

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

**2012**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>LEHIGH VALLEY COMMUNITY FOUNDATION</b>		<b>D Employer identification number</b> <b>23-1686634</b>
	Doing Business As		<b>E Telephone number</b> <b>610-266-4284</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G Gross receipts \$</b> <b>17,910,383.</b>
	<b>968 POSTAL ROAD, SUITE 100</b>		
City, town, or post office, state, and ZIP code <b>ALLENTOWN, PA 18109</b>		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F Name and address of principal officer: BERNARD STORY SAME AS C ABOVE</b>		<b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J Website:</b> <b>WWW.LVCFUNDATION.ORG</b>			
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L Year of formation:</b> <b>1967</b>
<b>M State of legal domicile:</b> <b>PA</b>			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>26</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>26</b>	
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>85</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>0.</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>0.</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>1,656,466.</b>	<b>Current Year</b> <b>3,094,930.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>8,303.</b>	<b>6,304.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>947,756.</b>	<b>2,137,926.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0.</b>	<b>0.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,612,525.</b>	<b>5,239,160.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,808,035.</b>	<b>3,716,356.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>312,666.</b>	<b>354,723.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>244,917.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>336,911.</b>	<b>341,596.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>2,457,612.</b>	<b>4,412,675.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>154,913.</b>	<b>826,485.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>33,471,791.</b>	<b>End of Year</b> <b>35,381,043.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>1,690,163.</b>	<b>1,514,795.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>31,781,628.</b>	<b>33,866,248.</b>

**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.

<b>Sign Here</b>	Signature of officer		Date		
	<b>BERNARD STORY, PRESIDENT &amp; CEO</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>LINDA S HIMEBACK</b>				<b>P00042618</b>
	Firm's name <b>HERBEIN + COMPANY, INC.</b>	Firm's EIN <b>23-2415973</b>		Phone no. <b>(610) 378-1175</b>	
Firm's address <b>2763 CENTURY BOULEVARD READING, PA 19610</b>					

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

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 [X] No

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

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

4a (Code: ) (Expenses \$ 4,003,803. including grants of \$ 3,716,356. ) (Revenue \$ 6,304. ) SEE SCHEDULE O

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

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

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

4e Total program service expenses 4,003,803.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question ID, description, and Yes/No responses. Includes sections for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 709.

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

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	26		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent .....		
	26		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....		X
<b>3</b>	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? .....		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	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 .....		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **PA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain 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, physical address, and telephone number of the person who possesses the books and records of the organization: **THE ORGANIZATION - 610-266-4284**  
**968 POSTAL ROAD, ALLENTOWN, PA 18109**

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

Check if Schedule O contains a response to any question 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 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) DENISE BLEW CHAIRMAN	2.50	X		X				0.	0.	0.
(2) MICHAEL STERSHIC VICE CHARMAN	1.30	X		X				0.	0.	0.
(3) ALAN ABRAHAM GOVERNOR	0.80	X						0.	0.	0.
(4) KAMRAN AFSHAR GOVERNOR	0.80	X						0.	0.	0.
(5) DAVID BAUSCH GOVERNOR	0.80	X						0.	0.	0.
(6) BETH BOYER GOVERNOR	0.80	X						0.	0.	0.
(7) SHELLEY BROWN GOVERNOR	0.80	X						0.	0.	0.
(8) GREG BUTZ GOVERNOR	0.80	X						0.	0.	0.
(9) CYNTHIA LAMBERT DURHAM GOVERNOR	0.80	X						0.	0.	0.
(10) BEALL FOWLER GOVERNOR	0.80	X						0.	0.	0.
(11) ROBERT GADOMSKI GOVERNOR	0.80	X						0.	0.	0.
(12) KAREN GREEN GOVERNOR	0.80	X						0.	0.	0.
(13) GREGORY GRIM GOVERNOR	0.80	X						0.	0.	0.
(14) RAYMOND HOLTON GOVERNOR	0.80	X						0.	0.	0.
(15) DAVID LOBACH GOVERNOR	0.80	X						0.	0.	0.
(16) JENNIFER MANN GOVERNOR	0.80	X						0.	0.	0.
(17) CHARLES MARCON GOVERNOR	0.80	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JAMES MARGOLIS GOVERNOR	0.80	X						0.	0.	0.
(19) ROBERT MOFFETT GOVERNOR	1.30	X						0.	0.	0.
(20) WILLIAM MURPHY GOVERNOR	0.80	X						0.	0.	0.
(21) BRUCE PALMER GOVERNOR	0.80	X						0.	0.	0.
(22) MARTHA PHELPS GOVERNOR	1.30	X						0.	0.	0.
(23) DAVID RABAUT GOVERNOR	1.30	X						0.	0.	0.
(24) ANN RAINES GOVERNOR	0.80	X						0.	0.	0.
(25) MATTHEW SORRENTINO GOVERNOR	0.80	X						0.	0.	0.
(26) J. MARSHALL WOLFF TREASURER	1.30	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								167,096.	0.	22,223.
<b>d Total (add lines 1b and 1c)</b>								167,096.	0.	22,223.

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 **0**

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

**Section B. Independent Contractors**

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) DWIGHT HARRIS GOVERNOR	0.80	X					0.	0.	0.	
(28) EDWARD LENTZ GOVERNOR	0.80	X					0.	0.	0.	
(29) BERNARD STORY PRESIDENT & CEO	40.00			X			100,000.	0.	17,769.	
(30) TRISHA HIGGINS VICE PRESIDENT & CFO	40.00			X			67,096.	0.	4,454.	
Total to Part VII, Section A, line 1c .....							167,096.		22,223.	

**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 3,094,930.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	1,741,813.				
	<b>h Total.</b> Add lines 1a-1f	▶ 3,094,930.				
	Program Service Revenue	<b>2 a</b> PROGRAM SERVICE FEES	Business Code 523920	6,304.	6,304.	
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f		▶ 6,304.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	▶▶▶	1,003,028.		1,003,028.	
	<b>4</b> Income from investment of tax-exempt bond proceeds	▶▶▶				
	<b>5</b> Royalties	▶▶▶				
	<b>6 a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss)	▶				
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	13,806,121.			
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses	12,671,223.			
		<b>c</b> Gain or (loss)	1,134,898.			
	<b>d</b> Net gain or (loss)	▶ 1,134,898.			1,134,898.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>				
		<b>b</b> Less: direct expenses	<b>b</b>			
<b>c</b> Net income or (loss) from fundraising events		▶				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities	▶				
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
<b>11 a</b>						
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d	▶				
<b>12 Total revenue.</b> See instructions.	▶	5,239,160.	6,304.	0.	2,137,926.	

**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 to any question 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 governments and organizations in the United States. See Part IV, line 21	3,705,356.	3,705,356.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	11,000.	11,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	189,318.	22,509.	55,751.	111,058.
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	105,782.	21,555.	34,863.	49,364.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,784.	1,049.	1,643.	2,092.
9 Other employee benefits	27,342.	6,065.	9,577.	11,700.
10 Payroll taxes	27,497.	4,194.	8,571.	14,732.
11 Fees for services (non-employees):				
a Management				
b Legal	2,716.		2,467.	249.
c Accounting	9,200.		9,200.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	226,357.	223,982.	2,375.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,387.		2,302.	85.
12 Advertising and promotion	11,560.			11,560.
13 Office expenses	12,444.	1,384.	3,217.	7,843.
14 Information technology	16,578.	2,529.	5,167.	8,882.
15 Royalties				
16 Occupancy	30,553.	2,780.	16,453.	11,320.
17 Travel	3,880.		1,058.	2,822.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,101.	12.	6,120.	10,969.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,293.	197.	403.	693.
23 Insurance	2,889.	441.	900.	1,548.
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 <b>DUES &amp; SUBSCRIPTIONS</b>	4,638.	750.	3,888.	
b				
c				
d				
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	4,412,675.	4,003,803.	163,955.	244,917.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	265,354.	1	153,333.	
	<b>2</b> Savings and temporary cash investments .....	440,350.	2	527,121.	
	<b>3</b> Pledges and grants receivable, net .....		3		
	<b>4</b> Accounts receivable, net .....		4		
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5		
	<b>6</b> 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 instr). Complete Part II of Sch L .....		6		
	<b>7</b> Notes and loans receivable, net .....		7		
	<b>8</b> Inventories for sale or use .....		8		
	<b>9</b> Prepaid expenses and deferred charges .....	12,971.	9	13,346.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 40,376.			
	<b>b</b> Less: accumulated depreciation .....	10b 35,312.	2,562.	10c 5,064.	
	<b>11</b> Investments - publicly traded securities .....	31,274,221.	11	32,972,227.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	1,475,007.	12	1,508,523.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13		
	<b>14</b> Intangible assets .....		14		
	<b>15</b> Other assets. See Part IV, line 11 .....	1,326.	15	201,429.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	33,471,791.	16	35,381,043.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	9,570.	17	5,945.	
	<b>18</b> Grants payable .....	225,000.	18	23,585.	
	<b>19</b> Deferred revenue .....		19		
	<b>20</b> Tax-exempt bond liabilities .....		20		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	<b>22</b> 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		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		23		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24		
	<b>25</b> 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 .....	1,455,593.	25	1,485,265.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,690,163.	26	1,514,795.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	31,762,214.	27	33,842,990.	
	<b>28</b> Temporarily restricted net assets .....	19,414.	28	23,258.	
	<b>29</b> Permanently restricted net assets .....		29		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		30		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32		
	<b>33</b> Total net assets or fund balances .....	31,781,628.	33	33,866,248.	
<b>34</b> Total liabilities and net assets/fund balances .....	33,471,791.	34	35,381,043.		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,239,160.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,412,675.
3	Revenue less expenses. Subtract line 2 from line 1	3	826,485.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31,781,628.
5	Net unrealized gains (losses) on investments	5	1,270,443.
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	-12,308.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	33,866,248.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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.	X	
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?		X
3b	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		

Form 990 (2012)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

<b>Name of the organization</b> LEHIGH VALLEY COMMUNITY FOUNDATION	<b>Employer identification number</b> 23-1686634
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, 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.)
- 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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2012

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	599,768.	485,323.	2,890,040.	841,216.	3,094,930.	7,911,277.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	599,768.	485,323.	2,890,040.	841,216.	3,094,930.	7,911,277.
<b>5</b> 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) .....						4,347,388.
<b>6 Public support.</b> Subtract line 5 from line 4.						3,563,889.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 .....	599,768.	485,323.	2,890,040.	841,216.	3,094,930.	7,911,277.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	514,495.	488,926.	679,294.	873,836.	1,003,028.	3,559,579.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						11,470,856.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	41,824.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	31.07	%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 .....	<b>15</b>	32.52	%
<b>16a 33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>b 33 1/3% support test - 2011.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** 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 - 2011.** 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 Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

THE LEHIGH VALLEY COMMUNITY FOUNDATION HAS RECEIVED LESS THAN 33 1/3 % OF ITS TOTAL SUPPORT AS REPORTED ON FORM 990, SCHEDULE, PART II, SECTION C, LINE 14 & 15 FOR TWO CONSECUTIVE YEARS (THE FISCAL YEARS ENDED JUNE 30, 2013 AND 2012) AND THUS HAS FAILED THE PUBLIC SUPPORT TEST FOR THOSE YEARS. HOWEVER, THE FOUNDATION NORMALLY RECEIVES AT LEAST 10% OF ITS TOTAL SUPPORT FROM DIRECT AND INDIRECT PUBLIC AND IS ORGANIZED TO ATTRACT NEW AND ADDITIONAL SUPPORT, AND, BASED ON THE FOLLOWING FACTS AND CIRCUMSTANCES, THE FOUNDATION BELIEVES IT IS A 509(A)(1)/170(B)(1)(A)(VI) PUBLICLY SUPPORTED ORGANIZATION.

1. THE LEHIGH VALLEY COMMUNITY FOUNDATION WAS ESTABLISHED IN 1967 TO DEVELOP, MANAGE, AND DISTRIBUTE THE PHILANTHROPY OF A VARIETY OF CONTRIBUTORS IN ORDER TO IMPROVE THE QUALITY OF LIFE FOR RESIDENTS OF THE LEHIGH VALLEY. SINCE THE FOUNDATION'S INCEPTION, JUST UNDER \$25 MILLION HAS BEEN GRANTED TO OVER HUNDREDS OF CHARITABLE ORGANIZATIONS IN THE COMMUNITY. \$3.7 MILLION OF GRANTS WERE DISTRIBUTED IN THE YEAR ENDING JUNE 30, 2013 TO 192 NON-PROFIT ORGANIZATIONS. THE FOUNDATION FUNDS PROGRAMS IN: ARTS, CULTURE AND HERITAGE, COMMUNITY DEVELOPMENT, EDUCATION, ENVIRONMENT, HEALTH CARE AND HUMAN SERVICES. THE FOUNDATION RECOGNIZES THAT THERE ARE A VARIETY OF WAYS IN WHICH TO IMPROVE AND ENRICH LIFE IN THE COMMUNITY, AND IT HAS WORKED WITH OTHER FUNDING SOURCES IN THE LEHIGH VALLEY TO INCREASE THE IMPACT OF EFFECTIVENESS OF GRANT MAKING AND TO IMPROVE THE MANAGEMENT AND SERVICES OF NON-PROFITS IN THE REGION.

2. DIRECT AND INDIRECT PUBLIC SUPPORT IS RECEIVED FROM NUMEROUS SOURCES INCLUDING INDIVIDUALS, PARTNERSHIPS, CORPORATIONS, TRUSTS, BEQUESTS, AND

**Part IV** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

OTHER EXEMPT ORGANIZATIONS. THE FOUNDATION NORMALLY RECEIVES AT LEAST 10% OF ITS SUPPORT FROM DIRECT AND INDIRECT CONTRIBUTIONS FROM THE PUBLIC. HOWEVER, THE FOUNDATION RECEIVES A HIGH PERCENTAGE OF ITS SUPPORT FROM INVESTMENT INCOME EARNED ON UNRESTRICTED AND RESTRICTED FUNDS ORIGINALLY CONTRIBUTED BY A VARIETY OF DONORS, AND AS A RESULT, THE PUBLIC SUPPORT PERCENTAGE IS LOWER. THE FOUNDATION OPERATES TO CONTINUALLY ATTRACT NEW AND ADDITIONAL PUBLIC SUPPORT THROUGH PUBLIC AWARENESS OF THE PURPOSE OF THE FOUNDATION, PERSONAL SOLICITATIONS, AND RESPONSIVENESS TO INQUIRIES FROM FAMILIES, INDIVIDUALS, ORGANIZATIONS AND PROFESSIONAL ADVISORS REGARDING CHARITABLE GIVING. THE FOUNDATION IS CONTINUALLY CONDUCTING ACTIVITIES TO BUILD VISIBILITY AND UNDERSTANDING OF ITS PURPOSES, AND THAT HEIGHTENED VISIBILITY IS EXPECTED TO BROADEN THE DONOR BASE OF THE FOUNDATION AS WELL AS INCREASE THE AGGREGATE AMOUNT OF PUBLIC SUPPORT RECEIVED.

3. THE FOUNDATION'S BOARD OF GOVERNORS REPRESENTS DIVERSE PUBLIC AND COMMUNITY INTERESTS, AND IS ALSO REPRESENTATIVE OF THE GEOGRAPHIC AREA, WHICH THE FOUNDATION SERVES. AMONG THE AREAS OF INTEREST AND EXPERTISE WHICH THE BOARD REFLECTS ARE: FINANCE, HUMAN SERVICES, COMMUNITY VOLUNTEERISM, LAW, HEALTH CARE, EDUCATION, AND ACCOUNTING. MEMBERS OF THE BOARD SERVE WITHOUT ANY FORM OF COMPENSATION, AND ARE EXPECTED TO SUPPORT THE OPERATING COSTS OF THE FOUNDATION THROUGH CHARITABLE GIFTS.

THE BOARD MEETS QUARTERLY AND BOARD MINUTES ARE KEPT ON FILE. IN ADDITION, THE FOUNDATION HAS A AUDIT COMMITTEE CHARGED WITH OVERSEEING THE FOUNDATION'S EXTERNAL REPORTING PROCESS AND A FINANCE COMMITTEE RESPONSIBLE FOR ENSURING THE FOUNDATION'S FIDUCIARY RESPONSIBILITIES ARE BEING MAINTAINED AND THAT POLICIES AND PROCEDURES ARE IN PLACE TO

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SAFEGUARD FOUNDATION ASSETS. FOR THE ABOVE REASONS, WE SUBMIT THAT THE  
FOUNDATION MEETS THE FACTS AND CIRCUMSTANCES TEST AND QUALIFIES AS A  
PUBLICLY SUPPORTED ORGANIZATION AS PRESCRIBED IN IRC SECTION  
170(B)(1)(A)(IV).

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	54	16
2 Aggregate contributions to (during year) .....	2,659,211.	61,336.
3 Aggregate grants from (during year) .....	959,616.	2,206,347.
4 Aggregate value at end of year .....	11,794,904.	1,918,736.
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? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" to 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 Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....
- Yes  No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, 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" to 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) Revenues included in 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 Revenues included in 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" to 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	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

2a Did the organization include an amount on Form 990, Part X, line 21?  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" to 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	26,718,983.	26,887,141.	13,867,757.	12,635,303.	15,693,847.
b Contributions	2,013,709.	997,840.	10,753,411.	539,940.	304,792.
c Net investment earnings, gains, and losses	2,832,213.	28,337.	3,088,863.	1,599,136.	-2,385,017.
d Grants or scholarships	950,127.	781,441.	482,651.	596,763.	458,703.
e Other expenditures for facilities and programs	152,840.	151,926.	161,500.	174,010.	370,803.
f Administrative expenses	283,443.	260,968.	178,739.	135,849.	148,813.
g End of year balance	30,178,495.	26,718,983.	26,887,141.	13,867,757.	12,635,303.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  10.00 %
- b Permanent endowment  90.00 %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages in 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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** 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		40,376.	35,312.	5,064.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				5,064.

**Part VII Investments - Other Securities.** 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)		
(I)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITIES UNDER SPLIT INTEREST	
(3) AGREEMENTS	1,349,713.
(4) ANNUITY OBLIGATIONS	135,552.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,485,265.

2. FIN 48 (ASC 740) Footnote. 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**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	6,055,986.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	1,270,443.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	19,139.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-304,489.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	985,093.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	5,070,893.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	168,267.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	168,267.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	5,239,160.

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	2,150,548.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	19,139.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	1,158.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	20,297.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	2,130,251.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	2,282,424.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	2,282,424.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	4,412,675.

**Part XIII Supplemental Information**

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

**PART V, LINE 4: 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.**

**PART X, LINE 2: IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING**

**PRINCIPLES, THE FOUNDATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS RELATIVE**

**Part XIII** Supplemental Information (continued)

TO UNRELATED BUSINESS INCOME, IF ANY, AS REQUIRED. USING THAT GUIDANCE, MANAGEMENT HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. TAX YEARS 2009 AND FORWARD REMAIN OPEN FOR EXAMINATION BY THE APPLICABLE TAXING AUTHORITIES.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-12,610.
INVESTMENT FEES	-226,357.
UNREALIZED GAINS ON AGENCY FUNDS	-112,324.
AGENCY INVESTMENT FEES	13,075.
CGA DISTRIBUTIONS	1,158.
ADMINISTRATIVE FEES	32,257.
CHANGE IN CSV	306.
MISCELLANEOUS	6.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-304,489.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUNDS INCLUDED IN CONTRIBUTIONS	44,336.
INVESTMENT INCOME FROM AGENCY FUNDS	135,704.
REALIZED GAINS (LOSSES) FROM AGENCY FUNDS	-11,778.
MISCELLANEOUS	5.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	168,267.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

CGA DISTRIBUTIONS	1,158.
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## PART XII, LINE 4B - OTHER ADJUSTMENTS:



**Part XIII** Supplemental Information (continued)

GRANTS FROM AGENCY FUNDS 2,056,067.

INVESTMENT FEES 226,357.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 2,282,424.

Multiple horizontal lines for supplemental information.

**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. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization

Employer identification number

**LEHIGH VALLEY COMMUNITY FOUNDATION**

**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
<b>3 a</b> Sub-total .....	0	0			0.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (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.		0.		

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 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)* .....  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 file Form 5713, International Boycott Report. (see Instructions for Form 5713)* .....  Yes  No

Schedule F (Form 990) 2012

**Part V** Supplemental Information

Complete this part to 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.

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

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

**LEHIGH VALLEY COMMUNITY FOUNDATION**

**Employer identification number  
23-1686634**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALLENTOWN SCHOOL DISTRICT FOUNDATION - . - ALLENTOWN, PA	27-0743152	501(C)(3)	5,500.	0.			EDUCATIONAL
ALLENTOWN SYMPHONY ASSOCIATION . ALLENTOWN, PA	23-6272140	501(C)(3)	11,000.	0.			ARTS, CULTURE
ALLENTOWN YMCA & YWCA . ALLENTOWN, PA	23-1365989	501(C)(3)	9,440.	0.			HUMAN SERVICES
AMERICAN RED CROSS OF THE POCONOS . STROUDSBURG, PA	53-0196605	501(C)(3)	30,000.	0.			HUMAN SERVICES
ARTSQUEST . BETHLEHEM, PA	23-2280560	501(C)(3)	6,000.	0.			ARTS, CULTURE
BACH CHOIR OF BETHLEHEM . BETHLEHEM, PA	24-0795385	501(C)(3)	12,500.	0.			ARTS, CULTURE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **77.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2012)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHLEHEM AREA PUBLIC LIBRARY . BETHLEHEM, PA	24-0795387	501(C)(3)	26,000.	0.			EDUCATIONAL
BOYS & GIRLS CLUB OF ALLENTOWN . ALLENTOWN, PA	23-1352042	501(C)(3)	20,920.	0.			HUMAN SERVICES
BOYS & GIRLS CLUB OF BETHLEHEM . BETHLEHEM, PA	23-6298476	501(C)(3)	17,720.	0.			HUMAN SERVICES
BOYS & GIRLS CLUB OF EASTON, INC. . EASTON, PA	23-1941228	501(C)(3)	10,000.	0.			HUMAN SERVICES
CAMP COMPASS, INC. . ALLENTOWN, PA	25-1857959	501(C)(3)	9,320.	0.			HUMAN SERVICES
CANCER SUPPORT COMMUNITY OF THE GREATER LEHIGH VALLEY - . - BETHLEHEM, PA	73-1657537	501(C)(3)	11,500.	0.			HEALTH CARE
CATHEDRAL CHURCH OF THE NATIVITY . BETHLEHEM, PA	24-0795945	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
CENTER FOR VISION LOSS . ALLENTOWN, PA	23-1352260	501(C)(3)	6,674.	0.			HUMAN SERVICES
CENTRAL MORAVIAN CHURCH . BETHLEHEM, PA	24-0795954	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEY INC. - . - BETHLEHEM, PA	23-1669589	501(C)(3)	13,450.	0.			COMMUNITY DEVELOPMENT
COMMUNITY MUSIC SCHOOL . ALLENTOWN, PA	23-2201343	501(C)(3)	6,200.	0.			ARTS, CULTURE
CONCORDIA LUTHERAN CHURCH . NORTHAMPTON, PA	23-2268142	501(C)(3)	5,000.	0.			COMMUNITY DEVELOPMENT
DEBORAH HEART & LUNG CENTER . BROWNS MILLS, NJ	23-1550955	501(C)(3)	75,000.	0.			HEALTH CARE
DESALES UNIVERSITY . CENTER VALLEY, PA	23-1653718	501(C)(3)	10,375.	0.			EDUCATIONAL
EASTON AREA COMMUNITY CENTER . EASTON, PA	23-2147613	501(C)(3)	13,750.	0.			HUMAN SERVICES
EASTON AREA PUBLIC LIBRARY . EASTON, PA	23-6395216	501(C)(3)	10,250.	0.			EDUCATIONAL
EFFORT UNITED METHODIST CHURCH . EFFORT, PA		501(C)(3)	5,000.	0.			COMMUNITY DEVELOPMENT
FAMILY ANSWERS, INC. . ALLENTOWN, PA	23-1633571	501(C)(3)	5,000.	0.			HUMAN SERVICES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
FAMILY CONNECTION OF EASTON, INC. . EASTON, PA	20-4934762	501(C)(3)	5,512.	0.			HUMAN SERVICES
FIRST PRESBYTERIAN CHURCH OF ALLENTOWN - . - ALLENTOWN, PA	23-1352423	501(C)(3)	19,600.	0.			COMMUNITY DEVELOPMENT
FORDHAM UNIVERSITY . BRONX, NY	13-1740451	501(C)(3)	5,000.	0.			EDUCATIONAL
FUND TO BENEFIT CHILDREN & YOUTH, INC. - . - ALLENTOWN, PA	23-2643243	501(C)(3)	10,420.	0.			HUMAN SERVICES
GOOD SHEPHERD REHABILITATION NETWORK - . - ALLENTOWN, PA	23-2216041	501(C)(3)	5,700.	0.			HUMAN SERVICES
GUIDING EYES FOR THE BLIND, INC. . YORKTOWN HEIGHTS, NY	13-1854606	501(C)(3)	75,000.	0.			HUMAN SERVICES
HABITAT FOR HUMANITY OF BUCKS COUNTY - . - CHALFONT, PA	23-2607106	501(C)(3)	7,500.	0.			HUMAN SERVICES
HABITAT FOR HUMANITY OF THE LEHIGH VALLEY, INC. - . - ALLENTOWN, PA	23-2544326	501(C)(3)	7,000.	0.			HUMAN SERVICES
HISTORIC BETHLEHEM PARTNERSHIP, INC. - . - BETHLEHEM, PA	23-2741808	501(C)(3)	16,790.	0.			ARTS, CULTURE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
JANET JOHNSTON HOUSENICK & WILLIAM D. HOUSENICK MEMORIAL FOUNDATION - - BETHLEHEM, PA	14-1986170	501(C)(3)	1,993,747.	0.			COMMUNITY DEVELOPMENT
JEWISH COMMUNITY CENTER OF ALLENTOWN, PA - . - ALLENTOWN, PA	23-0734200	501(C)(3)	5,000.	0.			HUMAN SERVICES
LAFAYETTE COLLEGE . EASTON, PA	24-0795686	501(C)(3)	100,000.	0.			EDUCATIONAL
LEHIGH COUNTY CONFERENCE OF CHURCHES - . - ALLENTOWN, PA	23-1484205	501(C)(3)	5,000.	0.			COMMUNITY DEVELOPMENT
LEHIGH UNIVERSITY . BETHLEHEM, PA	24-0795445	501(C)(3)	116,880.	0.			EDUCATIONAL
LEHIGH VALLEY CHARTER HIGH SCHOOL FOR THE ARTS - . - BETHLEHEM, PA	23-2859758	501(C)(3)	23,000.	0.			EDUCATIONAL
LEHIGH VALLEY CHILDREN'S CENTERS, INC. - . - ALLENTOWN, PA	23-1908158	501(C)(3)	13,040.	0.			HUMAN SERVICES
LEHIGH VALLEY HOSPITAL . ALLENTOWN, PA	23-1689692	501(C)(3)	11,000.	0.			HEALTH CARE
MARITON WILDLIFE SANCTUARY AND WILDERNESS TRUST - . - EASTON, PA	23-7075031	501(C)(3)	7,500.	0.			ENVIRONMENTAL

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF NORTHAMPTON COUNTY/BETHLEHEM AREA, INC. - . - BETHLEHEM, PA	23-1861779	501(C)(3)	16,600.	0.			HUMAN SERVICES
MESSIAH COLLEGE . MECHANICSBURG, PA	23-1352661	501(C)(3)	7,500.	0.			EDUCATIONAL
MORAVIAN ACADEMY . BETHLEHEM, PA	24-0829838	501(C)(3)	36,000.	0.			EDUCATIONAL
MORAVIAN VILLAGE OF BETHLEHEM . BETHLEHEM, PA	23-3022262	501(C)(3)	5,000.	0.			HUMAN SERVICES
MOSSER VILLAGE FAMILY CENTER . ALLENTOWN, PA	23-3029327	501(C)(3)	5,000.	0.			HUMAN SERVICES
MOUNT POCONO UNITED METHODIST CHURCH - . - MT POCONO, PA		501(C)(3)	24,000.	0.			COMMUNITY DEVELOPMENT
NEW BETHANY MINISTRIES . BETHLEHEM, PA	23-2365694	501(C)(3)	24,550.	0.			HEALTH CARE
NORTHAMPTON COUNTY HISTORICAL & GENEALOGICAL SOCIETY - . - EASTON, PA	24-6021192	501(C)(3)	21,300.	0.			ARTS, CULTURE
PARKLAND SCHOOL DISTRICT EDUCATION FOUNDATION - . - ALLENTOWN, PA	45-2645543	501(C)(3)	5,000.	0.			EDUCATIONAL

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
PLANNED PARENTHOOD KEYSTONE . TREXLERTOWN, PA	23-2450112	501(C)(3)	15,000.	0.			HEALTH CARE
POINT PLEASANT PRESBYTERIAN CHURCH . POINT PLEASANT, WV	55-0536244	501(C)(3)	9,300.	0.			COMMUNITY DEVELOPMENT
PROJECT OF EASTON, INC. . EASTON, PA	23-1699851	501(C)(3)	12,450.	0.			EDUCATIONAL
REPERTORY DANCE THEATRE . ALLENTOWN, PA	23-2503146	501(C)(3)	6,000.	0.			ARTS, CULTURE
RIEGELSVILLE PUBLIC LIBRARY . RIEGELSVILLE, PA	23-2393479	501(C)(3)	5,000.	0.			EDUCATIONAL
SAFE HARBOR EASTON . EASTON, PA	23-2589941	501(C)(3)	10,000.	0.			HUMAN SERVICES
SALVATION ARMY . PHILADELPHIA, PA	22-2406433	501(C)(3)	40,175.	0.			HUMAN SERVICES
ST. ANTHONY HEALTH FOUNDATION . LAKEWOOD, CO	74-2262028	501(C)(3)	5,000.	0.			HEALTH CARE
ST. BENEDICT'S PREPARATORY SCHOOL . NEWARK, NJ	22-1861903	501(C)(3)	25,000.	0.			EDUCATIONAL

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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. JUDE CHILDREN'S RESEARCH HOSPITAL INC. - . - MEMPHIS, TN	62-0646012	501(C)(3)	67,500.	0.			HEALTH CARE
ST. LUKE'S NEIGHBORHOOD CENTER . ALLENTOWN, PA	23-3094703	501(C)(3)	7,500.	0.			HUMAN SERVICES
ST. LUKE'S SCHOOL OF NURSING . BETHLEHEM, PA	23-1352213	501(C)(3)	17,840.	0.			HEALTH CARE
ST. LUKE'S UNIVERSITY HOSPITAL . BETHLEHEM, PA	23-1352213	501(C)(3)	54,450.	0.			HEALTH CARE
THE BAUM SCHOOL OF ART . ALLENTOWN, PA	23-1607174	501(C)(3)	5,000.	0.			ARTS, CULTURE
THE JUILLIARD SCHOOL . NEW YORK, NY	13-1624067	501(C)(3)	25,210.	0.			EDUCATIONAL
THIRD STREET ALLIANCE FOR WOMEN & CHILDREN - . - EASTON, PA	24-0795639	501(C)(3)	22,000.	0.			HUMAN SERVICES
TRINITY UNITED METHODIST CHURCH . POINT PLEASANT, WV	55-6019905	501(C)(3)	9,300.	0.			COMMUNITY DEVELOPMENT
UNITED FRIENDS SCHOOL OF THE GREATER LEHIGH VALLEY - . - QUAKERTOWN, PA	23-2312616	501(C)(3)	52,000.	0.			EDUCATIONAL

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 WAY OF THE GREATER LEHIGH VALLEY - . - ALLENTOWN, PA	23-2657933	501(C)(3)	129,270.	0.			COMMUNITY DEVELOPMENT
UPPER BUCKS YMCA . QUAKERTOWN, PA	23-1713382	501(C)(3)	5,000.	0.			HUMAN SERVICES
VALLEY YOUTH HOUSE . ALLENTOWN, PA	23-7178820	501(C)(3)	30,000.	0.			HUMAN SERVICES
VILLAGE EARTH . FORT COLLINS, CO	84-1243878	501(C)(3)	5,000.	0.			COMMUNITY DEVELOPMENT
VISITING NURSE ASSOCIATION OF ST LUKES - . - BETHLEHEM, PA	24-0795497	501(C)(3)	15,000.	0.			HUMAN SERVICES
WEST CHESTER UNIVERSITY FOUNDATION . WEST CHESTER, PA	23-3054174	501(C)(3)	32,710.	0.			EDUCATIONAL
WILDLANDS CONSERVANCY . EMMAUS, PA	23-7401326	501(C)(3)	11,785.	0.			ENVIRONMENTAL
YWCA OF BETHLEHEM . BETHLEHEM, PA	23-6395256	501(C)(3)	7,500.	0.			HUMAN SERVICES

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: GRANTS DISBURSED THROUGH THE FOUNDATION'S  
 COMPETITIVE PROCESS REQUIRE GRANTEES TO INITIALLY SIGN AND RETURN A  
 DOCUMENT OUTLINING THE TERMS AND CONDITIONS OF THE GRANT. ALL SUCH GRANTEES  
 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, GRANTEES ARE REQUIRED TO PROVIDE THE  
 APPROPRIATE DOCUMENTATION TO VERIFY THE CHARITABLE USE OF GRANT DOLLARS.



**Part IV** Supplemental Information

ALL NON-COMPETITIVE GRANT CHECKS SENT TO GRANTEES ARE ACCOMPANIED BY AN  
ACKNOWLEDGEMENT LETTER WHICH PROVIDES THE PURPOSE FOR WHICH THE GRANT IS TO  
BE USED AND ANY RELATED REQUIREMENTS.

Multiple horizontal lines for supplemental information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2012**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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	11	1,505,898.	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 ▶ ( LIFE INSURANC ) .....	X	1	199,796.	FMV AT GIFT DATE
26 Other ▶ ( ADVERTISING ) .....	X	2	16,979.	FMV AT GIFT DATE
27 Other ▶ ( WEBSITE ) .....	X	2	2,160.	FMV AT GIFT DATE
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 1-28 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? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2012)

**Part II**

**Supplemental Information.** Complete this part to 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.

SCHEDULE M, LINE 32B: THE FOUNDATION UTILIZES ITS CUSTODIAN BANK AND  
BROKERAGE FIRMS TO PROCESS AND SELL NON-CASH GIFTS OF PUBLICLY TRADED  
SECURITIES.

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

Department of the Treasury  
Internal Revenue Service

**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.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

LEHIGH VALLEY COMMUNITY FOUNDATION

Employer identification number

23-1686634

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION 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.

FORM 990, PART I, LINE 6 - DESCRIPTION OF ORGANIZATION'S VOLUNTEERS:

THE NUMBER OF VOLUNTEERS INCLUDES 26 MEMBERS OF THE FOUNDATION'S BOARD  
OF GOVERNORS, 3 FORMER GOVERNORS AND 5 COMMUNITY VOLUNTEERS WHO SERVE  
ON THE FOUNDATION'S FINANCE, BYLAWS AND MARKETING COMMITTEES, AND 20  
FORMER GOVERNORS WHO SERVE ON THE PAST GOVERNOR'S COUNCIL, A GROUP THAT  
PROVIDES INPUT AND GUIDANCE REGARDING FOUNDATION AFFAIRS.

THE NUMBER ALSO INCLUDES 4 COMMUNITY VOLUNTEERS WHO SERVE ON COMMITTEES  
RESPONSIBLE FOR REVIEWING GRANT APPLICATIONS AND SELECTING ANNUAL GRANT  
RECIPIENTS FROM A FUND OF THE FOUNDATION THAT WAS ESTABLISHED TO DO  
GRANTMAKING TO PARTICULAR AREAS OF INTEREST. THESE VOLUNTEERS SERVE ON  
THE COMMITTEE BECAUSE OF THEIR GEOGRAPHICAL LOCATION, PROFESSIONAL  
EXPERIENCE OR PERSONAL INTERESTS THAT MOST CLOSELY PARALLEL THE AREA OF  
INTEREST OF THE FUND.

THE NUMBER ALSO INCLUDES 19 PROFESSIONAL ADVISORS (ACCOUNTANTS,  
ATTORNEYS, INVESTMENT ADVISORS AND FINANCIAL PLANNERS) WHO SERVE ON THE  
PROFESSIONAL ADVISORS COUNCIL, A GROUP THAT PROVIDES INPUT AND GUIDANCE  
REGARDING FOUNDATION AFFAIRS.

Name of the organization LEHIGH VALLEY COMMUNITY FOUNDATION	Employer identification number 23-1686634
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## FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

IN OUR EFFORTS TO BE A MAJOR FORCE IN THE DEVELOPMENT OF PHILANTHROPY IN THE LEHIGH VALLEY REGION, THE FOUNDATION (1) SPONSORED MEETINGS OF THE LOCAL ESTATE PLANNING COUNCIL AND A COUNTY BENCH BAR ASSOCIATION TO EDUCATE AND INFORM THE PROFESSIONAL ADVISORS IN OUR REGION ABOUT THE BENEFITS OF PHILANTHROPY THROUGH THE FOUNDATION, (2) CONTINUED WORK WITH THE PROFESSIONAL ADVISORS COUNCIL OF THE FOUNDATION AND SPONSORED AN EVENT TO PROMOTE KNOWLEDGE ABOUT PHILANTHROPY AMONG LOCAL PROFESSIONAL ADVISORS AND DEVELOPMENT OFFICERS AND (3) CONTINUED TO EXECUTE AN AMBITIOUS PLAN OF SPEAKING TO LOCAL COMMUNITY GROUPS, LAW FIRMS, AND FINANCIAL ADVISORS IN THE LEHIGH VALLEY TO REINFORCE THE UNIQUE PHILANTHROPIC TOOL THAT IS THE FOUNDATION AMONG THOSE INDIVIDUALS IN THE BEST POSITION TO INFLUENCE CHARITABLE GIVING.

THE FOUNDATION EXPANDED THE BASE OF PHILANTHROPY SERVING THE VALLEY THROUGH THE CREATION OF 10 NEW CHARITABLE FUNDS OF THE FOUNDATION. FIVE OF THE FUNDS WILL RESULT IN PERPETUAL ANNUAL GRANT MAKING OF OVER \$45,000. IN THE NEXT FISCAL YEAR, THE FUNDS ARE EXPECTED TO PROVIDE IN EXCESS OF \$235,000 IN GRANTS IN SUPPORT OF A BROAD SPECTRUM OF COMMUNITY NEEDS.

TO PROMOTE COLLABORATION IN THE COMMUNITY AND TO SERVE AS A CENTER OF EXPERTISE REGARDING CHARITABLE GIVING AND COMMUNITY KNOWLEDGE, THE FOUNDATION'S PRESIDENT & CEO CONTINUED TO CONDUCT ONE-ON-ONE MEETINGS WITH LEADERSHIP OF CHARITABLE ORGANIZATIONS IN LEHIGH AND NORTHAMPTON COUNTIES. THESE MEETINGS PROVIDED THE FOUNDATION WITH IMPORTANT INFORMATION ABOUT THE VARIETY AND QUALITY OF CHARITABLE CAUSES FOUND

Name of the organization LEHIGH VALLEY COMMUNITY FOUNDATION	Employer identification number 23-1686634
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ACROSS THE REGION. THE FOUNDATION ALSO PREPARED FOR THE JULY 2013 LAUNCH OF SHARE LEHIGH VALLEY, A COMMUNITY PLATFORM CREATED BY THE NATIONAL CENTER FOR CHARITABLE STATISTICS. SHARE LEHIGH VALLEY IS A WEBSITE WHICH CONTAINS A DATABASE OF NON-PROFITS IN THE AREA, A SHARED RESOURCE TO OFFER AND RECEIVE HELP, AND A KNOWLEDGEBASE OF NATIONAL DATA AND IS A COLLABORATIVE RESOURCE FOR NON-PROFITS, DONORS AND THE COMMUNITY AT LARGE.

IN THE AREA OF GRANTMAKING, THE FOUNDATION MADE 295 GRANTS. THESE GRANTS WERE MADE TO 192 NON-PROFIT ORGANIZATIONS FOR PROGRAMS IN ARTS AND CULTURE, HISTORY AND HERITAGE, EDUCATION, COMMUNITY DEVELOPMENT, ENVIRONMENT AND SCIENCE, HEALTH CARE AND HUMAN SERVICES. THE FOUNDATION CONTINUED WORKING WITH AREA GRANTMAKING ORGANIZATION FOR THE PURPOSES OF ASSESSING COMMUNITY NEEDS AND DEVELOPING WAYS TO WORK COLLEGIALLY AS GRANTMAKERS IN THE COMMUNITY.

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

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 GRANTEEES AT QUARTERLY MEETINGS OF THE BOARD OF GOVERNORS AND ABSTAIN FROM VOTES ON ANY

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## GRANTS TO DISCLOSED ORGANIZATIONS.

FORM 990, PART VI, SECTION B, LINE 15: EVERY TWO TO THREE YEARS, AN AD HOC PERSONNEL COMMITTEE IS FORMED FOR THE PURPOSE OF REVIEWING SALARY RANGES FOR ALL FOUNDATION EMPLOYEES. THE COMMITTEE IS RESPONSIBLE FOR REVIEWING NATIONAL PEER GROUP SALARY DATA AS PUBLISHED BY THE COUNCIL ON FOUNDATIONS RELATIVE TO ALL FOUNDATION EMPLOYEES AND FOR MAKING RECOMMENDATIONS TO THE FOUNDATION'S EXECUTIVE COMMITTEE REGARDING SALARY ADJUSTMENTS. 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 AND 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.

THERE ARE NO OFFICERS COMPENSATED BY THE FOUNDATION OTHER THAN THE PRESIDENT AND CEO. THE AD HOC PERSONNEL COMMITTEE PERFORMS A SIMILAR FUNCTION FOR KEY EMPLOYEES. THE PRESIDENT AND CEO IS RESPONSIBLE FOR ANNUALLY REVIEWING PERFORMANCE OF THE FOUNDATION'S OTHER EMPLOYEES AND FOR DETERMINING INDIVIDUAL EMPLOYEE SALARY ADJUSTMENTS WITHIN THE TOTAL AMOUNT AVAILABLE AS SET FORTH IN THE ANNUAL BUDGET APPROVED BY THE BOARD OF GOVERNORS.

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

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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN LIFE EXPECTANCY	-12,610.
CHANGE IN CSV	306.
MISCELLANEOUS	-4.
TOTAL TO FORM 990, PART XI, LINE 9	-12,308.

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



• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions <b>LEHIGH VALLEY COMMUNITY FOUNDATION</b>	Employer identification number (EIN) or <b>23-1686634</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>968 POSTAL ROAD, SUITE 100</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ALLENTOWN, PA 18109</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**THE ORGANIZATION**

• The books are in the care of  **968 POSTAL ROAD - ALLENTOWN, PA 18109**  
Telephone No.  **610-266-4284** FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2014**.

5 For calendar year , or other tax year beginning **JUL 1, 2012**, and ending **JUN 30, 2013**.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension  
**ADDITIONAL TIME IS REQUIRED TO OBTAIN THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>0.</b>

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  Date