

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**2001**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

**A** For the 2001 calendar year, or tax year beginning 7/01/01, and ending 6/30/02

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

**C** Name of organization: United Way of C Susquehanna Valley  
 Number and street (or P O box if mail is not delivered to street address): 335 Market Street Room/suite: 2A  
 City or town, state or country and ZIP + 4: Sunbury PA 17801

**D** Employer ID number: 23-1697631  
**E** Telephone number: 570-988-0993  
**F** Accounting method:  Accrual  Cash  Other (specify)

**G** Web site:

**J** Organization type (check only one):  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

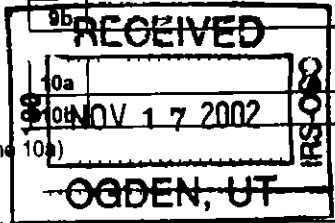
**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 1,634,926

**H** and **I** are not applicable to section 527 organizations.  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes" enter no. of affiliates:   N/A  
**H(c)** Are all affiliates included?  N/A  Yes  No (If "No" attach a list. See instr.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Enter 4-digit GEN:

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Specific Instructions on page 16)

<b>1</b>	Contributions, gifts, grants, and similar amounts received				
<b>a</b>	Direct public support	<b>1a</b>	<u>1,031,286</u>		
<b>b</b>	Indirect public support	<b>1b</b>	<u>26,123</u>		
<b>c</b>	Government contributions (grants)	<b>1c</b>			
<b>d</b>	Total (add lines 1a through 1c) (cash \$ <u>507,320</u> noncash \$ <u>550,089</u> )	<b>1d</b>		<u>1,057,409</u>	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		<u>11,850</u>	
<b>3</b>	Membership dues and assessments	<b>3</b>			
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>		<u>7,818</u>	
<b>5</b>	Dividends and interest from securities	<b>5</b>			
<b>6a</b>	Gross rents	<b>6a</b>			
<b>b</b>	Less rental expenses	<b>6b</b>			
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b>	Other investment income (describe)	<b>7</b>			
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities	<u>552,539</u>	(B) Other	
<b>b</b>	Less cost or other basis and sales expenses	<b>8a</b>			
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>	<u>550,089</u>		
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>	<u>2,450</u>		
<b>9</b>	Special events and activities (attach schedule)	<b>8d</b>		<u>2,450</u>	
<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>			
<b>b</b>	Less direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b>	Less cost of goods sold	<b>10b</b>			
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b>	Other revenue (from Part VII line 103)	<b>11</b>		<u>5,310</u>	
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		<u>1,084,837</u>	
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>		<u>471,902</u>	
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>		<u>38,896</u>	
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>		<u>57,401</u>	
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>		<u>4,384</u>	
<b>17</b>	Total expenses (add lines 16 and 44, column (A))	<b>17</b>		<u>572,583</u>	
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<u>512,254</u>	
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<u>730,722</u>	
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>		<u>-9,537</u>	
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		<u>1,233,439</u>	



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**Part II Statement of Functional Expenses**

All organizations must complete column (A) Columns (B) (C) and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See Specific Instructions on page 21)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) <b>Stmt 4</b> (cash \$ <b>359,510</b> non-cash \$ )	359,510	359,510		
23	Specific assistance to individuals				
24	Benefits paid to or for members				
25	Compensation of officers, directors etc				
26	Other salaries and wages	57,239	16,599	16,600	24,040
27	Pension plan contributions	1,478	428	428	622
28	Other employee benefits	2,236	649	649	938
29	Payroll taxes	5,304	1,538	1,538	2,228
30	Professional fundraising fees				
31	Accounting fees	2,135		2,135	
32	Legal fees				
33	Supplies	30,102	27,221	745	2,136
34	Telephone	2,150	974	304	872
35	Postage and shipping	3,135	1,324	468	1,343
36	Occupancy	20,713	10,734	2,581	7,398
37	Equipment rental and maintenance	4,872	4,856	4	12
38	Printing and publications	8,884	2,576	178	6,130
39	Travel	2,188	1,132	416	640
40	Conferences conventions, and meetings	863	250	242	371
41	Interest				
42	Depreciation depletion etc (att sch)	27,665	20,051	1,969	5,645
43	Other expenses not covered above (itemize) a				
	b <b>See Statement 5</b>	39,725	24,060	10,639	5,026
	c				
	d				
	e				
44	<b>Total functional expenses</b> (add lines 22-43) <b>Organizations completing columns (B)-(D), carry these totals to lines 13-15</b>	568,199	471,902	38,896	57,401

Joint Costs Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes" enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_ (ii) the amount allocated to Program services \$ \_\_\_\_\_  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_ and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See Specific Instructions on page 24)

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
<b>See Statement 6</b> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a <b>See Statement 7</b>	
(Grants and allocations \$ _____)	471,902
b	
(Grants and allocations \$ _____)	
c	
(Grants and allocations \$ _____)	
d	
(Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>471,902</b>

**Part IV Balance Sheets** (See Specific Instructions on page 24 )

Note	Where required attached schedules and amounts within the description column should be for end-of-year amounts only	(A) Beginning of year	(B) End of year
45	Cash-non-interest-bearing		45
46	Savings and temporary cash investments	434,072	46 246,127
47a	Accounts receivable	47a 250	
b	Less allowance for doubtful accounts	47b	47c 250
48a	Pledges receivable	48a 157,656	
b	Less allowance for doubtful accounts	48b 5,000	48c 152,656
49	Grants receivable		49
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50
51a	Other notes and loans receivable (attach schedule)	51a	
b	Less allowance for doubtful accounts	51b	51c
52	Inventories for sale or use		52
53	Prepaid expenses and deferred charges		53
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
55a	Investments-land, buildings, and equipment basis	55a	
b	Less accumulated depreciation (attach schedule)	55b	55c
56	Investments-other (attach schedule)		56
57a	Land buildings and equipment basis	57a 1,054,029	
b	Less accumulated depreciation (attach schedule)	57b	57c 1,026,364
58	Other assets (describe <b>See Stmt 8</b> <input type="checkbox"/> <b>See Stmt 9</b> )	298,356	58 2,400
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	732,428	59 1,427,797
60	Accounts payable and accrued expenses	1,706	60 6,680
61	Grants payable		61 185,278
62	Deferred revenue		62
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63
64a	Tax-exempt bond liabilities (attach schedule)		64a
b	Mortgages and other notes payable (attach schedule)		64b
65	Other liabilities (describe <b>See Stmt 10</b> )		65 2,400
66	<b>Total liabilities</b> (add lines 60 through 65)	1,706	66 194,358
<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
67	Unrestricted	468,654	67 1,231,833
68	Temporarily restricted	262,068	68 1,606
69	Permanently restricted		69
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>			
70	Capital stock, trust principal, or current funds		70
71	Paid-in or capital surplus, or land, building, and equipment fund		71
72	Retained earnings, endowment, accumulated income, or other funds		72
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72) column (A) must equal line 19 column (B) must equal line 21)	730,722	73 1,233,439
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	732,428	74 1,427,797

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



Part VI Other Information (See Specific Instructions on page 27)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes" attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes" attach a conformed copy of the changes		X
78a	Did the organization have unrelated business gross inc of \$1,000 or more during the year covered by this return?		X
78b	If "Yes" has it filed a tax return on Form 990-T for this year?		X
79	Was there a liquidation dissolution termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies trustees, officers, etc., to any other exempt or nonexempt organization?		X
81a	If "Yes" enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81b	Enter direct or indirect political expenditures See line 81 instr		X
82a	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
82b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If "Yes" did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
85c	If "Yes" was answered to either 85a or 85b do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
85d	c Dues assessments, and similar amounts from members		
85e	d Section 162(e) lobbying and political expenditures		
85f	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85g	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85h	g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	N/A	
85h	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86a	86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		
86b	b Gross receipts included on line 12 for public use of club facilities		
87a	87 501(c)(12) orgs Enter a Gross income from members or shareholders		
87b	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
88	88 At any time during the year did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89a	89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		
89b	b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89c	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
89d	d Enter Amount of tax on line 89c above, reimbursed by the organization		0
90a	90a List the states with which a copy of this return is filed <u>PA</u>		
90b	b Number of employees employed in the pay period that includes March 12, 2001 (See instructions)	<u>2</u>	
91	91 The books are in care of <u>Tami Radecke</u> Telephone no <u>570-988-0993</u> Located at <u>335 Market Street 2A, Sunbury, PA</u> ZIP + 4 <u>17801</u>		
92	92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>		

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 32 )

	Unrelated business income		Excluded by sec 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>Note</b> Enter gross amounts unless otherwise indicated					
<b>93</b> Program service revenue					
<b>a</b> <u>Rental to Comm Svc Organ.</u>			41	11,850	
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	7,818	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory			1	2,450	
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue					
<b>a</b> _____					
<b>b</b> <u>Misc &amp; expense reimbursements</u>			1	5,310	
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B) (D) and (E))			0	27,428	0
<b>105</b> Total (add line 104 columns (B), (D), and (E))				27,428	0

**Note** Line 105 plus line 1d Part I, should equal the amount on line 12 Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 32 )

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
●	
N/A	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 33 )

(A) Name address and EIN of corporation partnership or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on pg 33 )

- (a) Did the organization during the year receive any funds directly or indirectly to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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

Please

\_\_\_\_\_  
 1st Vice President  
 Date 11/14/02

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)**  
(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust  
**Supplementary Information-(See separate instructions.)**

OMB No 1545-0047

**2001**

Department of the Treasury  
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

**United Way of C Susquehanna Valley**

**23-1697631**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions List each one. If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee ben plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 ▶				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instr List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$ 50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2001

**Part III Statements About Activities** (See page 2 of the instructions )

	Yes	No
1 During the year has the organization attempted to influence national, state, or local legislation including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>\$</b> _____ (Must equal amount on line 38, Part VI-A or line i of Part VI-B ) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes " must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	X
2 During the year, has the organization either directly or indirectly, engaged in any of the following acts with any substantial contributors trustees, directors officers, creators key employees, or members of their families or with any taxable organization with which any such person is affiliated as an officer director, trustee, majority owner or principal beneficiary? (If the answer to any question is "Yes " attach a detailed statement explaining the transactions )		
a Sale exchange or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of exp if more than \$1 000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans etc ? (See Note below )	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X
<b>Note</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments		

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions )

The organization is not a private foundation because it is (Please check only ONE applicable box )

- 5  A church convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A Federal state or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶**
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A )
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 12  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 charitable, etc 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) (Also complete the **Support Schedule** in Part IV-A )
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3) )

Provide the following information about the supported organizations (See page 5 of the instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions )

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	311,144	325,683	269,998	220,254	1,127,079
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross inc from int. dividends, amounts received from pymt. on securities loans (section 512(a)(5)), rents, royalties & unrelated busn. taxable inc (less sec 511 taxes) from businesses acquired by the organization after June 30, 1975	7,292	6,136	3,127	3,001	19,556
19 Net income from unrelated business activities not included in line 18					
20 Tax revn. levied for the organization's ben. & either paid to it or expended on its behalf					
21 The value of serv. or fac. furnished to the org. by a governmental unit without charge. Do not incl. the value of serv. or fac. generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of cap. assets. Stmt 11	5,163	3,499	5,703		14,365
23 Total of lines 15 through 22	323,599	335,318	278,828	223,255	1,161,000
24 Line 23 minus line 17	323,599	335,318	278,828	223,255	1,161,000
25 Enter 1% of line 23	3,236	3,353	2,788	2,233	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				23,220
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.				139,970
	c Total support for section 509(a)(1) test. Enter line 24, column (e).				1,161,000
	18	19	22	26b	173,891
	19,556		14,365		987,109
	d Add amounts from column (e) for lines				85.0223%
	e Public support (line 26c minus line 26d total)				
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year.				N/A
	(2000)	(1999)	(1998)	(1997)	
	b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.				N/A
	(2000)	(1999)	(1998)	(1997)	
	c Add amounts from column (e) for lines				27c
	15	16	17	20	27d
					27e
	d Add line 27a total and line 27b total				
	e Public support (line 27c total minus line 27d total)				
	f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).				27f
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h %
28 Unusual Grants	For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.				

**Part V Private School Questionnaire (See page 7 of the instructions )**  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	N/A	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument or in a resolution of its governing body?			
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues and other written communications with the public dealing with student admissions, programs and scholarships?			
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe if "No" please explain (If you need more space, attach a separate statement )			
32 Does the organization maintain the following			
a Records indicating the racial composition of the student body faculty, and administrative staff?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues brochures announcements and other written communications to the public dealing with student admissions programs, and scholarships?	32c		
d Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above please explain (If you need more space, attach a separate statement )	32d		
33 Does the organization discriminate by race in any way with respect to			
a Students rights or privileges?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance?	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities?  If you answered "Yes" to any of the above please explain (If you need more space, attach a separate statement )	33h		
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions )

(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check  **a** if the organization belongs to an affiliated group      Check  **b** if you checked "a" and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table-		
<b>If the amount on line 40 is-</b> <b>The lobbying nontaxable amount is-</b>		
Not over \$500,000                                      20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000              \$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000              \$175,000 plus 10% of the excess over \$1,000,000	<b>41</b>	
Over \$1,500,000 but not over \$17,000,000              \$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000                                      \$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	

**Caution** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
See the instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instr )

**N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h )
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h )

Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Supplementary information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

**2001**

Name of organization

Employer identification number

**United Way of C Susquehanna Valley****23-1697631**

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 foundationCheck 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 box(es) for both the General rule and a Special rule-see instructions )**General Rule-** For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II )**Special Rules-** For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II ) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III ) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year )

▶ \$ \_\_\_\_\_

**Caution** Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)**Schedule B (Form 990, 990-EZ, or 990-PF) (2001)**

Name of organization

**United Way of C Susquehanna Valley**

Employer identification number

**23-1697631**

**Part I Contributors (See Specific Instructions)**

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ 550,089	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>2</u>		\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>4</u>		\$ 17,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>5</u>		\$ 10,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>6</u>		\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>7</u>		\$ 8,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

**United Way of C Susquehanna Valley**

Employer identification number

**23-1697631**

**Part I Contributors (See Specific Instructions )**

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>8</u>		\$ 7,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
<u>9</u>		\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
<u>10</u>		\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
<u>11</u>		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
<u>12</u>		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
<u>13</u>		\$ 13,055	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )

Name of organization

**United Way of C Susquehanna Valley**

Employer identification number

**23-1697631**

**Part I Contributors (See Specific Instructions)**

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>14</u>		\$ 13,292	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>15</u>		\$ 10,966	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>16</u>		\$ 5,375	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

United Way of C Susquehanna Valley

Employer identification number

23-1697631

**Part II Noncash Property (See Specific Instructions )**

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>1</u>	19,129 shares of Weis Mkts, Inc. common stock. Proceeds used for renovation & service costs @ community svc center.	\$ 550,089	9/25/01
---		\$	
---		\$	
---		\$	
---		\$	
---		\$	
---		\$	
---		\$	
---		\$	
---		\$	
---		\$	

## Federal Statements

**Direct Public Support**

<u>Contributor</u>	<u>Cash Contribution</u>	<u>Noncash Contribution</u>
AMOUNTS UNDER 2% LIMIT, FOLLOWING INCLUDE EMPLOYEE PAYROLL DEDUCTIONS	\$	\$
	9,474	
	5,460	
	6,229	
	6,468	
	6,654	
	8,668	
	5,829	
	9,112	
	11,845	
	5,832	
	7,432	
	5,323	
	8,449	
	6,610	
Others, each under 2% limit	227,824	
Total	\$ <u>331,209</u>	\$ <u>0</u>

**Indirect Public Support**

<u>Contributor</u>	<u>Cash Contribution</u>	<u>Noncash Contribution</u>
	\$ 7,068	\$
	19,055	
Total	\$ <u>26,123</u>	\$ <u>0</u>

**Federal Statements****Schedule A, Part IV-A, Line 28 - Unusual Grants**

<u>Date</u>	<u>Name</u>	<u>Description</u>
11/14/00	137,500	Donation of building
6/30/01	161,295	Community service ctr grant
6/26/01	253,322	Community service ctr grant
5/03/99	4,000	Equipment grant
6/09/99	10,000	Equipment grant
11/10/99	10,000	Alliance of Local Charities
Total	<u>576,117</u>	

The United Way of Central Susquehanna Valley  
Schedule A - Form 990  
Supplement

EIN 23-1697631

Line 26a - Contributions Exceeding 2% Limit

	<u>Total Contributions 1997 - 2000</u>	<u>Limit per Line 26a</u>	<u>Excess Amounts</u>
\$	25,450	(23,220)	2,230
	115,000	(23,220)	91,780
	68,500	(23,220)	45,280
	23,900	(23,220)	680
			<hr/>
			<u>139,970</u>

## Federal Statements

**Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Securities**

Desc			How			Whom	Gain/ -Loss
	Date Acquired	Date Sold	Rec'd	Cost & Expense	Deprec	Sold	
3,066 shs Weis Markets, Inc.	8/08/01	8/10/01	Donation	\$ 97,476	\$ 100,013		\$ -2,537
5,518 shs Weis Markets, Inc.	9/20/01	9/25/01	Donation	149,800	150,035		-235
3,488 shs Weis Markets, Inc.	10/22/01	10/25/01	Donation	99,998	100,018		-20
2,158 shs Weis Markets, Inc.	12/31/01	1/07/02	Donation	59,153	59,992		-839
3,591 shs Weis Markets, Inc.	1/11/02	1/17/02	Donation	106,622	100,009		6,613
986 shs Weis Markets, Inc.	3/27/02	4/03/02	Donation	29,321	30,014		-693
322 shs Weis Markets, Inc.	5/01/02	5/06/02	Donation	10,169	10,008		161
Total				\$ 552,539	\$ 550,089	\$ 0	\$ 2,450

**Statement 2 - Form 990, Part I, Line 16 - Payments to Affiliates**

Name	Address	Amount	Purpose
United Way of Pennsylvania		\$ 1,213	Member assessment
United Way of America		3,171	Member assessment
Total		\$ 4,384	

**Statement 3 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

Description	Amount
Effect of changing to acctg for pledges and grants per SFAS 116	\$ -9,537
Total	\$ -9,537

IRS notice 96-30, 1996-1 C.B. 378, provides relief from filing Form 3115 to section 501(c) organizations that change their methods of accounting to comply with the provisions of SFAS 116, "Accounting for Contributions Received and Contributions Made." During the current fiscal year the U Way of CSU changed its accounting and reporting to comply with SFAS 116. The net effect of the change is reported on line 20 of Form 990.

## Federal Statements

**Statement 4 - Form 990, Part II, Line 22 - Grants, Allocations, and Contributions**

Description	Cash Contribution	Noncash Contribution
See attached (next page)	\$ 334,258	\$
Additional allocations:		
American Cancer Society	3,126	
American Red Cross	2,417	
Big Brothers / Big Sisters of CSV	800	
Greater Susquehanna Valley YMCA	2,000	
Priestly Forsythe Memorial Library	6,400	
Spring Twp Community Chest	1,000	
Payments to other United Ways	7,090	
Other agencies, each under \$500	2,419	
Total	<u>\$ 359,510</u>	<u>\$ 0</u>

**Statement 5 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
Rental to Comm Svc Organ.	\$	\$	\$	\$
Managment fees	500	500		
Other expenses	43	43		
Expenses				
Insurance	5,137	821	3,134	1,182
Uncollectible pledge expense	5,000		5,000	
Dues	195		195	
Computer software	175	74	26	75
Minor equipment	185	78	27	80
Miscellaneous	1,166		1,166	
Advertising & promotion	638		364	274
Kickoff & annual dinner	3,415			3,415
Fees / licenses /permits	727		727	
Community service				
Rent	14,820	14,820		
Medical	2,030	2,030		
Utilities	5,694	5,694		
Total	<u>\$ 39,725</u>	<u>\$ 24,060</u>	<u>\$ 10,639</u>	<u>\$ 5,026</u>

**Statement 6 - Form 990, Part III - Organization's Primary Exempt Purpose**

Raise funds for allocation to member Agencies to assist in meeting health, welfare, cultural, and recreational needs of Central Susquehanna Valley area.

THE UNITED WAY OF CENTRAL SUSQUEHANNA VALLEY

Form 990

Supplement to Smt 4 - Form 990, Part II, Line 22

**PARTICIPATING WELFARE AGENCIES**

The following amounts were paid or accrued to participating welfare agencies for the 2002 campaign year. The amounts include any special designations by contributors

<u>Name of Agency</u>	<u>Amount Paid For 2002</u>	<u>Accrued @ 6/30/02</u>	<u>Total</u>
American Red Cross - Snyder County	\$ 9,420	15,686	25,106
American Red Cross - Sunbury	13,155	16,914	30,069
American Red Cross - North'd County	2,108	2,597	4,705
Big Brothers/Big Sisters of CSV	6,472	8,537	15,009
Birthright of Sunbury	652	---	652
Center for Child Protection	7,874	11,041	18,915
CSV Interfaith - Meals on Wheels	1,085	2,915	4,000
Central Susquehanna Sight Services	2,024	1,976	4,000
Concerned Citizens for Child Care	8,354	9,147	17,501
Evangelical Home Health Services	4,887	5,113	10,000
Greater Susquehanna Valley YMCA	10,014	12,890	22,904
Haven Ministries	6,876	11,156	18,032
Hemlock Girl Scout Council	8,398	9,211	17,609
John R. Kauffman, Jr Public Library	7,270	7,730	15,000
Teen Counseling Program (Geisinger)	9,785	10,215	20,000
Priestley Forsyth Memorial Library	2,595	3,305	5,900
SARI Learn to Swim	1,649	1,701	3,350
Salvation Army	7,758	8,142	15,900
Selinsgrove Youth League	2,065	2,235	4,300
Snyder County Library	11,402	13,621	25,023
SUM Child Development, Inc	4,543	5,457	10,000
Spring Township Community Chest	2,275	2,525	4,800
Suncom Industries	594	856	1,450
Susquehanna Council, Boy Scouts of Amer	7,224	8,789	16,013
Susquehanna Valley Women in Transition	5,354	7,666	13,020
U S O World Headquarters	915	1,085	2,000
United Cerebral Palsy	4,232	4,768	9,000
<b>Total</b>	<b>\$148,980</b>	<b>\$185,278</b>	<b>\$334,258</b>

**Statement 7 - Form 990, Part III, Line a - Statement of Program Service Accomplishments**

Solicitation of contributions and pledges from businesses and individuals Funds are then donated to various local charitable organizations in the Central Susquehanna Valley See attached listing.

# Federal Statements

## Statement 8 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
Building	\$ 137,500	\$	\$ 137,500	\$ 3,438
Building renovations in progress	160,856		806,184	12,087
Equipment			110,345	12,140
Total	<u>\$ 298,356</u>	<u>\$ 0</u>	<u>\$ 1,054,029</u>	<u>\$ 27,665</u>

## Statement 9 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
Escrowed rental security deposits	\$	\$ 2,400
Total	<u>\$ 0</u>	<u>\$ 2,400</u>

## Statement 10 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
Security deposits	\$	\$ 2,400
Total	<u>\$ 0</u>	<u>\$ 2,400</u>

UNITED WAY of CENTRAL SUSQUEHANNA VALLEY  
2002-2003

Officers

President	Janet A Tippet
First Vice President	Roger S Haddon, Jr
Second Vice President	Chris A Markle
Third Vice President	Janet A Yonkoskie
Secretary	Thomas C Clark
Assistant Secretary	Norma Braidigan
Treasurer	J Donald Steele, Jr
Assistant Treasurer	George A Fecker
Immediate Past President	Olwen Joyce Anderson

Board of Directors

<u>2005</u>	<u>2004</u>	<u>2003</u>
Peggy Arbogast	Dorothy M Anderson	Karen B Bowen
Emily Bishop	Olwen Joyce Anderson	Norma Braidigan
Scott Debo	Thomas C Clark	George A Fecker
John Fairis	Roger S Haddon, Jr	Frances Jones
Eric Rowe	Barry E Miller	Chris A Markle
Anne Seiple	Karl G Rohrbach	Norman S Rich
Randal Shroyer	J Donald Steele, Jr	Rue S Rothermel
Carol A Swineford	Ramah C Steininger	H W Wieder
Gary L Wolfe	Janet A Tippet	Janet A Yonkoskie

Members Emeritus

Marc P Riddell, CPA  
Marvin J Rudnitsky, JD  
Robert O Soper

**Statement 11 - Schedule A, Part IV-A, Line 22 - Other Income**

<u>Description</u>	<u>2000</u>	<u>1999</u>	<u>1998</u>	<u>1997</u>
Reimbursements	\$ 5,163	\$ 3,499	\$ 5,703	\$
Total	<u>\$ 5,163</u>	<u>\$ 3,499</u>	<u>\$ 5,703</u>	<u>\$ 0</u>