

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

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

C Name of organization
LEHIGH VALLEY COMMUNITY FOUNDATION

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
840 W HAMILTON STREET SUITE 310

City or town, state or province, country, and ZIP or foreign postal code
ALLENTOWN, PA 181012456

F Name and address of principal officer
BERNARD STORY
840 W HAMILTON STREET SUITE 310
ALLENTOWN, PA 181012456

D Employer identification number
23-1686634

E Telephone number
(610) 351-5353

G Gross receipts \$ 30,956,380

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

J Website: WWW.LVCFFOUNDATION.ORG

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1967

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO DISTRIBUTE PHILANTHROPIC DONATIONS TO IMPROVE QUALITY OF LIFE FOR LEHIGH VALLEY RESIDENTS

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	19
4 Number of independent voting members of the governing body (Part VI, line 1b)	19
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	11
6 Total number of volunteers (estimate if necessary)	104
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	6,763,073	11,271,176
9 Program service revenue (Part VIII, line 2g)	900	913
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,766,867	3,559,272
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,530,840	14,831,361
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,588,953	4,029,428
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	502,726	553,662
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶279,549		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	490,819	548,120
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	6,582,498	5,131,210
19 Revenue less expenses Subtract line 18 from line 12	1,948,342	9,700,151

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	50,292,523	60,667,789
21 Total liabilities (Part X, line 26)	651,811	498,765
22 Net assets or fund balances Subtract line 21 from line 20	49,640,712	60,169,024

Part II Signature Block

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

Sign Here
Signature of officer: _____ Date: 2019-04-26
BERNARD STORY PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: LINDA S HIMEBACK CPA
Preparer's signature: LINDA S HIMEBACK CPA
Date: _____
Check if self-employed PTIN: P00042618
Firm's name: HERBEIN COMPANY INC Firm's EIN: 23-2415973
Firm's address: 2763 CENTURY BOULEVARD
READING, PA 19610 Phone no: (610) 378-1175

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE PURPOSE OF THE LEHIGH VALLEY COMMUNITY FOUNDATION IS TO DEVELOP, MANAGE AND DISTRIBUTE THE PHILANTHROPY OF A VARIETY OF DONORS IN ORDER TO IMPROVE THE QUALITY OF LIFE FOR RESIDENTS OF THE LEHIGH VALLEY

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 4,692,956 including grants of \$ 4,029,428) (Revenue \$ 913)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 4,692,956

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	Yes	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		No
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (19); 1b Enter the number of voting members included in line 1a, above, who are independent (19); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (PA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [X] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION 840 W HAMILTON STREET SUITE 310 ALLENTOWN, PA 181012456 (610) 351-5353

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 instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) W BEALL FOWLER PHD CHAIRMAN	2 50	X		X				0	0	0
(2) THOMAS L CAMPBELL VICE CHAIRMAN	2 50	X		X				0	0	0
(3) DENISE M BLEW TREASURER	1 30	X		X				0	0	0
(4) MATTHEW SORRENTINO SECRETARY	1 30	X		X				0	0	0
(5) SANDRA BODNYK GOVERNOR	0 75	X						0	0	0
(6) GEOFFREY BORDA GOVERNOR	0 75	X						0	0	0
(7) LUIS CAMPOS GOVERNOR	0 75	X						0	0	0
(8) BONNIE S COYLE GOVERNOR	0 75	X						0	0	0
(9) CYNTHIA LAMBERT DURHAM GOVERNOR	0 75	X						0	0	0
(10) CAMILLE EYVAZZADEH GOVERNOR	0 75	X						0	0	0
(11) VERONICA GONZALEZ GOVERNOR	0 75	X						0	0	0
(12) ANTONIA GRIFO GOVERNOR	0 75	X						0	0	0
(13) JENNIFER L MANN GOVERNOR	0 75	X						0	0	0
(14) ELIZABETH MARCON GOVERNOR	0 75	X						0	0	0
(15) JAMES MARGOLIS GOVERNOR	0 75	X						0	0	0
(16) WILLIAM K MURPHY GOVERNOR	0 75	X						0	0	0
(17) MEREDITH D RETTALIATA GOVERNOR	0 75	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
(18) MICHAEL STERSHIC GOVERNOR	0 75	X						0	0	0	
(19) MELINDA STUMPF GOVERNOR	0 75	X						0	0	0	
(20) BERNARD STORY PRESIDENT & CEO	40 00			X				121,810	0	20,973	
(21) TRISHA HIGGINS VICE PRESIDENT & CFO	40 00			X				99,457	0	7,325	
1b Sub-Total											
1c Total from continuation sheets to Part VII, Section A											
1d Total (add lines 1b and 1c)								221,267	0		28,298

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)		221,267	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 1**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,271,176			
	g Noncash contributions included in lines 1a-1f \$ _____	7,953,501				
	h Total. Add lines 1a-1f		11,271,176			
Program Service Revenue			Business Code			
	2a PROGRAM SERVICE FEES		523920	913	913	
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f		913				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,556,874		1,556,874	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	18,127,417			
		(ii) Other				
		b Less cost or other basis and sales expenses	16,125,019			
		c Gain or (loss)	2,002,398			
	d Net gain or (loss)		2,002,398		2,002,398	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See Instructions		14,831,361	913	0	3,559,272	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	4,023,428	4,023,428		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	6,000	6,000		
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	249,565	128,383	51,652	69,530
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	218,819	92,059	37,477	89,283
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	5,956	1,954	298	3,704
9 Other employee benefits.	40,946	13,925	9,713	17,308
10 Payroll taxes.	38,376	17,870	7,366	13,140
11 Fees for services (non-employees)				
a Management.				
b Legal.	817		817	
c Accounting.	16,000		16,000	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	325,503	325,503		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	31,580	17,620	1,856	12,104
12 Advertising and promotion.	24,168	493		23,675
13 Office expenses.	11,566	5,546	1,732	4,288
14 Information technology.	21,311	11,367	4,176	5,768
15 Royalties.				
16 Occupancy.	71,281	32,193	15,471	23,617
17 Travel.	5,154	1,321	2,697	1,136
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	26,149	8,445	8,041	9,663
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	1,486	692	285	509
23 Insurance.	2,967	1,382	569	1,016
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES & SUBSCRIPTIONS	10,138	4,775	555	4,808
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	5,131,210	4,692,956	158,705	279,549
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	3,299,168	2	2,523,163
	3 Pledges and grants receivable, net	400,000	3	0
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	23,436	9	30,668
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	43,784		
	b Less accumulated depreciation	35,986		
	11 Investments—publicly traded securities	45,836,587	11	57,377,419
	12 Investments—other securities See Part IV, line 11	479,660	12	467,502
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	247,911	15	261,239
16 Total assets. Add lines 1 through 15 (must equal line 34)	50,292,523	16	60,667,789	
Liabilities	17 Accounts payable and accrued expenses	32,486	17	25,071
	18 Grants payable	151,152	18	20,895
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	468,173	25	452,799
	26 Total liabilities. Add lines 17 through 25	651,811	26	498,765
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	49,629,068	27	60,150,320
	28 Temporarily restricted net assets	11,644	28	18,704
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	49,640,712	33	60,169,024
	34 Total liabilities and net assets/fund balances	50,292,523	34	60,667,789

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,831,361
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,131,210
3	Revenue less expenses Subtract line 2 from line 1	3	9,700,151
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	49,640,712
5	Net unrealized gains (losses) on investments	5	865,011
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-36,850
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	60,169,024

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both</p> <p><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a		No
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	3b		

Additional Data

Software ID:

Software Version:

EIN: 23-1686634

Name: LEHIGH VALLEY COMMUNITY FOUNDATION

Form 990 (2017)

Form 990, Part III, Line 4a:

DURING FISCAL YEAR 2018, THE FOUNDATION MADE 600 GRANTS TOTALING OVER \$4 MILLION OVER 315 NON-PROFIT ORGANIZATIONS RECEIVED GRANTS IN THE AREAS OF THE ARTS AND CULTURE, HISTORY AND HERITAGE, EDUCATION, COMMUNITY DEVELOPMENT, ENVIRONMENT AND SCIENCE, HEALTH CARE AND HUMAN SERVICES THE FOUNDATION ALSO CONCLUDED THE CELEBRATION OF ITS 50TH ANNIVERSARY WITH ITS SPECIAL 'BE THE SPARK' GRANTMAKING CAMPAIGN TO HELP SPARK AWARENESS, CONNECTION, AND CHANGE A TOTAL OF \$150,000 IN GRANTS WERE AWARDED TO 14 GRANTEEES WITH PROGRAMS THAT FOCUSED ON THREE SELECTED ISSUES ENVIRONMENT & SUSTAINABILITY, HUMAN TRAFFICKING, AND VETERAN'S AFFAIRS SEE CONTINUATION ON SCHEDULE O THE FOUNDATION OFFERS A VARIETY OF PHILANTHROPIC GIVING OPPORTUNITIES TO MULTIPLE TYPES OF DONORS AND MAKES GRANTS TO A WIDE VARIETY OF CHARITABLE ORGANIZATIONS THROUGHOUT THE REGION IN ORDER TO CONNECT DONORS WITH CAUSES THAT MATTER TO THEM, THE FOUNDATION CONTINUES TO PROMOTE COLLABORATION IN THE COMMUNITY AND TO SERVE AS A CENTER OF EXPERTISE REGARDING CHARITABLE GIVING AND COMMUNITY KNOWLEDGE THE FOUNDATION'S COMMUNITY KNOWLEDGE AND EXPERTISE IS CONTINUALLY ENHANCED THROUGH SEVERAL ONGOING EFFORTS THESE EFFORTS INCLUDE MEETINGS WITH LEADERSHIP OF CHARITABLE ORGANIZATIONS TO HELP GATHER IMPORTANT INFORMATION ABOUT THE VARIETY AND QUALITY OF CHARITABLE CAUSES AND NEEDS ACROSS THE REGION, PARTICIPATION IN COMMUNITY INITIATIVES, HOSTING EVENTS AND CONVENING COMMUNITY-WIDE DISCUSSIONS ABOUT PHILANTHROPY AND CROSS-SECTOR INFORMATION GATHERING, WORKING WITH AREA GRANTMAKING ORGANIZATIONS TO ASSESS COMMUNITY NEEDS AND DEVELOP WAYS TO WORK COLLEGIALLY AS GRANTMAKERS IN THE COMMUNITY

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
LEHIGH VALLEY COMMUNITY FOUNDATION

Employer identification number

23-1686634

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	2,766,606	2,921,426	1,971,171	5,161,645	11,271,176	24,092,024
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	2,766,606	2,921,426	1,971,171	5,161,645	11,271,176	24,092,024
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,763,250
6	Public support. Subtract line 5 from line 4						18,328,774

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4	2,766,606	2,921,426	1,971,171	5,161,645	11,271,176	24,092,024
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,018,223	1,346,223	1,261,983	1,175,094	1,556,874	6,358,397
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						30,450,421
12	Gross receipts from related activities, etc (see instructions)					12	4,665

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	60.190 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	46.500 %

- 16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 23-1686634

Name: LEHIGH VALLEY COMMUNITY FOUNDATION

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
LEHIGH VALLEY COMMUNITY FOUNDATION

Employer identification number
23-1686634

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	79	36
2 Aggregate value of contributions to (during year)	9,333,730	497,611
3 Aggregate value of grants from (during year)	2,231,022	504,834
4 Aggregate value at end of year	18,436,820	2,483,803

- 5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

- 1** Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

- 3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4** Number of states where property subject to conservation easement is located ▶ _____
- 5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- 7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i)** Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- (ii)** Assets included in Form 990, Part X ▶ \$ _____
- 2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- b** Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	42,350,013	37,161,711	34,442,391	34,998,100	30,178,495
b Contributions	3,026,264	2,439,944	5,195,758	810,238	1,799,635
c Net investment earnings, gains, and losses	3,851,168	4,843,789	-510,919	231,689	4,725,421
d Grants or scholarships	1,341,299	1,295,790	1,271,618	1,074,629	1,203,187
e Other expenditures for facilities and programs	468,322	394,756	352,141	170,607	165,258
f Administrative expenses	404,255	404,885	341,760	352,400	337,006
g End of year balance	47,013,569	42,350,013	37,161,711	34,442,391	34,998,100

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 7 000 %
 - b** Permanent endowment ▶ 93 000 %
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		43,784	35,986	7,798
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				7,798

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

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

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
LIABILITIES UNDER SPLIT INTEREST AGREEMENTS	452,799
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	452,799

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	15,199,122
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	865,011
b	Donated services and use of facilities	2b	31,485
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-293,634
e	Add lines 2a through 2d	2e	602,862
3	Subtract line 2e from line 1	3	14,596,260
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	235,101
c	Add lines 4a and 4b	4c	235,101
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	14,831,361

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

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

1	Total expenses and losses per audited financial statements	1	4,805,707
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	31,485
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	31,485
3	Subtract line 2e from line 1	3	4,774,222
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	356,988
c	Add lines 4a and 4b	4c	356,988
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	5,131,210

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 23-1686634

Name: LEHIGH VALLEY COMMUNITY FOUNDATION

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	ENDOWMENT FUNDS INCLUDE THOSE FUNDS ESTABLISHED TO PROVIDE GRANTS TO CHARITABLE ORGANIZATIONS IN PERPETUITY FUNDS ARE INVESTED BASED ON A LONG-TERM PERSPECTIVE, AND GRANTS ARE MADE ANNUALLY BASED ON THE APPLICABLE SPENDING POLICY RATE ADOPTED EACH YEAR BY THE BOARD OF GOVERNORS

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, THE FOUNDATION ACCOUNTS FOR U NCERTAIN TAX POSITIONS RELATIVE TO UNRELATED BUSINESS INCOME, IF ANY, AS REQUIRED

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -4,124 INVESTMENT FEES -318,569 UNREALIZED GAINS ON AGENCY FUNDS 6,934 AGENCY INVESTMENT FEES -6,934 ADMINISTRATIVE FEES 15,731 CH ANGE IN CSV 13,328

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	AGENCY FUNDS INCLUDED IN CONTRIBUTIONS 31,495 INVESTMENT INCOME FROM AGENCY FUNDS 79,128 REALIZED GAINS(LOSSES)FROM AGENCY FUNDS 124,478

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	FUND EXPENSES

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	GRANTS FROM AGENCY FUNDS 31,485 INVESTMENT FEES 325,503

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
LEHIGH VALLEY COMMUNITY FOUNDATION

Employer identification number
23-1686634

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			0
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			0

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		HUNGARY	ANNUAL AWARD	6,000				
(2)								
(3)								
(4)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

3 Enter total number of other organizations or entities ▶ 1

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
PART I, LINE 2	THE FOUNDATION HAS ONE FUND FROM WHICH GRANTS ARE MADE OUTSIDE OF THE US TO A UNIVERSITY IN HUNGARY FOR RESEARCH IN THE AREA OF GEOPHYSICS THE FOUNDATION HAS SPECIFIC PROCEDURES IN PLACE FOR THIS GRANT WHICH REQUIRES GRANTEE SUBMISSION OF INFORMATION PRIOR TO THE GRANT BEING MADE AND AFTER THE GRANT IS MADE

**Schedule I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

OMB No 1545-0047

2017

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

Name of the organization
LEHIGH VALLEY COMMUNITY FOUNDATION

Employer identification number
23-1686634

Part I General Information on Grants and Assistance

- 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 criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____ 107

3 Enter total number of other organizations listed in the line 1 table ▶ _____ 6

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	GRANTS DISBURSED THROUGH THE FOUNDATION'S COMPETITIVE PROCESS REQUIRE GRANTEEES TO INITIALLY SIGN AND RETURN A DOCUMENT OUTLINING THE TERMS AND CONDITIONS OF THE GRANT ALL SUCH GRANTEEES ARE ALSO REQUIRED TO SUBMIT A FINAL REPORT WITHIN A YEAR OF THE GRANT DATE THE FOUNDATION REQUIRES SIGNED GRANT AGREEMENTS AND FINAL REPORTS FOR CERTAIN NON-COMPETITIVE GRANTS THE FOUNDATION STAFF AND GOVERNORS OCCASIONALLY CONDUCT GRANTEE SITE VISITS FOR THOSE GRANTS THAT REQUIRE EXPENDITURE RESPONSIBILITY, GRANTEEES ARE REQUIRED TO PROVIDE THE APPROPRIATE DOCUMENTATION TO VERIFY THE CHARITABLE USE OF GRANT DOLLARS ALL NON-COMPETITIVE GRANT CHECKS SENT TO GRANTEEES ARE ACCOMPANIED BY AN ACKNOWLEDGEMENT LETTER WHICH PROVIDES THE PURPOSE FOR WHICH THE GRANT IS TO BE USED AND ANY RELATED REQUIREMENTS

Additional Data

Software ID:
Software Version:
EIN: 23-1686634
Name: LEHIGH VALLEY COMMUNITY FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLENTOWN PUBLIC LIBRARY 1210 HAMILTON STREET ALLENTOWN, PA 18102	46-4154959	501(C)(3)	10,000				CAPITAL CAMPAIGN FOR HVAC SYSTEM
ALLENTOWN RESCUE MISSION 355 HAMILTON STREET PO BOX 748 ALLENTOWN, PA 18105	23-6005983	501(C)(3)	7,105				GENERAL SUPPORT, HOMELESSNESS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLENTOWN SCHOOL DISTRICT PO BOX 328 ALLENTOWN, PA 18105		501(C)(3)	5,000				HIGH SCHOOL ROWING CLUB
ALLENTOWN SCHOOL DISTRICT FOUNDATION 31 S PENN STREET PO BOX 328 ALLENTOWN, PA 18105	27-0743152	501(C)(3)	15,000				EDUCATIONAL PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLENTOWN SYMPHONY ASSOCIATION 23 N SIXTH STREET ALLENTOWN, PA 18101	23-6272140	501(C)(3)	5,250				EL SISTEMA PROGRAM
AMERICAN RED CROSS OF THE POCONOS 410 PARK AVENUE STROUDSBURG, PA 18360	53-0196605	501(C)(3)	20,000				DISASTER RELIEF, GENERAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTS QUEST 25 W THIRD STREET BETHLEHEM, PA 18015	23-2280560	501(C)(3)	30,000				GENERAL, CAPITAL IMPROVEMENTS
BACH CHOIR OF BETHLEHEM 440 HECKEWELDER PLACE BETHLEHEM, PA 18018	24-0795385	501(C)(3)	37,000				ARTS, CULTURE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BALLET GUILD OF THE LEHIGH VALLEY 556 MAIN STREET BETHLEHEM, PA 18018	23-7353898	501(C)(3)	5,000				YOUTH SCHOLARSHIPS
BEL CANTO CHILDREN'S CHORUS OF THE BACH CHOIR OF BETHLEHEM 440 HECKEWELDER PLACE BETHLEHEM, PA 18018	23-2752110	501(C)(3)	10,000				SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERKS ENCORE 40 NORTH 9TH STREET READING, PA 19601	23-1656050	501(C)(3)	12,000				MEALS ON WHEELS PROGRAM
BETHANY UNITED CHURCH OF CHRIST 600 W MARKET STREET BETHLEHEM, PA 18018			7,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHLEHEM ECONOMIC DEVELOPMENT CORPORATION 10 EAST CHURCH STREET BETHLEHEM, PA 18018	23-2211627	501(C)(3)	10,000				COMMUNITY DEVELOPMENT
BOYS & GIRLS CLUB OF BETHLEHEM 1430 FRITZ DRIVE BETHLEHEM, PA 18017	23-6298476	501(C)(3)	11,075				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRADBURY-SULLIVAN LGBT COMMUNITY CENTER 522 WEST MAPLE STREET ALLENTOWN, PA 18101	20-1443960	501(C)(3)	11,800				PROGRAM SUPPORT
BURNSIDE PLANTATION INC 74 WEST BROAD STREET SUITE 260 BETHLEHEM, PA 18108	22-2773497	501(C)(3)	6,040				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP COMPASS INC 1221 SUMNER AVE REAR ALLENTOWN, PA 18104	25-1857959	501(C)(3)	10,080				GENERAL SUPPORT
CASA GUADALUPE CENTER 218 N SECOND STREET ALLENTOWN, PA 18102	23-1988203	501(C)(3)	53,743				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDAR CREST COLLEGE 100 COLLEGE DRIVE ALLENTOWN, PA 18104	23-1365953	501(C)(3)	10,000				EDUCATIONAL
CENTER FOR VISION LOSS 845 W WYOMING STREET ALLENTOWN, PA 18103	23-1352260	501(C)(3)	9,030				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL MORAVIAN CHURCH 73 W CHURCH STREET BETHLEHEM, PA 18018	24-0795954	501(C)(3)	13,000				GENERAL SUPPORT
CHURCH OF THE ASSUMPTION BVM 4101 OLD BETHLEHEM PIKE BETHLEHEM, PA 18015	23-1536963		12,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF ALLENTOWN 435 HAMILTON STREET ALLENTOWN, PA 18101			5,000				COMMUNITY DEVELOPMENT
CITY OF EASTON 123 SOUTH THIRD STREET EASTON, PA 18042			125,000				COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CIVIC THEATRE OF ALLENTOWN 527 N 19TH STREET ALLENTOWN, PA 18104	23-2152581	501(C)(3)	35,250				PROGRAM SUPPORT
COMMUNITY ACTION DEVELOPMENT CORPORATION OF BETHLEHEM 409 E FOURTH STREET BETHLEHEM, PA 18015	23-2934547	501(C)(3)	21,940				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY BIKE WORKS 235 N MADISON STREET ALLENTOWN, PA 18102	23-2867945	501(C)(3)	26,000				PROGRAM SUPPORT
COMMUNITY MUSIC SCHOOL 23 N 6TH STREET SUITE C ALLENTOWN, PA 18101	23-2201343	501(C)(3)	9,250				GENERAL SUPPORT, SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY SERVICES FOR CHILDREN 1520 HANOVER AVENUE ALLENTOWN, PA 18109	23-2204725	501(C)(3)	9,210				PROGRAM SUPPORT
CONGREGATION KENESETH ISRAEL 2227 W CHEW STREET ALLENTOWN, PA 18104	23-1489807	501(C)(3)	67,640				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DA VINCI SCIENCE CENTER 3145 HAMILTON BOULEVARD BYPASS ALLENTOWN, PA 18103	23-2824084	501(C)(3)	47,450				PROGRAM SUPPORT
DEBORAH HOSPITAL FOUNDATION 212 TRENTON ROAD BROWNS MILLS, NJ 08015	22-2049500	501(C)(3)	75,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DESALES UNIVERSITY 2755 STATION AVENUE CENTER VALLEY, PA 18034	23-1653718	501(C)(3)	30,400				EDUCATIONAL
DIAKON LUTHERAN SOCIAL MINISTRIES 798 HAUSMAN ROAD SUITE 300 ALLENTOWN, PA 18104	23-1857015	501(C)(3)	6,420				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DIOCESE OF ALLENTOWN PO BOX F ALLENTOWN, PA 18105	23-1598116	501(C)(3)	10,000				PROGRAM SUPPORT
DOMINICAN FATHERS PROVINCE OF ST JOSEPH 141 EAST 65TH STREET NEW YORK, NY 10065	13-1873291	501(C)(3)	5,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTON AREA PUBLIC LIBRARY 515 CHURCH STREET EASTON, PA 18042	23-6395216	501(C)(3)	5,250				GENERAL SUPPORT
EFFORT UNITED METHODIST CHURCH 178 MERWINSBURG ROAD PO BOX 545 EFFORT, PA 18330	23-2262920		22,744				TECHNOLOGY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EQUI-LIBRIUM INC 524 FEHR ROAD NAZARETH, PA 18064	23-3088228	501(C)(3)	8,160				GENERAL SUPPORT
EVERLASTING LIFE MINISTRIES PO BOX 3362 ALLENTOWN, PA 18106	23-2552553	501(C)(3)	6,900				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST PRESBYTERIAN CHURCH OF ALLENTOWN 3231 W TILGHMAN STREET ALLENTOWN, PA 18104	23-1352423	501(C)(3)	28,280				GENERAL SUPPORT, CAPITAL IMPROVEMENTS
FORDHAM UNIVERSITY 150 WEST 62ND STREET NEW YORK, NY 10023	13-1740451	501(C)(3)	25,000				SCHOLARSHIP FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION FOR EASTON SCHOOLS 1801 BUSHKILL DRIVE EASTON, PA 18040	27-4701323	501(C)(3)	5,000				PROGRAM SUPPORT
FOUNDATION FOR THE BETHLEHEM AREA SCHOOL DISTRICT PO BOX 646 BETHLEHEM, PA 18016	23-2896860	501(C)(3)	5,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD SHEPHERD REHABILITATION NETWORK 850 S 5TH STREET ALLENTOWN, PA 18103	23-2216041	501(C)(3)	87,630				HUMAN SERVICES
GREATER EASTON DEVELOPMENT PARTNERSHIP 325 NORTHAMPTON STREET EASTON, PA 18042	23-2660344	501(C)(3)	45,000				COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GUIDING EYES FOR THE BLIND INC 611 GRANITE SPRINGS ROAD YORKTOWN HEIGHTS, NY 10598	13-1854606	501(C)(3)	103,000				PROGRAM SUPPORT
HAMILTON COLLEGE 198 COLLEGE HILL ROAD CLINTON, NY 13323	15-0532200	501(C)(3)	7,500				SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HERITAGE CONSERVANCY 85 OLD DUBLIN PIKE DOYLESTOWN, PA 18901	23-6296515	501(C)(3)	8,200				PROGRAM SUPPORT
HILLSIDE SCHOOL 2697 BROOKSIDE ROAD MACUNGIE, PA 18062	23-2263178	501(C)(3)	5,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HISPANIC CENTER LEHIGH VALLEY 520 EAST 4TH STREET BETHLEHEM, PA 18015	23-1882308	501(C)(3)	26,000				PROGRAM SUPPORT
HISTORIC BETHLEHEM PARTNERSHIP INC 74 W BROAD STREET SUITE 260 BETHLEHEM, PA 18018	23-2741808	501(C)(3)	36,365				CAPITAL IMPROVEMENTS, GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSING ASSOCIATION & DEVELOPMENT CORPORATION 513 CHEW STREET ALLENTOWN, PA 18102	23-2118810	501(C)(3)	20,000				PROGRAM SUPPORT
JERUSALEM FUND INC PO BOX 1259 LAKEWOOD, NJ 08701	20-0092051	501(C)(3)	25,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH COMMUNITY CENTER OF ALLENTOWN PA 702 N 22ND STREET ALLENTOWN, PA 18104	23-0734200	501(C)(3)	14,000				PROGRAM SUPPORT, SCHOLARSHIPS
LAFAYETTE COLLEGE 307 MARKLE HALL EASTON, PA 18042	24-0795686	501(C)(3)	250,000				CAPITAL CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LATINO LEADERSHIP ALLIANCE OF THE LEHIGH VALLEY PO BOX 296 ALLENTOWN, PA 18105	23-3021562	501(C)(3)	5,000				PROGRAM SUPPORT
LEADER LEHIGH VALLEY PO BOX 8777 ALLENTOWN, PA 18105	47-4883177	501(C)(3)	13,985				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LEHIGH CARBON COMMUNITY COLLEGE FOUNDATION 4525 EDUCATION PARK DRIVE SCHNECKSVILLE, PA 18078	23-7454575	501(C)(3)	11,000				PROGRAM SUPPORT
LEHIGH COUNTY HISTORICAL SOCIETY 432 W WALNUT STREET ALLENTOWN, PA 18102	23-6394211	501(C)(3)	5,500				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LEHIGH GAP NATURE CENTER PO BOX 198 SLATINGTON, PA 18080	22-2741693	501(C)(3)	25,250				PROGRAM SUPPORT
LEHIGH VALLEY CHARTER HIGH SCHOOL FOR THE ARTS 321 EAST 3RD STREET BETHLEHEM, PA 18015	23-2859758	501(C)(3)	33,780				SCHOLARSHIPS AND PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEHIGH VALLEY CHILDREN'S CENTERS INC 1501 LEHIGH STREET SUITE 208 ALLENTOWN, PA 18103	23-1908158	501(C)(3)	17,610				GENERAL SUPPORT
LEHIGH VALLEY HOSPITAL PO BOX 689 ALLENTOWN, PA 18105	23-1689692	501(C)(3)	108,550				SCHOLARSHIPS, PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEHIGH VALLEY WRESTLING CLUB PO BOX 90207 ALLENTOWN, PA 18109	23-3019288	501(C)(3)	5,000				GENERAL SUPPORT
LEUKEMIA & LYMPHOMA SOCIETY EASTERN PA CHAPTER 1525 VALLEY CENTER PARKWAY SUITE 180 BETHLEHEM, PA 18017	13-5644916	501(C)(3)	5,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFE CHURCH PO BOX 1996 ALLENTOWN, PA 18105	23-3110904	501(C)(3)	10,000				GENERAL SUPPORT
MEALS ON WHEELS OF LEHIGH COUNTY 4234 DORNEY PARK ROAD ALLENTOWN, PA 18104	23-7172270	501(C)(3)	25,300				GENERAL AND PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF NORTHAMPTON COUNTY 4240 FRITCH DRIVE BETHLEHEM, PA 18020	23-1861779	501(C)(3)	10,300				PROGRAM SUPPORT
MORAVIAN ACADEMY 7 E MARKET STREET BETHLEHEM, PA 18018	24-0829838	501(C)(3)	31,500				EDUCATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MORAVIAN VILLAGE OF BETHLEHEM 526 WOOD STREET BETHLEHEM, PA 18018	23-3022262	501(C)(3)	86,550				PROGRAM SUPPORT
MORINGSTAR SENIOR LIVING FOUNDATION 175 W NORTH STREET NAZARETH, PA 18064	47-1484857	501(C)(3)	10,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNT POCONO UNITED METHODIST CHURCH 12 CHURCH AVE MT POCONO, PA 18344		501(C)(3)	21,000				COMMUNITY DEVELOPMENT
MUHLENBERG COLLEGE 2400 W CHEW STREET ALLENTOWN, PA 18104	23-1352664	501(C)(3)	21,580				EDUCATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NATIONAL MUSEUM OF INDUSTRIAL HISTORY 511 EAST THIRD STREET SUITE 270 BETHLEHEM, PA 18015	23-2912750	501(C)(3)	5,100				GENERAL SUPPORT
NEW BETHANY MINISTRIES 339 W 4TH STREET BETHLEHEM, PA 18015	23-2365694	501(C)(3)	38,310				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NORTHAMPTON COMMUNITY COLLEGE FOUNDATION 3835 GREEN POND ROAD BETHLEHEM, PA 18020	23-2064496	501(C)(3)	14,040				EDUCATIONAL
NORTHAMPTON COUNTY BAR ASSOCIATION 155 S NINTH STREET EASTON, PA 18042	24-0786283	501(C)(3)	8,065				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NORTHEAST MINISTRY PO BOX 1463 BETHLEHEM, PA 18016	23-2339841	501(C)(3)	14,030				PROGRAM SUPPORT
OHR TORAH STONE 49 W 45TH STREET SUITE 701 NEW YORK, NY 10036	13-3275531	501(C)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PENNRIDGE COMMUNITY CENTER 146 EAST MAIN STREET PERKASIE, PA 18944	23-2653916	501(C)(3)	20,850				PROGRAMMING AND OUTREACH
REPERTORY DANCE THEATRE 1402 LINDEN STREET ALLENTOWN, PA 18102	23-2503146	501(C)(3)	10,000				SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY GREATER PHILADELPHIA 701 N BROAD STREET PHILADELPHIA, PA 19123	13-5562351	501(C)(3)	88,020				HUMAN SERVICES
SECOND HARVEST FOOD BANK OF LEHIGH VALLEY & NORTHEASTERN PA 6969 SILVER CREST ROAD NAZARETH, PA 18064	23-1669589	501(C)(3)	15,425				GENERAL SUPPORT, CAPITAL IMPROVEMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SEMPER FI FUND 825 COLLEGE BLVD SUITE 102 PMB609 OCEANSIDE, CA 92057	26-0086305	501(C)(3)	7,500				GENERAL SUPPORT
ST ANTHONY HEALTH FOUNDATION 11600 W 2ND PLACE LAKEWOOD, CO 80228	74-2262028	501(C)(3)	5,000				HEALTH CARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JAMES LUTHERAN CHURCH 333 EAST OXFORD STREET COOPERSBURG, PA 18036	41-1568278	501(C)(3)	27,000				GENERAL SUPPORT
ST LUKE'S SCHOOL OF NURSING 801 OSTRUM STREET BETHLEHEM, PA 18015	23-1352213	501(C)(3)	22,210				SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ST LUKE'S UNIVERSITY HOSPITAL 801 OSTRUM STREET BETHLEHEM, PA 18105	23-1352213	501(C)(3)	72,000				PROGRAM SUPPORT
ST STEPHEN'S EVANGELICAL LUTHERAN CHURCH 67 W WASHINGTON AVENUE BETHLEHEM, PA 18018	23-2054933	501(C)(3)	18,000				GENERAL SUPPORT

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STATE THEATRE CENTER FOR THE ARTS INC 453 NORTHAMPTON STREET EASTON, PA 18042	23-2173216	501(C)(3)	35,500				GENERAL SUPPORT, CAPITAL IMPROVEMENTS
THE BAUM SCHOOL OF ART 510 W LINDEN STREET PO BOX 653 ALLENTOWN, PA 18105	23-1607174	501(C)(3)	20,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE CENTER FOR ANIMAL HEALTH & WELFARE 1165 ISLAND PARK ROAD EASTON, PA 18042	23-6290430	501(C)(3)	7,800				PROGRAM SUPPORT
THE JUILLIARD SCHOOL 60 LINCOLN CENTER PLAZA NEW YORK, NY 10023	13-1624067	501(C)(3)	28,275				SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LITERACY CENTER 1132 W HAMILTON STREET SUITE 300 ALLENTOWN, PA 18101	22-2458322	501(C)(3)	10,000				PROGRAM SUPPORT
THE SCHOOL SISTERS OF SAINT FRANCIS 395 BRIDLE PATH ROAD BETHLEHEM, PA 18017	23-1598116	501(C)(3)	8,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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TOUCHSTONE THEATRE 321 EAST FOURTH STREET BETHLEHEM, PA 18015	23-2073331	501(C)(3)	15,000				PROGRAM SUPPORT
TRINITY UNITED METHODIST CHURCH 615 VIAND STREET POINT PLEASANT, WV 25550	55-6019905		5,225				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNITED FRIENDS SCHOOL OF THE GREATER LEHIGH VALLEY 1018 W BROAD STREET QUAKERTOWN, PA 18951	23-2312616	501(C)(3)	7,000				GENERAL SUPPORT
UNITED WAY OF THE GREATER LEHIGH VALLEY 1110 AMERICAN PKWY NE ALLENTOWN, PA 18109	23-2657933	501(C)(3)	651,760				GENERAL SUPPORT, HEALTH CARE INITIATIVES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET SUITE 433 PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	15,670				GENERAL SUPPORT
UNIVERSITY OF PITTSBURGH G7 THACKERAY HALL PITTSBURGH, PA 15260	25-0965591	501(C)(3)	9,710				SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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VALLEY AGAINST SEX TRAFFICKING 1702 W WALNUT STREET ALLENTOWN, PA 18104	47-4301496	501(C)(3)	10,000				PROGRAM SUPPORT
VALOR CLINIC FOUNDATION PO BOX 315 BRODHEADSVILLE, PA 18322	45-4634922	501(C)(3)	7,500				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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VIA OF THE LEHIGH VALLEY INC 336 W SPRUCE STREET BETHLEHEM, PA 18018	23-1457999	501(C)(3)	8,960				GENERAL SUPPORT
VILLAGE EARTH PO BOX 797 FORT COLLINS, CO 80522	84-1243878	501(C)(3)	5,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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VILLANOVA UNIVERSITY 800 LANCASTER AVENUE VILLANOVA, PA 19085	23-1352688	501(C)(3)	50,000				GENERAL SUPPORT
VISITING NURSE ASSOCIATION OF ST LUKES 240 UNION STATION PLAZA BETHLEHEM, PA 18015	24-0795497	501(C)(3)	6,000				HUMAN SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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VOLUNTEER CENTER OF THE LEHIGH VALLEY 2158 AVENUE C SUITE 201 BETHLEHEM, PA 18017	23-2862188	501(C)(3)	6,000				PROGRAM SUPPORT
WATERSHEAD COALITION OF THE LEHIGH VALLEY 14 GRACEDALE AVE NAZARETH, PA 18064	04-3733965	501(C)(3)	5,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WEST CHESTER UNIVERSITY FOUNDATION PO BOX 541 WEST CHESTER, PA 19381	23-3054174	501(C)(3)	28,275				SCHOLARSHIPS
WEST PARK CIVIC ASSOCIATION 1634 WEST TURNER STREET ALLENTOWN, PA 18102	23-1995286	501(C)(3)	5,000				COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WILDLANDS CONSERVANCY 3701 ORCHID PLACE EMMAUS, PA 18049	23-7401326	501(C)(3)	20,200				ENVIRONMENTAL

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
LEHIGH VALLEY COMMUNITY FOUNDATION

Employer identification number
23-1686634

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	25	7,953,501	FMV AT GIFT DATE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (TRANSFER OF ASSETS FROM ESTATE)	X	1	0	FMV AT GIFT DATE
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

Part II Supplemental Information.

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

Return Reference	Explanation
PART I, LINE 32B	THE FOUNDATION UTILIZES VARIOUS BANKS AND BROKERAGE FIRMS TO PROCESS AND SELL NON-CASH GIFTS OF PUBLICLY TRADED SECURITIES

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

LEHIGH VALLEY COMMUNITY FOUNDATION

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017**Open to Public Inspection**

Employer identification number

23-1686634

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 6 - DESCRIPTION OF ORGANIZATION'S VOLUNTEERS	THE NUMBER OF VOLUNTEERS INCLUDES MEMBERS OF THE FOUNDATION'S BOARD OF GOVERNORS, PROFESSIONAL ADVISORS (ACCOUNTANTS, ATTORNEYS, INVESTMENT ADVISORS AND FINANCIAL PLANNERS) WHO SERVE ON THE FOUNDATION'S PROFESSIONAL ADVISORS COUNCIL, AND COMMUNITY VOLUNTEERS WHO SERVE ON VARIOUS COMMITTEES RESPONSIBLE FOR REVIEWING GRANT APPLICATIONS AND SELECTING ANNUAL GRANT RECIPIENTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE ANNUAL FORM 990 IS PREPARED BY THE FOUNDATION'S INDEPENDENT AUDITORS AFTER THE COMPLETED FORM 990 IS REVIEWED BY THE FOUNDATION'S VICE PRESIDENT AND CFO, AN ELECTRONIC COPY OF THE FORM IS THEN PROVIDED TO ALL FOUNDATION GOVERNORS WITH A 10 DAY COMMENT PERIOD BEFORE THE FORM IS FILED WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL FOUNDATION GOVERNORS AND STAFF ARE ANNUALLY PROVIDED WITH THE FOUNDATION'S COMPREHENSIVE CONFLICT OF INTEREST STATEMENT AND POLICY AND ARE REQUIRED TO COMPLETE AN ANNUAL DISCLOSURE STATEMENT THE STATEMENTS ARE REVIEWED AND ANY CONFLICTS ARE DULY NOTED GOVERNORS ALSO DISCLOSE ANY CONFLICTS WITH GRANTEES AT QUARTERLY MEETINGS OF THE BOARD OF GOVERNORS AND ABSTAIN FROM VOTES ON ANY GRANTS TO DISCLOSED ORGANIZATIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	EACH YEAR, MANAGEMENT REVIEWS ALL FOUNDATION EMPLOYEE SALARIES IN COMPARISON TO NATIONAL PEER GROUP SALARY DATA AS PUBLISHED BY THE COUNCIL ON FOUNDATIONS RELATIVE THE INFORMATION , ALONG WITH ANY RECOMMENDATIONS FOR SALARY CHANGES, IS PRESENTED TO THE EXECUTIVE COMMITTEE FOR REVIEW AND ENDORSEMENT THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR APPROVING ANY NECESSARY ADJUSTMENTS TO EMPLOYEE SALARIES TO ENSURE THAT EMPLOYEE COMPENSATION IS COMPARABLE TO SIMILARLY QUALIFIED POSITIONS WITHIN THE FOUNDATION'S NATIONAL PEER GROUP THE FOUNDATION'S EXECUTIVE COMMITTEE IS RESPONSIBLE FOR ANNUALLY REVIEWING AND DETERMINING THE PRESIDENT & CEO'S ANNUAL COMPENSATION SALARY ADJUSTMENTS ARE MADE WITH REFERENCE TO A DEFINED SET OF EXPECTATIONS AND PERFORMANCE MEASUREMENTS AND TAKING INTO CONSIDERATION THE PEER FOUNDATION SALARY DATA ALONG WITH BUDGETARY ALLOWANCES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	ALL DOCUMENTS ARE MADE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S OFFICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION'S POLICIES, GOVERNING DOCUMENTS AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST MADE TO THE FOUNDATION THE FOUNDATION'S ANNUAL REPORT CONTAINING FINANCIAL INFORMATION AS WELL AS THE ANNUAL FORM 990 ARE POSTED TO THE FOUNDATION'S WEBSITE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN LIFE EXPECTANCY -4,124 CHANGE IN CSV 13,328 CHANGE IN AGENCY FUNDS -46,054

990 Schedule O, Supplemental Information

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