## EXTENSION GRANTED TO 11/15/2025

## Return of Organization Exempt From Income Tax

Form **990** 

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

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

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

2024 Open to Public Inspection

X Yes No

Form 990 (2024)

Department of the Treasury

A For the 2024 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if applicable: VALLEY YOUTH HOUSE COMMITTEE INC Name change 23-7178820 Doing business as Initial Room/suite E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Final return/ termin-ated 3400 HIGH POINT BLVD 610-820-0166 52.072.699. City or town, state or province, country, and ZIP or foreign postal code G Gruss receipts \$ Amended BETHLEHEM, PA 18017 H(a) Is this a group return F Name and address of principal officer: THOMAS R. HARRINGTON Yes X No for subordinates? perding SAME AS C ABOVE H(b) Are all subordinates included? Yes No J Tax-exempt status: [X] 501/c)(3) 501/c)(1)

J Website: WWW.VALLEYYOUTHHOUSE.ORG If "No," attach a list. See instructions (insert no.) 4947(a)(1) or H(c) Group exemption number J Website: Form of organization: X Corporation Trust Association Year of formation: 1971 M State of legal domicile: PA Other Part I Summary Briefly describe the organization's mission or most significant activities: EMPOWERS AND STRENGTHENS THE Governance LIVES OF CHILDREN, YOUTH AND FAMILIES THROUGH INCLUSIVE PROGRAMMING if the organization discontinued its operations or disposed of more than 25% of its net assets. Check this box 15 3 Number of voting members of the governing body (Part VI, line 1a) 3 15 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 614 5 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 275 6 6 Total number of volunteers (estimate if necessary) 0. 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7b b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year **Current Year** 9,052,394. 5,965,522. Contributions and grants (Part VIII, line 1h) 8 36,728,765. 42,013,468. 9 Program service revenue (Part VIII, line 2g) 745,702. 397.518. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -466,747. -127,318. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 42,964,487. 51,344,817. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 5,774,789. ,388,792. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 27,434,166. 31,792,810. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5:10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 1,190,175. b Total fundraising expenses (Part IX, column (D), line 25) 8,361,695. 7,990,048. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 47,543,297. 199,003. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,765,484. 3,801,520. 19 Revenue less expenses. Subtract line 18 from line 12 End of Year Beginning of Current Year 83 31,458,263. 36,806,453. 20 Total assets (Part X, line 16) .247.989. ,873,162. 21 Total liabilities (Part X, line 26) 23,585,101. 27,558,464. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including excompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Peclaration of preparer jother than officer his topic on all information of which preparer has any knowled 10 8 2051 Signature of officer Date SIGN HERE Sign THOMAS R. HARRINGTON, PRESIDENT & CEO Here Type or print name and title PTIN Date Preparer's signature Preparer's name C|09/24 P01275157 STEPHANIE E. STEPHANIE E. KANE, CPA KANE 25 Paid Firm's EIN 23-2108173 RKL LLP Preparer Firm's name Firm's address 102 PICKERING WAY, STE 300 Use Only Phone no. 484-874-2200 EXTON, PA 19341

May the IRS discuss this return with the preparer shown above? See instructions

Form 990 (2024)

4e Total program service expenses

	990 (2024) VALLEY YOUTH HOUSE COMMITTEE INC 23-7178 t IV Checklist of Required Schedules	820	Р	age 3
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	1000
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-211		x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
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? If "Yes," complete Schedule C. Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space.	6		_
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D. Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.		98	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	1†a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	146		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		-A
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	116		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	116		**
a	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	11d	x	
	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	-
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	-		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		
	Schedule D, Parts XI and XII	120	**	-
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		x
4.7	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
Ū	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		х
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	700		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"	19		x
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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 IA), line 17 // "Yes," complete Schedule /, Parts / and //	21		X
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c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

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	900 POZA  VALLEY YOUTH HOUSE COMMITTEE INC 23-7178  TVI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7h below, and for a			age D
Pai	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	"NO" I	espor	156
				[X]
Sac	Check if Schedule O contains a response or note to any line in this Part VI			(24)
360	Ion A. Governing body and management		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year 15	0.3	: 62	NO
1a	Effet the homoer or roting thembers of the governing door of the tax year	3.0		1005
	If there are material differences in voting rights among members of the governing body, or if the governing	(8)		7
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.  Enter the number of voting members included on line 1a, above, who are independent 1b 15	120		1
	and the name of the same of th			25%
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2		х
	officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision	-		
3	of officers, directors, trustees, or key employees to a management company or other person?	3		х
	and the first th	4		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
5		6		X
6	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		
78		7a		x
	more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	10	-	-
a		7b		x
	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0		
8		88	Х	-
	The governing body?	8b	X	
	Each committee with authority to act on behalf of the governing body?	80	**	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
Sec	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
JUU	NOTE D. F Officied (This Section if requests information acour posicies not required by the internal resenue Code)		Yes	No
100	Digithe experience have lead charters branches as affiliates?	10a	163	X
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100	_	-
0	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х	
		1.0	7000	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		$\overline{}$
C		12c	х	
45	on Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	14	-	1301
15	Did the process for determining compensation of the following persons include a review and approval by independent			1869
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Х	
	The organization's CEO, Executive Director, or top management official	15b	X	
ь	Other officers or key employees of the organization	130	AN	100
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	1907	7.00	1862
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40.		х
	taxable entity during the year?	16a	C.P.	- 47
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	1233		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	4.01		
~	exempt status with respect to such arrangements?	16b		_
	ion 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)	availa	nie
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X 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	tinand	al	
	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			

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#### Form 990 (2024)

### 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.

(A) Name and title	(B) Average hours per week	рэх	nal c	Pos heck ss po	mara rsan	than dis both	ลก	(Đ) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual Irustes or director	Institutional trustee	Officer	Key emplayee	Highest companisated embloyee	-0,lls.	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) THOMAS HARRINGTON PRESIDENT & CEO	40.00	x		х				373,960.	0.	58,593.
(2) LISA WEINGARTNER	40.00	<u> </u>		4.				3,3,5001		
EXECUTIVE VICE PRESIDENT	40.00			х				208,123.	0.	146,839.
(3) THOMAS OUINN	40.00	-	Н	41		-		200,2201		
EXECUTIVE VICE PRESIDENT	20.00			х				215,023.	0.	61,811.
(4) CHRISTINA SCHOEMAKER	40.00	$\vdash$		-				550,000		- A-
SENIOR VICE PRESIDENT	20,00	1		х				185,092.	0.	27,326.
(5) SHANI MEACHAM	40.00			-						
SENIOR VICE PRESIDENT		1	١	х				154,195.	0.	51,789.
(6) PHILIP JACKSON	1.00	-	т	-	$\overline{}$	$\vdash$				
CHAIR		x		x				0.	0.	0.
(7) KATHRYN BROWN	1.00	-						12 100	-	7 - 73
DIRECTOR		х						0.	0	0.
(8) MAURA TOPPER	1.00									
VICE CHAIR		Х		x		100		0.	0.	0.
(9) MIKE GAUSLING	1.00									
TREASURER		Х		Х				0.	0	0.
(10) SCOTT GRAY	1.00									
SECRETARY		X		Х				0.	0.	0.
(11) AMY YU	1.00									
YOUTH REPRESENTATIVE		Х						0.	0	0.
(12) DONALD OUTING	1.00		П							
DIRECTOR		X						0.	0.	0.
(13) ERIC LUFTIG	1.00									
DIRECTOR		Х						0.	0.	0.
(14) FORREST PATTERSON	1.00		-	- 1		40				7545
DIRECTOR		X						0.	0	0.
(15) KEVIN GREENE	1.00									
DIRECTOR		Х	-		_	_		0 -	0.	0.
(16) ADRIENNE BONSER	1.00									
DIRECTOR		Х			-			0.	0.	0.
(17) TRAVIS RHODES	1.00									
DIRECTOR		X						0.	0	0 . 000 (000)

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_	-	Check if Schedule O conti	anto a respi	ATTEN C	A HOLE TO BUY DIE	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 51
1	a	Federated campaigns	ta		358 252	With San	Ebera -	Charles Ten	
	b	Membership dues	44.					A WEST	100
	¢	Fundraising events	1c		1 039 747			11 55 31	00000
	ď	Related organizations	1d		77-77				100
	e	Government grants (contributi	ions) te				CHANGE IN		
	f	All other contributions, gifts, grant	ts, and				ALL SERVICES	400000	AV STEEL
		similar amounts not included above	ve #		7 654 395		AST VENT		A CONTRACTOR
	g	Noncash contributions included in lines	'a-11 1g	\$	1 662 862		MINISTER HERE		TERM SAY
	h	Total. Add lines 1a-1f				9,052,394			
					Business Code		44000000	2501 150 1000	
2	а	SERVICE FEES		_	624100	41,938,329	41938329		
	ь	CAMP FOWLER RENTAL		-	624100	75,139	75,139		
	Ċ			_					
	d			_					
	e			_					
	f	All other program service reve	านย	_					
_	g	Total, Add lines 2a-2f			-	42 013 468			21-1-5
3		Investment income (including	dividends,	ntere	st, and	260 101			260 101
		other similar amounts)		1111111		260 191			260 191
4		Income from investment of tax	exempt be	and p	roceeds				
5		Royalties	0.0		(C) Channel				
			(i) Rea	1	(ii) Personal				
	-	Gross rents 6a		-					1 1550
		Less: rental expenses 6b	_	_			Control State		Carlotte and
		Rental income or (loss)		-			OF STREET		
		Net rental income or (loss)			W 04 :				
7	a	Gross amount from sales of	() Securi	_	(ii) Other		Maria Salah	2019 23	THE SELECT
		assets other than inventory 2	486	514.			STATE OF THE PARTY.		
	b	Less: cost or other basis			4 207			THE RESERVE	E I I I STORES
		and sales expenses 75		0.	1 003	Carlo Sala	F-57-34(0)-41		S. Colle
		Gain or (loss) 76	486	514	-1,003	105 511			485_511
		Net gain or (loss)		-		485,511.			485 511
8	а	Gross income from fundraising ev	-				100	100000	E MINET
		including \$ 1,039						TO STATE OF	
		contributions reported on line	1c). See		222 200		10076		5
		Part IV, line 18		8a	237 198				a ryanasa
		Less: direct expenses		86	722 654	-485,456	Chicago No. No.	-	-485_456
		Net income or (loss) from fund				-405,450			100,100
9	a	Gross income from gaming ac		150	22 024		1 3184		HILL THE S
		Part IV, line 19		9a	22,934		MARKET LOS		Barrier Marie
		Less: direct expenses		96	4 225	18 709	200	-	18,709
		Net income or (loss) from gam		°		16 709	Marine Marine		10,703
10	а	Gross sales of inventory, less					THE PERSON NAMED IN	VI DAY	0.500
		and allowances		10a			DESCRIPTION OF	MARKET STATE	DE SULLY
		Less: cost of goods sold		106					
-	c	Net income or (loss) from sales	s of invento	ry	Business C. A.		Name and Address of the Owner, where the Owner, which the		0.05
					Business Code				
11	а			-					
-	Ь			_					
	C			-					
		All other revenue		mi 1					
-		Total. Add lines 11a-11d				<b>6.</b> 04. 04.	40010460	^	220 055
12		Total revenue, See instructions				51,344,817	42013468	0.	278, 955 Form <b>990</b> (2024

	Check if Schedule O contains a respon	or note to see line in	this Part IV		The second secon
Do	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D) Fundraising
	8b, Sb, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations			Action to the second	
	and demestic governments. See Part IV, line 21	3		This street	A TOTAL STATE OF
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	7,388,792.	7,388,792.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			AND AND ST	
	individuals, See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1,332,153.	1,082,426.	208,731.	40,996
_	trustees, and key employees	1,334,133.	1,002,420.	200,731.	40,550
5	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	23,966,659.	19,302,476.	3,898,112.	766,071
7	Other salaries and wages	23,900,039.	19,302,470.	3,070,112.	100,011
8	Pension plan accruals and contributions (include	810,996.	696,756.	93,733.	20,507
9	section 401(k) and 403(b) employer contributions)	3,714,629	3,175,248.	444,839.	94,542
_	Other employee benefits Payroll taxes	1,968,373	1,571,940.	342,110.	54,323
C 1	Fees for services (nonemployees):	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2,3.2,3101	015,2201	30,000
	Management	725,919.	451,531.	245,059.	29,329
		34,793.	21,641.	11,746.	1,406
٥	Accounting	206,582	128,496.	69,739.	8,347
	Lobbying	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
e	Professional fundraising services, See Part IV, line 17				
f	Investment management fees	53,198.		52,799.	399
g		7 - 11 - 110			
•	column (A), amount, list line 11g expenses on Sch 0.)	582,519.	362,885.	196,514.	23,120
2	Advertising and promotion				
3	Office expenses	535,989.	372,004.	122,977.	41,008
4	Information technology				1000
5	Royalties				
6	Occupancy	2,403,581.	2,225,664.	160,518.	17,399
7	Travel	826,778.	710,927.	100,406.	15,445
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				* ***
9	Conferences, conventions, and meetings	500,884.	276,523.	216,269.	8,092
0	Interest				
1	Payments to affiliates	F44 004	100 150	70 741	11 454
2	Depreciation, depletion, and amortization	511,374.	420,179.	79,741.	11,454
3	Insurance	330,029.	78,622.	249,840.	1,567
4	Other expenses, Itemize expenses not covered above, (List miscellaneous expenses on line 24e, If				
	line 24e amount exceeds 10% of line 25, column (A),	A Charles			
	amount, list line 24e expenses on Schedule 0.)	1 141 043	1 022 757	39,232.	28,854
	SUPPLIES	1,141,843.	1,073,757.	12,880.	6,653
io	EQUIPMENT REPAIRS & MAI	351,952. 102,094.	332,419. 13,979.	77,121.	10,994
c	MISCELLANEOUS	54,160.	12,887.	31,604.	9,669
d	DUES & SUBSCRIPTIONS	34,100.	14,00/.	31,004.	3,003
	All other expenses	47,543,297.	39,699,152.	6,653,970.	1,190,175
5	Total functional expenses. Add lines 1 through 24	31,343,4314	JJ, 4JJ, 1J4.	0,033,3701	1,100,17
6	Joint costs. Complete this line only if the organization reported in column (8) joint costs from a combined				
	educational campaign and fundraising solicitation.				

432010 12-10-24

36.806.453. Form 990 (2024)

27,558,464.

33

ö

23,585,101. 31,458,263.

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32

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and complete lines 29 through 33.

Total net assets or fund balances

29 Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

30 Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Form	990 (2024) VALLEY YOUTH HOUSE COMMITTEE INC	23-7	178820	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI			_	
	The state of the s	1	51.344	6 Ω	17
1	Total revenue (must equal Part VIII, column (A), line 12)	2	47,543		
2	Total expenses (must equal Part IX, column (A), line 25)	3	3,801		
3	Revenue less expenses. Subtract line 2 from line 1	4	23,58		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	5			43.
5	Net unrealized gains (losses) on investments	6	11.	, 0	***
6	Donated services and use of facilities	7			_
7	Investment expenses				
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		_	U .
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10	27,558	· 4	64
Dat	rt XIII Financial Statements and Reporting	10	21,330	,, 4	0.4.
Pas					X
_	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
			10000	163	140
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		- 1000		BS.
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Q.			х
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	100	Δ
J	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	7.00		166
	separate basis, consolidated basis, or both:		100		100
	Separate basis Consolidated basis Both consolidated and separate basis		1		000
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	-
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	1		100.
	consolidated basis, or both:		1000		33
	X 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,	1.1		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.	100		
За	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?		3a	Х	
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	
			Form	990	(2024

#### SCHEDULE A

(Form 990)

Decariment of the Treasury

## **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 980-EZ.

Go to www.irs.gowForm990 for instructions and the latest information.

Open to Public inspection

OMB No. 1545-0047

Employer identification number Name of the organization 23-7178820 VALLEY YOUTH HOUSE COMMITTEE INC 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 I 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) В 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: 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type (II) functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type (I) non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f. Enter the number of supported organizations Provide the following information about the supported organization's male and a measurement of (iii) Type of organization (vi) Amount of other (a) E(N (v) Amount of monetary tiyay gay ig dock ment? fdescribed on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A Form 990, 2024 VALLEY YOUTH HOUSE COMMITTEE INC 23-7178

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					× = 1 = -	(4)
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and	1000	(432)	-ventor-r		-27	12-33
membership fees received. (Do not						
include any "unusual grants,")	4490100.	7810148.	3960995.	5965522.	9052394.	31279159.
2 Tax revenues levied for the organ-						1
ization'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	4490100.	7810148.	3960995.	5965522.	9052394.	31279159.
5 The portion of total contributions	100000000000000000000000000000000000000			Distriction of	6205 2006	
by each person (other than a		0.500000		2000000		1
governmental unit or publicly				10 to 100	No. of the last of	l .
supported organization) included	Mr.	200		60 K-3 M 5		1
on line 1 that exceeds 2% of the				200700000000000000000000000000000000000	100000000000000000000000000000000000000	1
amount shown on line 11,	V-40 23 3		1 1 1	M. Section		I
column (f)	1973	SECTION TO				
6 Public support. Subtract line 5 Yom line 4.		DIS-VIEW	THE RESERVE	District Control	BOOK TO INC.	31279159.
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	4490100.	7810148.	3960995.	5965522.	9052394.	31279159.
8 Gross income from interest.						
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources	186,961.	174,048.	216,383.	239,151.	260,191.	1076734.
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.)				3,145.		3,145.
11 Total support. Add lines 7 through 10	A STATE OF THE STA		Talway Street Co.	GLUKA KA	Land State	32359038.
12 Gross receipts from related activities.	etc. (see instruction	ons)			12 169	9,830,948.
13 First 5 years. If the Form 990 is for the			ourth, or fifth tax )	year as a section 5	01(c)(3)	
organization, check this box and sto	p here					- Table
Section C. Computation of Publi	ic Support Per	centage				
14 Public support percentage for 2024 (	line 6, column (f), d	ivided by line 11, o	olumn (f))		14	96.66
15 Public support percentage from 2023	Schedule A, Part	II, line 14			15	96.30 %
16a 33 1/3% support test - 2024. If the	organization did no	t check the box of	line 13, and line	14 is 33 1/3% or m	ore, check this be	ox and
stop here. The organization qualities	as a publicly supp	orted organization				X
b 33 1/3% support test - 2023. If the	organization did no	it check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check to	his box
and stop here. The organization qual	lifies as a publicly s	supported organiza	ition			
17a 10% -facts-and-circumstances test	- 2024. If the org	anization did not d	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
and if the organization meets the fact						
meets the facts and circumstances to						Continue I
b 10% -facts-and-circumstances test					17a, and line 15 is	10% or
more, and if the organization meets to						
organization meets the facts and circ						
18 Private foundation. If the organization						ns 🔲
	WORK HOLD STATE		14.222-142			(Form 990) 2024

# 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 bel Section A. Public Support	ow, please comp	olete Part II.)				20-5
Calendar year (or liscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
Gifts, grants, contributions, and     membership fees received. (Do not	100		-			:
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 bus-						
iness under section 513					-	
Tax revenues levied for the organ- ization'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 disqualdidal persons that exceed the greater of \$5,000 or 196 of the amount on fine 13 for line year.						
c Add lines 7a and 7b						
8 Public support. Sandler (charles)			DIET BES			
Section B. Total Support						
lalendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
Amounts from line 6     Gross income from interest, dividends, payments received on securities loans, rents, royalties.						
and income from similar sources						
b Unrelated business taxable income (loss 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. (Adolines 9, 10c. 11, aro 12.)						
14 First 5 years. If the Form 990 is for the	organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
check this box and stop here Section C. Computation of Public	Support Per	centage				
15 Public support percentage for 2024 (lin		The state of the s	column (f))		15	
16 Public support percentage from 2023 S	schedule A, Part	III, line 15			16	
Section D. Computation of Invest	ment Income	Percentage				
17 Investment income percentage for 202	4 (line 10c, colur	ກກ (f), divided by li	ne 13, column (f))		17	
18 Investment income percentage from 20					18	
19a 33 1/3% support tests - 2024. If the c						7 is not
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2023. If the c						nd
line 18 is not more than 33 1/3%, check 20 Private foundation, If the open calculation						

## 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? # "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- e. 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
HER	25	M
1		
110	36.0	
2		
1956	2550	
3a	1000	
	190	
3b		
3c	200	
30		I
4a		
	20	
4b		
97.2	150	
	E3	Ĭ,
4c		_
	2.8	8
	00	
	560	76
5a		
5b		
5c	0.00	
	100	33
6	-	
	12	
7	100	1
	00	
8		
9а		
9b	1000	110
30	1	
9c		
10a		
401	1000	
10b A (For	m 000	202

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Sche	dule A (Form 990) 2024 VALLEY YOUTH HOUSE COMMITTEE INC 23-71	7882	0 Pa	ge 5
Par	t IV Supporting Organizations (continued)	_	V	***
	Here the accounts the accounted a set or contribution from any of the following payeege?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	1	100	22
а	11c below, the governing body of a supported organization?	11a		-
ь	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	0000		100
	provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	77		
			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? 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 lax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported	1337	239	1000
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	1		35
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	15.37	100	TAS.
_	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		10000	-
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed		Yes	No
Sec	tion D. All Type III Supporting Organizations		_	
-	and the tippe in wappering or generation		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	100		01500
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1000	13	511
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	100		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1999		SIL
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	10.00		
	significant voice in the organization's investment policies and in directing the use of the organization's	1	1.0	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	VI I	100	900
	swoogred organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			_
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)  The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.	s}.		
ି ଅ	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.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1000	100	000
Ų.	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	122	0.00	300
	that these activities constituted substantially all of its activities.	23		
h	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	160		0.0
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in	179.97	3.74	
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		40	
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		199	
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		170	42
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	275		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	35		

Schedule A (Form 990) 2024

Sect	lion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide 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	he organization is responsive			
	(provide details in Part VI). See instructions,			8	
9	Distributable amount for 2024 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Affocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2024	s	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6	Aller Holls Alex	STATE OF STA		
2	Underdistributions, if any, for years prior to 2024 (reason-				
	able cause required and an Part VII. See instructions.				1000
3	Excess distributions carryover, if any, to 2024		Contract to the same	4	
a	From 2019	SHEET CHARLES			
ь	From 2020				THE RESERVE OF THE
c	From 2021			-	
d	From 2022				Market Harris
e	From 2023				
1	Total of lines 3a through 3e				
g	Applied to under distributions of prior years	De la company		_	EL TIP To
h	Applied to 2024 distributable amount	IN COLUMN			
1	Carryover from 2019 not applied (see instructions)				
1	Remainder, Subtract lines 3g, 3h, and 3i from line 3f,			-	
4	Distributions for 2024 from Section D,				
a	Applied to underdistributions of prior years	SEE MARKETS		-	
ъ	Applied to 2024 distributable amount		SIGN DESIGN		
С	Remainder, Subtract lines 4a and 4b from line 4,				
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.	The second second			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in				
_	Part VI. See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		Avellera		
8	Breakdown of line 7:				
_	Excess from 2020	THE PARTY OF THE P			Lucia
	Excess from 2021		A CONTRACTOR	-	
	Excess from 2022				The state of the s
<u>d</u>	Excess from 2023			-	

Schedule A (Form 990) 2024

e Excess from 2024

432028 01-14-25

## \*\* PUBLIC DISCLOSURE COPY \*\*

#### Schedule B (Form 990)

**Schedule of Contributors** 

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

7		Employer identification number
	VALLEY YOUTH HOUSE COMMITTEE INC	23-7178820
Organization type (check		
Elbana of	Section:	
Filers of:	Section.	
Form 990 or 990-EZ	X 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	
	S01(c)(3) taxable private foundation	
	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Specia	al Rule. See instructions.
,		
General Rufe		
•	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to ny one contributor. Complete Parts I and II. See instructions for determining a contrib	
Special Rules		
•	ion described in section 501(c)(3) filing Form 990 or 990-E2 that met the 33 1/3% sup 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16i ng the year, total contributions of the greater of {1} \$5,000; or {2} 2% of the amount of	
	EZ, line 1. Complete Parts I and II.	
or (ii) Form 990-6		on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-6  For an organizati contributor, duri	EZ, line 1. Complete Parts I and II.  ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fing the year, total contributions of more than \$1,000 exclusively for religious, chantab	on (i) Form 990, Part VIII, line 1h; from any one de, scientific,
or (ii) Form 990-6  For an organizati contributor, durin literary, or educations or ed	EZ, line 1. Complete Parts I and II.  ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fing the year, total contributions of more than \$1,000 exclusively for religious, charitab at	on (i) Form 990, Part VIII, line 1h; from any one de, scientific,
or (ii) Form 990-6  For an organizati contributor, durin literary, or educations.	EZ, line 1. Complete Parts I and II.  ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fing the year, total contributions of more than \$1,000 exclusively for religious, chantab	on (i) Form 990, Part VIII, line 1h; from any one de, scientific,
or (ii) Form 990-6  For an organizati contributor, duril literary, or educa "N/A" in column  For an organizati	EZ, line 1. Complete Parts I and II.  ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fing the year, total contributions of more than \$1,000 exclusively for religious, charitable ational purposes, or for the prevention of cruelty to children or animals. Complete Part (b) instead of the contributor name and address), II, and III.  ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fine contributors.	on (i) Form 990, Part VIII, line 1h;  from any one de, scientific, dis I (entering)  from any one contributor, during the
or (ii) Form 990-6  For an organizati contributor, duril literary, or educa "N/A" in column  For an organizati year, contributio	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fing the year, total contributions of more than \$1,000 exclusively for religious, charitabational purposes, or for the prevention of cruelty to children or animals. Complete Part (b) instead of the contributor name and address), II, and III.  ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fins exclusively for religious, charitable, etc., purposes, but no such contributions totals	on (i) Form 990, Part VIII, line 1h;  from any one de, scientific, dis I (entering)  from any one contributor, during the ded more than \$1,000. If this box
or (ii) Form 990-6  For an organizatic contributor, during literary, or educa "N/A" in column  For an organizative year, contribution is checked, ente	EZ, line 1. Complete Parts I and II.  ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fing the year, total contributions of more than \$1,000 exclusively for religious, charitable ational purposes, or for the prevention of cruelty to children or animals. Complete Part (b) instead of the contributor name and address), II, and III.  ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fine contributors.	on (i) Form 990, Part VIII, line 1h;  from any one de, scientific, des I (entering)  from any one contributor, during the ded more than \$1,000. If this box digious, charitable, etc.,

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (Rev. 12-2024)

Name of organization

Employer identification number

## VALLEY YOUTH HOUSE COMMITTEE INC

23-7178820

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		s 1,180,720.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZiP + 4		Type of contribution
3		\$\$.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$\$ <u>154.367.</u>	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
5		\$ 800,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		<b>*</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

## VALLEY YOUTH HOUSE COMMITTEE INC

23-7178820

art II	Noncash Property (see instructions). Use duplicate copies of P	art 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
_		s	
(a) No. from Part (	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	-
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part (	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			

Employer identification number Name of organization 23-7178820 VALLEY YOUTH HOUSE COMMITTEE INC Part III Exclusively religious, charlable, etc., contributions to organizations described in section 501(c)(7), all, 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 into tince.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

423454 01-09-25

## SCHEDULE D

(Form 990) (Rev. December 2024) Department of the Treasury Interval 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.gow/Form990 for instructions and the latest information.

OM8 No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

	VALLEY YOUTH HOUSE				23-71788	
Pa			er Similar Funds	or Accour	115. Complete if th	ie
	organization answered "Yes" on Form 990, Part IV, line			20.60		-1-
		(a) Donor ac	dvised funds	(b) Fur	ids and other accou	nts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w					
	are the organization's property, subject to the organization's e				Yes	No
6	Did the organization inform all grantees, donors, and donor ad					
	for charitable purposes and not for the benefit of the donor or	donor advisor, or fe	or any other purpose c	onferring		
-	impermissible private benefit?				Yes	No
Pa	t II Conservation Easements. Complete if the orga			art IV, line 7		
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (for example, recreati	ion or education)		_	important land area	
	Protection of natural habitat		Preservation of	a certified hi	storic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation cor	ntribution in the form o	f a conserva	tion easement on th	e last
	day of the tax year.				Held at the End of th	e izx rezi
-	Total number of conservation easements			2a		
b				2b		_
¢	Number of conservation easements on a certified historic struc-	cture included on li	ne 2a	2c		
d	Number of conservation easements included on line 2c acquire	red after July 25, 20	106, and not			
	on a historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, release	ased, extinguished	, or terminated by the	organization	during the tax	
	year					
4	Number of states where property subject to conservation ease					
5	Does the organization have a written policy regarding the period		spection, handling of			
	violations, and enforcement of the conservation easements it i				Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violation	s, and enforcing conse	ervation ease	ements during the ye	ear
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, an	d enforcing conservati	on easemen	ts during the year	
	Does each conservation easement reported on line 2d above s	notion; the requirem	conte of coetion 170/b)	/AVRVi\		
8					Yes	□ I No
	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation					
9	balance sheet, and include, if applicable, the text of the footnot					
	parameter, and include, it applicable, the text of the looms	ore to the orderinar	ion s infancial statemen	into wier dear	on Des and	
Pai	t III Organizations Maintaining Collections of	Art. Historical	Treasures, or Oth	ner Simila	r Assets.	
1.00	Complete if the organization answered "Yes" on Form S					
1.	If the organization elected, as permitted under FASB ASC 958			nd halance si	heet works	
12	of art, historical treasures, or other similar assets held for public					
	service, provide in Part XIII the text of the footnote to its finance				равно	
l.	If the organization elected, as permitted under FASB ASC 958				warks of	
D	art, historical treasures, or other similar assets held for public e					
		exhibition, educate	41, OF TESEBLOIT IS TOTAL	oranioe or po	DIIO 301 1.00,	
	provide the following amounts relating to these items.				\$	
					\$	
	(ii) Assets included in Form 990, Part X	nurge av athereted	far accets for financial	asin provide		
2	If the organization received or held works of art, historical treas	Sures, or other simi	tar assets for financial	Saul hinain		
_	the following amounts required to be reported under FASB AS				¢ =	
	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X				\$ \$	
- 0	ASSES DICHIGEO ID FORD 990. FAR A			and the second last and delicated	w	

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 4320\$1 01-02-25

	edule D (Form 990) (Rev. 12-2024) VALLEY						17882		age
Pa	rt III Organizations Maintaining C							nued)	
3	Using the organization's acquisition, accessi	on, and other records,	check any of the	following that ma	ike significan	t use of its			
	collection items (check all that apply).								
8	$\equiv$	ď	_	hange program					
b	Scholarly research	е	Other						
¢	Preservation for future generations								
4	Provide a description of the organization's of	ollections and explain h	ow they further th	ne organization's	exempt purp	ose in Par	t XIII.		
5	Ouring the year, did the organization solicit of				milar assets	-	-	_	4000
-	to be sold to raise funds rather than to be m						Yes	_	No
	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa	rt X, line 21					line 9, or		
	Is the organization an agent, trustee, custod on Form 990, Part X?			es or other assets	s not include:	·	Yes		] No
ь	If "Yes," explain the arrangement in Part XIII	and complete the follow	ving table:			_			
						-	Amour	ıt	
С	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 F	orm 990, Part X, line 21	, for escrow or cu	istodial account	liability?		Yes		No
b	If "Yes," explain the arrangement in Part XIII,	Check here if the expla	nation has been	provided in Part	XIII				
Pa	rt V Endowment Funds Complete it	the organization answer	ered "Yes" on For	m 990, Part IV, I	ne 10.				
		(a) Current year	(b) Prior year	(c) Two years ba	ack (d) Three	e years back	(e) Fou	r years	back
1a	Beginning of year balance	7,978,648,	5,821,882	6,328,4	98 7	376,119	. 6	752	B79.
b	Contributions	1,590,257.	1,755,263	16,1	20.	203,683	1	230	500.
С	Net investment earnings, gains, and losses	460,426	419,358.	-506,1	24. 1.	108,644		823	955,
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs				2	310,132	. 1	389	639.
f	Administrative expenses	19,256.	17,855.	16.6	12,	49,816		41,	676.
g	End of year balance	10,010,075	7,978,648.	5,821,8	82 6	328,498	7	376	119,
2	Provide the estimated percentage of the curr	ent vear end balance (li	ne 1a. column (a)	) held as:					
	Board designated or quasi-endowment	41.0000 %							
b	Permanent endowment 59-0000	%							
c	Term endowment .0000								
	The percentages on lines 2a, 2b, and 2c sho								
Зa	Are there endowment funds not in the posse	-	n that are held an	d administered t	or the				
~	organization by:				0. 1.10			Yes	No
	(i) Unrelated organizations?						3a(i)		Х
	(ii) Related organizations?						3afii)		Х
Sa.	If "Yes" on line 3a(ii), are the related organiza	tions listed as required	on Schadule B2				3b		-
4	1,7								
Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		ient iditos.						
	Complete if the organization answere		art IV line 11a S	ee Form 990. Pa	rt X line 10				
_	Description of property	(a) Cost or other			(c) Accumula	ted	(d) Boo	de wahii	
	Description of property	basis (investmen	1 1 1	(other)	depreciatio		(u) 000	A VAIO	-
_	1	Dasis (investmen		4,268.	o opi o o iacio	1000	1,21	1 2	6.8
	Land	-			4,177,5	:20	7,49		
	Buildings					583.			
	Leasehold improvements			6,750. 2,123.				5,0	
	Equipment	-			1,201.			0,3	
	Other			5,187.	64,3		1,81		
Total	L Add lines 1a through 1e. /Column (d) must a	qual Form 990, Part X. I	ine 10c. column	(8)			1,04		
					Schedul	e D (Form	990) (Re	v. 12-	2024

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

Schedule D (Form 990) (Rev. 12-2024)

4c

5

52.799

48 4b

47,490,497.

47,543,296.

52.799.

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

	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	52,229,724.
2	Amounts included on line 1 but not on Form 990. Part Vill, line 12:	5 12		NSI	
а	Net unrealized gains (losses) on investments	2a	171,843.	1	
b	Donated services and use of facilities	<b>2</b> b	38,985.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	9.4	726,879.	1	
е	Add lines 2a through 2d			2e	937,707.
3	Subtract line 2e from line 1			3	51,292,017.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		1.50	198	
a	Investment expenses not included on Form 990, Part VIII, line 76	4a	52,799.		
b	Other (Describe in Part XIII.)	4b	300-301-30		
С	Add lines 4a and 4b			45	52,799.
5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2)		5	51,344,816.
Pa	t XII Reconciliation of Expenses per Audited Financial St	atements With	Expenses per R	tetur	'n
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.			
1	Total expenses and losses per audited financial statements			1	48,256,361.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	27 15		330	Constitution of the Consti
а	Donated services and use of facilities	2a	38,985.	12	
b	Prior year adjustments	2b		30	
c	Other losses			30	
đ	Other (Describe in Part XIII.)	2d	726,879.	199	
e	Add lines 2a through 2d	- 10 J. I.	ur ur waren alliente d	2e	765,864.

Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information

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

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:

c Add lines 4a and 4b

e Add lines 2a through 2d

3 Subtract line 2e from line 1

b Other (Describe in Part XIII.)

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.

THE ORGANIZATION RECOGNIZES PENALTIES AND INTEREST ACCRUED RELATED TO INCOME TAX LIABILITIES IN THE PROVISION (BENEFIT) FOR INCOME TAXES IN ITS STATEMENT OF ACTIVITIES. AT DECEMBER 31, 2023 AND 2022, 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 FASB 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

432054 01-02-25

Schedule D (Form 990) (Rev. 12-2024)

Schedule D (Form 990) (Rev. 12-2024)

## SCHEDULE G (Form 990)

(Rev. December 2024)

Oepartment of the freasury

## Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service	Go to www.irs.gov/Form990 for instru	ections	and t	he latest information	n,		
Name of the organization VALL:	EY YOUTH HOUSE COMMIT	TEE	IN	2		ployer ide  -7178	ntification number 820
Part I Fundraising Activi	ities. Complete if the organization answ	ered "Y	es" or	Form 990, Part IV, I	ine 17. Fo	rm 990-EZ	filers are not
Indicate whether the organization a Mail solicitations     Internet and email solicitions     Phone solicitations     In-person solicitations     A Did the organization have a wrickey employees listed in Form 9	on raised funds through any of the following solicitations following Solicitations following Solicitations government with any individual spot, Part VII) or entity in connection with public dindividuals or entities (fundraisers) pursued individuals or entities (fundraisers) pursued in the solicities of the solicities	ation of ation of al fundra al (includ profess)	nonge gover ising ling of onal fi	overnment grants nment grants events ficers, directors, trus undraising services?	itees, or	☐ Yes	
(i) Name and address of individual or entity (fundraiser)	al (ii) Activity	(iii) fundi have d or con contrib	ustocy itrol of	(iv) Gross receipts from activity	to (or ret fund	ount paid ained by) raiser n col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
		T					
		+					
		+	-				
		$\vdash$					
189							
3 List all states in which the organ or licensing.	nization is registered or licensed to solicit	contrib	utions	or has been notified	it is exem	ipt from re	gistration

LHA 432081 01-14-25

Schedule G (Form 990) (Rev. 12-2024)

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

Schedule G (Form 990) (Rev. 12-2024)

Sch	dule G (Form 990) (Rev. 12-2024) VALLEY YOUTH HOUSE COMMITTEE INC 23-7178820 Page 3
	Does the organization conduct gaming activities with nonmembers?
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed
12	
	CO COMMISSION CONDITIONS GLOWING.
	Indicate the percentage of gaming activity conducted in:
	The organization's facility
	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name
	Address
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount
	of gaming revenue retained by the third party \$
¢	If "Yes," enter the name and address of the third party:
	Name
	чаль
	Address
16	Garning manager information:
	Name
	Garning manager compensation \$
	Description of services provided
	Sescription of services provided
	Director/officer Independent contractor
17	Mandatory distributions:
	Is the organization required under state law to make charitable distributions from the gaming proceeds to
4	retain the state gaming ficense?
ŧ.	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
b	
Poi	t IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,
ra	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
-	15b, 15c, 16, and 1/b, as applicable. Also provide any additional information. See instructions.
_	
_	
_	
_	
_	
13208	01-14-25 Schedule G (Form 990) (Rev. 12-2024

Schedule G	(Form 990) Supplemental In	VALLEY	YOUTH HO	OUSE	COMMITTEE	INC	23-7178820	Page 4
Partiv	Supplementarii	normation (co	ntinued)					
								_
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ê [ Schedule 1 (Form 990) (Rev. 12-2024) Employer identification number 23-7178820 Open to Public OMB No. 1545-0047 Inspection (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Go to www.hs.gow/Form990 for instructions and the latest information. (e) Amount of assistance noncash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table VALLEY YOUTH HOUSE COMMITTEE INC (c) IRC section (if applicable) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table Part | General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization (Rev. December 2024) Department of the Treasury Internal Revenue Service SCHEDULE 1 (Form 990) Part

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Schedule I (Form 990) (Rev. 12:2024) VALLE

Part

Page 2

23-7178820

(f) Description of noncash assistance TIENTS' RENT, FOOD, CLOTHING, VALLEY YOUTH HOUSE PAYS FOR WE PERSONAL MEEDS. (e) Method of valuation (book, FMV, appraisal, other) ON CRIME AND DELINOURNCY HSDF (HUMAN SERVICES DEVELOPMENT FUND) AND NSLP (NATIONAL SCHOOL LUNCH PROGRAM) ETC. VALLEY YOUTH HOUSE IS SUBJECT TO AN DEVELOPMENT), HHS (HEALTH & HUMAN SERVICES), PCCD (PENNSYLVANIA COMMISSION VALLEY YOUTH HOUSE FOLLOWS ALL FEDERAL, STATE, AND COUNTY REGULATIONS AND Part N Supplemental Information, Provide the information required in Part II solumn by and any other additional information. 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. PM. PROCEDURES FOR MONITORING AS PRESCRIBED BY HUD (HOUSING AND URBAN 0 (d) Amount of non-cash assistance 7 388 792 (c) Amount of cash grant (b) Number of recipients 18456 NATIONAL SCHOOL LUNCH PROGRAM, ETC. A-13 AUDIT EACH YEAR. AND HOUSING TO HOMELESS YOUTH (a) Type of grant or assistance LINE POOD CLOTHING

Schedule I (Form 990) (Rev. 12-2024)

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#### SCHEDULE J (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Name of the organization

## **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.gow/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

VALLEY YOUTH HOUSE COMMITTEE INC

Employer identification number 23-7178820

-	art I Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		1	1000
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	1111	30	100
	First-class or charter travel Housing allowance or residence for personal use	100	358.	133
	Travel for companions Payments for business use of personal residence	1		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	1917	100	300
	Discretionary spending account Personal services (such as maid, chauffeur, chef)	1333		
		N. Carlo		100
þ	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	16	-	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	100000	-	100
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	-	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's	100		
	CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to		5	
	establish compensation of the CEO/Executive Director, but explain in Part III.	17770	100	
	☐ Written employment contract		0.0	
	Independent compensation consultant  X Compensation survey or study	2	1 5	7
	The second compensation committee   X   Approval by the board or compensation committee   X   Approv	37.8		100
	(15) Form 330 by discrete organization of the course of comparison of the course of co	7.33	90	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling	15.5		333
	organization or a related organization:	-	230	
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		363	
	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	200		
	contingent on the revenues of:	2.31	250	100
a	The organization?	5a		X
	Any related organization?	5b		Х
_	If "Yes" on line 5a or 5b, describe in Part III.	4333	1	13
E	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	5363	93	116
	contingent on the net earnings of:	100	133	3.
	The organization?	6a	X	
	Any related organization?	6b	15	Х
ņ		1700	-	
~	If "Yes" on line 6a or 6b, describe in Part III.		1	
•	For persons listed on Form 990, Part VII. Section A, line 1a, did the organization provide any nonfixed payments	7		Х
	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	8		x
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	-	100	~~
	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			

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

Schedule J (Form 990) (Rev. 12-2024)

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 Vit.

Note: The sum of columns (B)(i) (ii) 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.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	2 and/or 1099-MISC compensation	and/or 1099·NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (8)
(A) Name and Title		(i) Base compensation	(ti) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) THOMAS HARRINGTON	Ξ	373,960.	0	0	22,413.	36,180.	432,553.	0.
PRESIDENT & CEO	€		0	0	.0		0	0.
(2) LISA WEINGARTNER	ε	208,123.	0	0	98,242.	48,597.	354,962.	0.
EXECUTIVE VICE PRESIDENT	€	0.	0.	0.	.0	0	0	0.
(3) THOMAS QUINN	8	215,023.	0.	0	13,214.	48,597.	276,83	0.
EXECUTIVE VICE PRESIDENT	9	0	.0	0	0	0		0
(4) CHRISTINA SCHOEMAKER	8	185,092.	0	0.	10,847.	16,479.	212,418.	0
SENIOR VICE PRESIDENT	•	0	0	0	0	0	0	0
(5) SHANI MEACHAM	3	154,195.	0	0	3,192.	48,597.	205,984.	0
SENIOR VICE PRESIDENT	Œ	0	0	0	0	0	.0	0.
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Schedule J (Form 990) (Rev. 12-2024)

Page 3

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.

	1 1
THOMAS HARRINGTON, THOMAS QUINN, CHRISTINA SCHOEMAKER, LISA WEINGARTNER, SHANT MEACHAM BAID IN 2024 ROP 2023	- 1
10 T #202 WT	
	1 1
VALLEY YOUTH HOUSE MAINTAINS A RABBI TRUST DEFERRED COMPENSATION PLAN TO INCENT ITS EXECUTIVE LEADERSHIP, VESTING IS CLIFF-TYPE AND ALL	
IN THE YEAR THE EMPLOYEE VESTS.	1
E J REPRESENTS THOSE EARNINGS - NO EMPLOYEES W	1 1
VESTED THIS YEAR.	- 1
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Schedule J (Form 990) (Rev. 12-2024)	4

Schedule K (Form 990) (Rev. 12:2024) Yes No (g) Defeased (h) On behalf (i) Pooled × financing Employer identification number OMB No. 1545-0047 Open to Public Inspection No 23-7178820 Yes No of issuer × Yes Yes No × 윘 μ 3,850,000. HOUSE COMMITTEE Ç (f) Description of purpose Yes VALLEY YOUTH 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. (F) CONTINUATIONS å Go to www.irs.gov/Form990 for instructions and the latest information. Ø Supplemental Information on Tax-Exempt Bonds Yes (e) Issue price 873,084. 3,850,000. 3,850,000. × × å 2017 SEE PART VI FOR COLUMNS (A) AND (d) Date issued 04/06/17 Yes × × YOUTH HOUSE COMMITTEE INC (c) CUSIP # NONE Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, Does the organization maintain adequate books and records to support the Were the bonds issued as part of a refunding issue of taxable bonds (or, if For Paperwork Reduction Act Notice, see the Instructions for Form 990 (b) Issuer EIN if issued prior to 2018, a current refunding issue]? issued prior to 2018, an advance refunding issue?? 16 Has the final allocation of proceeds been made? 9 Working capital expenditures from proceeds A INDUSTRIAL DEVELOPMENT VALLEY Capital expenditures from proceeds Credit enhancement from proceeds Amount of bonds legally defeased Capitalized interest from proceeds NORTHAMPTON COUNTY 4 Gross proceed in reserve funds 6 Proceeds in refunding escrows Year of substantial completion Issuance costs from proceeds final allocation of proceeds? (a) Issuer name Other unapent proceeds Amount of bonds retired Total proceeds of issue Other spert proceeds Name of the organization Bond Issues Part II Proceeds Department of the Treasing Internal Devenue Service (Rev. December 2024) SCHEDULEK (Form 990) Part 1 O 'n 무 = 2 2 4 10 þ .

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MMITTEE INC 23-71788	
ALLEY YOUTH HOUSE COMMITTEE	
Schedule K (Form 990) (Rev. 12:2024) VALLEY	Part III Private Business Use

Page 2

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Total of lines 4 and 5  Total of lines 6 and 5  Total	result of unrelated trade or business activity carried on by your organization.								
Total of lines 4 and 5	another section 501 [q(3)] organization, or a state or local government		%		%		%		*
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If "Yes" to line 8a, was any remedial action taken pursuant to Regulations  Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the toque organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the toque organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the Abertal Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Parath in Lieu of Arbitrage Rebate, Yield Reduction and Morebate due?    No rebate of the information was before the rebate computation was before due?   X   X   X   X   X   X   X   X   X									
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Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the XA A B B A B B A B B B B B B B B B B B	If "Yes" to line 8a, was any remedial action taken pursuant								2.
Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the Compound of the issue are remediated in accordance with the Compound of the issue are remediated in accordance with the Compound of Compound	sections 1.141-12 and 1.145-27								
nonqualified bonds of the issue are remediated in accordance with the requirements under Reputation sections 111-12 and 115-27.  If No to Include Form 8038-T, Arbitrage Rebate, Yield Reduction and President in Lieu of Arbitrage Rebate?  Reputation Lieu of Arbitrage Rebate, Yield Reduction and President in Lieu of Arbitrage Rebate?  Reputation Lieu of Arbitrage Rebate, Yield Reduction and President in Lieu of Arbitrage Rebate?  Reputation Lieu of Arbitrage Rebate, Yield Reduction and President in Lieu of Arb									
Has the issuer filed Form 8038-T, Arbitrage Rebate. Yield Reduction and Has the issuer filed Form 8038-T, Arbitrage Rebate. Yield Reduction and Has the issuer filed Form 8038-T, Arbitrage Rebate?    Has the issuer filed Form 8038-T, Arbitrage Rebate. Yield Reduction and Has the issuer filed Form 8038-T, Arbitrage Rebate. Yield Reduction and Has the issuer filed Form 8038-T, Arbitrage Rebate. Yield Reduction and Has the issuer filed Form 8038-T, Arbitrage Rebate. Yield Reduction and Has the issuer filed Form 8038-T, Arbitrage Rebate. Yield Reduction and Has the issuer filed Form 8038-T, Arbitrage Rebate. Yield Reduction and Has the issuer filed Form 8038-T, Arbitrage Rebate. Yellow 1.5	nonqualified bonds of the issue are remediated in accordance with the								
Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Yes No Yes To line 2c, provide in Part VI the date the rebate computation was Is the bond such a variable materials.	uivements under Regulations sections 1,141-12 and 1,1	×							
Has the issuer filed Form 8038-T, Arbitrage Rebate. Yield Reduction and Yes No	_		Ì						
Reputit in Lieu of Arbitratar Rebate?  If No to Ine 1 ddd the following grow in the Computation was it the bond state in Part VI the date the rebate computation was is the bond state a variable rate is the bond state in state?		Yor A	Ş			Yek		, yes	No
Rebute not due yet?  Expension to rebate?  No rebate due?  If "Yes" to line 2c, provide in Part VI the date the rebate computation was bencomed.			×						
Exception to rebate?  Exception to rebate?  No rebate due?  If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed.  Is the bond select a variable rate select.									
No rebate due?  If "Yes" to line 2c, provide in Part VI the date the rebate computation was before a variable rate in Record selection in Record s			×						
No rebate due?  If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed.  Is the bond selection in selection.			×						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was serious the bond serious analysis and serious managements.	g. No rebate due?		×						1/2
performed is the bond issue a variable rate issue?	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
Is the bond issue a variable rate issue?	Derformed		1						
	- 1		×						

Schedule K (Form 990) (Rev. 12-2024)

32123 01-14-25

### SCHEDULE M (Form 990)

**Noncash Contributions** 

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

Go to www.ira.gowForm990 for instructions and the latest information.

2024
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

VALLEY VOUTH HOUSE COMMITTEE INC 23-7178820

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or tems contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dete noncash contributio			
1	Art · Works of art		Ç					_
2	Art - Historical treasures							_
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		258,241.	DONOR DESIGN	ATED	1	
6	Cars and other vehicles				P. C.			
7	Boats and planes							
8	Intellectual property			9				Ξ
9	Securities - Publicly traded		9					_
10	Securities - Clasely held stock							_
11	Securities - Partnership, LLC, or		6					Π
• •	trust interests							
12	Securities - Miscellaneous							_
13	Qualified conservation contribution -		15					_
	I the search of							
14	Qualified conservation contribution - Other							_
15	Real estate - Residential							_
	Real estate - Commercial							_
16								_
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		10	1 150 400	DOMOR DECTON	s m ran	_	_
25	Other (AUCTION ITEMS	X	17		DONOR DESIGNA	ATED	_	-
26	Other MISCELLANEOUS	X	61	190,068.		_	_	-
27	Other TICKETS	X	17	21,199.		_		_
28	Other (GIFT CARDS	Х	16	17.327.	PMV			_
29	Number of Forms 8283 received by the organi	•	•					
	for which the organization completed Form 82	83, Part V, D	onee Acknowledge	ement 29		_	0	_
						Ye	es I	40
30a	During the year, did the organization receive b	y contributio	n any property rep	orted on Part I, lines 1 throu	gh 28, that it	SIL		
	must hold for at least 3 years from the date of	the initial cor	ntribution, and whi	ch isn't required to be used	for	22/22	4	
	exempt purposes for the entire holding period	?			3	0a	+	X
ь	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance;	policy that re	quires the review o	of any nonstandard contribu	tions?	31 X		_
32a	Does the organization hire or use third parties	or related or	ganizations to solic	it, process, or sell noncash			1	
	~					2a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	olumn (c) for	a type of property	for which column (a) is che-	cked,			
	describe in Part II				18	100	3	

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

Schedule M (Form 990) 2024

432142 0 I-18-25

## SCHEDULE O (Form 990)

(Rev. December 2024) 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.rs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
Open to Public

Open to Public Inspection

Employer identification number

23-7178820

Name of the organization

VALLEY YOUTH HOUSE COMMITTEE INC

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THAT BUILDS RESILIENCE AND FOSTERS GROWTH AND INDEPENDENCE.

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

EMERGENCY SERVICES VALLEY YOUTH HOUSE HAS TWO EMERGENCY YOUTH

SHELTERS, FIVE STREET OUTREACH PROGRAM AND ONE DESIGNATED ACCESS POINT

DROF 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, FIVE STREET

OUTREACH PROGRAMS SERVE ALLENTOWN, PHILADELPHIA COUNTY, BUCKS COUNTY,

MONTGOMERY COUNTY, AND DAUPHIN COUNTY 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, 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.

EXPENSES \$ 4,242,564. INCL GRANTS OF \$ 224,355. REVENUE \$ 3,725,562.

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.
EXPENSES \$ 2,981,341. INCLUDING GRANTS OF \$ 12,261. REVENUE \$ 3,336,594.

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 \$ 1,241,992. INCLUDING GRANTS OF \$ 6,359. REVENUE \$ 986,909.

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

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization

VALLEY YOUTH HOUSE COMMITTEE INC

Employer identification number 23-7178820

FOWLER IS USED EXTENSIVELY BY VALLEY YOUTH HOUSE PROGRAMS AS WELL AS A VARIETY OF COMMUNITY GROUPS.

EXPENSES \$ 1,186,692. INCLUDING GRANTS OF \$ 19,120. REVENUE \$ 294,242.

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. INCLUDING GRANTS OF \$ 789. REVENUE \$ 1,089,205.

EXPENSES \$ 1,000,273.

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 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. 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. INCLUDING GRANTS OF \$ 125,844. REVENUE \$ 584,488. EXPENSES \$ 622,244.

FORM 990, PART V, LINE 1C 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 Schedule O (Form 990) 2024 432212 01-29-25