication pending	City or town, state or province, cou Bethlehem, PA 18018	G Gross r	eceipts \$ 6	6,202,466						
		F Name and address of prii Mary Joy Kaiser	ncıpal officer		Is this a group subordinates?	this a group return for libordinates?					
		336 West Spruce Street Bethlehem, PA 18018		ши	A 11 h d .		┌ Yes ┌ No				
				4	Are all subordı ıncluded?						
I Tax	c-exempt status	▼ 501(c)(3)	(insert no) 4947(a)(1) or 527	4	If "No," attach	a list (s	see instructions)				
J W	ebsite: 🕨 ww	w vianet org		H(c)	Group exempt	ion numl	ber 🟲				
		Corporation Trust Association	on Other 🕨	L Yea	r of formation 19	54 M S	itate of legal domicile PA				
Pa		escribe the organization's mission					_				
& Governance	Activitie Pre-Voc 761 chi Bucks a	es for teens and young adults, Su ational Services, Adult Training Idren and adults with disabilities nd Berks counties	clude but are not limited to Early Intersupported Employment, Customized Em Services and Supported Living In 201 throughout the greater Lehigh Valley,	ployment 5, Via of in Lehigh	(including sma the Lehigh Val , Northampton,	III busine ley prov Carbon	ess development), Ided services for , Monroe, Pike,				
Activities &	2 Checkt	his box 🛏 if the organization di	scontinued its operations or disposed	of more t	han 25% of its	net ass	ets				
5	3 Number	of voting members of the govern	ning body (Part VI, line 1a)			3	1				
4		· · · · · · · · · · · · · · · · · · ·	of the governing body (Part VI, line 1b	•		4	1				
			calendar year 2014 (Part V, line 2a)			5	390				
			necessary)			6 7a	1				
			rom Form 990-T, line 34			7b	(
1					Prior Year		Current Year				
a l		- ·	ne 1h)		130,6		191,424				
renue	9 Progra	am service revenue (Part VIII, li	ine 2g)		130,6 5,109,1	L 3 7	191,424 6,011,029				
Revenue	9 Progra10 Inves	am service revenue (Part VIII, li tment income (Part VIII, column	,		130,6 5,109,1		191,424 6,011,029 C				
Revenue	9 Progra10 Inves11 Other12 Total	am service revenue (Part VIII, li tment income (Part VIII, columi revenue (Part VIII, column (A), revenue—add lines 8 through 11	ne 2g)		130,6 5,109,:	137 900 54	191,424 6,011,029 0				
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ALLENTOWN, PA 18103

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes ☐ No

Form	990 (2014)					Page 2
Par	t III		Program Serve O contains a res	-	olishments to any line in this Part	III	
1	Briefl	y describe the org	janization's missio	n			
See :	Schedu	le O					
2					ervices during the year	which were not listed on	
	If"Ye	s," describe these	new services on S	Schedule O			
3		e organization cea		make sıgnıfıcar	nt changes in how it co	nducts, any program	. Tyes V No
	If"Ye	s," describe these	changes on Sche	dule O			
4	exper	ses Section 501		4) organization:	s are required to repor	ree largest program services t the amount of grants and all	•
<u> 4a</u>	(Code	2) (Expenses \$	2,013,022	ıncludıng grants of \$) (Revenue \$	2,694,937)
	Empk	oyment Services See	Schedule O for prograr	n description			
	(Code	2) (Expenses \$	1,291,541	ıncludıng grants of \$) (Revenue \$	1,460,769)
	Comr	nunity Based Habilitati	on (Community Conne	ections), including S	Supportive Living and Via's	Feen Experience See Schedule O fo	or program descriptions
	(Code	<u> </u>) (Expenses \$	1,435,376	ıncludıng grants of \$) (Revenue \$	1,476,061)
	Childi	en Services, including	Early Intervention and	Lehigh Children's	Academy See Schedule O t	or program descriptions	
	See	Additional Data					
4d	Othe	er program service	s (Describe in Sch	edule O)			
	(Exp	enses \$	253,796 in	cluding grants o	of \$) (Revenue \$	355,275)
4e	Tota	l program service	expenses 🟲	4,993,735	i		
							Form 990 (2014)

Part TV	Check	dist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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? <i>If "Yes," complete Schedule D, Part I</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		Νo
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^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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			
а	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 χ^{\bullet}	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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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 $11e^{\gamma}$ 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? <i>If "Yes," complete Schedule G, Part II</i>	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		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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? <i>If "Yes," complete Schedule J</i>	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 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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? <i>If "Yes," complete Schedule L, Part III </i>	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part		1	
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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? <i>If "Yes," complete Schedule M</i>	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 $2 \cdot$	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 or note to any line in this Part V		<u> </u>	厂_
4 -	Estantla number usanted in Barr 2 of Farms 1000 Faton 0 of not applicable.		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 12 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	26	V	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	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" to line 3b, 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)?	4 a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	J.		
		5c		
	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		N o
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).			
а	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
	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			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e 7f		No No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	- ''		
9	required?	7g		
	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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	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			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	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			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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			
c	In which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a 14b		140

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 or note to any line in this Part VI						_	V
Check if Schedule O	contains a response or note to any line in this Part VI							

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		Νo
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				
а	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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ue Cod Yes	e.) No
	Did the organization have local chapters, branches, or affiliates?	evenu 10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No

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

- 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, address, and telephone number of the person who possesses the organization's books and records ►Randall Letterhouse CFO

336 W Spruce St Bethlehem, PA 18018 (610) 317-8000

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

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

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

- 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)	(B)			(C				(D)	(E)	(F)
Name and Title	A verage hours per week (list any hours	more pers	than on is	(do one bot	not box h ar	check , unle n office ustee	ess er	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) Jerry Somers Chair	2 00	x		х				0	0	0
(2) Jeremy Sestito Treasurer	2 00	х		х				0	0	0
(3) Brian Slough	2 00	х		х				0	0	0
(4) Steve Bailey Board Member	1 00	х						0	0	0
(5) Anne Boran Board Member	1 00	х						0	0	0
(6) Jim Dunleavy Board Member	1 00	х						0	0	0
(7) John Diamant Board Member	1 00	х						0	0	0
(8) Jessica Moyer Board Member	1 00	х						0	0	0
(9) Robert Touzeau Board Member	1 00	х						0	0	0
(10) Donna Taggart Board Member	1 00	х						0	0	0
(11) Mary Lisicky Vice Chair	2 00	х		х				0	0	0
(12) Eric Johnson	1 00	х						0	0	0
Board Member (13) Mary Joy Kaiser	20 00			х				105,000	0	7,204
President/Exec Dir (14) Randall letterhouse	20 00			х				102,118	0	7,149
CFO/VP of Finance				<u> </u>				102,110	0	,,173

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

(A) Name and Tıtle	(B) A verage hours per week (list any hours	more t perso	han d n is	ne l both	box, an o r/tru	officer stee)	;	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	-			
c	Total from continuation sheets to Part VII, Section A	F			
d	Total (add lines 1b and 1c)	•	207,118	0	14,353

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

			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		Νo
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			
	ındıvıdual	4		Νo
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		Νo

Coction	D	Tada		Contractors
Section	В.	Tuae	penaent	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 V		Check if Schedule O contains a response	se or note to any lir	ne in this Part VIII			
		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
- <u>- 2</u>	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues 1b					
ي ق	С	Fundraising events 1c					
ffs, FA	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
ms, Sin							
utio er	f	All other contributions, gifts, grants, and similar amounts not included above	191,424				
ē ₽	g	Noncash contributions included in lines 1a-1f \$	İ	İ	İ		j j
ng ng	h	Total. Add lines 1a-1f		191,424			
<u>S</u>			Business Code	·			
E e	2a	Employment Services	Business Code 624100	2,694,937	2,694,937		
ever	b	Community Based Habili	624100	1,460,769	1,460,769		
or GE	c	Lehigh Childrens Acade	624100	1,220,822			
Y	d	Autism Services	624100	355,262	1,220,822 355,262		
38	e	Early Intervention	624100	255,239	255,239		
Ta E	f	All other program service revenue	624100	24,000	233,239		24,000
Program Serwce Revenue	•	An other program service revenue		24,000			24,000
<u> </u>	g	Total. Add lines 2a-2f		6,011,029			
	3	Investment income (including dividend and other similar amounts)					
	4	Income from investment of tax-exempt bond p					
	5	Royalties	▶				
		(ı) Real	(II) Personal				
	_	Gross rents Less rental					
	Ь	expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
		(i) Securities Gross amount	(II) Other				
	7a	from sales of					
		assets other than inventory					
	Ь	Less cost or other basis and					
	c	sales expenses Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising					
<u> </u>		events (not including					
Other Revenue		\$ of contributions reported on line 1c)					
ъе		See Part IV, line 18					
<u> </u>	ь	Less direct expenses b					
₹	c	Net income or (loss) from fundraising e	vents 🛌				
	9a	Gross income from gaming activities					
		See Part IV, line 19					
	b	Less direct expenses b					
		Net income or (loss) from gaming activ	ities				
		Gross sales of inventory, less	-				
		returns and allowances .					
	h	a					
	b c	Less cost of goods sold b Net income or (loss) from sales of inve	ntory b				
		Miscellaneous Revenue	Business Code				
	11a	Miscellaneous	900099	13	13		
	ь						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d	🕨	13			
	12	Total revenue. See Instructions			F 007 040		24.000
			•]	6,202,466	5,987,042	0	24,000 Form 990 (2014)

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must complete all columns All				
	Check if Schedule O contains a response or note to any line in this	Part IX			
	ot include amounts reported on lines 6b, o, 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 domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	225,516		225,516	
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	3,328,902	3,129,856	199,046	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	636,615	591,772	44,843	
10	Payroll taxes	289,303	259,138	30,165	
11	Fees for services (non-employees)				
а	Management				
ь	Legal	6,427		6,427	
С	Accounting	37,000		37,000	
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)	217,388	195,879	21,509	
12	Advertising and promotion	3,225	2,909	316	
13	Office expenses	222,931	148,217	74,714	
14	Information technology	78,736	6,693	72,043	
15	Royalties	,	,	,	
16	Occupancy	261,082	184,847	76,235	
17	Travel	287,053	281,051	6,002	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,	,	,	
19	Conferences, conventions, and meetings				
20	Interest	32,578	29,189	3,389	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	72,301	47,958	24,343	
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)				
а	Repairs and Maintenance	76,604	21,659	54,945	
b	Staff Development	55,296	34,499	20,797	
c	Bad Debts	47,345	47,345	0	
d	Miscellaneous	16,400	12,068	4,332	
e	All other expenses	9,614	655	8,959	
25	Total functional expenses. Add lines 1 through 24e	5,904,316	4,993,735	910,581	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 or note to any line in t	this Part	X			· · · · · · · · · · · · · · · · · · ·
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			1,450	1	1,450
	2	Savings and temporary cash investments			104,026	2	123,451
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,196,368	4	1,305,931
	5	Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule L	art II of			5	
4ssets	6	Loans and other receivables from other disqualified persons (a 4958(f)(1)), persons described in section 4958(c)(3)(B), and and sponsoring organizations of section 501(c)(9) voluntary elorganizations (see instructions) Complete Part II of Schedule	contribut mployees	ıng employers		6	
Š	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			34,035	9	46,021
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1 1	2,720,046	·		<u>'</u>
	Ь	Less accumulated depreciation	10b	2,077,653	645,624	10c	642,393
	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).			1,981,503	16	2,119,246
	17	Accounts payable and accrued expenses			148,933	17	180,223
	18		• •	•	140,555	18	100,223
		Grants payable			57,133	19	96,658
	19	Deferred revenue		•	57,133		90,038
	20	Tax-exempt bond liabilities		•		20	
ities	21	Escrow or custodial account liability Complete Part IV of Scho				21	
	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqualr	fied	-			
Liabili		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	s		1,218,000	23	975,000
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa	rt X of So	hedule	25,453	25	37,231
	26	D			1,449,519	26	1,289,112
	20				1,449,519	20	1,209,112
φ		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	y and co	mpiete			
≘	27	Unrestricted net assets		_	523,562	27	817,842
<u>छ</u>	28	Temporarily restricted net assets		-	8,422	28	12,292
<u></u>	29	Permanently restricted net assets		-	5,122	29	
Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check h complete lines 30 through 34.		and		23	
ō	30	Capital stock or trust principal, or current funds		_		30	
φ ξ	31	Paid-in or capital surplus, or land, building or equipment fund				31	
S. S.	32	Retained earnings, endowment, accumulated income, or other f		· - •		32	
	33	Total net assets or fund balances			531,984	33	830,134
₹	34	Total liabilities and net assets/fund balances			1,981,503		2,119,246
	J	rotar nabinities and net assets/fully balances			1,301,303	J-4	∠, i 13,∠40

Pai	TEXT Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
					<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,2	202,466
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,9	04,316
3	Revenue less expenses Subtract line 2 from line 1	3			 98,150
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			31,984
5	Net unrealized gains (losses) on investments	5			731,704
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			30,134
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	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 sepa basis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain i Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	ie	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	

Additional Data

Software ID:

Software Version:

EIN: 23-1457999

Name: Via of the Lehigh Valley Inc

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

(Code) (Expenses \$	253,796	including grants of \$) (Revenue \$	355,275)
Via's Autism Service	s See schedule O for pro	gram descrip	otion		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493029013536

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

Name of the organization **Employer identification number** Via of the Lehigh Valley Inc 23-1457999 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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). 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement. (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i)Name of supported (ii) EIN (iv) Is the organization (vi) A mount of (iii) Type of (v) A mount of listed in your governing other support (see organization organization monetary support (described on lines document? (see instructions) instructions) 1-9 above or IRC section (see instructions)) Yes No

instructions

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 (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 330,258 240,569 101,562 130,675 191,424 994,488 include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 330,258 240,569 101,562 130,675 191,424 994,488 4 Total. Add lines 1 through 3 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 **Public support.** Subtract line 5 from 994,488 line 4 Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 330,258 240,569 101,562 130,675 191,424 994,488 Amounts from line 4 Gross income from interest, dividends, payments received on 518 211 729 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain 73,000 49,061 54 13 122,128 or loss from the sale of capital assets (Explain in Part VI) 11 Total support Add lines 7 through 1,117,345 Gross receipts from related activities, etc (see instructions) 12 22,134,668 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 89 000 % Public support percentage for 2013 Schedule A, Part II, line 14 15 91 740 % 16a 33 1/3% support test - 2014. 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 -2013. 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 – 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2013. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2014 Page 3 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 (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. 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%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
0	Minimum Assat Amount (add line 7 to line 6)	Q		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- **3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	orted organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	ICTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is re	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdist ribut ions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
 h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) 			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			1
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 31 and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference Explanation

Schedule A (Form 990 or 990-EZ) 2014

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DLN: 93493029013536

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

Nar	ne of the organization of the Lehigh Valley Inc	,	Employer identification number
Pa	rt I Organizations Maintaining Donor Adv		unds or Accounts. Complete if the
	organization unswered res to rorm 550,	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor adviso funds are the organization's property, subject to the org		nor advised Yes No
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benefi conferring impermissible private benefit?	_	
aı	t II Conservation Easements. Complete if	the organization answered "Yes"	to Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the orga		
	Preservation of land for public use (e.g., recreation	<u> </u>	n historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	☐ Preservation of open space		
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in	the form of a conservation
			Held at the End of the Year
1	Total number of conservation easements		2a
•	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified history	rıc structure ıncluded ın (a)	2c
	Number of conservation easements included in (c) acquired historic structure listed in the National Register	uired after 8/17/06, and not on a	2d
	Number of conservation easements modified, transferred the tax year ▶	ed, released, extinguished, or terminat	ed by the organization during
	Number of states where property subject to conservation	on easement is located 🛌	
	Does the organization have a written policy regarding the enforcement of the conservation easements it holds?	he periodic monitoring, inspection, har	ndling of violations, and Yes No
	Staff and volunteer hours devoted to monitoring, inspec	cting, and enforcing conservation ease	ments during the year
	A mount of expenses incurred in monitoring, inspecting,	, and enforcing conservation easement	ts during the year
	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)?	l) above satisfy the requirements of se	ction 170(h)(4)(B)(i)
	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemer	e footnote to the organization's financia	
a r'	Organizations Maintaining Collections Complete if the organization answered "Ye	s of Art, Historical Treasures,	or Other Similar Assets.
3	If the organization elected, as permitted under SFAS 12 works of art, historical treasures, or other similar asset service, provide, in Part XIII, the text of the footnote to	ts held for public exhibition, education,	or research in furtherance of public
b	If the organization elected, as permitted under SFAS 12 works of art, historical treasures, or other similar asset service, provide the following amounts relating to these	ts held for public exhibition, education,	
	(i) Revenue included in Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		
	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1		for financial gain, provide the
•	Revenue included in Form 990, Part VIII, line 1		▶ \$
Ь	Accets included in Form 990 Part V		b. ⊄

Part	Organizations Maintaining Collections of Art, Hi	stor	ic	al Tre	asuı	res, or Otl	nei	Similar Asse	ts (co	ntınued)
3	Using the organization's acquisition, accession, and other records, collection items (check all that apply)	check	а	ny of the	e follo	wing that ar	e a	significant use of	ıts	
а	Public exhibition d	Г		Loan or	exch	ange progra	ms			
b	Scholarly research e Other									
c	Preservation for future generations									
4	Provide a description of the organization's collections and explain he Part XIII	ow the	еу	further	the o	rganızatıon's	ex	empt purpose in		
5	During the year, did the organization solicit or receive donations of a assets to be sold to raise funds rather than to be maintained as part							lar	Yes	□ No
Par	Escrow and Custodial Arrangements. Complete Part IV, line 9, or reported an amount on Form 990, I	ıf the	: C	rganiza	atıon			es" to Form 990	,	·
1a	Is the organization an agent, trustee, custodian or other intermedian included on Form 990, Part X?					rotherasse	ts n	ot	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIII and complete the follo	owing	ta	ble						
								Amou	nt	
C	Beginning balance					1	c			
d	Additions during the year					1	d			
e	Distributions during the year					1	e			
f	Ending balance					_ 1	f			
2a	Did the organization include an amount on Form 990, Part X, line 21 $$, for ϵ	es	crow or	custo	dıal account	lıa	bility?	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIII Check here if the exp	lanat	:10	n has be	en pi	rovided in Pa	rt >	III		Γ
Pai	Tt V Endowment Funds. Complete if the organization ar	iswe	re	d "Yes'	' to F	orm 990, F	ar	IV, line 10.		
		b) Prioi	r y	ear b	(c) Tw	o years back	(d)⊺	hree years back (e)	Four ye	ears back
1a	Beginning of year balance					-				
b	Contributions									
С	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 (I	ıne 1	g,	column	(a)) h	eld as				
а	Board designated or quasi-endowment ▶									
b	Permanent endowment ▶									
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 100%									
За	Are there endowment funds not in the possession of the organization	n that	a	re held a	and a	dministered	for t	he		
	organization by (i) unrelated organizations							2-(2)	Yes	No
	(ii) related organizations						•	3a(i) 3a(ii)		
ь	If "Yes" to 3a(II), are the related organizations listed as required on	Sche	du	ıle R?			. '	3b		
4	Describe in Part XIII the intended uses of the organization's endow									
Par	t VI Land, Buildings, and Equipment. Complete if the 11a. See Form 990, Part X, line 10.	orga	nı	zation a	answ	ered 'Yes'	to	Form 990, Part	IV, lır	ne
	Description of property			Cost or o		(b) Cost or other		(c) Accumulated depreciation	(d) Bo	ook value
1a	and	\top				3,	030			3,030
Ь	Buildings					1,283,	474	1,164,849		118,625
	_easehold improvements					390,	924	48,164		342,760
d i	Equipment					1,042,	618	864,640		177,978
_e (Other									
	l. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, co	lumn	(B), line 10)(c).)			►		642,393
								Schedule D (F	orm 9	90) 2014

Part VII Investments—Other Securities. Co	emplete if the organization	answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		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)	F	
Part VIII Investments—Program Related. C		
See Form 990, Part X, line 13.	omplete if the organization	manamered res to form 550, rare 14, mile 11e
(a) Description of investment	(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)	 -	
		0, Part IV, line 11d See Form 990, Part X, line 15
(a) Desc	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)	
Part X Other Liabilities. Complete if the org	janization answered 'Yes'	to Form 990, Part IV, line 11e or 11f. See
Form 990, Part X, line 25.		T
1 (a) Description of liability	(b) Book value	
Federal income taxes		
Deferred Liability - Rent	37,231	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	27 224	1
2 Labella for an action bound of the 25)	37,231	<u> </u>

Par		Revenue per Audited Financial Stat Wered 'Yes' to Form 990, Part IV, line 1		ts Witn	Revenue	per R	eturn Complete if
1		er support per audited financial statements				1	6,202,466
2		ut not on Form 990, Part VIII, line 12					, ,
а		on investments	2a				
ь	Donated services and use of f	acılıtıes	2b				
c		S	2c				
d)	2d				
e	Add lines 2a through 2d					2e	0
3	Subtract line 2e from line 1 .					3	6,202,466
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1					, ,
а		luded on Form 990, Part VIII, line 7b	4a				
b	•	· · · · · · · · · · · · · · · · · · ·	4b				
c	Add lines 4a and 4b					4c	0
5	Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part I, line	12) .			5	6,202,466
Part		xpenses per Audited Financial Sta				es per	
	ıf the organızatıon ar	nswered 'Yes' to Form 990, Part IV, line	12a.		<u>-</u>		
1	Total expenses and losses pe	r audited financial statements				1	5,904,316
2	A mounts included on line 1 bu	it not on Form 990, Part IX, line 25					
а	Donated services and use of f	acılıtıes	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 ${f 2e}$ from line ${f 1}$.					3	5,904,316
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:					
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a			_	
b	Other (Describe in Part XIII)		4b				
C	Add lines 4a and 4b					4c	0
5	-	nd 4c. (This must equal Form 990, Part I, lin	e 18)			5	5,904,316
Part	Supplemental In	formation					
Part	V , line 4 , Part X , line 2 , Part XI mation	Part II, lines 3, 5, and 9, Part III, lines 1a, lines 2d and 4b, and Part XII, lines 2d and					de any additional
	Return Reference	Explanation					
Part X	, Line 2	Via of the Lehigh Valley, Inc. is a not-for-p Section 501(c)(3) of the Internal Revenue taxes addresses the determination of whet return should be recorded in the financial s recognize the tax benefits from an uncertai position will be sustained on examination b position Examples of tax positions include positions related to the potential sources of benefits recognized in the financial statemed largest benefit that has a greater than 50%. There were no unrecognized tax benefits in 2014 The Organization files its 990 with the Bureau of Charitable Organizations in Penr to examination by the Internal Revenue Se	Code tax post tax post tax post tax post tax post the tax post tax	The acco benefits nts Unde osition or g authori x-exempt ated busi m such a lood of be lor recor ted State ia The O	unting stand claimed or ear that guida ally if it is motives based of the control	lard for usexpected nce, the pre likely in the term of the come income measure of the compon ulties for evenue s	Incertainty in income I to be claimed on a tax Organization may I than not that the tax I chnical merits of the I ization and various I (UBIT) The tax I red based on the I timate settlement I fiscal year 2015 and Service and with the

ochedule 5 (Form 550) E015		
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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DLN: 93493029013536

OMB No 1545-0047

2014

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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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Via of the Lehigh Valley Inc	Employer identification number
	23-1457999

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	The completed audit and 990 will be presented by the auditor to the finance committee. The finance committee will then report to the board. Copies of the audit and 990 will be provided to the board. The board will be asked to approve the audit and the 990. Once approved by the members of the board, the 990 will be signed and submitted.

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

Return Reference	Explanation
Form 990, Part VI, Section B, Iine 15	During the 2009/2010 fiscal year, the Board of Directors of Via Events, Inc. and Via Foundation, Inc. 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 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 Willian Penn Foundation. Wages remain based on this evaluation, and the compensation for the Executive Director has remained the same through 2014/2015.

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

	Return Reference	Explanation
I	FORM 990 PART XII LINE 2C	The process has not changed from the prior year

Return Reference	Explanation
Primary Mission & Values	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, linc works in partnership with Via Events, linc, and the Via Foundation, linc to accomplish these goals with community partners. In 1952, a group of determined Lehigh Valley parents of adult children with disabilities opened a daytime activity program. Parents and volunteers provided training and socialization opportunities for their sons and daughters and operated in the basement of a church. In 1954, the first executive director of the new ly 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.

Return Reference	Explanation
Program Vision	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.

Return Reference	Explanation	
	Program Services	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 prorities. 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, Transiti onal Activities for teens and young adults, Supported Erriployment, Customized Employment (including small business development), Pre-Vocational Services, Adult Training Services and Supported Living. Significant Areas of Growth - Via trained more than 500 county and state human service professionals, educators, and other stakeholders in community employment be st practicesEstablished academic university affiliation with Drexel University and the A J Drexel Autism Institute to community rehabilitation provider organizations on providing customized employment services for the job seekers that they serveExpansion of Via Community Employment Services to support individuals in Bucks and Carbon Counties through the PA Bureau of Autism InValver, Office of Mental Health & Substance Abuse Services (OMHSAS). Office of Vocational Rehabilitation (CVP) and Social Security Rans for Achieving Self Support (PASS)Expansion of Via Work Training Services Workshop to support individuals fu inded through the Lehigh and Northampton County Office of Mental Health & Substance Abuse Services (OMHSAS)Received license from the Pennsylvania Department of Education to offer private, academic Pre-School, Pre-Kindergarten and Kindergarten stud ents through the Edicational Improvement Tax Credit Program (ETC) and Opportunity Scholar ship Tax Credit Program (ETC) and Cipportunity Scholar ship Tax Credit Program (ETC) and Cipportunity Scholar ship Tax Credit Program (ETC) and Cipportunity Scholar ship

Return Reference	Explanation	
	Program Services	entitlement program and is available to all families at no cost, regardless of household i ncome. Children are assessed by their therapist to determine their strengths. A plan is de veloped that helps each child learn and grow according to their needs and abilities. Via Early Intervention program offers a licensed, highly trained, professional staff of speech, occupational and physical therapists, community-based delivery in the child's natural en virionment (in home and childcare settings), a plan designed to meet the child's individual needs and centered around family routines, a team-based approach, and family training. Le high Children's Academy Lehigh Children's Academy provides inclusive high quality, nurturing care and education for young children, ages six weeks to six years, and provides before and after school care for school age children Inclusion as a value supports the right of all children, regardless of their diverse abilities and background, to participate active ly in natural settings within their communities linclusion 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, social, intellectual and physical development. The Academy works collaboratively with families to encourage and support children's Academy environment and curriculum are focused on promoting the acquisition of skil is by students through the design and enhancement of learning environments, activities, and routines. Classrooms have creatively designed, developmentally appropriate learning environments, activities, and routines. Classrooms have creative designed, developmentally approp

Return Reference	Explanation
Program Services (Cont'd)	Via Reading Together at Home Via of the Lehigh Valley's Reading Together At Home program provides early literacy skills instruction and support to parents and children (ages 0-5 years) who reside in the city of Allentown Through weekly home-based visits and monthly community-based classes, Via literacy specialists introduce and reinforce the skills necessary for emergent literacy so parents increase their level of involvement in reading to their children. During their sessions, the literacy specialists provide at least one book for the family to use during that hour and keep to build their own home library. The literacy specialists demonstrate how to use the resources through shared reading, play, conversation and song. Through modeling, the literacy specialists reinforce to the parents that such activities encourage school readiness, social-emotional development and positive parent-child interactions. In addition, Reading Together At Home facilitates monthly community classes to be held at various organizations within or adjacent to the Promise Neighborhood in Allentown. The classes are designed for parents to receive additional support on early literacy skills, to develop a social support group and to connect to a variety of community resources that offer supports for the basic necessities of life (i.e. nutrition, housing, education, health). Children in Reading Together At Home participate in guided storytelling, play and social interaction as a means to reinforce the skills introduced during the home visits. Reading Together At Home affects at least 75 children. Participants are selected based entirely on the age of participating children and physical residence.

Return Reference	Explanation	
	Program Services (Cont'd)	Via Teen Experience The teen years are critical to developing the social skills and peer in etworks that lead to success in young adult life, career development and independence. Via Teen Experience serves young people between the ages of 13 and 21 with diagnosed disabilities including intellectual, physical, and mental health concerns, who live in Lehigh and Northampton Counties in Eastern Pennsylvania. Via Teen Experience is offered during the su mere and winter break. Via Teen Experience encourages young adults with disabilities on 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 employers and 50 non-profit age noise, Via introduces participants to career, educational, social, and independent living options as they transition from school to adult life. As a result of these partnerships, participants are mentored in volunteer activities, post-secondary education opportunities, social resources, career interest inventories, job shadowing, resume preparation, and other skills necessary for increased independence in their livies. In addition, participants expide a variety of social and recreational activities available in the Lehigh Valley. High lights from previous seasons include baseball games, North Start Adventure, swimming and Martin Guitar tours. Social activities for participants not only provide opportunities for fun but also encourage youth to connect with peer networks in their communities and schools. Through the development of career, social, and independent living skills, participants are more prepared to assume their roles as productive members of the community and workfor ce upon graduation fromhigh school in furn, the community benefits from the talents and aptitudes that youth with disabilities have to offer Via Autism Services Via Autism Services in the community and workfor ce upon graduation fromhigh school in furn, the community out with expendition and pre

Return Reference	Explanation	
	Program Services (Cont'd)	develop natural support concepts to increase the person's network of support and ensure j ob 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 program come from the Office of Vocational Rehabilitation, individuals, families and other funding sources. In addition, Via works with school districts to assist in School-to-Work Transition Services for students with disabilities who are graduating from high school. Via Transitional Employment Program offers individuals the option of working in traditional businesses in the Lehigh Valley in small groups with Via st aff supervision and support. Transitional Employment is a perfect match for those preparing for employment in the community, as it provides a chance to work while developing skills, natural supports and opportunities for competitive employment. Job coaches provide super vision and mentoring during the work day. Via launched a Transitional Employment site at Cigars International in September 2015. Currently, 20 individuals served by Via are working at the Cigars International factory in Bethlehem, with opportunities for 15 more jobs to be filled. Via strives to provide the best employment option for individuals with disabilities and excels at creating innovative employment solutions that match business' needs. Via enables adults with disabilities to work in integrated settings in the community and provides ongoing support so people can perform their job well. Via helps individuals tap into their natural network of support, like family, neighbors and friends, to help ensure job stability. Via helps employees and employers make effective job matches and provides onsit e job training and support so individuals can learn and retain their jobs. Via partners with area high schools, Intermediate Units, Office of Vocational Rehabilitation, and Lehigh and Northampton Counties.

Return Reference	Explanation	
	Program Services (Cont'd)	Via Work Training Services Workshop (Pre-Vocational Services) Via believes everyone who wa nts to work should have the opportunity to Via also realizes that families, caregivers and people with disabilities may want or need a stepping stone to adult services or community involvement. Via Work Training Services Workshop hase rocommunity involvement Via Work Training Services Workshop hase specialized in contract packaging and assembly work and provided consistent high-quality work for businesses. Work includes specialty and promotional packaging, display 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 assests individuals and their teams understand what services are available, explores fun ding sources and works with teams to transition individuals into more inclusive services. On the work floor, the Via Work Training Services Workshop offers a safe, comfortable and friendly environment where individuals can improve independence, enhance work skills, deve lop friendships and receive training on a variety of health and safety topics. Via's Pre-V cational Service in Bethlehem's licensed by the state of Pennsylvania under Chapter 2390 - Vocational Facility. Via Work Training Services Workshop employs individuals 18 years or older who have a disability and require support to learn and acquire work skills. The purpose of the program is to provide work experience and training doing contract work for in dustry white earning wages commensurate to their level of productivity. Participants in the program are supported directly by instructors on a 1 to 15 or 1 to 6 ratio based on the rineeds. Typically, individuals in 1 to 15 groups need to be independent in daily living skills, require minimal assistance to stay on task during work time and are able to spend break time without direct supervision individuals in 1 to 6 groups typically require some assistance with daily living skills and ongoing suppor

Return Reference	Explanation	
	Program Services (Cont'd)	ion, community activities, reading, movies, arts and crafts, bowling, dancing, and exercise classes. 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 the ir 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. I livin g 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 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 a ddition to life skills, Via coaches people individually or in small groups on communication is kills, socialization, vocational skills, public transportation, volunteerism and recrea tion. 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 ho

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Return Reference	Explanation
Program Services (Cont'd)	Via Behavioral Supports Via believes all individuals deserve meaningful, enjoyable and inclusive lives in the community. Via recognizes that behavior challenges can prevent people from participating fully in such lives and activities. Via Behavior Support Services promote the growth, development, and independence of individuals with intellectual and/or developmental disabilities who are struggling with behavior challenges. Via's specialized Behavior Support Services enable individuals and their families to increase or maintain their ability to perform activities of daily living. Behavior Supports include onsite observation, comprehensive functional behavior assessment, behavior support plan development, training for all involved team members, and ongoing support and plan modification. Behavior support plans are regularly evaluated to ensure that any necessary changes are made and that individual outcomes are tracked appropriately. Via's staff of Masters level behavior support specialists are trained in the areas of functional behavior assessment and behavior support plan development. Via strives to meet the individualized needs of each and every person we support. To ensure successful behavioral results, Via supports individual choice in decision making, emphasize self- determination and self-management. Via's services on based on positive behavioral support practices that reflect respect, dignity, and a positive regard for the individual who is receiving services. A team approach is used, involving families, staff and other caregivers throughout the process.

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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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

DLN: 93493029013536

2014

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	Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (c) (d) (e) (f) Primary activity Legal domicile (state Total income End-of-year assets Direct controlling										
(a) Name, address, and EIN (if applicable) of disregarded entity	, , ,	\ - <i>j</i>	· · ·	\ - <i>/</i>	` '						

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on 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	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	Section	512(b) ontrolled aty?
						Yes	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	to distribute contributions	PA	501(c)(3)	170(B)(1)(A) (VI)		+	No
	and bequests to Via of the Lehigh Valley, Inc				N/A		
Bethlehem, PA 18018 23-2608517							

Yes No

Yes

No

Part III	Identification of Related Organizations Taxable a because it had one or more related organizations treated.				atıon ansv	vered "Yes	s" on Form	990, Part I	V, line 34	4
	(a) Name, address, and EIN of related organization	(c) Legal domicile (state or foreign country)	,	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	I	(k) Percentage ownership
				,						

Part IV	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on 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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes	No

	•	•							-
Pa	art V Transa	actions With Related Organizations Complete if the organizatio	n answe	red "Yes" on Form	990, Part IV, line	e 34, 35b, or 36.			
	Note. Complete	line 1 if any entity is listed in Parts II, III, or IV of this schedule						Yes	No
1 [During the tax yea	r, did the orgranization engage in any of the following transactions with one oi	r more rela	ated organizations lis	sted in Parts II-IV?				
а	Receipt of (i) in	iterest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity					1a		No
b	Gift, grant, or c	apıtal contribution to related organization(s)					1b		No
c	Gift, grant, or ca	apital contribution from related organization(s)					1c	Yes	
d	l Loans or loan g	uarantees to or for related organization(s)					1d		No
е	Loans or loan g	uarantees by related organization(s)					1e	Yes	
f	Dividends from	related organization(s)					1f		No
g	Sale of assets t	co related organization(s)					1g		No
h	Purchase of ass	sets from related organization(s)					1h		No
i	Exchange of ass	sets with related organization(s)					1 i		No
j	Lease of facilities	es, equipment, or other assets to related organization(s)					1j	Yes	
									<u> </u>
k	Lease of faciliti	es, equipment, or other assets from related organization(s)					1k		No
I	Performance of	services or membership or fundraising solicitations for related organization(s)				11		No
n	n Performance of	services or membership or fundraising solicitations by related organization(s)				1m		No
n	Sharing of facilit	ies, equipment, mailing lists, or other assets with related organization(s)					1n	Yes	<u> </u>
0	Sharing of paid	employees with related organization(s)					10	Yes	
р	Reimbursement	: paid to related organization(s) for expenses					1 p		No
q	R eimbursement	paid by related organization(s) for expenses					1q	Yes	
	Other transfer o	of cash or property to related organization(s)					1r		No
		of cash or property from related organization(s)					1s		No
5	other transfer t	or cash of property from related organization(s)							110
2	If the answer to	any of the above is "Yes," see the instructions for information on who must c	omplete t	hıs lıne, ıncludıng co	vered relationships	and transaction thresholds			
		(a) Name of related organization		(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount II	nvolved	1

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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

1 <u> </u>													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	so 50 organ	(e) Are all partners section 501(c)(3) organizations? (f) Share of total income		(g) Share of end-of-year assets	(h) Disproprtionat allocations?	7	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
	<u> </u>	<u> </u>	514)	Yes	No	1	<u> </u>	Yes	No	<u> </u>	Yes	No	
								<u>, </u>	\Box	1			

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

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