

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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

D Employer identification number
23-1686634

E Telephone number
(610) 351-5353

G Gross receipts \$ 23,391,833

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

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 ▶

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

J Website: ▶ WWW.LVCFFOUNDATION.ORG

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 2018 (Part V, line 2a)	9
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)	11,271,176	3,597,158
9 Program service revenue (Part VIII, line 2g)	913	1,787
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,559,272	2,207,322
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)	14,831,361	5,806,267
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,029,428	6,770,541
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)	553,662	652,284
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 319,179		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	548,120	573,682
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,131,210	7,996,507
19 Revenue less expenses Subtract line 18 from line 12	9,700,151	-2,190,240
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	60,667,789	58,586,673
21 Total liabilities (Part X, line 26)	498,765	561,427
22 Net assets or fund balances Subtract line 21 from line 20	60,169,024	58,025,246

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: 2020-05-05

BERNARD STORY PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature 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 \$ 7,483,369 including grants of \$ 6,770,541) (Revenue \$ 1,787)
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 ▶ 7,483,369

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	20
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	9		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a			No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a			No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a			No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b			No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a			No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a		Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c			No
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			No
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a			No
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			No
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a			No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15			No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16			No

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



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: 8a The governing body? (Yes); 8b 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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b 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 2 columns: Question, Answer. 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-A 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) THOMAS L CAMPBELL CHAIR	2.50	X		X				0	0	0
(2) BONNIE S COYLE VICE CHAIR	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) CAMILLE EYVAZZADEH GOVERNOR	0.75	X						0	0	0
(9) W BEALL FOWLER PHD GOVERNOR	0.75	X						0	0	0
(10) VERONICA GONZALEZ GOVERNOR	0.75	X						0	0	0
(11) ANTONIA GRIFO GOVERNOR	0.75	X						0	0	0
(12) JENNIFER L MANN GOVERNOR	0.75	X						0	0	0
(13) ELIZABETH MARCON GOVERNOR	0.75	X						0	0	0
(14) JAMES MARGOLIS GOVERNOR	0.75	X						0	0	0
(15) ANNE M REID GOVERNOR	0.75	X						0	0	0
(16) MEREDITH D RETTALIATA GOVERNOR	0.75	X						0	0	0
(17) MICHAEL STERSHIC GOVERNOR	0.75	X						0	0	0

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

Table with 7 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for Section A: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c).

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

Table for questions 3, 4, and 5 regarding compensation reporting, with Yes/No columns.

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

Table for Section B with 3 columns: (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	3,597,158		
	g Noncash contributions included in lines 1a - 1f \$		2,068,292		
h Total. Add lines 1a-1f		3,597,158			

Program Service Revenue			Business Code			
	2a PROGRAM SERVICE FEES		523920	1,787	1,787	
b _____						
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f			1,787			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,750,035			1,750,035	
	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	(ii) Other					
		b Less cost or other basis and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)			457,287			457,287
	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			5,806,267	1,787	0		2,207,322	

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.	6,759,541	6,759,541		
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.	11,000	11,000		
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	259,778	133,152	63,313	63,313
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.	289,718	117,406	51,850	120,462
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	11,743	5,519	1,535	4,689
9 Other employee benefits.	45,788	13,291	10,686	21,811
10 Payroll taxes.	45,257	20,430	9,382	15,445
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.	18,000		18,000	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	334,527	334,527		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	44,112	27,342	4,415	12,355
12 Advertising and promotion.	14,893	1,723		13,170
13 Office expenses.	10,012	2,956	1,444	5,612
14 Information technology.	32,990	12,941	3,761	16,288
15 Royalties.				
16 Occupancy.	72,076	30,921	16,713	24,442
17 Travel.	7,557	3,095	3,091	1,371
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	21,032	2,145	7,029	11,858
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	1,872	845	388	639
23 Insurance.	3,747	1,691	777	1,279
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	12,864	4,844	1,575	6,445
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	7,996,507	7,483,369	193,959	319,179
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	2,523,163	2	1,618,354
	3 Pledges and grants receivable, net		3	
	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	30,668	9	22,397
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	43,784		
	b Less accumulated depreciation	37,857	7,798	10c 5,927
	11 Investments—publicly traded securities	57,377,419	11	56,233,067
	12 Investments—other securities See Part IV, line 11	467,502	12	433,518
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	261,239	15	273,410
16 Total assets. Add lines 1 through 15 (must equal line 34)	60,667,789	16	58,586,673	
Liabilities	17 Accounts payable and accrued expenses	25,071	17	34,314
	18 Grants payable	20,895	18	97,824
	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	452,799	25	429,289
	26 Total liabilities. Add lines 17 through 25	498,765	26	561,427
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	60,150,320	27	58,021,017
	28 Temporarily restricted net assets	18,704	28	4,229
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 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	60,169,024	33	58,025,246	
34 Total liabilities and net assets/fund balances	60,667,789	34	58,586,673	

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	5,806,267
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,996,507
3	Revenue less expenses Subtract line 2 from line 1	3	-2,190,240
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	60,169,024
5	Net unrealized gains (losses) on investments	5	93,543
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	-47,081
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	58,025,246

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

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

Additional Data

Software ID:

Software Version:

EIN: 23-1686634

Name: LEHIGH VALLEY COMMUNITY FOUNDATION

Form 990 (2018)

Form 990, Part III, Line 4a:

DURING FISCAL YEAR 2019, THE FOUNDATION MADE 660 GRANTS TOTALING OVER \$6.8 MILLION. OVER 325 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. SEE CONTINUATION ON SCHEDULE OF FOUNDATION-DIRECTED GRANTMAKING EFFORTS WERE STRATEGICALLY AIMED AT SEVERAL CRITICAL COMMUNITY NEEDS: IMPROVING THE EFFECTIVENESS OF THE NONPROFIT SECTOR, AND PROVIDING A LARGER POOL OF RESOURCES TO MEET UNANTICIPATED COMMUNITY NEEDS. LVCF BEGAN AN IMPORTANT INITIATIVE AIMED DIRECTLY AT IMPROVING THE EFFECTIVENESS OF NONPROFIT ORGANIZATIONS ACROSS THE LEHIGH VALLEY BY ESTABLISHING THE NONPROFIT EFFECTIVENESS FUND. LVCF PROVIDED \$100,000 OF GRANTS AND TARGETED BOTH FINANCIAL AND STAFF SUPPORT TO STRENGTHEN GOVERNANCE, MANAGEMENT, AND OPERATIONS OF NONPROFIT ORGANIZATIONS SO THEY CAN PROSPER AND BE IMPACTFUL FOR YEARS TO COME. WORKING WITH TEN NONPROFIT ORGANIZATIONS USING A COMPREHENSIVE APPROACH TO GAUGE AND IMPROVE EFFECTIVENESS, THE FOUNDATION PROVIDED FINANCIAL AND INTELLECTUAL SUPPORT FOR THOSE SELECTED TO PARTICIPATE IN THE PILOT PROGRAM. THIRD PARTY CONSULTANTS WERE ENGAGED TO PROVIDE EXPERTISE IN KEY AREAS OF EFFECTIVENESS AND THE FOUNDATION HOSTED SEVERAL COMMUNITY OF PRACTICE EVENTS AND FOCUS GROUP DISCUSSIONS. LVCF INCREASED THE RESOURCES AVAILABLE FOR NONPROFIT ORGANIZATIONS WHICH EXPERIENCE UNANTICIPATED SHORTFALLS. BY EXPANDING ITS COMMUNITY ASSISTANCE FUND, THE FOUNDATION WAS ABLE TO PROVIDE \$27,000 OF GRANTS AS AN IMPORTANT RESOURCE TO ADDRESS EMERGENCY AND OTHER OPPORTUNITIES WHICH ARISE OUTSIDE OF TRADITIONAL GRANTMAKING CYCLES. ORGANIZATIONS ESPECIALLY BENEFIT FROM THE FUND ARE THOSE WHICH SERVE THE COMMUNITY DURING TIMES OF CRISIS, SUCH AS HURRICANES AND EARTHQUAKES. IN ADDITION TO FOUNDATION-DIRECTED GRANTMAKING, 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.
 Go to www.irs.gov/Form990 for the latest information.

2018

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 **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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	2,921,426	1,971,171	5,161,645	11,271,176	3,597,158	24,922,576
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	2,921,426	1,971,171	5,161,645	11,271,176	3,597,158	24,922,576
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)						5,761,495
6	Public support. Subtract line 5 from line 4						19,161,081

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	2,921,426	1,971,171	5,161,645	11,271,176	3,597,158	24,922,576
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,346,223	1,261,983	1,175,094	1,556,874	1,750,035	7,090,209
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						32,012,785
12	Gross receipts from related activities, etc (see instructions)					12	5,476

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 2018 (line 6, column (f) divided by line 11, column (f))	14	59.850 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	60.190 %

16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
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? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

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

- 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

OMB No 1545-0047
2018
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	84	39
2 Aggregate value of contributions to (during year)	2,623,836	582,550
3 Aggregate value of grants from (during year)	4,999,773	333,124
4 Aggregate value at end of year	16,442,842	2,689,641

- 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 7/25/06, 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 |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f 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	47,013,569	42,350,013	37,161,711	34,442,391	34,998,100
b Contributions	532,053	3,026,264	2,439,944	5,195,758	810,238
c Net investment earnings, gains, and losses	1,636,262	3,851,168	4,843,789	-510,919	231,689
d Grants or scholarships	1,474,749	1,341,299	1,295,790	1,271,618	1,074,629
e Other expenditures for facilities and programs	468,264	468,322	394,756	352,141	170,607
f Administrative expenses	404,390	404,255	404,885	341,760	352,400
g End of year balance	46,834,481	47,013,569	42,350,013	37,161,711	34,442,391

- 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	37,857	5,927
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				5,927

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	429,289
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	▶ 429,289

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	5,435,731
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	93,543
b	Donated services and use of facilities	2b	30,215
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	24,352
e	Add lines 2a through 2d	2e	148,110
3	Subtract line 2e from line 1	3	5,287,621
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	334,527
b	Other (Describe in Part XIII)	4b	184,119
c	Add lines 4a and 4b	4c	518,646
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	5,806,267

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	7,661,980
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	30,215
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	30,215
3	Subtract line 2e from line 1	3	7,631,765
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	334,527
b	Other (Describe in Part XIII)	4b	30,215
c	Add lines 4a and 4b	4c	364,742
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	7,996,507

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 -7,303 UNREALIZED GAINS ON AGENCY FUNDS 3,33 6 ADMINISTRATIVE FEES 16,148 CHANGE IN CSV 12,171

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	AGENCY FUNDS INCLUDED IN CONTRIBUTIONS 133,160 INVESTMENT INCOME FROM AGENCY FUNDS 79,164 REALIZED GAINS(LOSSES)FROM AGENCY FUNDS -28,205

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 30,215

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

OMB No 1545-0047
2018
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
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)
		HUNGARY	ANNUAL AWARD	11,000				

- 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 1
- 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)

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, don't 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, don't 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).

990 Schedule F, Supplemental Information

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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

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

Attach to Form 990.

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

OMB No 1545-0047

2018

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 General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 115
3 Enter total number of other organizations listed in the line 1 table 3

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 ART MUSEUM 31 NORTH FIFTH STREET ALLENTOWN, PA 18101	23-1548101	501(C)(3)	26,600				GENERAL SUPPORT, ART CAN PROGRAM
ALLENTOWN PUBLIC LIBRARY 1210 HAMILTON STREET ALLENTOWN, PA 18102	46-4154959	501(C)(3)	201,350				CAPITAL CAMPAIGN FOR HVAC SYSTEM

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 RESCUE MISSION 355 HAMILTON STREET PO BOX 748 ALLENTOWN, PA 18105	23-6005983	501(C)(3)	5,275				GENERAL SUPPORT, HOMELESSNESS PROGRAM
ALLENTOWN SCHOOL DISTRICT FOUNDATION 31 S PENN STREET PO BOX 328 ALLENTOWN, PA 18105	27-0743152	501(C)(3)	20,500				EDUCATIONAL PROGRAMS

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

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ALLENTOWN SYMPHONY ASSOCIATION 23 N SIXTH STREET ALLENTOWN, PA 18101	23-6272140	501(C)(3)	15,250				GENERAL SUPPORT, EL SISTEMA PROGRAM
ALSAC ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	35-1044585	501(C)(3)	50,000				GENERAL OPERATING

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

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AMERICAN RED CROSS OF LEHIGH VALLEY-BUCKS 3939 BROADWAY ALLENTOWN, PA 18104	53-0196605	501(C)(3)	6,490				GENERAL SUPPORT
AMERICAN RED CROSS OF THE POCONOS 410 PARK AVENUE STROUDSBURG, PA 18360	53-0196605	501(C)(3)	20,000				GENERAL FUND, DISASTER RELIEF

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

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ARTSQUEST 25 W THIRD STREET SUITE 300 BETHLEHEM, PA 18015	23-2280560	501(C)(3)	55,000				GENERAL AND CAPITAL CAMPAIGN SUPPORT
BACH CHOIR OF BETHLEHEM 440 HECKEWELDER PLACE BETHLEHEM, PA 18018	24-0795385	501(C)(3)	14,550				ARTS, CULTURE

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

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BERKS ENCORE 40 NORTH 9TH STREET READING, PA 19601	23-1656050	501(C)(3)	10,000				MEALS ON WHEELS PROGRAM
BOYS & GIRLS CLUB OF ALLENTOWN 720 N SIXTH STREET ALLENTOWN, PA 18102	23-1352042	501(C)(3)	25,000				PROGRAM SUPPORT

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

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BOYS & GIRLS CLUB OF BETHLEHEM 1430 FRITZ DRIVE BETHLEHEM, PA 18017	23-6298476	501(C)(3)	12,570				GENERAL SUPPORT
BRADBURY-SULLIVAN LGBT COMMUNITY CENTER 522 WEST MAPLE STREET ALLENTOWN, PA 18101	20-1443960	501(C)(3)	12,800				PROGRAM SUPPORT, GENERAL OPERATING

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

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CAMELOT FOR CHILDREN INC 2354 W EMMAUS AVENUE ALLENTOWN, PA 18103	23-2565740	501(C)(3)	5,100				GENERAL SUPPORT, SUMMER PROGRAMMING
CAMP COMPASS INC 1221 SUMNER AVE REAR ALLENTOWN, PA 18104	25-1857959	501(C)(3)	9,970				GENERAL SUPPORT

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

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CASA GUADALUPE CENTER 218 N SECOND STREET ALLENTOWN, PA 18102	23-1988203	501(C)(3)	24,828				PROGRAM SUPPORT
CEDAR CREST COLLEGE 100 COLLEGE DRIVE ALLENTOWN, PA 18104	23-1365953	501(C)(3)	51,000				EDUCATIONAL

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

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CENTER FOR VISION LOSS 845 W WYOMING STREET ALLENTOWN, PA 18103	23-1352260	501(C)(3)	9,110				GENERAL SUPPORT
CENTRAL MORAVIAN CHURCH 73 W CHURCH STREET BETHLEHEM, PA 18018	24-0795954	501(C)(3)	14,000				GENERAL SUPPORT

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

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CHAMBER MUSIC SOCIETY OF BETHLEHEM PO BOX 4336 BETHLEHEM, PA 18018	23-2041683	501(C)(3)	5,000				GENERAL SUPPORT
CHURCH OF THE ASSUMPTION BVM 4101 OLD BETHLEHEM PIKE BETHLEHEM, PA 18015	23-1536963	501(C)(3)	12,500				GENERAL SUPPORT

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

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CIVIC THEATRE OF ALLENTOWN 527 N 19TH STREET ALLENTOWN, PA 18104	23-2152581	501(C)(3)	13,000				CAPITAL CAMPAIGN SUPPORT
COMMUNITIES IN SCHOOLS OF THE LEHIGH VALLEY INC 739 N 12TH STREET ALLENTOWN, PA 18102	23-2222874	501(C)(3)	12,900				PROGRAM SUPPORT

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

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COMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEY INC 1337 E FIFTH STREET BETHLEHEM, PA 18015	23-1669589	501(C)(3)	15,000				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.

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COMMUNITY BIKE WORKS 235 N MADISON STREET ALLENTOWN, PA 18102	23-2867945	501(C)(3)	15,500				PROGRAM SUPPORT, GENERAL SUPPORT
COMMUNITY SERVICES FOR CHILDREN 1520 HANOVER AVENUE ALLENTOWN, PA 18109	23-2204725	501(C)(3)	5,400				PROGRAM SUPPORT

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

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CONCORDIA EVANGELICAL LUTHERAN CHURCH 2623 BROOKSIDE ROAD MACUNGIE, PA 18062	23-2634007	501(C)(3)	5,000				GENERAL SUPPORT
CONGREGATION KENESETH ISRAEL 2227 W CHEW STREET ALLENTOWN, PA 18104	23-1489807	501(C)(3)	37,295				GENERAL SUPPORT

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

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DA VINCI SCIENCE CENTER 3145 HAMILTON BOULEVARD BYPASS ALLENTOWN, PA 18103	23-2824084	501(C)(3)	50,950				PROGRAM SUPPORT
DEBORAH HOSPITAL FOUNDATION 212 TRENTON ROAD BROWNS MILLS, NJ 08015	22-2049500	501(C)(3)	75,000				PROGRAM SUPPORT

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DESALES UNIVERSITY 2755 STATION AVENUE CENTER VALLEY, PA 18034	23-1653718	501(C)(3)	27,400				EDUCATIONAL
DIOCESE OF ALLENTOWN PO BOX F 1515 MARTIN LUTHER KING DRIVE ALLENTOWN, PA 18105	23-1598116	501(C)(3)	10,000				PROGRAM SUPPORT

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

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EFFORT UNITED METHODIST CHURCH 178 MERWINSBURG ROAD PO BOX 545 EFFORT, PA 18330	23-2262920		34,570				ROOF REPLACEMENT
EQUI-LIBRIUM INC 524 FEHR ROAD NAZARETH, PA 18064	23-3088228	501(C)(3)	14,780				GENERAL SUPPORT

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FIDELITY CHARITABLE GIFT FUND PO BOX 77001 CINCINNATI, OH 45277	11-0303001	501(C)(3)	25,000				PROGRAM SUPPORT
FIRST PRESBYTERIAN CHURCH OF ALLENTOWN 3231 W TILGHMAN STREET ALLENTOWN, PA 18104	23-1352423	501(C)(3)	19,750				GENERAL SUPPORT

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GIRL SCOUTS OF EASTERN PENNSYLVANIA INC 2633 MORAVIAN AVENUE ALLENTOWN, PA 18103	13-1740451	501(C)(3)	10,740				PROGRAM SUPPORT
GOOD SHEPHERD REHABILITATION NETWORK 850 S 5TH STREET ALLENTOWN, PA 18103	23-2216041	501(C)(3)	161,500				HUMAN SERVICES, CAPITAL CAMPAIGN

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

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GREATER EASTON DEVELOPMENT PARTNERSHIP 325 NORTHAMPTON STREET EASTON, PA 18042	23-2660344	501(C)(3)	47,397				COMMUNITY DEVELOPMENT
GREATER LEHIGH VALLEY CHAMBER OF COMMERCE 840 W HAMILTON STREET SUITE 205 ALLENTOWN, PA 18101	23-0337580	501(C)(3)	15,000				GENERAL SUPPORT

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

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GREATER VALLEY YMCA 1524 WEST LINDEN STREET SUITE 209 ALLENTOWN, PA 18102	24-0798706	501(C)(3)	33,526				GENERAL OPERATING, PROGRAM SUPPORT
GUIDING EYES FOR THE BLIND INC 611 GRANITE SPRINGS ROAD YORKTOWN HEIGHTS, NY 10598	13-1854606	501(C)(3)	103,000				CAPACITY BUILDING EXPANSION

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

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HEBREW FAMILY LEAGUE OF ALLENTOWN PA PO BOX 3172 ALLENTOWN, PA 18106	23-6429637	501(C)(3)	5,000				GENERAL SUPPORT
HISPANIC CENTER LEHIGH VALLEY 520 EAST 4TH STREET BETHLEHEM, PA 18015	23-1882308	501(C)(3)	47,500				PROGRAM SUPPORT

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

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HISTORIC BETHLEHEM PARTNERSHIP INC 74 W BROAD STREET SUITE 310 BETHLEHEM, PA 18018	23-2741808	501(C)(3)	28,185				CAPITAL SUPPORT, GENERAL SUPPORT
HOUSING ASSOCIATION & DEVELOPMENT CORPORATION 513 CHEW STREET ALLENTOWN, PA 18102	23-2118810	501(C)(3)	35,000				PROGRAM SUPPORT

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JEWISH CENTER FOR WELLBEING 17 TENNYSON PLACE PASSAIC, NJ 07055	46-3248490	501(C)(3)	7,500				GENERAL SUPPORT
JEWISH COMMUNITY CENTER OF THE LEHIGH VALLEY 702 N 22ND STREET ALLENTOWN, PA 18104	23-0734200	501(C)(3)	10,000				HVAC REPAIR, SCHOLARSHIPS

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

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JEWISH FEDERATION OF THE LEHIGH VALLEY 702 N 22ND STREET ALLENTOWN, PA 18104	23-6396949	501(C)(3)	7,500				GENERAL SUPPORT
KELLYN FOUNDATION PO BOX 369 336 BUSHKILL STREET TATAMY, PA 18085	26-2623498	501(C)(3)	8,000				GENERAL SUPPORT

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KIDSPEACE 4085 INDEPENDENCE DRIVE SCHNECKSVILLE, PA 18078	23-1353394	501(C)(3)	6,640				GENERAL SUPPORT
LAFAYETTE COLLEGE 307 MARKLE HALL EASTON, PA 18042	24-0795686	501(C)(3)	290,000				GENERAL SUPPORT, PRESIDENTS CHALLENGE, ANNUAL FUND MATCH

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

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LEADER LEHIGH VALLEY PO BOX 8777 ALLENTOWN, PA 18105	47-4883177	501(C)(3)	10,000				PROGRAM SUPPORT
LEHIGH CARBON COMMUNITY COLLEGE FOUNDATION 4525 EDUCATION PARK DRIVE SCHNECKSVILLE, PA 18078	23-7454575	501(C)(3)	10,000				PROGRAM SUPPORT

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LEHIGH CONFERENCE OF CHURCHES 457 WEST ALLEN STREET ALLENTOWN, PA 18102	23-1484205	501(C)(3)	5,300				GENERAL SUPPORT
LEHIGH GAP NATURE CENTER PO BOX 198 SLATINGTON, PA 18080	22-2741693	501(C)(3)	5,375				GENERAL SUPPORT

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

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LEHIGH UNIVERSITY 27 MEMORIAL DRIVE WEST BETHLEHEM, PA 18105	24-0795445	501(C)(3)	19,000				GENERAL SUPPORT
LEHIGH VALLEY CHARTER HIGH SCHOOL FOR THE ARTS 321 EAST 3RD STREET BETHLEHEM, PA 18015	23-2859758	501(C)(3)	27,530				SCHOLARSHIPS AND PROGRAM SUPPORT

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

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LEHIGH VALLEY CHILDREN'S CENTERS INC 1501 LEHIGH STREET SUITE 208 ALLENTOWN, PA 18103	23-1908158	501(C)(3)	20,020				GENERAL SUPPORT
LEHIGH VALLEY ECONOMIC DEVELOPMENT CORPORATION 2158 AVENUE C SUITE 201 BETHLEHEM, PA 18017	23-2798276	501(C)(3)	30,000				GENERAL SUPPORT

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

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LEHIGH VALLEY HOSPITAL 2100 MACK BLVD PO BOX 1883 ALLENTOWN, PA 18105	23-1689692	501(C)(3)	2,120,040				SCHOLARSHIPS, PROGRAM SUPPORT, CAPITAL CAMPAIGN
LEHIGH VALLEY MILITARY AFFAIRS COUNCIL 640 HAMILTON STREET SUITE 302 ALLENTOWN, PA 18101	04-3746871	501(C)(3)	5,250				GENERAL SUPPORT

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

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LEHIGH VALLEY WRESTLING CLUB PO BOX 1902 BETHLEHEM, PA 18016	23-3019288	501(C)(3)	5,000				GENERAL SUPPORT
LIFE CHURCH PO BOX 1996 ALLENTOWN, PA 18105	23-3110904	501(C)(3)	60,000				GENERAL SUPPORT

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LIFEPATH FOUNDATION 3500 HIGH POINT BLVD BETHLEHEM, PA 18107	26-2896424	501(C)(3)	5,000				GENERAL SUPPORT
MEALS ON WHEELS OF NORTHAMPTON COUNTY 4240 FRITCH DRIVE BETHLEHEM, PA 18020	23-1861779	501(C)(3)	50,000				CAPITAL CAMPAIGN

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

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MORAVIAN ACADEMY 7 E MARKET STREET BETHLEHEM, PA 18018	24-0829838	501(C)(3)	32,500				EDUCATIONAL
MORAVIAN COLLEGE 1200 MAIN STREET COLONIAL HALL 201 BETHLEHEM, PA 18018	24-0795460	501(C)(3)	5,950				PROGRAM 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
MORAVIAN VILLAGE OF BETHLEHEM 526 WOOD STREET BETHLEHEM, PA 18018	23-3022262	501(C)(3)	96,840				PROGRAM SUPPORT
MOUNT POCONO UNITED METHODIST CHURCH 12 CHURCH AVE MT POCONO, PA 18344		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
MUHLENBERG COLLEGE 2400 W CHEW STREET ALLENTOWN, PA 18104	23-1352664	501(C)(3)	6,370				EDUCATIONAL
NAMI OF THE LEHIGH VALLEY 802 WEST BROAD STREET BETHLEHEM, PA 18018	91-1846073	501(C)(3)	5,100				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
NATIONAL MUSEUM OF INDUSTRIAL HISTORY 511 EAST THIRD STREET SUITE 270 BETHLEHEM, PA 18015	23-2912750	501(C)(3)	15,000				GENERAL SUPPORT
NEW BETHANY MINISTRIES 333 WEST FOURTH STREET BETHLEHEM, PA 18015	23-2365694	501(C)(3)	53,115				GENERAL SUPPORT, 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
NORTHAMPTON COMMUNITY COLLEGE FOUNDATION 3835 GREEN POND ROAD BETHLEHEM, PA 18020	23-2064496	501(C)(3)	7,000				EDUCATIONAL
NORTHAMPTON COUNTY BAR ASSOCIATION 155 S NINTH STREET EASTON, PA 18042	24-0786283	501(C)(3)	7,726				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
NORTHEAST COMMUNITY CENTER PO BOX 1463 BETHLEHEM, PA 18016	23-2339841	501(C)(3)	10,250				EDUCATIONAL PROGRAMS, CAMPERSHIPS
NURTURE NATURE CENTER 518 NORTHAMPTON STREET EASTON, PA 18042	26-1934794	501(C)(3)	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
PBS39WLVT 839 SESAME STREET BETHLEHEM, PA 18015	23-1642883	501(C)(3)	7,250				EDUCATIONAL
PEF ISREAL EDUCATION ENDOWMENT FUNDS INC 630 THIRD AVE STE 1501 NEW YORK, NY 10017	13-6104086	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
PENN STATE LEHIGH VALLEY 2809 SAUCON VALLEY ROAD CENTER VALLEY, PA 18034	24-6000376	501(C)(3)	71,000				PROGRAM SUPPORT
PENNRIDGE COMMUNITY CENTER 146 EAST MAIN STREET PERKASIE, PA 18944	23-2653916	501(C)(3)	21,080				PROGRAMMING AND OUTREACH

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
PHOEBE ALLENTOWN 1925 TURNER STREET ALLENTOWN, PA 18104	23-2302675	501(C)(3)	34,750				PROGRAM SUPPORT, FACILITY RENOVATIONS
PINEBROOK FAMILY ANSWERS 402 NORTH FULTON STREET ALLENTOWN, PA 18102	23-2112204	501(C)(3)	10,000				PROGRAM SUPPORT, 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
POINT PLEASANT PRESBYTERIAN CHURCH EIGHTH MAIN STREETS PO BOX 415 POINT PLEASANT, WV 25550	55-0536244		17,250				GENERAL SUPPORT
PROMISE NEIGHBORHOODS OF THE LEHIGH VALLEY 1101 HAMILTON STREET SUITE 102 ALLENTOWN, PA 18102	46-4977927	501(C)(3)	5,000				RENTAL ASSISTANCE

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
REPERTORY DANCE THEATRE 118 SOUTH 6TH STREET EMMAUS, PA 18049	23-2503146	501(C)(3)	5,000				GENERAL SUPPORT
RIPPLE COMMUNITY INC PO BOX 4031 ALLENTOWN, PA 18105	47-4828012	501(C)(3)	16,000				PROGRAM SUPPORT, GENERAL SUPPORT

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

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SAFE HARBOR EASTON 536 BUSHKILL DRIVE EASTON, PA 18042	23-2589941	501(C)(3)	7,500				GENERAL SUPPORT
SALVATION ARMY GREATER PHILADELPHIA 701 N BROAD STREET PHILADELPHIA, PA 19123	13-5562351	501(C)(3)	77,800				HUMAN SERVICES

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

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SECOND HARVEST FOOD BANK OF LEHIGH VALLEY & NORTHEASTERN PA 6969 SILVER CREST ROAD NAZARETH, PA 18064	23-1669589	501(C)(3)	10,445				GENERAL SUPPORT, PROGRAM 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.

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ST JAMES LUTHERAN CHURCH 333 EAST OXFORD STREET COOPERSBURG, PA 18036	41-1568278	501(C)(3)	38,000				GENERAL SUPPORT
ST LUKE'S SACRED HEART CAMPUS 801 OSTRUM STREET BETHLEHEM, PA 18015	23-1352208	501(C)(3)	5,000				EQUIPMENT

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 LUKE'S UNIVERSITY HOSPITAL 801 OSTRUM STREET BETHLEHEM, PA 18105	23-1352213	501(C)(3)	109,310				PROGRAM SUPPORT, CAPITAL SUPPORT
ST STEPHEN'S EVANGELICAL LUTHERAN CHURCH 67 W WASHINGTON AVENUE BETHLEHEM, PA 18018	23-2054933	501(C)(3)	18,000				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
STATE THEATRE CENTER FOR THE ARTS INC 453 NORTHAMPTON STREET EASTON, PA 18042	23-2173216	501(C)(3)	12,850				GENERAL SUPPORT, PROGRAM SUPPORT
THE BAUM SCHOOL OF ART 510 W LINDEN STREET PO BOX 653 ALLENTOWN, PA 18105	23-1607174	501(C)(3)	73,050				GENERAL SUPPORT, 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
THE JUILLIARD SCHOOL 60 LINCOLN CENTER PLAZA NEW YORK, NY 10023	13-1624067	501(C)(3)	27,995				SCHOLARSHIPS
THIRD STREET ALLIANCE FOR WOMEN & CHILDREN 41 N THIRD STREET EASTON, PA 18042	24-0795639	501(C)(3)	10,875				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
TREATMENT TRENDS INC 24 S FIFTH STREET PO BOX 685 ALLENTOWN, PA 18105	23-1856007	501(C)(3)	5,000				GENERAL SUPPORT
TRUTH FOR WOMEN 3400 BATH PIKE SUITE 103 BETHLEHEM, PA 18017	20-1221107	501(C)(3)	7,000				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
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 SUITE F-120 ALLENTOWN, PA 18109	23-2657933	501(C)(3)	349,086				GENERAL SUPPORT, PROGRAM INITIATIVES

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

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UPPER BUCKS COUNTY TECHNICAL SCHOOL 3115 RIDGE ROAD PERKASIE, PA 18944	23-1611839	501(C)(3)	5,000				PROGRAM SUPPORT
VALLEY AGAINST SEX TRAFFICKING PO BOX 3174 ALLENTOWN, PA 18103	47-4301496	501(C)(3)	10,125				PROGRAM SUPPORT

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

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VALLEY YOUTH HOUSE 3400 HIGHPOINT BOULEVARD BETHLEHEM, PA 18017	23-7178820	501(C)(3)	34,040				GENERAL SUPPORT, CAMPERSHIPS
VIA OF THE LEHIGH VALLEY INC 336 W SPRUCE STREET BETHLEHEM, PA 18018	23-1457999	501(C)(3)	12,240				GENERAL SUPPORT

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

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VICTORY HOUSE OF LEHIGH VALLEY 314 FILLMORE STREET PO BOX 5458 BETHLEHEM, PA 18015	23-2370759	501(C)(3)	7,900				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.

(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
VISITING NURSE ASSOCIATION OF ST LUKES 801 OSTRUM STREET BETHLEHEM, PA 18015	24-0795497	501(C)(3)	6,000				HUMAN SERVICES
WEST CHESTER UNIVERSITY FOUNDATION 202 CARTER DRIVE WEST CHESTER, PA 19382	23-3054174	501(C)(3)	27,995				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
WILDLANDS CONSERVANCY 3701 ORCHID PLACE EMMAUS, PA 18049	23-7401326	501(C)(3)	19,410				ENVIORNMENTAL
WOUNDED WARRIORS PROJECT 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 32256	20-2370934	501(C)(3)	5,500				GNERAL 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
YWCA ALLENTOWN 702 WEST HAMILTON STREET SUITE 100 ALLENTOWN, PA 18101	23-1352605	501(C)(3)	30,000				PROGRAM SUPPORT
ZION'S UNITED CHURCH OF CHRIST 620 W HAMILTON STREET ALLENTOWN, PA 18101			10,000				PROGRAM SUPPORT

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

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	36	2,068,292	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 ▶ (_____)				
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)

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.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Name of the organization

LEHIGH VALLEY COMMUNITY FOUNDATION

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 AVAILA BLE TO THE PUBLIC UPON REQUEST MADE TO THE FOUNDATION THE FOUNDATION'S ANNUAL REPORT CONT AINING 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 -7,303 CHANGE IN CSV 12,171 CHANGE IN AGENCY FUNDS -51,949

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