

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2022

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
VALLEY YOUTH HOUSE COMMITTEE INC
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3400 HIGH POINT BLVD
 City or town, state or province, country, and ZIP or foreign postal code
BETHLEHEM, PA 18017

D Employer identification number
**** - ***8820**

E Telephone number
(610) 820-0166

G Gross receipts \$ **39,255,704.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.VALLEYYOUTHHOUSE.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1971** **M State of legal domicile:** **PA**

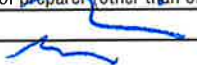
H(c) Group exemption number

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: EMPOWERS AND STRENGTHENS THE LIVES OF CHILDREN, YOUTH AND FAMILIES THROUGH INCLUSIVE PROGRAMMING		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	407
	6 Total number of volunteers (estimate if necessary)	6	275
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	7,810,148.	3,731,111.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	30,509,908.	34,841,820.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	692,157.	559,593.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-175,250.	-149,059.
		38,836,963.	38,983,465.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,580,030.	6,071,873.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	21,330,680.	24,209,807.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	1,069,973.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,897,121.	7,617,148.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	34,807,831.	37,898,828.
	19 Revenue less expenses. Subtract line 18 from line 12	4,029,132.	1,084,637.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	30,315,416.	29,773,216.
	22 Net assets or fund balances. Subtract line 21 from line 20	8,359,831.	8,585,238.
		21,955,585.	21,187,978.

Part II Signature Block

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

Sign Here
 Signature of officer:  Date: **10/24/23**
THOMAS QUINN, SENIOR VP FINANCE
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **STEPHANIE E. KANE, CPA** Preparer's signature: **STEPHANIE E. KANE, C** Date: **10/23/23** Check if self-employed: PTIN: **P01275157**
 Firm's name: **RKL LLP** Firm's EIN: **** - ***8173**
 Firm's address: **1330 BROADCASTING ROAD WYOMISSING, PA 19610-6008** Phone no.: **610-376-1595**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: VALLEY YOUTH HOUSE EMPOWERS AND STRENGTHENS THE LIVES OF CHILDREN, YOUTH, AND FAMILIES THROUGH INCLUSIVE PROGRAMMING THAT BUILDS RESILIENCE AND FOSTERS GROWTH AND INDEPENDENCE.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 24,258,681. including grants of \$ 5,739,337.) (Revenue \$ 26,164,224.) ADOLESCENTS ACHIEVING INDEPENDENCE/ACHIEVING INDEPENDENCE CENTER - AAI/AIC PROVIDES ASSISTANCE WITH EDUCATION, EMPLOYMENT, RESIDENTIAL PLANNING AND ATTAINMENT OF LIFE AND INTERPERSONAL SKILLS FOR YOUTH BETWEEN THE AGES OF 14 AND 24. THE PROGRAM PROVIDES OUT-CLIENT SERVICES TO ASSIST YOUTH IN FOSTER CARE OR WHO HAVE BEEN DISCHARGED FROM FOSTER CARE ON OR AFTER THEIR 14TH BIRTHDAY IN DEVELOPING THE SKILLS AND RESOURCES TO TRANSITION TO INDEPENDENCE. PROGRAMS ARE PROVIDED IN 8 PENNSYLVANIA COUNTIES CARBON, DAUPHIN, DELAWARE, LEHIGH, MONTGOMERY, NORTHAMPTON, PHILADELPHIA, AND YORK.

4b (Code:) (Expenses \$ 3,194,749. including grants of \$ 175,225.) (Revenue \$ 3,166,376.) EMERGENCY SERVICES - VALLEY YOUTH HOUSE HAS TWO EMERGENCY YOUTH SHELTERS, FOUR STREET OUTREACH PROGRAM AND ONE DESIGNATED ACCESS POINT DROP IN CENTER. VYH'S TWO SHELTERS ARE LOCATED IN LEHIGH AND BUCKS COUNTIES AND PROVIDE 24 HOUR A DAY, 365 DAYS A YEAR, WALK-IN CRISIS INTERVENTION, SHORT-TERM RESIDENCY, COUNSELING AND LIFE SKILLS EDUCATION TO YOUTH BETWEEN THE AGES OF 12 AND 20 AT THE LEHIGH VALLEY SHELTER AND AGES 8 TO 20 AT THE BUCKS COUNTY SHELTER. FOUR STREET OUTREACH PROGRAMS SERVE THE CITIES OF ALLENTOWN AND PHILADELPHIA AND BUCKS AND DAUPHIN COUNTIES PROVIDING EMERGENCY SUPPLIES (FOOD, HYGIENE PRODUCTS, CAMPING GEAR, ETC.), COUNSELING AND LINKAGES TO COMMUNITY RESOURCES TO ENSURE YOUTH SAFETY. A TEAM OF OUTREACH WORKERS OPERATE FROM VEHICLES THAT ARE STOCKED WITH EMERGENCY SUPPLIES SUCH AS FOOD,

4c (Code:) (Expenses \$ 2,182,826. including grants of \$ 7,240.) (Revenue \$ 1,955,380.) IN-SCHOOL PROGRAMMING - VALLEY YOUTH HOUSE'S SCHOOL BASED PROGRAMS PROVIDE STUDENTS WITH SHORT TERM COUNSELING SERVICES IN THE SCHOOL TO REDUCE SYMPTOMS OF POST-TRAUMATIC STRESS DISORDER, DEPRESSION, AND GENERALIZED ANXIETY. MASTERS-LEVEL THERAPISTS PROVIDE ASSESSMENTS, INTERVENTIONS, INDIVIDUAL AND FAMILY COUNSELING AND REFERRALS. THE VYH YOUTH EMPOWERMENT PROGRAM PROVIDES SCHOOL AND COMMUNITY-BASED GROUP OR CLASSROOM PREVENTION AND EDUCATION SERVICES THAT BUILD DECISION MAKING AND REFUSAL SKILLS FOR YOUTH LEADING TO THE ABILITY TO MAKE HEALTHY LIFE CHOICES. VYH'S SCHOOL BASED LIFE SKILLS PROGRAM IS AN AFTER-SCHOOL PROGRAM FOR YORK COUNTY YOUTH THAT AIMS TO PREVENT CHILD WELFARE INVOLVEMENT BY IMPLEMENTING LIFE CLASSES, CASE MANAGEMENT, AND COMMUNITY RESOURCE CONNECTIONS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 3,341,508. including grants of \$ 150,071.) (Revenue \$ 3,555,840.)

4e Total program service expenses 32,977,764.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
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? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
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	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 415	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		407
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
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)?		X
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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O.		
	1a 14		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 13		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed PA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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
ORGANIZATION - 610-820-0166
3400 HIGH POINT BLVD, BETHLEHEM, PA 18017

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS HARRINGTON PRESIDENT & CEO	40.00	X		X			387,843.	0.	46,310.	
(2) LISA WEINGARTNER SENIOR VICE PRESIDENT	40.00			X			143,399.	0.	44,242.	
(3) SHANI MEACHAM SENIOR VICE PRESIDENT	40.00			X			139,186.	0.	41,012.	
(4) CHRISTINA SCHOEMAKER SENIOR VICE PRESIDENT	40.00			X			153,850.	0.	17,623.	
(5) JAY DEPPELER EXECUTIVE VICE PRESIDENT	40.00			X			106,754.	0.	26,523.	
(6) THOMAS QUINN CFO	40.00			X			90,938.	0.	18,729.	
(7) AMY YU YOUTH REPRESENTATIVE	1.00	X					0.	0.	0.	
(8) DONALD OUTING DIRECTOR	1.00	X					0.	0.	0.	
(9) ERIC LUFTIG IMMEDIATE PAST BOARD CHAIR	1.00	X					0.	0.	0.	
(10) FORREST PATTERSON DIRECTOR	1.00	X					0.	0.	0.	
(11) MAURA TOPPER TREASURER	1.00	X		X			0.	0.	0.	
(12) MOLLY RUSSIN SE BOG CHAIR	1.00	X					0.	0.	0.	
(13) PHILIP JACKSON VICE CHAIR	1.00	X					0.	0.	0.	
(14) S. GRAHAM SIMMONS ATTORNEY	1.00	X					0.	0.	0.	
(15) SCOTT GRAY SECRETARY	1.00	X		X			0.	0.	0.	
(16) STEPHANIE RAYMOND CHAIR	1.00	X		X			0.	0.	0.	
(17) TRAVIS RHODES DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MIKE GAUSLING DIRECTOR	1.00	X						0.	0.	0.
(19) KEVIN GREENE DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								1,021,970.	0.	194,439.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,021,970.	0.	194,439.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 5

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	567,626.				
	b Membership dues	1b					
	c Fundraising events	1c	596,761.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	2,566,724.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 281,101.				
	h Total. Add lines 1a-1f			3,731,111.			
Program Service Revenue	2 a SERVICE FEES	Business Code					
		624100	34,699,320.	34699320.			
	b CAMP FOWLER RENTAL	624100	142,500.	142,500.			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			34,841,820.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		216,383.			216,383.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	343,210.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	0.				
	c Gain or (loss)	7c	343,210.				
	d Net gain or (loss)			343,210.		343,210.	
8 a Gross income from fundraising events (not including \$ 596,761. of contributions reported on line 1c). See Part IV, line 18	8a		123,180.				
			272,239.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-149,059.		-149,059.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			38,983,465.	34841820.	0.	410,534.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	6,071,873.	6,071,873.		
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	1,362,324.	1,174,245.	141,361.	46,718.
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	18,090,523.	15,438,226.	1,979,598.	672,699.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	564,748.	513,621.	46,443.	4,684.
9 Other employee benefits	2,640,899.	2,380,131.	221,670.	39,098.
10 Payroll taxes	1,551,313.	1,268,301.	157,117.	125,895.
11 Fees for services (nonemployees):				
a Management	441,641.	281,077.	157,132.	3,432.
b Legal	112,046.	71,310.	39,865.	871.
c Accounting	161,950.	103,072.	57,620.	1,258.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	42,987.		42,309.	678.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	356,748.	227,479.	127,170.	2,099.
12 Advertising and promotion				
13 Office expenses	457,053.	345,992.	74,112.	36,949.
14 Information technology				
15 Royalties				
16 Occupancy	2,971,371.	2,823,514.	127,392.	20,465.
17 Travel	669,595.	628,435.	36,269.	4,891.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	350,190.	170,761.	172,217.	7,212.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	474,899.	408,531.	55,364.	11,004.
23 Insurance	232,141.	52,118.	178,221.	1,802.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	849,771.	759,167.	21,966.	68,638.
b EQUIPMENT REPAIRS & MAI	315,245.	249,456.	55,781.	10,008.
c MISCELLANEOUS	145,316.	1,721.	137,462.	6,133.
d DUES & SUBSCRIPTIONS	36,195.	8,734.	22,022.	5,439.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	37,898,828.	32,977,764.	3,851,091.	1,069,973.
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 <input type="checkbox"/> 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 this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	16,767.	1	14,900.
	2 Savings and temporary cash investments	2,280,206.	2	2,032,192.
	3 Pledges and grants receivable, net	37,000.	3	135,000.
	4 Accounts receivable, net	8,500,975.	4	8,226,956.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	859,529.	9	808,855.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,423,993.		
	b Less: accumulated depreciation	10b 4,702,922.		
	11 Investments - publicly traded securities	9,974,280.	10c	9,721,071.
	12 Investments - other securities. See Part IV, line 11	8,499,353.	11	7,087,405.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	147,306.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	30,315,416.	15	1,746,837.	
		16	29,773,216.	
Liabilities	17 Accounts payable and accrued expenses	2,469,777.	17	1,932,021.
	18 Grants payable		18	
	19 Deferred revenue	2,344,171.	19	1,994,577.
	20 Tax-exempt bond liabilities	3,353,883.	20	3,231,784.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	192,000.	23	188,469.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	1,238,387.
	26 Total liabilities. Add lines 17 through 25	8,359,831.	26	8,585,238.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	15,375,209.	27	15,515,511.
	28 Net assets with donor restrictions	6,580,376.	28	5,672,467.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	21,955,585.	32	21,187,978.
	33 Total liabilities and net assets/fund balances	30,315,416.	33	29,773,216.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	38,983,465.
2	Total expenses (must equal Part IX, column (A), line 25)	2	37,898,828.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,084,637.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21,955,585.
5	Net unrealized gains (losses) on investments	5	-1,852,244.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	21,187,978.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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 on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization VALLEY YOUTH HOUSE COMMITTEE INC	Employer identification number **-***8820
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e 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.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2971520.	3705669.	4490100.	7810148.	3960995.	22938432.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2971520.	3705669.	4490100.	7810148.	3960995.	22938432.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						22938432.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	2971520.	3705669.	4490100.	7810148.	3960995.	22938432.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	202,918.	176,037.	186,961.	174,048.	216,383.	956,347.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						23894779.
12 Gross receipts from related activities, etc. (see instructions)					12	141,677,993.
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	96.00 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	96.02 %
16a 33 1/3% support test - 2022. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. 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		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		
1		
2		

Section 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)? <i>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).</i>		
1		

Section 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section 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 instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
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? <i>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.</i>	Yes	No
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
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 (*explain in Part VI*). **See instructions.**
 All other Type III 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):		
a	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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Part VI

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.)

Horizontal lines for supplemental information input.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

VALLEY YOUTH HOUSE COMMITTEE INC

Employer identification number

**** - *** 8820**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization	Employer identification number
VALLEY YOUTH HOUSE COMMITTEE INC	** - *** 8820

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITED WAY OF THE GREATER LEHIGH VALLEY 1110 AMERICAN PARKWAY NE F-120 ALLENTOWN, PA 18109	\$ 603,037.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	UNITED WAY BUCKS COUNTY 413 HOOD BLVD FAIRLESS HILLS, PA 19030-2901	\$ 159,896.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	TD CHARITABLE FOUNDATION 1701 ROUTE 70 EAST CHERRY HILL, NJ 08034	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MONTGOMERY COUNTY DEPARTMENT OF HUMAN SERVICES 1430 DEKALB STREET NORRISTOWN, PA 19404	\$ 183,893.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	PENNSYLVANIA HOUSING FINANCE AGENCY 211 N FRONT STREET HARRISBURG, PA 17101	\$ 268,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	STABLER FOUNDATION 213 MARKET ST 12TH FLOOR HARRISBURG, PA 17101-2141	\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VALLEY YOUTH HOUSE COMMITTEE INC	Employer identification number ** - *** 8820
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization VALLEY YOUTH HOUSE COMMITTEE INC	Employer identification number ** - *** 8820
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization VALLEY YOUTH HOUSE COMMITTEE INC Employer identification number ** - *** 8820

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions 3-9 regarding monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, 2, and 3 regarding art and historical treasures collections and reporting requirements.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,638,630.	7,376,119.	6,752,879.	5,768,684.	6,260,963.
b Contributions	16,120.	203,683.	1,230,600.	2,164.	34.
c Net investment earnings, gains, and losses	-506,124.	1,108,644.	823,955.	1,201,853.	-294,192.
d Grants or scholarships					
e Other expenditures for facilities and programs	0.		1,389,639.	180,000.	157,303.
f Administrative expenses	16,612.	49,816.	41,676.	39,822.	40,818.
g End of year balance	8,132,014.	8,638,630.	7,376,119.	6,752,879.	5,768,684.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 49.7900 %
 - b Permanent endowment 50.2100 %
 - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,214,268.		1,214,268.
b Buildings		11,508,994.	3,538,120.	7,970,874.
c Leasehold improvements		36,750.	27,883.	8,867.
d Equipment		1,565,572.	1,108,569.	457,003.
e Other		98,409.	28,350.	70,059.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				9,721,071.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	177,248.
(2) CASH VALUE - LIFE INSURANCE	16,688.
(3) ROU LEASED ASSETS	1,552,901.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,746,837.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITES CURRENT	1,238,387.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,238,387.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	37,424,643.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-1,852,244.
b	Donated services and use of facilities	2b	63,492.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	272,239.
e	Add lines 2a through 2d	2e	-1,516,513.
3	Subtract line 2e from line 1	3	38,941,156.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	42,309.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	42,309.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	38,983,465.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	38,192,250.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	63,492.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	272,239.
e	Add lines 2a through 2d	2e	335,731.
3	Subtract line 2e from line 1	3	37,856,519.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	42,309.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	42,309.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	37,898,828.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE VALLEY YOUTH HOUSE ENDOWMENT IS INTENDED TO SUSTAIN AND SUPPORT THE ONGOING OPERATIONS OF THE AGENCY. VALLEY YOUTH HOUSE MAINTAINS A SEPARATE ENDOWMENT TO SUSTAIN AND SUPPORT CAMP FOWLER. THE ENDOWMENT ALSO ENSURES THAT VALLEY YOUTH HOUSE CLIENTS CAN USE THE CAMP AT NO CHARGE, AND FEES FOR CLIENTS OF COMMUNITY GROUPS CAN BE MINIMIZED.

PART X, LINE 2:

AS A NOT-FOR-PROFIT ORGANIZATION, THE ORGANIZATION IS GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES. THE ORGANIZATION IS SUBJECT TO FEDERAL AND STATE INCOME TAXES ON UNRELATED BUSINESS INCOME.

Part XIII Supplemental Information (continued)

THE ORGANIZATION RECOGNIZES PENALTIES AND INTEREST ACCRUED RELATED TO INCOME TAX LIABILITIES IN THE PROVISION (BENEFIT) FOR INCOME TAXES IN ITS STATEMENTS OF ACTIVITIES. AT DECEMBER 31, 2022 AND 2021, THERE WAS NO ACCRUAL FOR THE PAYMENT OF PENALTIES AND INTEREST.

THE ORGANIZATION FOLLOWS THE STANDARDS FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ACCORDING TO THE PRINCIPLES OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES, WHICH PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTABLE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION, INCLUDING WHETHER THE ENTITY IS EXEMPT FROM INCOME TAXES. MANAGEMENT EVALUATED THE TAX POSITIONS TAKEN AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAVE BEEN INCLUDED IN THE FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE, OR LOCAL AUTHORITIES FOR YEARS ENDING AFTER 2019.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE 272,239.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE 272,239.

SCHEDULE D, PARTS XI AND XII, LINE 2B

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT		NONE	
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	719,941.		719,941.
	2	Less: Contributions	596,761.		596,761.
	3	Gross income (line 1 minus line 2)	123,180.		123,180.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	24,333.		24,333.
	6	Rent/facility costs	91,362.		91,362.
	7	Food and beverages	29,200.		29,200.
	8	Entertainment			
	9	Other direct expenses	7,853.		7,853.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-29,568.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FOOD, CLOTHING, AND HOUSING TO HOMELESS YOUTH	12261	6,071,873.	0.	FMV	VALLEY YOUTH HOUSE PAYS FOR CLIENTS' RENT, FOOD, CLOTHING, AND PERSONAL NEEDS.

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

VALLEY YOUTH HOUSE FOLLOWS ALL FEDERAL, STATE, AND COUNTY REGULATIONS AND PROCEDURES FOR MONITORING AS PRESCRIBED BY HUD (HOUSING AND URBAN DEVELOPMENT), HHS (HEALTH & HUMAN SERVICES), PCCD (PENNSYLVANIA COMMISSION ON CRIME AND DELINQUENCY), HSDF (HUMAN SERVICES DEVELOPMENT FUND), AND NSLP (NATIONAL SCHOOL LUNCH PROGRAM), ETC. VALLEY YOUTH HOUSE IS SUBJECT TO AN A-133 AUDIT EACH YEAR.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

VALLEY YOUTH HOUSE COMMITTEE INC

Employer identification number

**** - *** 8820**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a	X	
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) THOMAS HARRINGTON PRESIDENT & CEO	(i)	387,843.	0.	0.	19,987.	26,323.	434,153.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LISA WEINGARTNER SENIOR VICE PRESIDENT	(i)	143,399.	0.	0.	8,902.	35,340.	187,641.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SHANI MEACHAM SENIOR VICE PRESIDENT	(i)	139,186.	0.	0.	5,792.	35,220.	180,198.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CHRISTINA SCHOEMAKER SENIOR VICE PRESIDENT	(i)	153,850.	0.	0.	9,266.	8,357.	171,473.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JAY DEPPELER EXECUTIVE VICE PRESIDENT	(i)	106,754.	0.	0.	5,908.	20,615.	133,277.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) THOMAS QUINN CFO	(i)	90,938.	0.	0.	5,567.	13,162.	109,667.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 6:

THOMAS HARRINGTON, THOMAS QUINN, CHRISTINA SCHOEMAKER, LISA WEINGARTNER,
SHANI MEACHAM PAID IN 2022 FOR 2021.

SCHEDULE J, PART II, COLUMN B

VALLEY YOUTH HOUSE MAINTAINS A RABBI TRUST DEFERRED COMPENSATION PLAN
TO INCENT ITS EXECUTIVE LEADERSHIP. VESTING IS CLIFF-TYPE AND ALL
BALANCES BECOME FULLY TAXABLE IN THE YEAR THE EMPLOYEE VESTS. COLUMN
(III) ON SCHEDULE J REPRESENTS THOSE EARNINGS - NO EMPLOYEES WERE FULLY
VESTED THIS YEAR.

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,
explanations, and any additional information in Part VI.
Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **VALLEY YOUTH HOUSE COMMITTEE INC** Employer identification number ****-***8820**

Part I	Bond Issues	SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS													
		(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing			
								Yes	No	Yes	No	Yes	No		
	A	NORTHAMPTON COUNTY INDUSTRIAL DEVELOPMENT A		NONE	04/06/17	3,850,000.	VALLEY YOUTH HOUSE COMMITTEE P		X		X				X
	B														
	C														
	D														

Part II	Proceeds								
		A		B		C		D	
	1	Amount of bonds retired		618,216.					
	2	Amount of bonds legally defeased							
	3	Total proceeds of issue		3,850,000.					
	4	Gross proceeds in reserve funds							
	5	Capitalized interest from proceeds							
	6	Proceeds in refunding escrows							
	7	Issuance costs from proceeds							
	8	Credit enhancement from proceeds							
	9	Working capital expenditures from proceeds							
	10	Capital expenditures from proceeds		3,850,000.					
	11	Other spent proceeds							
	12	Other unspent proceeds							
	13	Year of substantial completion		2017					
		Yes	No	Yes	No	Yes	No	Yes	No
	14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X					
	15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X					
	16	Has the final allocation of proceeds been made?		X					
	17	Does the organization maintain adequate books and records to support the final allocation of proceeds?		X					

Part III Private Business Use								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: NORTHAMPTON COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY

(F) DESCRIPTION OF PURPOSE:

VALLEY YOUTH HOUSE COMMITTEE PROJECT SERIES 2017

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: **VALLEY YOUTH HOUSE COMMITTEE INC**
Employer identification number: ****-***8820**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		97,325.	DONOR DESIGNATED
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (MISCELLANEOUS)	X	16	78,435.	
26 Other (AUCTION ITEMS)	X	25	42,220.	DONOR DESIGNATED
27 Other (FOOD & MEALS)	X	19	28,955.	DONOR DESIGNATED
28 Other (ELECTRONIC EQUI)	X	5	19,512.	DONOR DESIGNATED

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, OTHER TYPES OF PROPERTY:

TICKETS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 19

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 11561.

(D) METHOD OF DETERMINING REVENUE: FMV

GIFT CARDS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 23

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 3092.

(D) METHOD OF DETERMINING REVENUE: FMV

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

VALLEY YOUTH HOUSE COMMITTEE INC

Employer identification number

-*8820

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

THAT BUILDS RESILIENCE AND FOSTERS GROWTH AND INDEPENDENCE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

CLOTHING, CAMPING GEAR AND HYGIENE PRODUCTS. YOUTH ARE SERVED IN AT
LOCATIONS IN THE COMMUNITY WHERE STREET YOUTH ARE KNOWN TO CONGREGATE,
INCLUDING MALLS, PARKS, ALONG RIVERS AND RAILROAD TRACKS, AND IN ADULT
HOMELESS ENCAMPMENTS. IN PHILADELPHIA, VYH HAS A YOUTH DESIGNATED
ACCESS POINT THAT ASSESSES AND/OR SUPPORTS HOMELESS YOUNG PEOPLE TO
FIND HOUSING OR OTHER RESOURCES IN THE COMMUNITY.

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

HOUSING PROGRAMS - THE RAPID REHOUSING PROGRAMS FOR HOMELESS YOUTH AND
FAMILIES IS A 6 TO 12 MONTH PROGRAM THAT AIMS TO PROVIDE HOUSING
STABILITY FOR YOUTH AND FAMILIES TO QUICKLY EXIT HOMELESSNESS AND
RETURN TO HOUSING IN THE COMMUNITY. VALLEY YOUTH HOUSE RECEIVED SEVERAL
EMERGENCY SOLUTIONS GRANTS (ESG) IN 2021 THAT HAS ENABLE VYH TO PROVIDE
MORE SHORT TERM HOUSING SUPPORT TO HOMELESS YOUTH. THE SUPERVISED
INDEPENDENT LIVING PROGRAMS HOUSES YOUTH, WHO ARE IN THE FOSTER CARE
SYSTEM, IN APARTMENTS IN THE COMMUNITY OR IN A GROUPED APARTMENT LIVING
SETTINGS. PROGRAMS ARE PROVIDED IN BUCKS, CHESTER, DELAWARE,
LACKAWANNA, LANCASTER, LEHIGH, LUZERNE, MONTGOMERY, MONROE,
NORTHAMPTON, PHILADELPHIA, AND YORK. THE PHILADELPHIA PRIDE PROGRAM
PROVIDES SHORT TERM RENTAL ASSISTANT TO LGBTQ YOUTH EXPERIENCING
HOMELESSNESS OR HOUSING INSTABILITY.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 109,596. REVENUE \$ 0.

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

Schedule O (Form 990) 2022

Name of the organization

VALLEY YOUTH HOUSE COMMITTEE INC

Employer identification number

-*8820

CAMP FOWLER: THE CAMP IS LOCATED IN OREFIELD, PA. THIS 43-ACRE THERAPEUTIC CAMP SERVES A LARGE AND DIVERSE POPULATION WHICH INCLUDES THE BROAD SPECTRUM OF SPECIAL NEEDS AND AT RISK YOUTH. THIS HANDICAP ACCESSIBLE FACILITY IS EQUIPPED WITH OVERNIGHT CABINS, MULTI-PURPOSE SPACE, A COMMERCIAL KITCHEN, SPORTS FIELDS, AN EXTENSIVE ADVENTURE COURSE AND A HEATED POOL, AND PROVIDES THERAPEUTIC RECREATION. CAMP FOWLER IS USED EXTENSIVELY BY VALLEY YOUTH HOUSE PROGRAMS AS WELL AS A VARIETY OF COMMUNITY GROUPS.

THE VALLEY YOUTH HOUSE ANNUAL REPORT CONTAINS ADDITIONAL DATA AS WELL AS ANECDOTAL EVIDENCE OF PROGRAM SUCCESS AND IS AVAILABLE ON THE AGENCY'S WEBSITE: WWW.VALLEYOUTHHOUSE.ORG

EXPENSES \$ 748,225. INCLUDING GRANTS OF \$ 25,631. REVENUE \$ 193,174.

FAMILY INTERVENTION PROGRAM - FUNCTIONAL FAMILY THERAPY (FFT) IS A SHORT-TERM, EVIDENCE-BASED FAMILY THERAPY MODEL THAT ADDRESSES PROBLEMATIC ADOLESCENT BEHAVIOR THAT HAS OR MAY LEAD TO CRIMINAL BEHAVIOR, DRUG/ALCOHOL USE AND, AS RESULT, POOR ACADEMIC PERFORMANCE.

THE PROGRAM USES A VARIETY OF TECHNIQUES TO CHANGE YOUTH AND FAMILY COMMUNICATION, INTERACTION, AND PROBLEM SOLVING LEADING TO REDUCTIONS IN HIGH-RISK BEHAVIORS THAT IMPACT EDUCATIONAL ACHIEVEMENT AND OTHER INDICATORS OF POSITIVE FUNCTION.

EXPENSES \$ 874,549. INCLUDING GRANTS OF \$ 1,265. REVENUE \$ 805,350.

ADOLESCENTS AND FAMILIES TOGETHER - THIS SERVICE FOCUSES ON CHILD WELFARE NEEDS AND ADDRESSING TRAUMAS THAT ARE CRIME RELATED. THE FAMILY PRESERVATION PROGRAM AND IN-HOME SERVICES PROGRAMS PROVIDE INTENSIVE

Name of the organization

VALLEY YOUTH HOUSE COMMITTEE INC

Employer identification number

-*8820

HOME-BASED SERVICES TO FAMILIES WHO HAVE A CHILD AT IMMINENT RISK OF

OUT OF HOME PLACEMENT DUE TO THE PRESENCE OF PHYSICAL/SEXUAL ABUSE,

NEGLECT, DRUG AND ALCOHOL ABUSE, SERIOUS EMOTIONAL ILLNESS OR

PARENT/CHILD CONFLICT, HOMELESSNESS. THE PROGRAM BUILDS THE FAMILY'S

ABILITY TO MANAGE THE BEHAVIORAL NEEDS OF THEIR CHILDREN AND PREVENT

THE NEED FOR PLACING THE CHILD IN A MORE RESTRICTIVE ENVIRONMENT.

SERVICES ARE PROVIDED IN LEHIGH AND NORTHAMPTON COUNTIES. THE TRAUMA

FOCUSED COGNITIVE BEHAVIORAL PROGRAM WORKS WITH YOUTH AND FAMILIES WHO

ARE EXPERIENCING TRAUMA SYMPTOMS RELATED TO A CRIME RELATED

TRAUMA/VICTIMIZATION. THE GOAL OF THIS PROGRAM IS TO DECREASE TRAUMA

RELATED SYMPTOMS THAT THE IDENTIFIED YOUTH EXPERIENCE.

EXPENSES \$ 478,111. INCLUDING GRANTS OF \$ 1,365. REVENUE \$ 573,303.

FAMILY BASED MENTAL HEALTH PROGRAM - THIS PROGRAM PROVIDES IN-HOME

COUNSELING AND EDUCATION SERVICES TO THOSE FAMILIES THAT HAVE AN

EMOTIONALLY TROUBLED CHILD. THE GOAL FOR THE PROGRAMS IS TO BUILD THE

FAMILY'S ABILITY TO MANAGE THE BEHAVIORAL AND MENTAL HEALTH CARE NEEDS

OF THE CHILDREN AND PREVENT THE NEED FOR PLACING THE CHILD IN A MORE

RESTRICTIVE ENVIRONMENT.

EXPENSES \$ 1,221,788. INCLUDING GRANTS OF \$ 12,163. REVENUE \$ 1,984,013.

PROJECT SILK IS AN LGBTQ INCLUSIVE DROP-IN PROGRAM THAT IS YOUTH-LED,

ADULT SUPPORTED AND OFFERS FREE HEALTH SERVICES LIKE HIV/STI TESTING,

HEALTHY FOOD AND SNACKS, ACTIVE RECREATION, PEER SUPPORTS, AND

DISCUSSIONS ON A VARIETY OF HEALTH AND SOCIAL TOPICS.

EXPENSES \$ 18,835. INCLUDING GRANTS OF \$ 51. REVENUE \$ 0.

FORM 990, PART V, LINE 1C

Name of the organization

VALLEY YOUTH HOUSE COMMITTEE INC

Employer identification number

-*8820

THE ORGANIZATION DID NOT HAVE ANY INSTANCES WHERE BACKUP WITHHOLDING WAS REQUIRED; HOWEVER, IF THE SITUATION WOULD ARISE, THE ORGANIZATION IS AWARE OF THE REPORTING REQUIREMENTS AND WOULD HANDLE THAT ACCORDINGLY.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE ORGANIZATION'S FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS MONITORS AND ENFORCES THE CONFLICT OF INTEREST POLICY. ACTUAL CONFLICTS ARE REVIEWED BY THE PRESIDENT AND THE PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS, WHICH IS COMPRISED OF CORPORATE EXECUTIVES AND BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION'S CEO'S COMPENSATION IS APPROVED THROUGH A SEPARATE MOTION OF THE BOARD OF DIRECTOR'S, AS RECOMMENDED BY THE EXECUTIVE COMPENSATION COMMITTEE. IN 2011 A COMPANY, YAFFEE INC., WAS ENGAGED TO DO A COMPLETE STUDY TO DETERMINE ALL EXECUTIVE SALARIES MEET SAFE HARBOR PROVISIONS. IN 2015, A LESS FORMAL PEER REVIEW AND CEO COMPENSATION STUDY WAS COMPLETED TO CONFIRM THE CEO'S SALARY WAS IN LINE WITH SIMILAR SIZED ORGANIZATIONS IN THIS FIELD.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S FORM 990 IS MADE AVAILABLE FOR PUBLIC INSPECTION THROUGH ITS WEBSITE AND UPON REQUEST. ITS FORM 1023 IS MADE AVAILABLE UPON REQUEST

Name of the organization

VALLEY YOUTH HOUSE COMMITTEE INC

Employer identification number

** - ***8820

ONLY.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE TO THE PUBLIC. THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 2C

THE ORGANIZATION HAS A FINANCE, AUDIT AND PROPERTY COMMITTEE. THIS COMMITTEE ASSUMES THE RESPONSIBILTY FOR OVERSIGHT OF THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR.

TAX RETURN FILING INSTRUCTIONS

PENNSYLVANIA FORM BCO-10

FOR THE YEAR ENDING

DECEMBER 31, 2022

PREPARED FOR:

VALLEY YOUTH HOUSE COMMITTEE INC
3400 HIGH POINT BLVD
BETHLEHEM, PA 18017

PREPARED BY:

RKL LLP
1330 BROADCASTING ROAD
WYOMISSING, PA 19610-6008

AMOUNT OF TAX:

BALANCE DUE OF \$250

MAKE CHECK PAYABLE TO:

COMMONWEALTH OF PENNSYLVANIA

MAIL TAX RETURN TO:

BUREAU OF CHARITABLE ORGANIZATIONS
207 NORTH OFFICE BUILDING
HARRISBURG, PA 17120

RETURN MUST BE MAILED ON OR BEFORE:

NOVEMBER 15, 2023

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

A COMPLETED AND SIGNED COPY OF THE FEDERAL FORM 990 (AND ALL APPLICABLE ATTACHMENTS) MUST BE INCLUDED WITH FORM BCO-10.

WE RECOMMEND THAT YOU SEND THE ENCLOSED FORM TO THE TAXING AUTHORITIES BY CERTIFIED MAIL WITH A REQUEST FOR A RETURN RECEIPT. PLEASE RETAIN THE RECEIPT AS PROOF OF TIMELY FILING.

Mail to:

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
207 North Office Building
Harrisburg, PA 17120

See www.dos.pa.gov/charities for more information

Charitable Organization Registration Statement

BCO-10 (rev. 2/2022)

Fee: See instructions

Certificate number: 1544
(N/A if initial registration)

Fiscal year ended: 12/31/2022
MM DD YYYY

FEIN: ** - ***8820

If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply:

Organization is exempt from registration because

Organization does not solicit contributions in Pennsylvania

1. Legal name of organization: VALLEY YOUTH HOUSE COMMITTEE INC

Check if name change and give previous name _____

2. All other names used to solicit contributions: _____

NONE

3. Contact person: JOANN ALTEMOSE Contact's E-mail: JALTEMOSE@VALLEYOUTHHOUSE.O

4. Principal address of organization: _____ Mailing address: (if different than principal address): _____

3400 HIGH POINT BLVD

BETHLEHEM

PA 18017

County: LEHIGH

Phone number: (610) 820-0166

800 number: _____

Fax number: _____

Email (if different than Contact's email): _____

Website: WWW.VALLEYYOUTHHOUSE.ORG

5. Type of organization (e.g. non-profit corporation, unincorporated association, etc.):
NON-PROFIT CORPORATION

Where established: PENNSYLVANIA

Date established:* 12/01/1971

*Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution or other organizational instrument and by-laws.

VALLEY YOUTH HOUSE COMMITTEE INC

6. Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)

SEE STATEMENT 1

7. Short form registration applicability - Specified types of charitable organizations described in §162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":

§162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust

§162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.

§162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities

§162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.

X Not Applicable

Charitable organizations which check boxes §162.7(a)(1) - §162.7(a)(4) are not required to file a financial report with this registration. If "Not Applicable" is checked, the charitable organization must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions.

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

8. Date organization first solicited contributions from Pennsylvania residents: MM DD YYYY

Other

9. If organization solicited Pennsylvania residents and received gross* contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000.

MM DD YYYY

Other

*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.

VALLEY YOUTH HOUSE COMMITTEE INC

10. Has the organization been granted IRS tax-exempt status? Yes No

A. If "Yes," under which IRS code section: 501(C)(3) and attach a copy of the IRS exemption letter if not previously submitted.

B. Has the organization's tax-exempt status ever been denied, revoked or modified? Yes No (If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.)

11. Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year? Yes No (If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. DO NOT INCLUDE SCHEDULE B UNLESS YOU FILE 990 PF.

If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).

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

DIRECT MAIL, GRANT APPLICATIONS, FUNDRAISING EVENTS, PHONE SOLICITATIONS AND IN-PERSON SOLICITATIONS.

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

OPERATING COSTS AND CAPITAL EXPENSES FOR AGENCY PROGRAMS, INCLUDING RESIDENTIAL AND OUTCLIENT DIVISIONS. PROGRAMS INCLUDE EMERGENCY SHELTERS, GROUP HOMES, PREVENTATIVE EDUCATION, CRISIS INTERVENTION, MENTAL HEALTH SERVICES, MENTORING, CHILD ABUSE PREVENTION, AND A THERAPEUTIC CAMP. PROGRAMS ARE IN EXISTENCE.

14. Is the organization registered to solicit contributions in any other state or municipality?

Yes No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)

15. Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.) Yes No

If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents: _____
Month Day Year

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

SEE STATEMENT 2

VALLEY YOUTH HOUSE COMMITTEE INC

- 17. Names, addresses, and telephone numbers of all professional fundraising counsel the organization uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)

SEE STATEMENT 3

- 18. Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization: (Attach a separate sheet if necessary)

NONE

- 19. If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates?

(See note "Affiliate and Parent Organization") Yes No Not Applicable

If "Yes," give all names and certificate numbers of the affiliate organizations: (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

- 20. Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization")

Yes No Not Applicable

If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

Legal name of parent organization

Pennsylvania certificate number

- 21. Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)

SEE STATEMENT 4

VALLEY YOUTH HOUSE COMMITTEE INC

22. Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)

A. Are in charge of solicitation activities:

THOMAS R. HARRINGTON

3400 HIGH POINT BLVD BETHLEHEM, PA 18107

B. Have final responsibility for the custody of contributions:

THOMAS R. HARRINGTON

3400 HIGH POINT BLVD BETHLEHEM, PA 18107

C. Have final responsibility for final distribution of contributions:

THOMAS R. HARRINGTON

3400 HIGH POINT BLVD BETHLEHEM, PA 18107

D. Are responsible for custody of financial records:

SENIOR VP OF FINANCE

3400 HIGH POINT BLVD BETHLEHEM, PA 18107

23. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A. Any other officer, director, trustee, or employee? Yes No SEE STATEMENT 5

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

C. Any officers, agents or employees of any supplier or vendor providing goods or services? ** Yes No

** (this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor)

If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.

24. Has the organization or any of its present officers, directors, executive personnel or trustees ever:

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

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

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

(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

VALLEY YOUTH HOUSE COMMITTEE INC

Certification - This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).

Signature of Chief Fiscal Officer

Date

THOMAS QUINN, CFO

Type or print name and title of Chief Fiscal Officer

Signature of Other Authorized Officer

Date

THOMAS HARRINGTON, EXECUTIVE DIRECTOR

Type or print name and title of Other Authorized Officer

Checklist for registration:

- Completed registration statement properly signed and dated.
- A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer
- Public Disclosure Form BCO-23 (if required)
- Applicable Financial Statements (audited, reviewed, compiled or internally prepared)
- Registration fee and any late filing fees
- Initial Registrants Only: IRS determination letter, articles of incorporation or charter and by-laws.

See Instructions for more information on completing this form and attachments.

FORM BCO-10 ALL OFFICES, CHAPTERS, BRANCHES LOCATED IN PA STATEMENT 1

NAME AND ADDRESS	PHONE NUMBER
LUZERNE REAL OFFICE 67-69 PUBLIC SQUARE SUITE 520, WILKES-BARRE, PA 18701	(570) 704-0626
NAME AND ADDRESS	PHONE NUMBER
PHILADELPHIA SUPPORTIVE HOUSING PROJECT 1500 SANSOM ST, STE 300 A, PHILADELPHIA, PA 19102	(215) 925-3180
NAME AND ADDRESS	PHONE NUMBER
BUCKS COUNTY SHELTER 800 N YORK ROAD BUILDING 22, WARMINSTER, PA 18974	(215) 442-9760
NAME AND ADDRESS	PHONE NUMBER
GREAT BEGINNINGS 737/743- 747/753 E TILGHMAN ST, ALLENTOWN, PA 18109	(484) 221-8171
NAME AND ADDRESS	PHONE NUMBER
CAMP FOWLER TREXLER HALL 5851 HORSESHOE ROAD, OREFIELD, PA 18069	(484) 223-1724
NAME AND ADDRESS	PHONE NUMBER
ACHIEVING INDEPENDENCE CENTER 1415 N. BROAD STREET, STE 100, PHILADELPHIA, PA 19122	(215) 574-9194
NAME AND ADDRESS	PHONE NUMBER
LEHIGH VALLEY SHELTER & STREET OUTREACH PROGRAM 539 EIGHTH AVENUE, BETHLEHEM, PA 18018	(610) 691-1200
NAME AND ADDRESS	PHONE NUMBER
DAUPHIN COUNTY - SYNERGY 1625 FRONT ST STE 300, HARRISBURG, PA 17102	(717) 963-7565
NAME AND ADDRESS	PHONE NUMBER
LANCASTER COUNTY OFFICE 255 BUTLER AVE STE 204, LANCASTER, PA 17601	(717) 945-6273
NAME AND ADDRESS	PHONE NUMBER
PROJECT SILK LEHIGH VALLEY 522 WEST MAPLE ST, ALLENTOWN, PA 18101	(610) 347-9998
NAME AND ADDRESS	PHONE NUMBER
HAZELTON 101 W BROAD ST STE 412-13, HAZELTON, PA 18201	(610) 820-0166

VALLEY YOUTH HOUSE COMMITTEE INC

** - *** 8820

NAME AND ADDRESS

PHONE NUMBER

WEST CHESTER
843 ROSARY LANE, WEST CHESTER, PA 19382

(610) 820-0166

NAME AND ADDRESS

PHONE NUMBER

YORK COUNTY OFFICE
337 W MARKET ST, YORK, PA 17401

(717) 690-0930

NAME AND ADDRESS

PHONE NUMBER

LACKAWANNA COUNTY OFFICE
1120 WEST MARKET ST, SCRANTON, PA 18508

(570) 704-0626

NAME AND ADDRESS

PHONE NUMBER

PHILADELPHIA
5070 PARKSIDE AVE, PHILADELPHIA, PA 19131

(610) 820-0166

NAME AND ADDRESS

PHONE NUMBER

ADMINISTRATION OFFICES
3400 HIGH POINT BLVD, BETHLEHEM, PA 18017

(610) 820-0166

NAME AND ADDRESS

PHONE NUMBER

MONTGOMERY OFFICE
1250 GERMANTOWN PIKE, PLYMOUTH MEETING, PA 19462

(610) 820-0166

FORM BCO-10

ALL PROFESSIONAL SOLICITORS

STATEMENT 2

NAME AND ADDRESS

PHONE NUMBER

NONE

CONTRACT BEGIN DATE

CONTRACT END DATE

SOLICIT DATE

FORM BCO-10

PROFESSIONAL FUNDRAISING COUNSELS

STATEMENT 3

NAME AND ADDRESS

PHONE NUMBER

NONE

CONTRACT BEGIN DATE

CONTRACT END DATE

SERVICE DATE

FORM BCO-10

OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES

STATEMENT 4

NAME AND ADDRESS

TITLE

THOMAS HARRINGTON
3400 HIGH POINT BLVD
BETHLEHEM, PA 18017

PRESIDENT & CEO

NAME AND ADDRESS

TITLE

LISA WEINGARTNER
3400 HIGH POINT BLVD
BETHLEHEM, PA 18017

SENIOR VICE PRESIDENT

NAME AND ADDRESS

TITLE

SHANI MEACHAM
3400 HIGH POINT BLVD
BETHLEHEM, PA 18017

SENIOR VICE PRESIDENT

NAME AND ADDRESS

CHRISTINA SCHOEMAKER
3400 HIGH POINT BLVD
BETHLEHEM, PA 18017

TITLE

SENIOR VICE PRESIDENT

NAME AND ADDRESS

JAY DEPPELER
3400 HIGH POINT BLVD
BETHLEHEM, PA 18017

TITLE

EXECUTIVE VICE PRESIDENT

NAME AND ADDRESS

THOMAS QUINN
3400 HIGH POINT BLVD
BETHLEHEM, PA 18017

TITLE

CFO

NAME AND ADDRESS

AMY YU
3400 HIGH POINT BLVD
BETHLEHEM, PA 18017

TITLE

YOUTH REPRESENTATIVE

NAME AND ADDRESS

DONALD OUTING
3400 HIGH POINT BLVD
BETHLEHEM, PA 18017

TITLE

DIRECTOR

NAME AND ADDRESS

ERIC LUFTIG
3400 HIGH POINT BLVD
BETHLEHEM, PA 18017

TITLE

IMMEDIATE PAST BOARD CHAIR

NAME AND ADDRESS

FORREST PATTERSON
3400 HIGH POINT BLVD
BETHLEHEM, PA 18017

TITLE

DIRECTOR

NAME AND ADDRESS

MAURA TOPPER
3400 HIGH POINT BLVD
BETHLEHEM, PA 18017

TITLE

TREASURER

NAME AND ADDRESS

MOLLY RUSSIN
3400 HIGH POINT BLVD
BETHLEHEM, PA 18017

TITLE

SE BOG CHAIR

NAME AND ADDRESS

PHILIP JACKSON
3400 HIGH POINT BLVD
BETHLEHEM, PA 18017

TITLE

VICE CHAIR

NAME AND ADDRESS

S. GRAHAM SIMMONS
3400 HIGH POINT BLVD
BETHLEHEM, PA 18017

TITLE

ATTORNEY

NAME AND ADDRESS

SCOTT GRAY
3400 HIGH POINT BLVD
BETHLEHEM, PA 18017

TITLE

SECRETARY

NAME AND ADDRESS

STEPHANIE RAYMOND
3400 HIGH POINT BLVD
BETHLEHEM, PA 18017

TITLE

CHAIR

NAME AND ADDRESS

TRAVIS RHODES
3400 HIGH POINT BLVD
BETHLEHEM, PA 18017

TITLE

DIRECTOR

NAME AND ADDRESS

MIKE GAUSLING
3400 HIGH POINT BLVD
BETHLEHEM, PA 18017

TITLE

DIRECTOR

NAME AND ADDRESS

KEVIN GREENE
3400 HIGH POINT BLVD
BETHLEHEM, PA 18017

TITLE

DIRECTOR

NAME AND ADDRESS

JEFF ROLLEY
3400 HIGH POINT BLVD BETHLEHEM, PA 18017

BUSINESS

EMPLOYEE MARRIED TO EMPLOYEE L. ROLLEY

NAME AND ADDRESS

LINDA ROLLEY
3400 HIGH POINT BLVD BETHLEHEM, PA 18017

BUSINESS

EMPLOYEE MARRIED TO EMPLOYEE J. ROLLEY

NAME AND ADDRESS

TIESHA JOHNSON
3400 HIGH POINT BLVD BETHLEHEM, PA 18017

BUSINESS

EMPLOYEE MARRIED TO EMPLOYEE S. VINCENT

NAME AND ADDRESS

STANLEY VINCENT
3400 HIGH POINT BLVD BETHLEHEM, PA 18017

BUSINESS

EMPLOYEE MARRIED TO EMPLOYEE T. JOHNSON

NAME AND ADDRESS

BRENT BERGER
3400 HIGH POINT BLVD BETHLEHEM, PA 18017

BUSINESS

EMPLOYEE BROTHER IN LAW TO EMPLOYEE W. G

NAME AND ADDRESS

WARREN GUSS
3400 HIGH POINT BLVD BETHLEHEM, PA 18017

BUSINESS

EMPLOYEE BROTHER IN LAW TO EMPLOYEE B. B

NAME AND ADDRESS

NAURYS WYNDER
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BUSINESS

EMPLOYEE MARRIED TO EMPLOYEE C. WYNDER

NAME AND ADDRESS

CALVIN WYNDER
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BUSINESS

EMPLOYEE MARRIED TO EMPLOYEE N. WYNDER