

Form **990**

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

OMB No. 1545-0047

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>LEHIGH VALLEY COMMUNITY FOUNDATION</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>840 W. HAMILTON ST., SUITE 310</b> City or town, state or province, country, and ZIP or foreign postal code <b>ALLENTOWN, PA 18101-2456</b>	<b>D</b> Employer identification number <b>23-1686634</b>  <b>E</b> Telephone number <b>610-351-5353</b>
<b>F</b> Name and address of principal officer: <b>BERNARD STORY</b> <b>SAME AS C ABOVE</b>		<b>G</b> Gross receipts \$ <b>33,681,810.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <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</b> Website: ▶ <b>WWW.LVCFFOUNDATION.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1967</b> <b>M</b> State of legal domicile: <b>PA</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
<b>Activities &amp; Governance</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>3</b>	<b>24</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>24</b>
	<b>5</b>	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<b>6</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>84</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 2,921,426.	<b>Current Year</b> 9,545,022.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	979.	897.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,849,558.	570,242.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,771,963.	10,116,161.
	<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,646,312.
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	454,244.	483,076.
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>251,603.</b>		
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	415,892.	400,815.
<b>18</b>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,516,448.	4,445,706.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	3,255,515.	5,670,455.	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 39,724,088.	<b>End of Year</b> 44,619,818.
	<b>21</b>	Total liabilities (Part X, line 26)	672,872.	714,463.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	39,051,216.	43,905,355.

**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 <b>BERNARD STORY, PRESIDENT &amp; CEO</b> Type or print name and title	Date <b>5/4/17</b>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>LINDA S HIMEBACK</b>	Preparer's signature <b>LINDA S HIMEBACK</b>	Date <b>5/4/17</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00042618</b>
	Firm's name ▶ <b>HERBEIN + COMPANY, INC.</b>	Firm's address ▶ <b>2763 CENTURY BOULEVARD</b> <b>READING, PA 19610</b>	Firm's EIN ▶ <b>23-2415973</b>	Phone no. (610) <b>378-1175</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 or note to any line 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 \$ 4,022,533. including grants of \$ 3,561,815. ) (Revenue \$ 897. ) 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 4,022,533.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	X	
<b>3</b> 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
<b>4 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
<b>5</b> 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
<b>6</b> 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	
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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
<b>10</b> 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	
<b>11</b> 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.		
<b>a</b> 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>b</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
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> 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	
<b>12a</b> 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>b</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
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> 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
<b>18</b> 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
<b>19</b> 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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) 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>b</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
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36</b> <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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Main table with columns for question numbers (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance items.

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No responses. Includes questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, and 9.

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

Table with columns for question number, description, and Yes/No responses. Includes questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, and 16b.

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.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION - 610-351-5353 840 W. HAMILTON ST., SUITE 310, ALLENTOWN, PA 18101-2456

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

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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) MICHAEL STERSHIC CHAIRMAN	2.50	X		X				0.	0.	0.
(2) BEALL FOWLER VICE CHARMAN	1.30	X		X				0.	0.	0.
(3) DENISE BLEW TREASURER	1.30	X		X				0.	0.	0.
(4) MATTHEW SORRENTINO SECRETARY	1.30	X		X				0.	0.	0.
(5) KAMRAN AFSHAR GOVERNOR	0.80	X						0.	0.	0.
(6) SANDRA BODNYK GOVERNOR	0.80	X						0.	0.	0.
(7) GEOFFREY BORDA GOVERNOR	0.80	X						0.	0.	0.
(8) GREG BUTZ GOVERNOR	0.80	X						0.	0.	0.
(9) THOMAS CAMPBELL GOVERNOR	0.80	X						0.	0.	0.
(10) BONNIE COYLE GOVERNOR	0.80	X						0.	0.	0.
(11) CYNTHIA LAMBERT DURHAM GOVERNOR	0.80	X						0.	0.	0.
(12) CAMILLE EYVAZZADEH GOVERNOR	0.80	X						0.	0.	0.
(13) KAREN GREEN GOVERNOR	0.80	X						0.	0.	0.
(14) ANTONIA GRIFO GOVERNOR	0.80	X						0.	0.	0.
(15) RAYMOND HOLTON GOVERNOR	0.80	X						0.	0.	0.
(16) JENNIFER MANN GOVERNOR	0.80	X						0.	0.	0.
(17) JAMES MARGOLIS 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) ROBERT MOFFETT GOVERNOR	1.30	X						0.	0.	0.
(19) WILLIAM MURPHY GOVERNOR	0.80	X						0.	0.	0.
(20) BRUCE PALMER GOVERNOR	0.80	X						0.	0.	0.
(21) MARTHA PHELPS GOVERNOR	1.30	X						0.	0.	0.
(22) ANN HAGGERTY RAINES GOVERNOR	0.80	X						0.	0.	0.
(23) MEREDITH RETTALIATA GOVERNOR	0.80	X						0.	0.	0.
(24) MELINDA STUMPF GOVERNOR	0.80	X						0.	0.	0.
(25) BERNARD STORY PRESIDENT & CEO	40.00			X				113,108.	0.	19,600.
(26) TRISHA HIGGINS VICE PRESIDENT & CFO	40.00			X				92,732.	0.	6,696.
<b>1b Sub-total</b>								205,840.	0.	26,296.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								205,840.	0.	26,296.

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

	Yes	No
3 Did the organization list any <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**



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line 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 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<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>	9,545,022.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		5,934,635.					
	<b>h Total.</b> Add lines 1a-1f			9,545,022.				
<b>Program Service Revenue</b>	<b>2 a</b> PROGRAM SERVICE FEES	<b>Business Code</b>	523920	897.	897.			
	<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			897.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			1,261,983.			1,261,983.	
	<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	(ii) Other					
		22,873,908.						
		<b>b</b> Less: cost or other basis and sales expenses		23,565,649.				
		<b>c</b> Gain or (loss)		-691,741.				
	<b>d</b> Net gain or (loss)			-691,741.			-691,741.	
	<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							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<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.				10,116,161.	897.	0.	570,242.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,552,815.	3,552,815.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	9,000.	9,000.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	232,136.	97,826.	56,370.	77,940.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	181,858.	52,796.	50,521.	78,541.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,917.	2,039.	1,504.	3,374.
<b>9</b> Other employee benefits	28,800.	5,457.	10,225.	13,118.
<b>10</b> Payroll taxes	33,365.	12,028.	8,689.	12,648.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	957.		126.	831.
<b>c</b> Accounting	12,000.		12,000.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	266,303.	266,303.		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	13,784.	80.	2,917.	10,787.
<b>12</b> Advertising and promotion	7,212.	167.		7,045.
<b>13</b> Office expenses	16,097.	1,469.	1,203.	13,425.
<b>14</b> Information technology	14,861.	5,331.	3,943.	5,587.
<b>15</b> Royalties				
<b>16</b> Occupancy	29,467.	9,172.	11,499.	8,796.
<b>17</b> Travel	5,049.	459.	3,190.	1,400.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	23,488.	2,887.	8,061.	12,540.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	759.	274.	197.	288.
<b>23</b> Insurance	2,090.	753.	545.	792.
<b>24</b> 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.)				
<b>a DUES &amp; SUBSCRIPTIONS</b>	8,748.	3,677.	580.	4,491.
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	4,445,706.	4,022,533.	171,570.	251,603.
<b>26 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 or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	1,186,683.	<b>2</b>	3,469,093.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<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 .....		<b>5</b>	
	<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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	17,410.	<b>9</b>	31,982.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 35,951.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 34,872.	<b>10c</b>	1,079.
	<b>11</b> Investments - publicly traded securities .....	37,789,171.	<b>11</b>	40,398,692.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	507,428.	<b>12</b>	485,053.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	221,558.	<b>15</b>	233,919.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	39,724,088.	<b>16</b>	44,619,818.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	13,258.	<b>17</b>	28,344.
	<b>18</b> Grants payable .....	169,170.	<b>18</b>	210,500.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<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 .....	490,444.	<b>25</b>	475,619.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	672,872.	<b>26</b>	714,463.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	39,034,232.	<b>27</b>	43,895,921.
	<b>28</b> Temporarily restricted net assets .....	16,984.	<b>28</b>	9,434.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	39,051,216.	<b>33</b>	43,905,355.	
<b>34</b> Total liabilities and net assets/fund balances .....	39,724,088.	<b>34</b>	44,619,818.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	10,116,161.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,445,706.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	5,670,455.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	39,051,216.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-814,416.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-1,899.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	43,905,356.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.			
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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			
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	X	
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			
<b>c</b>	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
<b>3a</b>	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
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2015)

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.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization LEHIGH VALLEY COMMUNITY FOUNDATION  
Employer identification number 23-1686634

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

The organization is not a private foundation because it is: (For lines 1 through 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 (Form 990 or 990-EZ).)
3 [ ] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 [ ] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 [ ] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 [X] 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
a [ ] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
b [ ] Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
c [ ] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d [ ] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	841,216.	3,094,930.	2,766,606.	2,921,426.	1,971,171.	11,595,349.
<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 .....	841,216.	3,094,930.	2,766,606.	2,921,426.	1,971,171.	11,595,349.
<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) .....						4,357,468.
<b>6 Public support.</b> Subtract line 5 from line 4.						7,237,881.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 .....	841,216.	3,094,930.	2,766,606.	2,921,426.	1,971,171.	11,595,349.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	873,836.	1,003,028.	1,018,223.	1,346,223.	1,261,983.	5,503,293.
<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 VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						17,098,642.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	17,459.
<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 2015 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	42.33 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	<b>15</b>	40.00 %
<b>16a 33 1/3% support test - 2015.</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 checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2014.</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 - 2015.</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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2014.</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 VI 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI.) .....						
<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 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** 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 - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013			
<b>e</b> From 2014			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013			
<b>d</b> Excess from 2014			
<b>e</b> Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

**Name of the organization** LEHIGH VALLEY COMMUNITY FOUNDATION **Employer identification number** 23-1686634

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	61	29
2 Aggregate value of contributions to (during year) .....	3,661,573.	490,209.
3 Aggregate value of grants from (during year) .....	1,741,725.	491,002.
4 Aggregate value at end of year .....	9,930,262.	2,236,184.
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" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2015

532051  
11-02-15

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	<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, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	34,442,391.	34,998,100.	30,178,495.	26,718,983.	26,887,141.
b Contributions	5,195,758.	810,238.	1,799,635.	2,013,709.	997,840.
c Net investment earnings, gains, and losses	-510,919.	231,689.	4,725,421.	2,832,213.	28,337.
d Grants or scholarships	1,271,618.	1,074,629.	1,203,187.	950,127.	781,441.
e Other expenditures for facilities and programs	352,141.	170,607.	165,258.	152,840.	151,926.
f Administrative expenses	341,760.	352,400.	337,006.	283,443.	260,968.
g End of year balance	37,161,711.	34,442,391.	34,998,100.	30,178,495.	26,718,983.

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

- a Board designated or quasi-endowment  7.00 %
- b Permanent endowment  93.00 %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		35,951.	34,872.	1,079.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,079.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>LIABILITIES UNDER SPLIT INTEREST</b>	
(3) <b>AGREEMENTS</b>	475,619.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	475,619.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	9,062,404.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-814,417.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	36,375.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-247,704.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		-1,025,746.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	10,088,150.
<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>	28,011.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		28,011.
<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>	10,116,161.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	3,980,765.
<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>	36,375.	
<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>	248.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		36,623.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	3,944,142.
<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>	501,564.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		501,564.
<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>	4,445,706.

**Part XIII Supplemental Information.**

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

**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 TO UNRELATED BUSINESS INCOME, IF ANY, AS REQUIRED.



**Part XIII** Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-14,260.
INVESTMENT FEES	-266,303.
UNREALIZED GAINS ON AGENCY FUNDS	13,127.
AGENCY INVESTMENT FEES	-6,439.
ADMINISTRATIVE FEES	13,810.
CHANGE IN CSV	12,361.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-247,704.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUNDS INCLUDED IN CONTRIBUTIONS	41,412.
INVESTMENT INCOME FROM AGENCY FUNDS	65,630.
REALIZED GAINS (LOSSES) FROM AGENCY FUNDS	-79,031.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	28,011.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUND EXPENSES	248.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANTS FROM AGENCY FUNDS	235,261.
INVESTMENT FEES	266,303.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	501,564.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization <b>LEHIGH VALLEY COMMUNITY FOUNDATION</b>	Employer identification number <b>23-1686634</b>
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on 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.

532071 10-01-15

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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	9,000.		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 .....

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

Part III can be duplicated if additional space is needed.

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

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

**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" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2015**

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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLENTOWN ART MUSEUM 31 N. FIFTH STREET ALLENTOWN, PA 18101	23-1548101	501(C)(3)	20,000.	0.			GENERAL SUPPORT
ALLENTOWN BAND, INC. 1914 W. GREENLEAF STREET ALLENTOWN, PA 18104	23-6296472	501(C)(3)	5,500.	0.			GENERAL SUPPORT
ALLENTOWN PUBLIC LIBRARY 1210 HAMILTON STREET ALLENTOWN, PA 18102	46-4154959	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
ALLENTOWN RESCUE MISSION 355 HAMILTON STREET, PO BOX 748 ALLENTOWN, PA 18105	23-6005983	501(C)(3)	13,200.	0.			GENERAL SUPPORT
ALLENTOWN SCHOOL DISTRICT P.O. BOX 328 ALLENTOWN, PA 18105		501(C)(3)	8,650.	0.			PROGRAM SUPPORT
ALLENTOWN SCHOOL DISTRICT FOUNDATION - 31 SOUTH PENN STREET - ALLENTOWN, PA 18105	27-0743152	501(C)(3)	25,500.	0.			EDUCATIONAL

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 109.

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

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

Schedule I (Form 990) (2015)

**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
ALLENTOWN SYMPHONY ASSOCIATION 23 N. 6TH STREET ALLENTOWN, PA 18101	23-6272140	501(C)(3)	15,750.	0.			ARTS, CULTURE
AMERICAN CENTER FOR LAW AND JUSTICE - P.O. BOX 90555 - WASHINGTON, DC 20090	54-1586817	501(C)(3)	10,000.	0.			GENERAL SUPPORT
AMERICAN RED CROSS OF THE POCONOS 410 PARK AVENUE STROUDSBURG, PA 18360	53-0196605	501(C)(3)	30,000.	0.			DISASTER RELIEF, GENERAL FUND
BACH CHOIR OF BETHLEHEM 440 HECKEWELDER PLACE BETHLEHEM, PA 18018	24-0795385	501(C)(3)	16,000.	0.			ARTS, CULTURE
BANGOR AREA SCHOOL DISTRICT 123 FIVE POINTS RICHMOND RD BANGOR, PA 18013		501(C)(3)	5,100.	0.			EDUCATIONAL
BEAT THE STREETS WRESTLING 3700 MARKET STREET, SUITE 300 PHILADELPHIA, PA 19104	80-0413630	501(C)(3)	5,000.	0.			GENERAL SUPPORT
BETHLEHEM AREA SCHOOL DISTRICT 1516 SYCAMORE STREET BETHLEHEM, PA 18017		501(C)(3)	56,020.	0.			EDUCATIONAL
BOYS & GIRLS CLUB OF ALLENTOWN 720 N. 6TH STREET ALLENTOWN, PA 18102	23-1352042	501(C)(3)	6,590.	0.			HUMAN SERVICES
BOYS & GIRLS CLUB OF BETHLEHEM 1430 FRITZ DRIVE BETHLEHEM, PA 18017	23-6298476	501(C)(3)	14,595.	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
BURNSIDE PLANTATION, INC. 74 WEST BROAD STREET, SUITE 260 BETHLEHEM, PA 18108	22-2773497	501(C)(3)	5,910.	0.			GENERAL SUPPORT
CAMP COMPASS, INC. 1221 SUMNER AVE REAR ALLENTOWN, PA 18104	25-1857959	501(C)(3)	10,210.	0.			GENERAL SUPPORT
CARE NET OF THE LEHIGH VALLEY 1034 HAMILTON STREET ALLENTOWN, PA 18101	23-2185001	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES, DIOCESE OF ALLENTOWN - 900 S. WOODWARD STREET - ALLENTOWN, PA 18103	23-1598117	501(C)(3)	5,650.	0.			GENERAL SUPPORT
CENTER FOR VISION LOSS 845 W WYOMING STREET ALLENTOWN, PA 18103	23-1352260	501(C)(3)	8,350.	0.			GENERAL SUPPORT
CENTRAL MORAVIAN CHURCH 73 W CHURCH STREET BETHLEHEM, PA 18018	24-0795954	501(C)(3)	11,000.	0.			COMMUNITY DEVELOPMENT
CHAMBER MUSIC SOCIETY OF BETHLEHEM P.O. BOX 4336 BETHLEHEM, PA 18018	23-2041683	501(C)(3)	5,000.	0.			GENERAL SUPPORT
CIVIC THEATRE OF ALLENTOWN 527 N. 19TH STREET ALLENTOWN, PA 18104	23-2152581	501(C)(3)	12,350.	0.			GENERAL SUPPORT
COMMUNICATION SYSTEMS, INC 4670 SCHANTZ ROAD ALLENTOWN, PA 18104			100,000.	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
COMMUNITIES IN SCHOOLS OF THE LEHIGH VALLEY, INC. - 1501 LEHIGH STREET; SUITE 206 - ALLENTOWN, PA 18103	23-2222874	501(C)(3)	25,000.	0.			GENERAL SUPPORT
COMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEY INC. - 1337 EAST FIFTH STREET - BETHLEHEM, PA 18015	23-1669589	501(C)(3)	55,300.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
COMMUNITY ACTION DEVELOPMENT CORPORATION OF BETHLEHEM - 409 E. FOURTH STREET - BETHLEHEM, PA 18015	23-2934547	501(C)(3)	21,770.	0.			GENERAL SUPPORT
COMMUNITY MUSIC SCHOOL 23 N. 6TH STREET; SUITE C ALLENTOWN, PA 18101	23-2201343	501(C)(3)	7,250.	0.			ARTS, CULTURE
COMMUNITY SERVICES FOR CHILDREN 1520 HANOVER AVE ALLENTOWN, PA 18109	23-2204725	501(C)(3)	7,930.	0.			HUMAN SERVICES
COOKS CREEK WATERSHED ASSOCIATION, INC. - P.O. BOX 45 - SPRINGTOWN, PA 18081	23-2050189	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
CROSS INTERNATIONAL, INC. 600 S.W. 3RD STREET, SUITE 2201 POMPANO BEACH, FL 33060	65-1086387	501(C)(3)	5,000.	0.			GENERAL SUPPORT
DA VINCI SCIENCE CENTER 3145 HAMIO TN BLVD BYPASS ALLENTOWN, PA 18103	23-2824084	501(C)(3)	22,000.	0.			ARTS, CULTURE
DEBORAH HOSPITAL FOUNDATION 212 TRENTON ROAD BROWNS MILLS, NJ 08015	22-2049500	501(C)(3)	85,000.	0.			PROGRAM SUPPORT

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
DESALES UNIVERSITY 2755 STATION AVENUE CENTER VALLEY, PA 18034	23-1653718	501(C)(3)	35,250.	0.			GENERAL SUPPORT
DIAKON LUTHERAN SOCIAL MINISTRIES 798 HAUSMAN ROAD; SUITE 30 ALLENTOWN, PA 18104	23-1857015	501(C)(3)	6,993.	0.			PROGRAM SUPPORT
EFFORT UNITED METHODIST CHURCH 178 MERWINSBURG ROAD, PO BOX 545 EFFORT, PA 18330		501(C)(3)	31,189.	0.			COMMUNITY DEVELOPMENT
EPISCOPAL MINISTRIES OF THE DIOCESE OF BETHLEHEM, INC. - 337 WYANDOTTE STREET - BETHLEHEM, PA 18015	23-2365694	501(C)(3)	156,251.	0.			GENERAL SUPPORT
EQUI-LIBRIUM, INC. 524 FEHR ROAD NAZARETH, PA 18064	23-3088228	501(C)(3)	15,320.	0.			GENERAL SUPPORT
FEED THE CHILDREN, INC. PO BOX 36 OKLAHOMA CITY, OK 73101	73-6108657	501(C)(3)	5,000.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH OF ALLENTOWN - 3231 TILGHMAN STREET - ALLENTOWN, PA 18104	23-1352423	501(C)(3)	23,685.	0.			GENERAL SUPPORT
FORDHAM UNIVERSITY 45 COLUMBUS AVENUE, 8TH FLOOR NEW YORK, NY 10023	13-1740451	501(C)(3)	25,000.	0.			GENERAL SUPPORT
GOOD SHEPHERD REHABILITATION NETWORK - 850 S 5TH STREET - ALLENTOWN, PA 18103	23-2216041	501(C)(3)	72,710.	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
HILLSIDE SCHOOL 2697 BROOKSIDE ROAD MACUNGIE, PA 18062	23-2263178	501(C)(3)	5,625.	0.			GENERAL SUPPORT
HISPANIC CENTER LEHIGH VALLEY 520 EAST 4TH STREET BETHLEHEM, PA 18015	23-1882308	501(C)(3)	11,000.	0.			PROGRAM SUPPORT
HOPE COMMUNITY E.C. CHURCH 7974 CLAUSVILLE ROAD FOGELSVILLE, PA 18051		501(C)(3)	5,500.	0.			GENERAL SUPPORT
JEWISH COMMUNITY CENTER OF ALLENTOWN, PA - 702 N 22ND STREET - ALLENTOWN, PA 18104	23-0734200	501(C)(3)	7,500.	0.			HUMAN SERVICES
KELLYN FOUNDATION 336 BUSHKILL STREET TATAMY, PA 18085	26-2623498	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
LAFAYETTE COLLEGE 307 MARKLE HALL EASTON, PA 18042	24-0795686	501(C)(3)	105,000.	0.			GENERAL SUPPORT
LEHIGH CARBON COMMUNITY COLLEGE FOUNDATION - 4525 EDUCATION PARK DRIVE - SCHNECKSVILLE, PA 18078	23-7454575	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
LEHIGH COUNTY HISTORICAL SOCIETY 432 W. WALNUT STREET ALLENTOWN, PA 18102	23-6394211	501(C)(3)	10,500.	0.			GENERAL SUPPORT
LEHIGH GAP NATURE CENTER 8844 PAINT MILL ROAD SLATINGTON, PA 18080	22-2741693	501(C)(3)	20,500.	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
LEHIGH UNIVERSITY 27 MEMORIAL DRIVE W BETHLEHEM, PA 18015	24-0795445	501(C)(3)	134,300.	0.			EDUCATIONAL
LEHIGH VALLEY ARTS COUNCIL 840 HAMILTON STREET, SUITE 201 ALLENTOWN, PA 18101	25-1646899	501(C)(3)	10,000.	0.			ARTS, CULTURE
LEHIGH VALLEY CHARTER HIGH SCHOOL FOR THE ARTS - 321 EAST 3RD STREET - BETHLEHEM, PA 18015	23-2859758	501(C)(3)	27,800.	0.			SCHOLARSHIPS
LEHIGH VALLEY CHILDREN'S CENTERS, INC. - 1501 LEHIGH STREET, SUITE 208 - ALLENTOWN, PA 18103	23-1908158	501(C)(3)	15,240.	0.			HUMAN SERVICES
LEHIGH VALLEY HOSPITAL PO BOX 689 ALLENTOWN, PA 18105	23-1689692	501(C)(3)	588,565.	0.			GENERAL SUPPORT
LEHIGH VALLEY UNITED 1344 N. SHERMAN STREET ALLENTOWN, PA 18109	26-0746741	501(C)(3)	5,000.	0.			GENERAL SUPPORT
LEHIGH VALLEY ZOOLOGICAL SOCIETY 5150 GAME PRESERVE ROAD SCHNECKSVILLE, PA 18078	05-0606070	501(C)(3)	10,000.	0.			EQUIPMENT
MARITON WILDLIFE SANCTUARY 240 SUNNYSIDE ROAD EASTON, PA 18042	23-7075031	501(C)(3)	5,000.	0.			GENERAL SUPPORT
MERCY SCHOOL FOR SPECIAL LEARNING 830 SOUTH WOODWARD STREET ALLENTOWN, PA 18103	90-0988217	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

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
MORAVIAN ACADEMY 7 E. MARKET STREET BETHLEHEM, PA 18018	24-0829838	501(C)(3)	22,500.	0.			EDUCATIONAL
MORAVIAN VILLAGE OF BETHLEHEM 526 WOOD STREET BETHLEHEM, PA 18018	23-3022262	501(C)(3)	78,065.	0.			PROGRAM SUPPORT
MOUNT POCONO UNITED METHODIST CHURCH - 12 CHURCH AVE - MT POCONO, PA 18344		501(C)(3)	21,000.	0.			COMMUNITY DEVELOPMENT
MUHLENBERG COLLEGE 2400 W CHEW STREET ALLENTOWN, PA 18104	23-1352664	501(C)(3)	13,943.	0.			EDUCATIONAL
NATIONAL MUSEUM OF INDUSTRIAL HISTORY - 511 EAST THIRD STREET; SUITE 270 - BETHLEHEM, PA 18015	23-2912750	501(C)(3)	101,000.	0.			GENERAL SUPPORT
NATIONAL WRESTLING COACHES ASSOCIATION - P.O. BOX 254 - MANHEIM, PA 17545	42-1479687	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
NEW BETHANY MINISTRIES 339 W 4TH STREET BETHLEHEM, PA 18015	23-2365694	501(C)(3)	30,950.	0.			GENERAL SUPPORT
NEW LIFE SOLUTIONS 1910 EAST BAY DRIVE LARGO, FL 33771	59-2588366	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NEW SCHOOL 5205 JAMESVILLE ROAD DEWITT, NY 13214	16-0986798	501(C)(3)	5,000.	0.			PROGRAM SUPPORT

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
NORTHAMPTON COUNTY HISTORICAL & GENEALOGICAL SOCIETY - 342 NORTHAMPTON STREET - EASTON, PA 18042	24-6021192	501(C)(3)	6,600.	0.			GENERAL SUPPORT
PARKLAND SCHOOL DISTRICT EDUCATION FOUNDATION - 1210 SPRINGHOUSE ROAD - ALLENTOWN, PA 18104	45-2645543	501(C)(3)	5,000.	0.			GENERAL SUPPORT
PBS39/WLVT 839 SESAME STREET BETHLEHEM, PA 18015	23-1642883	501(C)(3)	6,000.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
PENN STATE UNIVERSITY 109 SHIELDS BUILDING UNIVERSITY PARK, PA 16802	24-6000376	501(C)(3)	7,750.	0.			SCHOLARSHIPS
PENNRIDGE COMMUNITY CENTER 146 EAST MAIN STREET PERKASIE, PA 18944	23-2653916	501(C)(3)	20,300.	0.			PROGRAMMING AND OUTREACH
PENNSYLVANIA SHAKESPEARE FESTIVAL 2755 STATION AVENUE CENTER VALLEY, PA 18034	23-2655672	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
PINEBROOK FAMILY ANSWERS 402 NORTH FULTON STREET ALLENTOWN, PA 18102	23-2112204	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
POINT PLEASANT PRESBYTERIAN CHURCH PO BOX 415 POINT PLEASANT, WV 25550	55-0536244	501(C)(3)	16,185.	0.			GENERAL SUPPORT
PROJECT LIFESAVER INTERNATIONAL 815 BATTLEFIELD BOULEVARD SOUTH CHESAPEAKE, VA 23322	26-0000127	501(C)(3)	6,500.	0.			PROGRAM SUPPORT

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
PROMISE NEIGHBORHOODS OF THE LEHIGH VALLEY - 1101 HAMILTON STREET; SUITE 102 - ALLENTOWN, PA 18102	46-4977927	501(C)(3)	10,500.	0.			GENERAL SUPPORT
PUBLIC LIBRARY OF CATASAUQUA 302 BRIDGE STREET CATASAUQUA, PA 18032	23-6395998	501(C)(3)	10,000.	0.			BUILDING RENOVATIONS
REPERTORY DANCE THEATRE 118 S. 6TH STREET EMMAUS, PA 18049	23-2503146	501(C)(3)	16,000.	0.			ARTS, CULTURE
RIEGELSVILLE PUBLIC LIBRARY 615 EASTON ROAD RIEGELSVILLE, PA 18077	23-2393479	501(C)(3)	6,500.	0.			PROGRAM SUPPORT
SALISBURY TOWNSHIP SCHOOL DISTRICT 1140 SALISBURY ROAD ALLENTOWN, PA 18103		501(C)(3)	15,200.	0.			EDUCATIONAL
SALVATION ARMY GREATER PHILADELPHIA - 701 N. BROAD STREET - PHILADELPHIA, PA 19123	13-5562351	501(C)(3)	50,200.	0.			HUMAN SERVICES
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	5,000.	0.			GENERAL SUPPORT
SATORI 2985 FAIRFIELD DRIVE NORTH ALLENTOWN, PA 18103	23-2867579	501(C)(3)	5,000.	0.			GENERAL SUPPORT
ST. ANTHONY HEALTH FOUNDATION 11600 W 2ND PLACE LAKEWOOD, CO 80228	74-2262028	501(C)(3)	5,000.	0.			HEALTH CARE

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. BENEDICT'S PREPARATORY SCHOOL 520 DR MARTIN LUTHER KING JR BLVD NEWARK, NJ 07102	22-1861903	501(C)(3)	50,000.	0.			EDUCATIONAL
ST. JAMES LUTHERAN CHURCH 333 EAST OXFORD STREET COOPERSBURG, PA 18036	41-1568278	501(C)(3)	31,500.	0.			GENERAL SUPPORT
ST. LUKE'S SCHOOL OF NURSING 801 OSTRUM STREET BETHLEHEM, PA 18015	23-1352213	501(C)(3)	21,250.	0.			SCHOLARSHIPS
ST. THOMAS MORE CHURCH 1040 FLEXER AVENUE ALLENTOWN, PA 18103	23-2091672	501(C)(3)	15,000.	0.			SCHOLARHIPS
STATE THEATRE CENTER FOR THE ARTS, INC. - 453 NORTHAMPTON STREET - EASTON, PA 18042	23-2173216	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SUMMIT UNIVERSITY 538 VENARD ROAD CLARKS SUMMIT, PA 18411	15-0543962	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
THE BAUM SCHOOL OF ART 510 W LINDEN STREET ALLENTOWN, PA 18101	23-1607174	501(C)(3)	13,300.	0.			ARTS, CULTURE
THE JUILLIARD SCHOOL 60 LINCOLN CENTER PLAZA NEW YORK, NY 10023	13-1624067	501(C)(3)	28,710.	0.			EDUCATIONAL
THE LITERACY CENTER 1132 W. HAMILTON STREET, SUITE 300 ALLENTOWN, PA 18101	22-2458322	501(C)(3)	20,500.	0.			PROGRAM SUPPORT

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
THE SEED FARM 4184 DORNEY PARK ROAD; SUITE 107 ALLENTOWN, PA 18104	27-4659716	501(C)(3)	15,672.	0.			GENERAL SUPPORT
TRINITY UNITED METHODIST CHURCH 615 VIAND STREET POINT PLEASANT, WV 25550	55-6019905	501(C)(3)	9,250.	0.			GENERAL SUPPORT
UNITED WAY OF THE GREATER LEHIGH VALLEY - 1110 AMERICAN PKWY NE - ALLENTOWN, PA 18109	23-2657933	501(C)(3)	208,370.	0.			GENERAL SUPPORT
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET, SUITE 433 PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	5,993.	0.			GENERAL SUPPORT
UNIVERSITY OF PITTSBURGH G7 THACKERAY HALL PITTSBURGH, PA 15260	25-0965591	501(C)(3)	9,605.	0.			SCHOLARSHIPS
VALLEY YOUTH HOUSE 829 LINDEN STREET ALLENTOWN, PA 18101	23-7178820	501(C)(3)	5,500.	0.			GENERAL SUPPORT
VICTORY HOUSE OF LEHIGH VALLEY 314 FILLMORE STREET BETHLEHEM, PA 18105	23-2370759	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
VILLAGE EARTH PO BOX 797 FORT COLLINS, CO 80522	84-1243878	501(C)(3)	5,000.	0.			GENERAL SUPPORT
VISITING NURSE ASSOCIATION OF ST LUKES - 1510 VALLEY CENTER PARKWAY - BETHLEHEM, PA 18017	24-0795497	501(C)(3)	5,330.	0.			HUMAN SERVICES

Schedule I (Form 990)

<b>Part II</b> 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
WDIY-FM, LV COMMUNITY PUBLIC RADIO 301 BROADWAY BETHLEHEM, PA 18015	23-2354475	501(C)(3)	5,000.	0.			GENERAL SUPPORT
WEST CHESTER UNIVERSITY FOUNDATION PO BOX 541 WEST CHESTER, PA 19381	23-3054174	501(C)(3)	28,710.	0.			EDUCATIONAL
WILDLANDS CONSERVANCY 3701 ORCHID PLACE EMMAUS, PA 18049	23-7401326	501(C)(3)	69,961.	0.			ENVIRONMENTAL
WINCHESTER SENIORS ASSOCIATION, INC. - 109 SKILLINGS ROAD - WINCHESTER, MA 01890	04-2605467	501(C)(3)	5,000.	0.			PROGRAM SUPPORT

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

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

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

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

**Part IV Supplemental Information**

THE CHARITABLE USE OF GRANT DOLLARS. 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

**2015**

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.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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	5	870,784.	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 ▶ ( <u>TRANSFER OF A</u> ) .....	X	1	5,063,851.	FMV AT GIFT DATE
26	Other ▶ ( _____ ) .....				
27	Other ▶ ( _____ ) .....				
28	Other ▶ ( _____ ) .....				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		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) (2015)

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

SCHEDULE M, LINE 32B:

THE FOUNDATION UTILIZES VARIOUS BANKS AND BROKERAGE FIRMS TO PROCESS AND SELL NON-CASH GIFTS OF PUBLICLY TRADED SECURITIES.

Multiple horizontal lines for supplemental information.

**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.

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization <b>LEHIGH VALLEY COMMUNITY FOUNDATION</b>	Employer identification number <b>23-1686634</b>
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**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 MEMBERS OF THE FOUNDATION'S BOARD OF  
GOVERNORS, PROFESSIONAL ADVISORS (ACCOUNTANTS, ATTORNEYS, INVESTMENT  
ADVISORS AND FINANCIAL PLANNERS) WHO SERVE ON THE FOUNDATION'S  
PROFESSIONAL ADVISORS COUNCIL, AND COMMUNITY VOLUNTEERS WHO SERVE ON  
VARIOUS COMMITTEES RESPONSIBLE FOR REVIEWING GRANT APPLICATIONS AND  
SELECTING ANNUAL GRANT RECIPIENTS.

**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:**

THE LEHIGH VALLEY COMMUNITY FOUNDATION IS A PERMANENT SOURCE OF FUNDS  
TO IMPROVE THE QUALITY OF LIFE IN THE GREATER LEHIGH VALLEY. DURING  
FISCAL YEAR 2016, THE FOUNDATION MADE OVER 420 GRANTS TOTALING OVER  
\$3.5 MILLION. OVER 240 NON-PROFIT ORGANIZATIONS RECEIVED GRANTS IN THE  
AREAS OF THE ARTS AND CULTURE, HISTORY AND HERITAGE, EDUCATION,  
COMMUNITY DEVELOPMENT, ENVIRONMENT AND SCIENCE, HEALTH CARE AND HUMAN  
SERVICES. THE FOUNDATION CONTINUED TO INCREASE THE TARGETED GRANTMAKING  
INITIATIVE INTRODUCED IN 2014 AND INCREASED TARGETED IMPACT GRANTMAKING  
TO \$167,500, AN INCREASE OF \$95,000 IN ONE YEAR.



Name of the organization LEHIGH VALLEY COMMUNITY FOUNDATION	Employer identification number 23-1686634
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THE FOUNDATION OFFERS A VARIETY OF PHILANTHROPIC GIVING OPPORTUNITIES TO MULTIPLE TYPES OF DONORS AND MAKES GRANTS TO A WIDE VARIETY OF CHARITABLE ORGANIZATIONS THROUGHOUT THE REGION. IN ORDER TO CONNECT DONORS WITH CAUSES THAT MATTER TO THEM, THE FOUNDATION CONTINUES TO PROMOTE COLLABORATION IN THE COMMUNITY AND TO SERVE AS A CENTER OF EXPERTISE REGARDING CHARITABLE GIVING AND COMMUNITY KNOWLEDGE. THE FOUNDATION'S COMMUNITY KNOWLEDGE AND EXPERTISE IS CONTINUALLY ENHANCED THROUGH SEVERAL ONGOING EFFORTS. THESE EFFORTS INCLUDE: MEETINGS WITH LEADERSHIP OF CHARITABLE ORGANIZATIONS TO HELP GATHER IMPORTANT INFORMATION ABOUT THE VARIETY AND QUALITY OF CHARITABLE CAUSES AND NEEDS ACROSS THE REGION; PARTICIPATION IN COMMUNITY INITIATIVES; HOSTING EVENTS AND CONVENING COMMUNITY-WIDE DISCUSSIONS ABOUT PHILANTHROPY AND CROSS-SECTOR INFORMATION GATHERING; WORKING WITH AREA GRANTMAKING ORGANIZATIONS TO ASSESS COMMUNITY NEEDS AND DEVELOP WAYS TO WORK COLLEGIALLY AS GRANTMAKERS IN THE COMMUNITY.

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

Name of the organization

LEHIGH VALLEY COMMUNITY FOUNDATION

Employer identification number

23-1686634

CONFLICTS WITH GRANTEEES AT QUARTERLY MEETINGS OF THE BOARD OF GOVERNORS AND  
ABSTAIN FROM VOTES ON ANY GRANTS TO DISCLOSED ORGANIZATIONS.

FORM 990, PART VI, SECTION B, LINE 15:

EACH YEAR, MANAGEMENT REVIEWS ALL FOUNDATION EMPLOYEE SALARIES IN  
COMPARISON TO NATIONAL PEER GROUP SALARY DATA AS PUBLISHED BY THE COUNCIL  
ON FOUNDATIONS RELATIVE. THE INFORMATION, ALONG WITH ANY RECOMMENDATIONS  
FOR SALARY CHANGES, IS PRESENTED TO THE EXECUTIVE COMMITTEE FOR REVIEW AND  
ENDORSEMENT. THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR APPROVING ANY  
NECESSARY ADJUSTMENTS TO EMPLOYEE SALARIES TO ENSURE THAT EMPLOYEE  
COMPENSATION IS COMPARABLE TO SIMILARLY QUALIFIED POSITIONS WITHIN THE  
FOUNDATION'S NATIONAL PEER GROUP.

THE FOUNDATION'S EXECUTIVE COMMITTEE IS RESPONSIBLE FOR ANNUALLY REVIEWING  
AND DETERMINING THE PRESIDENT & CEO'S ANNUAL COMPENSATION. SALARY  
ADJUSTMENTS ARE MADE WITH REFERENCE TO A DEFINED SET OF EXPECTATIONS AND  
PERFORMANCE MEASUREMENTS AND TAKING INTO CONSIDERATION THE PEER FOUNDATION  
SALARY DATA ALONG WITH BUDGETARY ALLOWANCES.

FORM 990, PART VI, SECTION C, LINE 18:

ALL DOCUMENTS ARE MADE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S OFFICE.

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.

Name of the organization <b>LEHIGH VALLEY COMMUNITY FOUNDATION</b>	Employer identification number <b>23-1686634</b>
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN LIFE EXPECTANCY	-14,260.
CHANGE IN CSV	12,361.
TOTAL TO FORM 990, PART XI, LINE 9	-1,899.

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

<b>Type or print</b>  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>840 W. HAMILTON ST., SUITE 310</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ALLENTOWN, PA 18101-2456</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 (other than individual)	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 - 840 W. HAMILTON ST., SUITE 310 -**

- The books are in the care of **ALLENTOWN, PA 18101-2456**  
 Telephone No. **610-351-5353** 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, 2017**.

5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2015**, and ending **JUN 30, 2016**.

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 Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	0.
<b>b</b> If this application is for Forms 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>	\$	0.
<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>	\$	0.

**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 **CPA** Date

5. For Organizations described in Section 162.7(a) of the Act, check section that describes organization:

(See footnote #2 of instructions. Volunteer registrants do not respond.)

- 162.7(a)(1)  162.7(a)(2)
- 162.7(a)(3)  162.7(a)(4)  Not Applicable

6. List type of organization (e.g. corporation, association, etc.) : CORPORATION

Where established: PENNSYLVANIA Date established:\*\* 07/17/1967

\*\* (Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution, or other organizational instrument, and by-laws.)

7. Is any person compensated, or do you intend to compensate any person, for soliciting contributions in Pennsylvania, including employees of the organization and professional solicitors? Yes  No

(Do not check "Yes" if you only use or intend to only use a professional fundraising counsel.)

If "Yes", give date person or entity started or will start soliciting contributions from Pennsylvania residents. 07/17/1967

Items 8 and 9 are required to be completed by initial registrants only

8. Date organization first solicited contributions from Pennsylvania residents:

\_\_\_\_\_

9. If organization solicited Pennsylvania residents and received gross \* contributions totaling more than \$25,000 during the fiscal year covered by this registration statement, or during its current fiscal year, give date contributions first totaled more than \$25,000. \_\_\_\_\_

\*Includes contributions received both within and outside Pennsylvania

10. Has organization been granted IRS tax-exempt status? Yes  No

(If "Yes", please submit copy of IRS exemption letter if not previously submitted.)

A. If "Yes", under which IRS code section: 501(C)(3)

B. Has organization's tax-exempt status ever been denied, revoked, or modified? Yes  No

(If "Yes", attach copy of denial, revocation, or modification.)

11. Was the organization required to file an IRS 990 return and applicable schedules for its most recently completed fiscal year? Yes  No

(If "No", attach explanation of why organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return must file a Pennsylvania public disclosure form BCO-23. This includes an organization that files a 990N, 990EZ, or 990PF.)

12. A clear description of the specific programs for which contributions will be used, and a statement whether such programs are planned or in existence:

ALL CONTRIBUTIONS ARE AND WILL CONTINUE TO BE USED IN GRANT MAKING AND OPERATIONS.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.) :

RESPONSE TO INQUIRES, CONTACT WITH PROFESSIONAL ADVISORS (E.G. ATTORNEYS, ACCOUNTANTS), PUBLIC AWARENESS AND EDUCATION, AND WEBSITE

14. Is organization registered to solicit contributions in any other state or municipality? Yes  No

(If "Yes", list all states and municipalities. Attach separate sheet if necessary.)

15. Names, addresses, and telephone numbers of all professional solicitors you use or intend to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts, and dates Pennsylvania residents were first solicited, or will be solicited:(Attach separate sheet if necessary)

SEE STATEMENT 1

16. Names, addresses, and telephone numbers of all professional fundraising counsels you use or intend to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts, and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents:(Attach separate sheet if necessary)

SEE STATEMENT 2

17. Names, addresses, and telephone numbers of any commercial coventurers under contract with your organization:

NONE

18. If you are a parent organization located in Pennsylvania, do you elect to file a combined registration covering all of your Pennsylvania affiliates?

Yes  No  Not Applicable  (See note under "important information")

If "Yes", give all names and certificate numbers of your affiliate organizations: (For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)

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19. Are you a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on your behalf? Yes  No  (See note under "important information")

If "Yes", provide the name and, if available, certificate # of your parent organization. (For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)

\_\_\_\_\_  
(Legal name of parent organization)

\_\_\_\_\_  
(Certificate #)

20. Does your organization share contributions or other revenue with any other nonprofit corporation or unincorporated association? Yes  No  (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)

21. Does your organization share formal governance with any other nonprofit corporation or unincorporated association? Yes  No  (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)

22. Does any other domestic or foreign organization own a 10% or greater interest in your organization? Yes  No  (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)

23. Does your organization own a 10% or greater interest in any other domestic or foreign organization? Yes  No  (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)

24. Provide the names and addresses of all officers, directors, trustees, and principal salaried executive staff officers: (Attach separate sheet if necessary)

SEE STATEMENT 3

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25. Names and addresses for: *(Attach separate sheet if necessary)*

## A. Individual(s) in charge of solicitation activities:

BERNARD STORY, PRESIDENT & CEO

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840 W. HAMILTON STREET, SUITE 310 ALLENTOWN, PA 18101

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## B. Individual(s) with final responsibility for the custody of contributions:

BOARD OF GOVERNORS

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840 W. HAMILTON STREET, SUITE 310 ALLENTOWN, PA 18101

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## C. Individual(s) with final responsibility for final distribution of contributions:

BOARD OF GOVERNORS

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840 W. HAMILTON STREET, SUITE 310 ALLENTOWN, PA 18101

---

## D. Individual(s) responsible for custody of financial records:

TRISHA HIGGINS, VICE PRESIDENT & CFO

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840 W. HAMILTON STREET, SUITE 310 ALLENTOWN, PA 18101

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## 26. If you answer "Yes" to any of the following, attach a list of related individuals with names, business, and residence addresses of related parties. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A. Any other officer, director, trustee, or employee? Yes  No

B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? Yes  No

C. Any supplier or vendor providing goods or services? Yes  No

## 27. If you answer "Yes" to any of the following, attach full written explanations, including reasons for actions, and copies of all relevant documents. Has organization or any of its present officers, directors, executive personnel, trustees, employees, or fundraisers:

A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or are such proceedings pending in this or any other jurisdiction? Yes  No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes  No

C. Entered into any legally enforceable agreement such as a consent agreement, an assurance of voluntary compliance or discontinuance with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes  No



I certify that the information provided in this registration, including all statements and documentation, is true and correct. I understand that the falsification of any statement or documentation is subject to criminal penalties for unsworn falsifications pursuant to 18 PA. C.S. § 4904.

\_\_\_\_\_  
Signature of Chief Fiscal Officer Date \_\_\_\_\_

TRISHA HIGGINS, CPA, VICE PRESIDENT & CFO  
\_\_\_\_\_  
Type or Print Name and Title of Chief Fiscal Officer

\_\_\_\_\_  
Signature of Another Authorized Officer Date \_\_\_\_\_

BERNARD STORY, PRESIDENT & CEO  
\_\_\_\_\_  
Type or Print Name and Title of Another Authorized Officer

<u>Checklist</u>	
<input checked="" type="checkbox"/>	Original Registration Statement Properly Signed and Dated
<input checked="" type="checkbox"/>	A Copy of Form IRS 990 Return and Required Schedules Signed and Dated by an Authorized Officer
<input type="checkbox"/>	Form BCO-23, if Required
<input checked="" type="checkbox"/>	Applicable Financial Statements
<input checked="" type="checkbox"/>	Registration Fee and any Late Filing Fees
<input type="checkbox"/>	Additional Filings, if an Initial Registrant

FORM BCO-10

ALL PROFESSIONAL SOLICITORS

STATEMENT 1

NAME AND ADDRESS

PHONE NUMBER

NONE

CONTRACT BEGIN DATE

CONTRACT END DATE

SOLICIT DATE

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FORM BCO-10                                  PROFESSIONAL FUNDRAISING COUNSELS                                  STATEMENT    2

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NAME AND ADDRESSPHONE NUMBER

NONE

CONTRACT BEGIN DATECONTRACT END DATESERVICE DATE


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FORM BCO-10                                  OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES                                  STATEMENT    3

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NAME AND ADDRESSTITLE

BERNARD STORY  
840 W. HAMILTON ST., SUITE 310  
ALLENTOWN, PA 18101-2456

PRESIDENT &amp; CEO

NAME AND ADDRESSTITLE

TRISHA HIGGINS  
840 W. HAMILTON ST., SUITE 310  
ALLENTOWN, PA 18101-2456

VICE PRESIDENT &amp; CFO

NAME AND ADDRESSTITLE

MICHAEL STERSHIC  
840 W. HAMILTON ST., SUITE 310  
ALLENTOWN, PA 18101-2456

CHAIRMAN

NAME AND ADDRESSTITLE

BEALL FOWLER  
840 W. HAMILTON ST., SUITE 310  
ALLENTOWN, PA 18101-2456

VICE CHARMAN

NAME AND ADDRESSTITLE

DENISE BLEW  
840 W. HAMILTON ST., SUITE 310  
ALLENTOWN, PA 18101-2456

TREASURER

NAME AND ADDRESSTITLE

MATTHEW SORRENTINO  
840 W. HAMILTON ST., SUITE 310  
ALLENTOWN, PA 18101-2456

SECRETARY

NAME AND ADDRESS

KAMRAN AFSHAR  
840 W. HAMILTON ST., SUITE 310  
ALLENTOWN, PA 18101-2456

TITLE

GOVERNOR

NAME AND ADDRESS

SANDRA BODNYK  
840 W. HAMILTON ST., SUITE 310  
ALLENTOWN, PA 18101-2456

TITLE

GOVERNOR

NAME AND ADDRESS

GEOFFREY BORDA  
840 W. HAMILTON ST., SUITE 310  
ALLENTOWN, PA 18101-2456

TITLE

GOVERNOR

NAME AND ADDRESS

GREG BUTZ  
840 W. HAMILTON ST., SUITE 310  
ALLENTOWN, PA 18101-2456

TITLE

GOVERNOR

NAME AND ADDRESS

THOMAS CAMPBELL  
840 W. HAMILTON ST., SUITE 310  
ALLENTOWN, PA 18101-2456

TITLE

GOVERNOR

NAME AND ADDRESS

BONNIE COYLE  
840 W. HAMILTON ST., SUITE 310  
ALLENTOWN, PA 18101-2456

TITLE

GOVERNOR

NAME AND ADDRESS

CYNTHIA LAMBERT DURHAM  
840 W. HAMILTON ST., SUITE 310  
ALLENTOWN, PA 18101-2456

TITLE

GOVERNOR

NAME AND ADDRESS

CAMILLE EYVAZZADEH  
840 W. HAMILTON ST., SUITE 310  
ALLENTOWN, PA 18101-2456

TITLE

GOVERNOR

NAME AND ADDRESS

KAREN GREEN  
840 W. HAMILTON ST., SUITE 310  
ALLENTOWN, PA 18101-2456

TITLE

GOVERNOR

NAME AND ADDRESS

ANTONIA GRIFO  
840 W. HAMILTON ST., SUITE 310  
ALLENTOWN, PA 18101-2456

TITLE

GOVERNOR

NAME AND ADDRESS

RAYMOND HOLTON  
840 W. HAMILTON ST., SUITE 310  
ALLENTOWN, PA 18101-2456

TITLE

GOVERNOR

NAME AND ADDRESS

JENNIFER MANN  
840 W. HAMILTON ST., SUITE 310  
ALLENTOWN, PA 18101-2456

TITLE

GOVERNOR

NAME AND ADDRESS

JAMES MARGOLIS  
840 W. HAMILTON ST., SUITE 310  
ALLENTOWN, PA 18101-2456

TITLE

GOVERNOR

NAME AND ADDRESS

ROBERT MOFFETT  
840 W. HAMILTON ST., SUITE 310  
ALLENTOWN, PA 18101-2456

TITLE

GOVERNOR

NAME AND ADDRESS

WILLIAM MURPHY  
840 W. HAMILTON ST., SUITE 310  
ALLENTOWN, PA 18101-2456

TITLE

GOVERNOR

NAME AND ADDRESS

BRUCE PALMER  
840 W. HAMILTON ST., SUITE 310  
ALLENTOWN, PA 18101-2456

TITLE

GOVERNOR

NAME AND ADDRESS

MARTHA PHELPS  
840 W. HAMILTON ST., SUITE 310  
ALLENTOWN, PA 18101-2456

TITLE

GOVERNOR

NAME AND ADDRESS

ANN HAGGERTY RAINES  
840 W. HAMILTON ST., SUITE 310  
ALLENTOWN, PA 18101-2456

TITLE

GOVERNOR

NAME AND ADDRESS

MEREDITH RETTALIATA  
840 W. HAMILTON ST., SUITE 310  
ALLENTOWN, PA 18101-2456

TITLE

GOVERNOR

NAME AND ADDRESS

MELINDA STUMPF  
840 W. HAMILTON ST., SUITE 310  
ALLENTOWN, PA 18101-2456

TITLE

GOVERNOR