

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

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	C Name of organization LEHIGH VALLEY COMMUNITY FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 840 W. HAMILTON STREET, SUITE 310 City or town, state or province, country, and ZIP or foreign postal code ALLENTOWN, PA 18101-2456 F Name and address of principal officer: ERIKA PETROZELLI SAME AS C ABOVE	D Employer identification number 23-1686634 E Telephone number 610-351-5353 G Gross receipts \$ 31,541,691. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I 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		
J Website: ▶ WWW.LVCFFOUNDATION.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1967 M State of legal domicile: PA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: TO DISTRIBUTE PHILANTHROPIC DONATIONS TO IMPROVE QUALITY OF LIFE FOR LEHIGH VALLEY RESIDENTS		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	11
	6	Total number of volunteers (estimate if necessary)	6	91
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 5,928,622.
9		Program service revenue (Part VIII, line 2g)	207.	797.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,313,609.	3,927,636.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,242,438.	16,923,036.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,631,171.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	693,684.	782,306.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 272,831.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	580,029.	645,568.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,904,884.	7,010,593.
	19	Revenue less expenses. Subtract line 18 from line 12	337,554.	9,912,443.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 56,996,760.	End of Year 80,747,413.
	21	Total liabilities (Part X, line 26)	682,866.	671,328.
	22	Net assets or fund balances. Subtract line 21 from line 20	56,313,894.	80,076,085.

Part II Signature Block

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

Sign Here	Signature of officer ERIKA PETROZELLI, PRESIDENT & CEO Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name LINDA S HIMEBACK, CPA	Preparer's signature LINDA S HIMEBACK, CP	Date 04/25/22	Check if self-employed <input type="checkbox"/>	PTIN P00042618
	Firm's name ▶ HERBEIN + COMPANY, INC.	Firm's EIN ▶ 23-2415973			
	Firm's address ▶ 2763 CENTURY BOULEVARD READING, PA 19610	Phone no. (610) 378-1175			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

2020

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

LEHIGH VALLEY COMMUNITY FOUNDATION

23-1686634

Name and title of officer or person subject to tax

**ERIKA PETROZELLI
PRESIDENT & CEO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>16,923,036.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **HERBEIN + COMPANY, INC.** to enter my PIN **33138**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ Erika K Petrozelli Date ▶ 5/5/22

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

24331333138
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **LINDA S HIMEBACK, CPA** Date ▶ **04/25/22**

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

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.

4a (Code:) (Expenses \$ 6,415,465. including grants of \$ 5,582,719.) (Revenue \$ 797.) DURING FISCAL YEAR 2021, THE FOUNDATION MADE 753 GRANTS TOTALING OVER \$5.6 MILLION. OVER 350 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.

FOUNDATION-DIRECTED GRANTMAKING EFFORTS WERE STRATEGICALLY AIMED AT CAPACITY BUILDING IN THE NONPROFIT SECTOR AND BUILDING KEY RELATIONSHIPS AND TRANSFORMING PROGRESS IN THE UNDERSTANDING, AWARENESS, AND KNOWLEDGE OF RACIAL EQUITY.

SEE CONTINUATION ON SCHEDULE O

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

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

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

4e Total program service expenses 6,415,465.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on 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 STREET, 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. See instructions for the order in which to list the persons above.

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) SANDRA BODNYK CHAIR AS OF NOVEMBER	2.50	X		X				0.	0.	0.
(2) ANNE M. REID VICE CHAIR & TREASURER AS OF NOV	2.50	X		X				0.	0.	0.
(3) ANTONIA GRIFO SECRETARY	1.30	X		X				0.	0.	0.
(4) GEOFFREY BORDA GOVERNOR	0.75	X						0.	0.	0.
(5) MONICA BROOKS GOVERNOR AS OF SEPTEMBER	0.75	X						0.	0.	0.
(6) THOMAS L. CAMPBELL CHAIR THRU NOV; GOVERNOR THRU JUNE	0.75	X						0.	0.	0.
(7) LUIS CAMPOS GOVERNOR	0.75	X						0.	0.	0.
(8) CAMILLE EYVAZZADEH GOVERNOR THROUGH JUNE	0.75	X						0.	0.	0.
(9) VERONICA GONZALEZ GOVERNOR	0.75	X						0.	0.	0.
(10) THOMAS GROVES GOVERNOR AS OF SEPTEMBER	0.75	X						0.	0.	0.
(11) MARGARETHA HAEUSSLER GOVERNOR	0.75	X						0.	0.	0.
(12) CHARLOTTE HARTMANN-HANSEN GOVERNOR AS OF NOVEMBER	0.75	X						0.	0.	0.
(13) JENNIFER L. MANN GOVERNOR	0.75	X						0.	0.	0.
(14) ELIZABETH MARCON GOVERNOR	0.75	X						0.	0.	0.
(15) R. NICHOLAS NANOVIC GOVERNOR	0.75	X						0.	0.	0.
(16) GREG RAMOS GOVERNOR	0.75	X						0.	0.	0.
(17) SYBIL STERSHIC GOVERNOR	0.75	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) MELINDA STUMPF GOVERNOR	0.75	X					0.	0.	0.	
(19) KERRY A. WROBEL GOVERNOR	0.75	X					0.	0.	0.	
(20) BERNARD STORY PRES/CEO THRU 12/31/20; PRESIDENT THRU 6/30/21	40.00			X			123,803.	0.	22,580.	
(21) TRISHA HIGGINS VICE PRESIDENT & CFO	40.00			X			104,076.	0.	16,944.	
(22) ERIKA PETROZELLI CEO 1/2021; PRESIDENT & CEO 7/1/21	40.00			X			79,953.	0.	5,128.	
1b Subtotal							307,832.	0.	44,652.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							307,832.	0.	44,652.	

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 **2**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such person</i>		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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	427,572.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	12,567,031.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 1,699,802.			
	h	Total. Add lines 1a-1f		12,994,603.			
Program Service Revenue	2 a	PROGRAM SERVICE FEES	Business Code				
			523920	797.	797.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		797.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,401,151.		1,401,151.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				17,145,140.			
	b	Less: cost or other basis and sales expenses	7b	14,618,655.			
	c	Gain or (loss)	7c	2,526,485.			
d	Net gain or (loss)		2,526,485.		2,526,485.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
		9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10a					
		b	Less: cost of goods sold	10b			
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		16,923,036.	797.	0.	3,927,636.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	5,573,719.	5,573,719.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	9,000.	9,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	355,385.	129,857.	153,425.	72,103.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	315,052.	145,934.	64,814.	104,304.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,111.	6,473.	2,958.	3,680.
9 Other employee benefits	47,772.	15,607.	11,428.	20,737.
10 Payroll taxes	50,986.	21,245.	14,498.	15,243.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	18,600.		18,600.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	373,293.	373,293.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	80,525.	68,688.	8,914.	2,923.
12 Advertising and promotion	18,983.	13,587.		5,396.
13 Office expenses	15,129.	6,021.	3,948.	5,160.
14 Information technology	49,443.	20,810.	10,916.	17,717.
15 Royalties				
16 Occupancy	69,929.	26,873.	23,157.	19,899.
17 Travel	225.	29.	128.	68.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	5,578.	117.	3,601.	1,860.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,871.	780.	532.	559.
23 Insurance	3,708.	1,545.	1,054.	1,109.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES & SUBSCRIPTIONS	8,284.	1,887.	4,324.	2,073.
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	7,010,593.	6,415,465.	322,297.	272,831.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here 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
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	2,115,190.	2	5,698,211.
	3 Pledges and grants receivable, net	23,009.	3	1,108.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	22,031.	9	29,130.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 43,784.		
	b Less: accumulated depreciation	10b 41,599.	4,056.	10c 2,185.
	11 Investments - publicly traded securities	54,170,752.	11	74,288,750.
	12 Investments - other securities. See Part IV, line 11	374,403.	12	429,204.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	287,319.	15	298,825.
16 Total assets. Add lines 1 through 15 (must equal line 33)	56,996,760.	16	80,747,413.	
Liabilities	17 Accounts payable and accrued expenses	44,349.	17	35,424.
	18 Grants payable	142,355.	18	234,018.
	19 Deferred revenue	1,500.	19	0.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	123,600.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	371,062.	25	401,886.
	26 Total liabilities. Add lines 17 through 25	682,866.	26	671,328.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	56,310,553.	27	80,048,767.
	28 Net assets with donor restrictions	3,341.	28	27,318.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	56,313,894.	32	80,076,085.
33 Total liabilities and net assets/fund balances	56,996,760.	33	80,747,413.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,923,036.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,010,593.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,912,443.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	56,313,894.
5	Net unrealized gains (losses) on investments	5	13,831,208.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	18,540.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	80,076,085.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		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 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		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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 on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2020)

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.

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

OMB No. 1545-0047

2020

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 12, check only one box.)

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

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,161,645.	11,271,176.	3,597,158.	5,637,451.	12,994,603.	38,662,033.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5,161,645.	11,271,176.	3,597,158.	5,637,451.	12,994,603.	38,662,033.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						14,794,531.
6 Public support. Subtract line 5 from line 4.						23,867,502.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	5,161,645.	11,271,176.	3,597,158.	5,637,451.	12,994,603.	38,662,033.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,175,094.	1,556,874.	1,750,035.	1,559,840.	1,401,151.	7,442,994.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						46,105,027.
12 Gross receipts from related activities, etc. (see instructions)					12	4,604.
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	51.77 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	57.46 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

Horizontal lines for supplemental information input.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

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	93	44
2 Aggregate value of contributions to (during year)	2,389,784.	5,313,890.
3 Aggregate value of grants from (during year)	6,161,771.	979,014.
4 Aggregate value at end of year	18,002,641.	7,839,164.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB 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) 2020

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 make 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 program
 - 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 | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on 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	46,769,026.	46,834,481.	47,013,569.	42,350,013.	37,161,711.
b Contributions	1,196,826.	2,322,495.	532,053.	3,026,264.	2,439,944.
c Net investment earnings, gains, and losses	14,199,670.	88,141.	1,636,262.	3,851,168.	4,843,789.
d Grants or scholarships	1,697,762.	1,497,987.	1,474,749.	1,341,299.	1,295,790.
e Other expenditures for facilities and programs	413,682.	433,863.	404,390.	404,255.	404,885.
f Administrative expenses	540,880.	544,241.	468,264.	468,322.	394,756.
g End of year balance	59,513,198.	46,769,026.	46,834,481.	47,013,569.	42,350,013.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 8.0000 %
 - b Permanent endowment 92.0000 %
 - c Term 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 | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		43,784.	41,599.	2,185.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,185.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
Total. (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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITIES UNDER SPLIT INTEREST	
(3) AGREEMENTS	401,886.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	401,886.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

1	Total revenue, gains, and other support per audited financial statements	1	28,797,362.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	13,831,208.
b	Donated services and use of facilities	2b	85,242.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	39,011.
e	Add lines 2a through 2d	2e	13,955,461.
3	Subtract line 2e from line 1	3	14,841,901.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	373,293.
b	Other (Describe in Part XIII.)	4b	1,707,842.
c	Add lines 4a and 4b	4c	2,081,135.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	16,923,036.

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

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

1	Total expenses and losses per audited financial statements	1	6,644,139.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	85,242.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	85,242.
3	Subtract line 2e from line 1	3	6,558,897.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	373,293.
b	Other (Describe in Part XIII.)	4b	78,403.
c	Add lines 4a and 4b	4c	451,696.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	7,010,593.

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	7,034.
ADMINISTRATIVE FEES	20,471.
CHANGE IN CSV	11,506.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	39,011.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUNDS INCLUDED IN CONTRIBUTIONS	914,016.
INVESTMENT INCOME FROM AGENCY FUNDS	69,143.
UNREALIZED/REALIZED GAINS (LOSSES) FROM AGENCY FUNDS	732,635.
INVESTMENT FEES FROM AGENCY FUNDS	-7,952.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	1,707,842.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUND EXPENSES

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANTS FROM AGENCY FUNDS	78,280.
AGENCY FUND EXPENSES	123.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	78,403.

**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.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
3 a Subtotal	0	0			0.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			0.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	COMMUNITY DEVELOPMENT	9,000.		0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **1**

3 Enter total number of other organizations or entities **1**

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" 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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

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.**

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

OMB No. 1545-0047

2020

**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 noncash assistance	(h) Purpose of grant or assistance
AFROS IN NATURE 1140 W. UNION BLVD BETHLEHEM, PA 18018	85-3210235	501(C)(3)	14,000.	0.			HUMAN SERVICES
ALLENTOWN AREA ECUMENICAL FOOD BANK - 534 CHEW STREET - ALLENTOWN, PA 18102	23-2214543	501(C)(3)	11,000.	0.			HUMAN SERVICES
ALLENTOWN RESCUE MISSION 355 HAMILTON STREET ALLENTOWN, PA 18101	23-6005983	501(C)(3)	7,048.	0.			HUMAN SERVICES
ALLENTOWN SCHOOL DISTRICT FOUNDATION - 31 SOUTH PENN STREET - ALLENTOWN, PA 18105	27-0743152	501(C)(3)	81,088.	0.			EDUCATIONAL
AMERICAN FRIENDS OF PTEL TEKHELET INC. - 264 NORGROVE PLACE - LONG BRANCH, NJ 07740	82-1378752	501(C)(3)	5,000.	0.			COMMUNITY DEVELOPMENT
AMERICAN RED CROSS OF LEHIGH VALLEY-BUCKS - 3939 BROADWAY - ALLENTOWN, PA 18104	53-0196605	501(C)(3)	13,958.	0.			HUMAN SERVICES

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 117.**
- 3** Enter total number of other organizations listed in the line 1 table **▶ 2.**

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
AMERICAN RED CROSS POCONOS 256 NORTH SHERMAN STREET WILKES-BARRE, PA 18702	53-0196605	501(C)(3)	41,480.	0.			HUMAN SERVICES
ARTSQUEST 25 W. THIRD STREET, SUITE 300 BETHLEHEM, PA 18015	23-2280560	501(C)(3)	10,500.	0.			ARTS, CULTURE
BACH CHOIR OF BETHLEHEM 440 HECKEWELDER PLACE BETHLEHEM, PA 18018	24-0795385	501(C)(3)	39,680.	0.			ARTS, CULTURE
BAUM SCHOOL OF ART 510 LINDEN STREET ALLENTOWN, PA 18101	23-1607174	501(C)(3)	6,130.	0.			ARTS, CULTURE
BETHLEHEM AREA PUBLIC LIBRARY 11 WEST CHURCH STREET BETHLEHEM, PA 18018	24-0795387	501(C)(3)	10,500.	0.			EDUCATIONAL
BETHLEHEM AREA SCHOOL DISTRICT 1516 SYCAMORE STREET BETHLEHEM, PA 18017			8,487.	0.			EDUCATIONAL
BLACK HERITAGE ASSOCIATION OF THE LEHIGH VALLEY - 1124 W HAMILTON STREET - ALLENTOWN, PA 18101	23-2997404	501(C)(3)	14,000.	0.			ARTS, CULTURE
BOY SCOUTS OF AMERICA - MINSI TRAILS COUNCIL - PO BOX 20624 - LEHIGH VALLEY, PA 18002	23-1708585	501(C)(3)	8,840.	0.			HUMAN SERVICES
BOYS & GIRLS CLUB OF ALLENTOWN 720 N SIXTH STREET ALLENTOWN, PA 18102	23-1352042	501(C)(3)	12,650.	0.			HUMAN SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
BOYS & GIRLS CLUB OF BETHLEHEM 1430 FRITZ DRIVE BETHLEHEM, PA 18017	23-6298476	501(C)(3)	33,920.	0.			HUMAN SERVICES
BRADBURY-SULLIVAN LGBT COMMUNITY CENTER - PO BOX 22902 - LEHIGH VALLEY, PA 18102	20-1443960	501(C)(3)	12,180.	0.			COMMUNITY DEVELOPMENT
COMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEY INC. - 1337 EAST FIFTH STREET - BETHLEHEM, PA 18105	23-1669589	501(C)(3)	28,225.	0.			HUMAN SERVICES
CAMP COMPASS, INC. 1221 SUMNER AVE REAR ALLENTOWN, PA 18104	25-1857959	501(C)(3)	10,330.	0.			HUMAN SERVICES
CANCER SUPPORT COMMUNITY OF THE GREATER LEHIGH VALLEY - 944 MARCON BLVD, SUITE 110 - ALLENTOWN, PA 18109	73-1657537	501(C)(3)	8,350.	0.			HEALTH CARE
CASA GUADALUPE CENTER 218 N. SECOND STREET ALLENTOWN, PA 18102	23-1988203	501(C)(3)	46,500.	0.			HEALTH CARE
CATHOLIC CHARITIES OF THE DIOCESE OF ALLENTOWN, INC. - 900 S. WOODWARD STREET - ALLENTOWN, PA 18103	23-1598117	501(C)(3)	50,748.	0.			HUMAN SERVICES
CENTRAL MORAVIAN CHURCH 73 W. CHURCH STREET BETHLEHEM, PA 18018	24-0795954	501(C)(3)	11,000.	0.			COMMUNITY DEVELOPMENT
CHURCH OF THE ASSUMPTION B.V.M. 4101 OLD BETHLEHEM PIKE BETHLEHEM, PA 18015	23-1536963	501(C)(3)	12,500.	0.			COMMUNITY DEVELOPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
COHESION NETWORK 125 N 3RD STREET ALLENTOWN, PA 18101	27-5034772	501(C)(3)	17,500.	0.			EDUCATIONAL
COMMUNITIES IN SCHOOLS OF EASTERN PENNSYLVANIA, INC. - 739 N. 12 STREET - ALLENTOWN, PA 18102	23-2222874	501(C)(3)	16,250.	0.			EDUCATIONAL
COMMUNITY ACTION PARTNERSHIP OF LANCASTER COUNTY - 601 SOUTH QUEEN STREET - LANCASTER, PA 17603	23-1667311	501(C)(3)	5,400.	0.			HUMAN SERVICES
COMMUNITY BIKE WORKS 235 NORTH MADISON STREET ALLENTOWN, PA 18102	23-2867945	501(C)(3)	12,700.	0.			HUMAN SERVICES
COMMUNITY SERVICES FOR CHILDREN 1520 HANOVER AVENUE ALLENTOWN, PA 18109	23-2204725	501(C)(3)	438,470.	0.			EDUCATIONAL
CONGREGATION KENESETH ISRAEL 2227 W. CHEW STREET ALLENTOWN, PA 18104	23-1489807	501(C)(3)	39,415.	0.			COMMUNITY DEVELOPMENT
COPS 'N KIDS OF EASTON, INC. 48 N 4TH STREET EASTON, PA 18042	83-1891853	501(C)(3)	7,500.	0.			HUMAN SERVICES
DA VINCI SCIENCE CENTER 3145 HAMILTON BOULEVARD BYPASS ALLENTOWN, PA 18103	23-2824084	501(C)(3)	196,370.	0.			ARTS, CULTURE
DEBORAH HOSPITAL FOUNDATION 212 TRENTON ROAD BROWNS MILLS, NJ 08015	22-2049500	501(C)(3)	50,000.	0.			HEALTH CARE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 UNIVERISTY 2755 STATION AVENUE CENTER VALLEY, PA 18034	23-1653718	501(C)(3)	58,440.	0.			EDUCATIONAL
DIOCESE OF ALLENTOWN 1515 MARTIN LUTHER KING JR DRIVE ALLENTOWN, PA 18102	23-1598116	501(C)(3)	5,500.	0.			COMMUNITY DEVELOPMENT
EFFORT UNITED METHODIST CHURCH 178 MERWINSBURG ROAD EFFORT, PA 18330	23-2262920	501(C)(3)	40,000.	0.			COMMUNITY DEVELOPMENT
EMERSON COLLEGE 120 BOYLSTON STREET BOSTON, MA 02116	04-1286950	501(C)(3)	5,000.	0.			EDUCATIONAL
EMMAUS MORAVIAN CHURCH 146 MAIN STREET EMMAUS, PA 18049	23-1387111	501(C)(3)	9,440.	0.			COMMUNITY DEVELOPMENT
EQUI-LIBRIUM, INC. 524 FEHR ROAD NAZARETH, PA 18064	23-3088228	501(C)(3)	11,750.	0.			HUMAN SERVICES
FIRST PRESBYTERIAN CHURCH OF ALLENTOWN - 3231 WEST TILGHMAN STREET - ALLENTOWN, PA 18104	23-1352423	501(C)(3)	20,000.	0.			COMMUNITY DEVELOPMENT
FORDHAM UNIVERSITY 441 E FORDHAM ROAD BRONX, NY 10458	13-1740451	501(C)(3)	10,230.	0.			EDUCATIONAL
FRIENDS OF LEVITT PAVILION AT STEELSTACKS - 101 FOUNDERS WAY - BETHLEHEM, PA 18015	27-3036235	501(C)(3)	27,225.	0.			ARTS, CULTURE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
GOOD SHEPHERD REHABILITATION NETWORK - 850 S 5TH STREET - ALLENTOWN, PA 18103	23-2216041	501(C)(3)	100,615.	0.			HUMAN SERVICES
GREATER EASTON DEVELOPMENT PARTNERSHIP - 325 NORTHAMPTON STREET - EASTON, PA 18042	23-2660344	501(C)(3)	38,500.	0.			COMMUNITY DEVELOPMENT
GREATER VALLEY YMCA 1524 WEST LINDEN STREET; SUITE 209 ALLENTOWN, PA 18102	24-0798706	501(C)(3)	64,275.	0.			HUMAN SERVICES
GUIDING EYES FOR THE BLIND, INC. 611 GRANITE SPRINGS ROAD YORKTOWN HEIGHTS, NY 10598	13-1854606	501(C)(3)	75,000.	0.			HUMAN SERVICES
HISPANIC CENTER LEHIGH VALLEY 520 EAST 4TH STREET BETHLEHEM, PA 18015	23-1882308	501(C)(3)	10,692.	0.			HUMAN SERVICES
HISTORIC BETHLEHEM PARTNERSHIP 74 WEST BROAD STREET, SUITE 310 BETHLEHEM, PA 18018	23-2741808	501(C)(3)	8,093.	0.			ARTS, CULTURE
HOUSING ASSOCIATION & DEVELOPMENT CORPORATION - 513 CHEW STREET - ALLENTOWN, PA 18102	23-2118810	501(C)(3)	26,400.	0.			HUMAN SERVICES
HUMANITARIAN SOCIAL INNOVATIONS 301 BROADWAY SUITE M100 BETHLEHEM, PA 18015	46-4779591	501(C)(3)	26,000.	0.			HUMAN SERVICES
JEWISH CENTER FOR WELLBEING 17 TENNYSON PLACE PASSAIC, NJ 07055	46-3248490	501(C)(3)	7,500.	0.			COMMUNITY DEVELOPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
JEWISH COMMUNITY CENTER OF ALLENTOWN PENNSYLVANIA - 702 NORTH 22ND STREET - ALLENTOWN, PA 18104	23-0734200	501(C)(3)	7,130.	0.			HUMAN SERVICES
JEWISH DAY SCHOOL OF THE LEHIGH VALLEY - 2313 PENNSYLVANIA STREET - ALLENTOWN, PA 18104	23-7344525	501(C)(3)	5,000.	0.			EDUCATIONAL
JEWISH FEDERATION OF THE LEHIGH VALLEY - 702 NORTH 22ND STREET - ALLENTOWN, PA 18104	23-6396949	501(C)(3)	19,630.	0.			COMMUNITY DEVELOPMENT
JUILLIARD SCHOOL 60 LINCOLN CENTER PLAZA NEW YORK, NY 10023	13-1624067	501(C)(3)	29,140.	0.			EDUCATIONAL
KELLYN FOUNDATION 336 BUSHKILL STREET TATAMY, PA 18085	26-2623498	501(C)(3)	13,750.	0.			HUMAN SERVICES
LAFAYETTE COLLETE 730 SULLIVAN ROAD EASTON, PA 18042	24-0795686	501(C)(3)	75,000.	0.			EDUCATIONAL
LEHIGH CARBON COMMUNITY COLLEGE FOUNDATION - 4525 EDUCATION PARK DRIVE - SCHNECKSVILLE, PA 18078	23-7454575	501(C)(3)	189,184.	0.			COMMUNITY DEVELOPMENT
LEHIGH CONFERENCE OF CHURCHES 457 ALLEN STREET ALLENTOWN, PA 18102	23-1484205	501(C)(3)	10,800.	0.			COMMUNITY DEVELOPMENT
LEHIGH UNIVERSITY 27 MEMORIAL DRIVE WEST BETHLEHEM, PA 18105	24-0795445	501(C)(3)	8,958.	0.			EDUCATIONAL

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 VALLEY CHARTER HIGH SCHOOL FOR THE ARTS - 321 E 3RD STREET - BETHLEHEM, PA 18015	23-2859758	501(C)(3)	28,280.	0.			EDUCATIONAL
LEHIGH VALLEY CHILDREN'S CENTERS, INC. - 1501 LEHIGH STREET, SUITE 208 - ALLENTOWN, PA 18103	23-1908158	501(C)(3)	26,630.	0.			HUMAN SERVICES
LEHIGH VALLEY HOSPITAL 2100 MACK BLVD, PO BOX 1883 ALLENTOWN, PA 18105	23-1689692	501(C)(3)	1,138,718.	0.			HEALTH CARE
LIFEPATH INC 3500 HIGH POINT BLVD BETHLEHEM, PA 18107	23-7402943	501(C)(3)	5,000.	0.			HUMAN SERVICES
LILY'S HOPE FOUNDATION 1148 S CEDAR CREST BLVD ALLENTOWN, PA 18103	45-5557205	501(C)(3)	5,000.	0.			HUMAN SERVICES
LITERACY CENTER 1132 HAMILTON STREET, SUITE 300 ALLENTOWN, PA 18101	22-2458322	501(C)(3)	5,400.	0.			EDUCATIONAL
LEHIGH VALLEY CENTER FOR INDEPENDENT LIVING INC. - 713 NORTH 13TH STREET - ALLENTOWN, PA 18102	23-2610549	501(C)(3)	55,580.	0.			HUMAN SERVICES
MARTIN LUTHER & CORETTA SCOTT KING MEMORIAL PROJECT INC. - PO BOX 1356 - ALLENTOWN, PA 18105	26-0407954	501(C)(3)	14,000.	0.			EDUCATIONAL
MEALS ON WHEELS OF THE GREATER LEHIGH VALLEY - 4240 FRITCH DRIVE - BETHLEHEM, PA 18020	23-1861779	501(C)(3)	101,400.	0.			HUMAN SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
MENHEALING 1445 SOUTH HOYTSTVILLE ROAD COALVILLE, UT 84017	82-3764911	501(C)(3)	7,000.	0.			HEALTH CARE
MERCY SCHOOL FOR SPECIAL LEARNING 830 S WOODWARD STREET ALLENTOWN, PA 18103	90-0988217	501(C)(3)	6,000.	0.			HUMAN SERVICES
MORAVIAN ACADEMY 7 EAST MARKET STREET BETHLEHEM, PA 18018	24-0829838	501(C)(3)	53,500.	0.			EDUCATIONAL
MORAVIAN UNIVERSITY 1200 MAIN STREET BETHLEHEM, PA 18018	24-0795460	501(C)(3)	17,880.	0.			EDUCATIONAL
MORAVIAN VILLAGE OF BETHLEHEM 526 WOOD STREET BETHLEHEM, PA 18018	23-3022262	501(C)(3)	112,718.	0.			HUMAN SERVICES
MOUNT POCONO UNITED METHODIST CHURCH - 12 CHURCH AVE - MT POCONO, PA 18344		501(C)(3)	40,000.	0.			COMMUNITY DEVELOPMENT
MUHLENBERG COLLEGE 2400 W CHEW STREET ALLENTOWN, PA 18104	23-1352664	501(C)(3)	11,295.	0.			EDUCATIONAL
NEW BETHANY MINISTRIES 333 WEST FOURTH STREET BETHLEHEM, PA 18015	23-2365694	501(C)(3)	118,308.	0.			HUMAN SERVICES
NORTHAMPTON COUNTY AREA COMMUNITY COLLEGE FOUNDATION - 3835 GREEN POND ROAD - BETHLEHEM, PA 18020	23-2064496	501(C)(3)	11,990.	0.			EDUCATIONAL

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 BAR ASSOCIATION 155 SOUTH NINTH STREET EASTON, PA 18042	24-0786283	501(C)(3)	10,020.	0.			GENERAL SUPPORT
NORTHEAST COMMUNITY CENTER PO BOX 1463 BETHLEHEM, PA 18016	23-2339841	501(C)(3)	7,400.	0.			HUMAN SERVICES
NOTRE DAME HIGH SCHOOL 3417 CHURCH ROAD EASTON, PA 18045	24-0834373		47,000.	0.			EDUCATIONAL
OHR TORAH STONE 49 W. 45TH STREET, SUITE 701 NEW YORK, NY 10036	13-3275531	501(C)(3)	18,000.	0.			ARTS, CULTURE
ORTIZ ARK FOUNDATION 523 W TILGHMAN STREET ALLENTOWN, PA 18102	84-3640684	501(C)(3)	12,500.	0.			HUMAN SERVICES
PBS39/WLVT 839 SESAME STREET BETHLEHEM, PA 18015	23-1642883	501(C)(3)	9,070.	0.			ARTS, CULTURE
PENN STATE UNIVERSITY 210 OLD MAIN UNIVERSITY PARK, PA 16802	24-6000376	501(C)(3)	10,000.	0.			EDUCATIONAL
PENNRIDGE SENIOR CENTER ASSOCIATION, INC. - 146 EAST MAIN STREET - PERKASIE, PA 18944	23-2653916	501(C)(3)	22,090.	0.			HUMAN SERVICES
PINEBROOK FAMILY ANSWERS 402 NORTH FULTON STREET ALLENTOWN, PA 18102	23-2112204	501(C)(3)	8,400.	0.			HUMAN SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD KEYSTONE 610 LOUIS DRIVE, SUITE 300 WARMINSTER, PA 18974	23-2450112	501(C)(3)	5,250.	0.			HEALTH CARE
POINT PLEASANT PRESBYTERIAN CHURCH 701 FORMAN AVE POINT PLEASANT BEACH, NJ 08742	55-0536244	501(C)(3)	20,000.	0.			COMMUNITY DEVELOPMENT
PRATYUSH SINHA FOUNDATION 961 MARCON BLVD ALLENTOWN, PA 18109	46-0733274	501(C)(3)	14,000.	0.			EDUCATIONAL
PROMISE NEIGHBORHOODS OF THE LEHIGH VALLEY - 1101 HAMILTON STREET, SUITE 102 - ALLENTOWN, PA 18102	46-4977927	501(C)(3)	17,500.	0.			COMMUNITY DEVELOPMENT
RECOVERY REVOLUTION 109 BROADWAY BANGOR, PA 18013	20-2953047	501(C)(3)	15,000.	0.			HEALTH CARE
RESURRECTED COMMUNITY DEVELOPMENT CORPORATION - 144 NORTH 9TH STREET - ALLENTOWN, PA 18102	45-1018523	501(C)(3)	29,000.	0.			EDUCATIONAL
SALVATION ARMY GREATER PHILADELPHIA - 4050 CONSHOCKEN AVE - PHILADELPHIA, PA 19131	13-5562351	501(C)(3)	80,548.	0.			HUMAN SERVICES
SECOND HARVEST FOOD BANK OF LEHIGH VALLEY & NORTHEASTERN PA - 6969 SILVER CREST ROAD - NAZARETH, PA 18064	23-1669589	501(C)(3)	31,948.	0.			COMMUNITY DEVELOPMENT
SIGHTS FOR HOPE 845 W WYOMING STREET ALLENTOWN, PA 18103	23-1352260	501(C)(3)	23,035.	0.			HUMAN SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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. JAMES EVANGELICAL LUTHERAN CHURCH - 333 EAST OXFORD STREET - COOPERSBURG, PA 18036	23-2020443	501(C)(3)	35,000.	0.			COMMUNITY DEVELOPMENT
ST. JOHN'S EVANGELICAL LUTHERAN CHURCH ALLENTOWN - 37 S 5TH STREET - ALLENTOWN, PA 18101		501(C)(3)	5,000.	0.			COMMUNITY DEVELOPMENT
ST. JOHN'S EVANGELICAL LUTHERAN CHURCH NAZARETH - 200 S BROAD STREET - NAZARETH, PA 18064		501(C)(3)	7,260.	0.			COMMUNITY DEVELOPMENT
ST. JUDE - AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC. - 501 ST JUDE PLACE - MEMPHIS, TN 38105	35-1044585	501(C)(3)	75,000.	0.			COMMUNITY DEVELOPMENT
ST. LUKE'S SCHOOL OF NURSING 1110 ST LUKES WAY ALLENTOWN, PA 18109	23-1352213	501(C)(3)	24,980.	0.			HEALTH CARE
ST. LUKE'S UNIVERSITY HOSPITAL 1110 ST LUKES WAY ALLENTOWN, PA 18109	23-1352213	501(C)(3)	5,000.	0.			HEALTH CARE
ST. STEPHEN'S EVANGELICAL LUTHERAN CHURCH - 67 W WASHINGTON AVE - BETHLEHEM, PA 18018	23-2054933	501(C)(3)	18,000.	0.			COMMUNITY DEVELOPMENT
TECHNICAL ASSISTANCE COLLABORATIVE, INC. - 15 COURT SQUARE, 11TH FLOOR - BOSTON, MA 02116	22-3181028	501(C)(3)	10,000.	0.			HUMAN SERVICES
TOUCHSTONE THEATRE 321 EAST 4TH STREET BETHLEHEM, PA 18015	23-2073331	501(C)(3)	10,130.	0.			ARTS, CULTURE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
TRINITY UNITED METHODIST CHURCH 615 VIAND STREET; PO BOX 228 POINT PLEASANT, WV 25550		501(C)(3)	5,880.	0.			COMMUNITY DEVELOPMENT
UNIDOS FOUNDATION 1329 HAMILTON STREET ALLENTOWN, PA 18102	83-4310898	501(C)(3)	8,000.	0.			COMMUNITY DEVELOPMENT
UNION-SNYDER COMMUNITY ACTION AGENCY - 713 BRIDGE STREET - SELINGROVE, PA 17870	23-2112683	501(C)(3)	10,703.	0.			HUMAN SERVICES
UNITED WAY OF THE GREATER LEHIGH VALLEY - 1110 AMERICAN PKWY NE, SUITE F-120 - ALLENTOWN, PA 18109	23-2657933	501(C)(3)	431,668.	0.			COMMUNITY DEVELOPMENT
UNIVERSITY OF PENNSYLVANIA 351 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	5,795.	0.			EDUCATIONAL
VALLEY YOUTH HOUSE 3400 HIGH POINT BLVD BETHLEHEM, PA 18017	23-7178820	501(C)(3)	34,640.	0.			HUMAN SERVICES
VALLEY AGAINST SEX TRAFFICKING PO BOX 3174 ALLENTOWN, PA 18103	47-4301496	501(C)(3)	10,000.	0.			HUMAN SERVICES
VIA OF THE LEHIGH VALLEY, INC. 336 W. SPRUCE STREET BETHLEHEM, PA 18018	23-1457999	501(C)(3)	12,690.	0.			HUMAN SERVICES
VICTORY HOUSE OF LEHIGH VALLEY 314 FILLMORE STREET; PO BOX 5458 BETHLEHEM, PA 18015	23-2370759	501(C)(3)	53,900.	0.			HUMAN SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
VILLAGE EARTH PO BOX 797 FORT COLLINS, CO 80522	84-1243878	501(C)(3)	5,000.	0.			COMMUNITY DEVELOPMENT
VISITING NURSE ASSOCIATION OF ST LUKE'S HOME HEALTH HOSPICE, INC. - 1110 ST LUKES WAY - ALLENTOWN, PA 18109	24-0795497	501(C)(3)	6,000.	0.			HUMAN SERVICES
VOLUNTEER CENTER OF THE LEHIGH VALLEY - 25 WEST 3RD STREET - BETHLEHEM, PA 18015	23-2862188	501(C)(3)	13,000.	0.			COMMUNITY DEVELOPMENT
WEST CHESTER UNIVERSITY FOUNDATION 202 CARTER DRIVE WEST CHESTER, PA 19382	23-3054174	501(C)(3)	29,140.	0.			EDUCATIONAL
WILDLANDS CONSERVANCY 3701 ORCHID PLACE EMMAUS, PA 18049	23-7401326	501(C)(3)	46,260.	0.			ENVIRONMENTAL

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 noncash 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 - DIRECTED GRANTS PROCESS REQUIRE GRANTEES TO ACCEPT THE TERMS AND CONDITIONS OF THE GRANT. GRANTEES ARE TYPICALLY REQUIRED TO SUBMIT A FINAL REPORT. THE FOUNDATION REQUIRES SIGNED GRANT AGREEMENTS AND FINAL REPORTS FOR CERTAIN NON-COMPETITIVE GRANTS. THE FOUNDATION STAFF AND GOVERNORS OCCASIONALLY CONDUCT GRANTEE SITE VISITS. FOR THOSE GRANTS THAT REQUIRE EXPENDITURE RESPONSIBILITY, GRANTEES ARE REQUIRED TO PROVIDE THE APPROPRIATE DOCUMENTATION TO VERIFY THE CHARITABLE USE OF GRANT DOLLARS. ALL NON-COMPETITIVE GRANT CHECKS SENT TO GRANTEES ARE

Part IV Supplemental Information

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

2020

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

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	23	1,699,802. FMV AT GIFT DATE
10	Securities - Closely held stock			
11	Securities - Partnership, LLC, or trust interests			
12	Securities - Miscellaneous			
13	Qualified conservation contribution - Historic structures			
14	Qualified conservation contribution - Other			
15	Real estate - Residential			
16	Real estate - Commercial			
17	Real estate - Other			
18	Collectibles			
19	Food inventory			
20	Drugs and medical supplies			
21	Taxidermy			
22	Historical artifacts			
23	Scientific specimens			
24	Archeological artifacts			
25	Other ()			
26	Other ()			
27	Other ()			
28	Other ()			

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, 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 isn't 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 nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

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.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

LEHIGH VALLEY COMMUNITY FOUNDATION

Employer identification number

23-1686634

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

THE NUMBER OF VOLUNTEERS INCLUDES MEMBERS OF THE FOUNDATION'S BOARD OF
GOVERNORS AND COMMUNITY VOLUNTEERS WHO SERVE ON VARIOUS COMMITTEES
RESPONSIBLE FOR REVIEWING GRANT APPLICATIONS AND SELECTING GRANT
RECIPIENTS.

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

THE FOUNDATION'S NONPROFIT EFFECTIVENESS PROGRAM CONTINUED TO EVOLVE
INTO A COMMUNITY-LEADING EFFORT AIMED AT NONPROFIT SUSTAINABILITY.
STAFF AND COMMUNITY PARTICIPANTS WORKED DILIGENTLY TO FIND BEST
APPROACHES TO STRENGTHENING OUR COMMUNITY'S CRITICALLY IMPORTANT
NONPROFIT ORGANIZATIONS. IN FISCAL YEAR 2021, LVCF PROVIDED \$167,250
OF GRANTS TO STRENGTHEN GOVERNANCE, MANAGEMENT, AND OPERATIONS OF
NONPROFIT ORGANIZATIONS SO THEY CAN PROSPER AND BE IMPACTFUL FOR YEARS
TO COME. IN WORKING WITH SEVERAL NONPROFIT ORGANIZATIONS, A
COMPREHENSIVE APPROACH TO GAUGE AND IMPROVE EFFECTIVENESS WAS USED, AND
THE FOUNDATION PROVIDED FINANCIAL AND INTELLECTUAL SUPPORT FOR THOSE
SELECTED TO PARTICIPATE IN THE PROGRAM. THIRD PARTY CONSULTANTS WERE
ENGAGED TO PROVIDE EXPERTISE IN KEY AREAS OF EFFECTIVENESS AND THE
FOUNDATION HOSTED SEVERAL COMMUNITY OF PRACTICE EVENTS AND FOCUS GROUP
DISCUSSIONS.

IN RESPONSE TO THE IMPACT OF THE PANDEMIC AND SOCIAL UPRISINGS ON THE
SOCIAL SECTOR IN THE LEHIGH VALLEY, LVCF PARTNERED WITH OTHER COMMUNITY
LEADERS TO LAUNCH PROJECT EQUITY, AN INITIATIVE TO BRING TOGETHER 35

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization LEHIGH VALLEY COMMUNITY FOUNDATION	Employer identification number 23-1686634
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SOCIAL SECTOR STAKEHOLDERS TO HOLD SPACE TO CONSIDER HOW MIGHT WE
CREATE A MORE EQUITABLE, SUSTAINABLE NONPROFIT SECTOR TOGETHER, ACROSS
DIFFERENCE.

IN ADDITION TO FOUNDATION-DIRECTED GRANTMAKING AND COMMUNITY EFFORTS,
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 11B:

THE ANNUAL FORM 990 IS PREPARED BY THE FOUNDATION'S INDEPENDENT AUDITORS.
AFTER THE COMPLETED FORM 990 IS REVIEWED BY THE FOUNDATION'S VICE PRESIDENT
AND CFO, AN ELECTRONIC COPY OF THE FORM IS THEN PROVIDED TO ALL FOUNDATION
GOVERNORS WITH A 10 DAY COMMENT PERIOD BEFORE THE FORM IS FILED WITH THE
IRS.

Name of the organization LEHIGH VALLEY COMMUNITY FOUNDATION	Employer identification number 23-1686634
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FORM 990, PART VI, SECTION B, LINE 12C:

ALL FOUNDATION GOVERNORS AND STAFF ARE ANNUALLY PROVIDED WITH THE FOUNDATION'S COMPREHENSIVE CONFLICT OF INTEREST STATEMENT AND POLICY AND ARE REQUIRED TO COMPLETE AN ANNUAL DISCLOSURE STATEMENT. THE STATEMENTS ARE REVIEWED AND ANY CONFLICTS ARE DULY NOTED. GOVERNORS ALSO DISCLOSE ANY CONFLICTS WITH GRANTEES AT QUARTERLY MEETINGS OF THE BOARD OF GOVERNORS AND ABSTAIN FROM VOTES ON ANY GRANTS TO DISCLOSED ORGANIZATIONS.

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:

Name of the organization LEHIGH VALLEY COMMUNITY FOUNDATION	Employer identification number 23-1686634
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THE FOUNDATION'S POLICIES, GOVERNING DOCUMENTS AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST MADE TO THE FOUNDATION. THE FOUNDATION'S ANNUAL REPORT CONTAINING FINANCIAL INFORMATION AS WELL AS THE ANNUAL FORM 990 ARE POSTED TO THE FOUNDATION'S WEBSITE.

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

CHANGE IN LIFE EXPECTANCY	7,034.
CHANGE IN CSV	11,506.
TOTAL TO FORM 990, PART XI, LINE 9	18,540.

FORM 990, PART XII, LINE 2C, AUDIT OVERSIGHT

THE AUDIT OVERSIGHT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. LEHIGH VALLEY COMMUNITY FOUNDATION	Taxpayer identification number (TIN) 23-1686634
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 840 W. HAMILTON STREET, SUITE 310	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALLENTOWN, PA 18101-2456	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
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

THE ORGANIZATION - 840 W. HAMILTON STREET, 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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a 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.	3a	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.