

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable:	C Name of organization LEHIGH VALLEY COMMUNITY FOUNDATION	D Employer identification number 23-1686634
Address change Name change Initial return Final return/terminated Amended return Application pending	Doing business as	E Telephone number 610-351-5353
	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	G Gross receipts \$ 35,862,104.
	F Name and address of principal officer: ERIKA PETROZELLI SAME AS C ABOVE	H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions
J Website: ▶ WWW.LVCFFOUNDATION.ORG		H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		L Year of formation: 1967 M State of legal domicile: PA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: TO DISTRIBUTE PHILANTHROPIC DONATIONS TO IMPROVE QUALITY OF LIFE FOR LEHIGH VALLEY RESIDENTS		
	2	Check this box <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	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	14
	6	Total number of volunteers (estimate if necessary)	6	72
	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 12,994,603.
9		Program service revenue (Part VIII, line 2g)	797.	1,990.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,927,636.	6,261,424.
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)	16,923,036.	13,559,783.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,582,719.
	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)	782,306.	847,658.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 425,057.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	645,568.	672,138.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,010,593.	8,352,327.
	19	Revenue less expenses. Subtract line 18 from line 12	9,912,443.	5,207,456.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 80,747,413.	End of Year 70,585,243.
	21	Total liabilities (Part X, line 26)	671,328.	777,602.
	22	Net assets or fund balances. Subtract line 21 from line 20	80,076,085.	69,807,641.

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 MARYBETH C. OLREE, CPA	Preparer's signature MARYBETH C. OLREE, C
	Firm's name ▶ HERBEIN + COMPANY, INC.	Date 05/11/23
	Firm's address ▶ 2763 CENTURY BOULEVARD READING, PA 19610	Check if self-employed <input type="checkbox"/> PTIN P01649853
		Firm's EIN ▶ 23-2415973
		Phone no. (610) 378-1175

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE PURPOSE OF THE LEHIGH VALLEY COMMUNITY FOUNDATION IS TO DEVELOP, MANAGE AND DISTRIBUTE THE PHILANTHROPY OF A VARIETY OF DONORS IN ORDER TO IMPROVE THE QUALITY OF LIFE FOR RESIDENTS OF THE LEHIGH VALLEY.

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

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

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

4a (Code:) (Expenses \$ 7,699,757. including grants of \$ 6,832,531.) (Revenue \$ 1,990.) DURING FISCAL YEAR 2022, THE FOUNDATION MADE 762 GRANTS TOTALING OVER \$6.8 MILLION. OVER 375 NON-PROFIT ORGANIZATIONS RECEIVED GRANTS TO MEET A WIDE RANGE OF NEEDS IN THE COMMUNITY.

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 7,699,757.

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 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>	3	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>	4	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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	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>	6 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>	7	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>	8	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>	9	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>	10 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>	11a 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>	11b	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>	11c	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>	11d	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>	11e 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>	11f 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>	12a 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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b	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>	15 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>	16	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> See instructions	17	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>	18	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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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>	21 X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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 17 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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	18	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	18	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		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
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
7a			X
7b			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	
8a		X	
b	Each committee with authority to act on behalf of the governing body?	X	
8b		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
9			X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10a			X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11a		X	
b	Describe on 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	
12a		X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b		X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
13		X	
14	Did the organization have a written document retention and destruction policy?	X	
14		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	
15a		X	
b	Other officers or key employees of the organization	X	
15b		X	
	If "Yes" to line 15a or 15b, describe the process on 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
16a			X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ PA**
- 18** Section 6104 requires an organization to make its Forms 1023 (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.
 Own website Another's website 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ERIKA PETROZELLI, CPA CEO THRU 12/2021; PRESIDENT & CEO	40.00			X			129,292.	0.	7,801.	
(2) TRISHA HIGGINS, CPA VICE PRESIDENT & CFO	40.00			X			111,683.	0.	15,876.	
(3) BERNARD STORY PRES THRU 12/31/21; PHILANTHROPIC ADV.	40.00			X			78,070.	0.	13,240.	
(4) SANDRA BODNYK CHAIR	2.50	X		X			0.	0.	0.	
(5) ANNE M. REID, CPA VICE CHAIR & TREASURER	2.50	X		X			0.	0.	0.	
(6) ANTONIA GRIFO, ESQ. SECRETARY	1.30	X		X			0.	0.	0.	
(7) GEOFFREY BORDA, CPA, CVA GOVERNOR	0.75	X					0.	0.	0.	
(8) MONICA BROOKS GOVERNOR	0.75	X					0.	0.	0.	
(9) LUIS CAMPOS GOVERNOR	0.75	X					0.	0.	0.	
(10) VERONICA GONZALEZ, MBA GOVERNOR	0.75	X					0.	0.	0.	
(11) THOMAS GROVES GOVERNOR	0.75	X					0.	0.	0.	
(12) MARGARETHA HAEUSSLER GOVERNOR	0.75	X					0.	0.	0.	
(13) CHARLOTTE HARTMANN-HANSEN GOVERNOR	0.75	X					0.	0.	0.	
(14) JENNIFER L. MANN GOVERNOR	0.75	X					0.	0.	0.	
(15) ELIZABETH MARCON, ESQ. GOVERNOR	0.75	X					0.	0.	0.	
(16) R. NICHOLAS NANOVIC, ESQ. GOVERNOR	0.75	X					0.	0.	0.	
(17) GREG RAMOS 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) SYBIL STERSHIC GOVERNOR	0.75	X						0.	0.	0.
(19) MELINDA STUMPF GOVERNOR	0.75	X						0.	0.	0.
(20) ROBERT L. WAX, ESQ. GOVERNOR AS OF JANUARY	0.75	X						0.	0.	0.
(21) KERRY A. WROBEL GOVERNOR	0.75	X						0.	0.	0.
1b Subtotal								319,045.	0.	36,917.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								319,045.	0.	36,917.

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	347,599.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,948,770.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 2,698,455.			
	h	Total. Add lines 1a-1f		7,296,369.			
Program Service Revenue	2 a	PROGRAM SERVICE FEES	Business Code	523920	1,990.	1,990.	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,990.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,134,449.		2,134,449.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				26,429,296.			
	7 b	Less: cost or other basis and sales expenses		22,302,321.			
	7 c	Gain or (loss)		4,126,975.			
d	Net gain or (loss)		4,126,975.		4,126,975.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		8 a					
8 b	Less: direct expenses						
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
		9 a					
9 b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10 a					
		10 b					
b	Less: cost of goods sold						
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		13,559,783.	1,990.	0.	6,261,424.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,624,193.	6,624,193.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	195,338.	195,338.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	13,000.	13,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	342,865.	128,100.	68,573.	146,192.
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	395,602.	190,023.	68,549.	137,030.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	16,397.	7,560.	3,177.	5,660.
9 Other employee benefits	34,254.	8,579.	6,883.	18,792.
10 Payroll taxes	58,540.	25,512.	10,826.	22,202.
11 Fees for services (nonemployees):				
a Management				
b Legal	570.		570.	
c Accounting	19,200.		19,200.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	395,293.	395,293.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	68,302.	42,237.	10,110.	15,955.
12 Advertising and promotion	2,236.			2,236.
13 Office expenses	10,177.	3,543.	1,404.	5,230.
14 Information technology	51,225.	22,037.	7,509.	21,679.
15 Royalties				
16 Occupancy	74,213.	30,334.	17,734.	26,145.
17 Travel	1,543.	510.	362.	671.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	30,915.	7,399.	6,362.	17,154.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,724.	2,059.	873.	1,792.
23 Insurance	3,781.	1,648.	699.	1,434.
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	9,959.	2,392.	4,682.	2,885.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	8,352,327.	7,699,757.	227,513.	425,057.
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	5,698,211.	2	5,326,849.
	3 Pledges and grants receivable, net	1,108.	3	14,534.
	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	29,130.	9	31,384.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 37,325.		
	b Less: accumulated depreciation	10b 20,412.	10c	16,913.
	11 Investments - publicly traded securities	74,288,750.	11	64,536,770.
	12 Investments - other securities. See Part IV, line 11	429,204.	12	351,704.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	298,825.	15	307,089.
16 Total assets. Add lines 1 through 15 (must equal line 33)	80,747,413.	16	70,585,243.	
Liabilities	17 Accounts payable and accrued expenses	35,424.	17	46,136.
	18 Grants payable	234,018.	18	391,213.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	401,886.	25	340,253.
	26 Total liabilities. Add lines 17 through 25	671,328.	26	777,602.
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	80,048,767.	27	69,796,190.
	28 Net assets with donor restrictions	27,318.	28	11,451.
	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	80,076,085.	32	69,807,641.
	33 Total liabilities and net assets/fund balances	80,747,413.	33	70,585,243.

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	13,559,783.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,352,327.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,207,456.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	80,076,085.
5	Net unrealized gains (losses) on investments	5	-15,479,140.
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	3,240.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	69,807,641.

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 on 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 (2021)

SCHEDULE A
(Form 990)

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

2021

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).
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).
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).
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).
8 X A community trust described in section 170(b)(1)(A)(vi).
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.
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...
11 An organization organized and operated exclusively to test for public safety.
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).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
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).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,271,176.	3,597,158.	5,637,451.	12,994,603.	7,296,369.	40,796,757.
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	11,271,176.	3,597,158.	5,637,451.	12,994,603.	7,296,369.	40,796,757.
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)						13,840,282.
6 Public support. Subtract line 5 from line 4.						26,956,475.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	11,271,176.	3,597,158.	5,637,451.	12,994,603.	7,296,369.	40,796,757.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,556,874.	1,750,035.	1,559,840.	1,401,151.	2,134,449.	8,402,349.
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						49,199,106.
12 Gross receipts from related activities, etc. (see instructions)					12	5,694.
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 2021 (line 6, column (f), divided by line 11, column (f))	14	54.79 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	51.77 %
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). 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 (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

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.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

LEHIGH VALLEY COMMUNITY FOUNDATION

Employer identification number

23-1686634

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization LEHIGH VALLEY COMMUNITY FOUNDATION	Employer identification number 23-1686634
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>1,393,076.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>452,982.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>783,736.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LEHIGH VALLEY COMMUNITY FOUNDATION	Employer identification number 23-1686634
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>225,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ <u>218,453.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ <u>147,599.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>1</u>	VARIOUS SHARES OF STOCK _____ _____ _____	\$ <u>1,393,076.</u>	<u>06/30/22</u>
<u>4</u>	VARIOUS SHARES OF STOCK _____ _____ _____	\$ <u>452,982.</u>	<u>06/30/22</u>
<u>6</u>	CRYPTOCURRENCY - BITCOIN _____ _____ _____	\$ <u>483,736.</u>	<u>06/30/22</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

2021

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	98	50
2 Aggregate value of contributions to (during year)	5,115,757.	1,766,737.
3 Aggregate value of grants from (during year)	2,513,455.	2,004,329.
4 Aggregate value at end of year	13,296,611.	8,033,029.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 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) 2021

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	59,207,265.	46,463,093.	46,528,548.	46,780,073.	42,126,743.
b Contributions	209,758.	1,196,826.	2,322,495.	532,053.	3,026,264.
c Net investment earnings, gains, and losses	-7,590,324.	14,199,670.	88,141.	1,552,346.	3,828,683.
d Grants or scholarships	1,759,426.	1,697,762.	1,497,987.	1,474,749.	1,341,299.
e Other expenditures for facilities and programs	667,140.	413,682.	433,863.	394,590.	393,715.
f Administrative expenses	596,375.	540,880.	544,241.	466,585.	466,603.
g End of year balance	48,803,758.	59,207,265.	46,463,093.	46,528,548.	46,780,073.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 13.0000 %
 - b Permanent endowment 87.0000 %
 - 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		37,325.	20,412.	16,913.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				16,913.

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	340,253.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	340,253.

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	-2,679,877.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-15,479,140.	
	b Donated services and use of facilities	2b	79,440.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	36,551.	
	e Add lines 2a through 2d	2e	-15,363,149.	
3	Subtract line 2e from line 1		3	12,683,272.
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	395,293.	
	b Other (Describe in Part XIII.)	4b	481,218.	
	c Add lines 4a and 4b	4c	876,511.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	13,559,783.

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

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

1	Total expenses and losses per audited financial statements		1	7,906,934.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	79,440.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e	79,440.	
3	Subtract line 2e from line 1		3	7,827,494.
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	395,293.	
	b Other (Describe in Part XIII.)	4b	129,540.	
	c Add lines 4a and 4b	4c	524,833.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	8,352,327.

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	-5,024.
ADMINISTRATIVE FEES	33,311.
CHANGE IN CSV	8,264.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	36,551.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUNDS INCLUDED IN CONTRIBUTIONS	998,123.
INVESTMENT INCOME FROM AGENCY FUNDS	143,741.
UNREALZIED/REALIZED GAINS (LOSSES) FROM AGENCY FUNDS	-649,336.
INVESTMENT FEES FROM AGENCY FUNDS	-11,310.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	481,218.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANTS FROM AGENCY FUNDS	129,470.
AGENCY FUND EXPENSES	70.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	129,540.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

Employer identification number

LEHIGH VALLEY COMMUNITY FOUNDATION

23-1686634

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" 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? [X] 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.)

Table with 6 columns: (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. Includes subtotal and totals rows.

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

Schedule F (Form 990) 2021

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,	EDUCATIONAL	13,000.		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

2021

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AFROS IN NATURE 301 BROADWAY SUITE M100-F BETHLEHEM, PA 18015	46-4779591	501(C)(3)	10,000.	0.			HUMAN SERVICES
ALLENTOWN AREA ECUMENICAL FOOD BANK - 417 N. 14TH STREET, SUITE 101 - ALLENTOWN, PA 18102	23-2214543	501(C)(3)	10,000.	0.			HUMAN SERVICES
ALLENTOWN ART MUSEUM 31 NORTH FIFTH STREET ALLENTOWN, PA 18101	23-1548101	501(C)(3)	134,260.	0.			ARTS, CULTURE
ALLENTOWN RESCUE MISSION 355 HAMILTON STREET ALLENTOWN, PA 18101	23-6005983	501(C)(3)	8,460.	0.			HUMAN SERVICES
ALLENTOWN SCHOOL DISTRICT FOUNDATION - 31 SOUTH PENN STREET - ALLENTOWN, PA 18105	27-0743152	501(C)(3)	10,500.	0.			EDUCATIONAL
ALLENTOWN SYMPHONY ASSOCIATION 23 N. 6TH STREET ALLENTOWN, PA 18101	23-6272140	501(C)(3)	278,040.	0.			ARTS, CULTURE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 121.

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

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

Schedule I (Form 990) 2021

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE, INC. - 220 EAST 42ND STREET, SUITE 400 - NEW YORK, NY 10017	13-1656634	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
AMERICAN RED CROSS - NORTHEASTERN PA CHAPTER - 256 NORTH SHERMAN STREET - WILKES-BARRE, PA 18702	53-0196605	501(C)(3)	41,660.	0.			HUMAN SERVICES
AMERICAN RED CROSS OF LEHIGH VALLEY-BUCKS - 3939 BROADWAY - ALLENTOWN, PA 18104	53-0196605	501(C)(3)	10,030.	0.			HUMAN SERVICES
AMERICAN TRAUMA SOCIETY, PA DIVISION - 2 FLOWERS DRIVE - MECHANICSBURG, PA 17050	23-7345707	501(C)(3)	10,000.	0.			HEALTH CARE
ARTSQUEST 25 W. THIRD STREET, SUITE 300 BETHLEHEM, PA 18015	23-2280560	501(C)(3)	38,500.	0.			ARTS, CULTURE
ARTSQUEST FOUNDATION 25 W. THIRD STREET, SUITE 300 BETHLEHEM, PA 18015	20-0652958	501(C)(3)	25,000.	0.			ARTS, CULTURE
BACH CHOIR OF BETHLEHEM 440 HECKEWELDER PLACE BETHLEHEM, PA 18018	24-0795385	501(C)(3)	50,100.	0.			ARTS, CULTURE
BETHLEHEM EMERGENCY SHELTERING 75 E MARKET STREET BETHLEHEM, PA 18018	45-5235845	501(C)(3)	8,000.	0.			HUMAN SERVICES
BLOOM 1425 MOUNTAIN DRIVE NORTH BETHLEHEM, PA 18015	20-1221107	501(C)(3)	20,000.	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.)

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BOY SCOUTS OF AMERICA - MINSI TRAILS COUNCIL - PO BOX 20624 - LEHIGH VALLEY, PA 18002	23-1708585	501(C)(3)	6,000.	0.			HUMAN SERVICES
BOYS & GIRLS CLUB OF ALLENTOWN 720 N 6TH STREET ALLENTOWN, PA 18102	23-1352042	501(C)(3)	5,060.	0.			HUMAN SERVICES
BOYS & GIRLS CLUB OF BETHLEHEM 1430 FRITZ DRIVE BETHLEHEM, PA 18017	23-6298476	501(C)(3)	24,125.	0.			HUMAN SERVICES
BRADBURY-SULLIVAN LGBT COMMUNITY CENTER - 522 WEST MAPLE STREET - ALLENTOWN, PA 18101	20-1443960	501(C)(3)	27,595.	0.			COMMUNITY DEVELOPMENT
BURNSIDE PLANTATION, INC. 74 WEST BROAD STREET, SUITE 310 BETHLEHEM, PA 18018	22-2773497	501(C)(3)	8,380.	0.			ARTS, CULTURE
CAMELOT FOR CHILDREN, INC. 2534 W. EMMAUS AVENUE ALLENTOWN, PA 18103	23-2565740	501(C)(3)	8,750.	0.			HUMAN SERVICES
CAMP COMPASS, INC. 1221 SUMNER AVE REAR ALLENTOWN, PA 18102	25-1857959	501(C)(3)	10,070.	0.			HUMAN SERVICES
CANCER SUPPORT COMMUNITY OF THE GREATER LEHIGH VALLEY - 944 MARCON BLVD, SUITE 110 - ALLENTOWN, PA 18109	73-1657537	501(C)(3)	5,800.	0.			HEALTH CARE
CASA GUADALUPE CENTER 218 N. SECOND STREET ALLENTOWN, PA 18102	23-1988203	501(C)(3)	18,500.	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.)

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CATAPULT LEARNING, LLC 150 ROUSE BLVD, SUITE 210 PHILADELPHIA, PA 19112	73-1685121		449,810.	0.			EDUCATIONAL
CATHOLIC CHARITIES OF THE DIOCESE OF ALLENTOWN, INC. - 402 W. CHEW STREET - ALLENTOWN, PA 18102	23-1598117	501(C)(3)	56,410.	0.			HUMAN SERVICES
CEDAR CREST COLLEGE 100 COLLEGE DRIVE ALLENTOWN, PA 18104	23-1365953	501(C)(3)	7,000.	0.			EDUCATIONAL
CENTRAL MORAVIAN CHURCH 73 W. CHURCH STREET BETHLEHEM, PA 18018	24-0795954	501(C)(3)	6,000.	0.			COMMUNITY DEVELOPMENT
CHAMBER MUSIC SOCIETY OF BETHLEHEM PO BOX 4336 BETHLEHEM, PA 18018	23-2041683	501(C)(3)	8,000.	0.			ARTS, CULTURE
CHILDREN'S HOME OF EASTON 2000 S. 25TH STREET EASTON, PA 18042	24-0806100	501(C)(3)	8,500.	0.			HUMAN SERVICES
CHURCH OF THE ASSUMPTION B.V.M. 4101 OLD BETHLEHEM PIKE BETHLEHEM, PA 18015	23-1536963	501(C)(3)	12,500.	0.			COMMUNITY DEVELOPMENT
COHESION NETWORK 125 N 3RD STREET ALLENTOWN, PA 18101	27-5034772	501(C)(3)	23,000.	0.			EDUCATIONAL
COMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEY INC. - 1337 EAST FIFTH STREET - BETHLEHEM, PA 18105	23-1669589	501(C)(3)	13,000.	0.			HUMAN SERVICES

Schedule I (Form 990)

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COMMUNITY BIKE WORKS 235 NORTH MADISON STREET ALLENTOWN, PA 18102	23-2867945	501(C)(3)	26,550.	0.			HUMAN SERVICES
COMMUNITY FOUNDATION OF SARASOTA COUNTY - 2635 FRUITVILLE ROAD - SARASOTA, FL 34237	59-1956886	501(C)(3)	156,158.	0.			COMMUNITY DEVELOPMENT
COMMUNITY SERVICES FOR CHILDREN 1520 HANOVER AVENUE ALLENTOWN, PA 18109	23-2204725	501(C)(3)	9,550.	0.			EDUCATIONAL
DA VINCI SCIENCE CENTER 3145 HAMILTON BOULEVARD BYPASS ALLENTOWN, PA 18103	23-2824084	501(C)(3)	180,900.	0.			ARTS, CULTURE
DEBORAH HOSPITAL FOUNDATION 212 TRENTON ROAD BROWNS MILLS, NJ 08015	22-2049500	501(C)(3)	50,000.	0.			HEALTH CARE
DELAWARE & LEHIGH NATIONAL HERITAGE CORRIDOR - 2750 HUGH MOORE PARK ROAD - EASTON, PA 18042	23-2977618	501(C)(3)	7,000.	0.			ARTS, CULTURE
DESALES UNIVERISTY 2755 STATION AVENUE CENTER VALLEY, PA 18034	23-1653718	501(C)(3)	80,910.	0.			EDUCATIONAL
EAST STROUDSBURG UNIVERSITY 200 PROSPECT STREET EAST STROUDSBURG, PA 18301	22-2826714	501(C)(3)	6,185.	0.			EDUCATIONAL
EFFORT UNITED METHODIST CHURCH 178 MERWINSBURG ROAD EFFORT, PA 18330	23-2262920	501(C)(3)	40,000.	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.)

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EMMAUS MORAVIAN CHURCH 146 MAIN STREET EMMAUS, PA 18049	23-1387111	501(C)(3)	10,265.	0.			COMMUNITY DEVELOPMENT
EQUI-LIBRIUM, INC. 524 FEHR ROAD NAZARETH, PA 18064	23-3088228	501(C)(3)	15,940.	0.			HUMAN SERVICES
FAMILY CONNECTION OF EASTON 723 COAL STREET EASTON, PA 18042	20-4934762	501(C)(3)	8,000.	0.			HUMAN SERVICES
FE FOUNDATION OF THE HISPANIC CHAMBER OF COMMERCE OF THE LEHIGH VALLEY, INC. - PO BOX 22852 - LEHIGH VALLEY, PA 18002	27-1912799	501(C)(3)	8,000.	0.			COMMUNITY DEVELOPMENT
FIRST PRESBYTERIAN CHURCH OF ALLENTOWN - 3231 WEST TILGHMAN STREET - ALLENTOWN, PA 18104	23-1352423	501(C)(3)	20,000.	0.			COMMUNITY DEVELOPMENT
FOLDS OF HONOR PO BOX 276 CENTER VALLEY, PA 18034	82-4852655	501(C)(3)	8,000.	0.			EDUCATIONAL
FORDHAM UNIVERSITY 441 E FORDHAM ROAD BRONX, NY 10458	13-1740451	501(C)(3)	25,000.	0.			EDUCATIONAL
GOOD SHEPHERD REHABILITATION NETWORK - 850 S 5TH STREET - ALLENTOWN, PA 18103	23-2216041	501(C)(3)	103,390.	0.			HUMAN SERVICES
GREATER EASTON DEVELOPMENT PARTNERSHIP - 325 NORTHAMPTON STREET - EASTON, PA 18042	23-2660344	501(C)(3)	10,750.	0.			COMMUNITY DEVELOPMENT

Schedule I (Form 990)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER LEHIGH VALLEY CHAMBER OF COMMERCE FOUNDATION - 74 W. BROAD STREET, SUITE 240 - BETHLEHEM, PA 18018	22-2626110	501(C)(3)	9,000.	0.			COMMUNITY DEVELOPMENT
GREATER VALLEY YMCA 2132 S. 12TH STREET, SUITE 201 ALLENTOWN, PA 18103	24-0798706	501(C)(3)	9,750.	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)	6,000.	0.			HUMAN SERVICES
HISTORIC BETHLEHEM PARTNERSHIP, INC. - 74 WEST BROAD STREET, SUITE 310 - BETHLEHEM, PA 18018	23-2741808	501(C)(3)	12,830.	0.			ARTS, CULTURE
HUMANITARIAN SOCIAL INNOVATIONS 301 BROADWAY SUITE 115 BETHLEHEM, PA 18015	46-4779591	501(C)(3)	15,600.	0.			HUMAN SERVICES
KIDSPACE 4085 INDEPENDENCE DRIVE SCHNECKSVILLE, PA 18078	23-1353394	501(C)(3)	7,670.	0.			HUMAN SERVICES
LAFAYETTE COLLETE 730 HIGH STREET EASTON, PA 18042	24-0795686	501(C)(3)	60,000.	0.			EDUCATIONAL
LATINO LEADERSHIP ALLIANCE OF THE LEHIGH VALLEY - PO BOX 296 - ALLENTOWN, PA 18105	23-3021562	501(C)(3)	7,500.	0.			COMMUNITY DEVELOPMENT

Schedule I (Form 990)

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LEHIGH COUNTY HUMANE SOCIETY 640 DIXON STREET ALLENTOWN, PA 18103	23-1365372	501(C)(3)	5,500.	0.			ENVIRONMENTAL
LEHIGH UNIVERSITY 27 MEMORIAL DRIVE WEST BETHLEHEM, PA 18105	24-0795445	501(C)(3)	17,500.	0.			EDUCATIONAL
LEHIGH VALLEY ARTS COUNCIL PO BOX 20591 LEHIGH VALLEY, PA 18002	25-1646899	501(C)(3)	26,000.	0.			ARTS, CULTURE
LEHIGH VALLEY CENTER FOR INDEPENDENT LIVING INC. - 713 NORTH 13TH STREET - ALLENTOWN, PA 18102	23-2610549	501(C)(3)	12,000.	0.			HUMAN SERVICES
LEHIGH VALLEY CHARTER HIGH SCHOOL FOR THE ARTS - 321 E 3RD STREET - BETHLEHEM, PA 18015	23-2859758	501(C)(3)	28,490.	0.			EDUCATIONAL
LEHIGH VALLEY CHILDREN'S CENTERS, INC. - 1501 LEHIGH STREET, SUITE 208 - ALLENTOWN, PA 18103	23-1908158	501(C)(3)	16,330.	0.			CHILDREN & YOUTH
LEHIGH VALLEY GIRLS ROCK PO BOX 55 COOPERSBURG, PA 18036	46-4379239	501(C)(3)	8,000.	0.			ARTS, CULTURE
LEHIGH VALLEY HOSPITAL 2100 MACK BLVD, PO BOX 1883 ALLENTOWN, PA 18105	23-1689692	501(C)(3)	116,260.	0.			HEALTH CARE
LIFE CHURCH PO BOX 1996 ALLENTOWN, PA 18105	22-3110904	501(C)(3)	100,000.	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.)

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LINC-LEHIGH VALLEY INTERREGIONAL NETWORKING & CONNECTING CONSORTIUM - 306 S. NEW STREET, SUITE 110 - BETHLEHEM, PA 18015	47-2612358	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
MARTIN LUTHER & CORETTA SCOTT KING MEMORIAL PROJECT INC. - PO BOX 1356 - ALLENTOWN, PA 18105	26-0407954	501(C)(3)	10,000.	0.			EDUCATIONAL
MASS INSIGHT EDUCATION & RESEARCH INSTITUTE, INC. - 6 LIBERTY SQUARE, SUITE 6050 - BOSTON, MA 02109	04-3369687		287,800.	0.			EDUCATIONAL
MERCY SCHOOL FOR SPECIAL LEARNING 830 S WOODWARD STREET ALLENTOWN, PA 18103	90-0988217	501(C)(3)	9,000.	0.			HUMAN SERVICES
MIKAYLA'S VOICE 2138 WEST UNION BLVD, SUITE 1044 BETHLEHEM, PA 18018	01-0958973	501(C)(3)	11,000.	0.			EDUCATIONAL
MIKEY L. RACCIATO FOUNDATION PO BOX 353 PEN ARGYL, PA 18072	87-4546246	501(C)(3)	6,300.	0.			HUMAN SERVICES
MILLER-KEYSTONE BLOOD CENTER 2171 28TH STREET SW ALLENTOWN, PA 18103	23-1731796	501(C)(3)	5,500.	0.			HEALTH CARE
MORAVIAN ACADEMY 7 EAST MARKET STREET BETHLEHEM, PA 18018	24-0829838	501(C)(3)	25,000.	0.			EDUCATIONAL
MORAVIAN UNIVERSITY 1200 MAIN STREET BETHLEHEM, PA 18018	24-0795460	501(C)(3)	11,350.	0.			EDUCATIONAL

Schedule I (Form 990)

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MORAVIAN VILLAGE OF BETHLEHEM 526 WOOD STREET BETHLEHEM, PA 18018	23-3022262	501(C)(3)	115,660.	0.			HUMAN SERVICES
MOUNT POCONO UNITED METHODIST CHURCH - 12 CHURCH AVE - MT POCONO, PA 18344	23-1977730	501(C)(3)	40,000.	0.			COMMUNITY DEVELOPMENT
MUHLENBERG COLLEGE 2400 W CHEW STREET ALLENTOWN, PA 18104	23-1352664	501(C)(3)	7,930.	0.			EDUCATIONAL
NATIONAL MULTIPLE SCLEROSIS SOCIETY - 733 THIRD AVENUE - NEW YORK, NY 10017	13-5661935	501(C)(3)	5,130.	0.			HEALTH CARE
NEW BETHANY MINISTRIES 333 WEST FOURTH STREET BETHLEHEM, PA 18015	23-2365694	501(C)(3)	159,080.	0.			HUMAN SERVICES
NORTHAMPTON COUNTY AREA COMMUNITY COLLEGE FOUNDATION - 3835 GREEN POND ROAD - BETHLEHEM, PA 18020	23-2064496	501(C)(3)	9,430.	0.			EDUCATIONAL
NORTHAMPTON COUNTY BAR ASSOCIATION 155 SOUTH NINTH STREET EASTON, PA 18042	24-0786283	501(C)(3)	7,906.	0.			GENERAL SUPPORT
OHR TORAH STONE INSTITUTIONS OF ISRAEL - 49 W. 45TH STREET, SUITE 701 - NEW YORK, NY 10036	13-3275531	501(C)(3)	31,600.	0.			ARTS, CULTURE
PEF ISRAEL EDUCATION ENDOWMENT FUNDS, INC. - 630 THIRD AVENUE, 15TH FLOOR - NEW YORK, NY 10017	13-6104086	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT

Schedule I (Form 990)

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PENNRIDGE SENIOR CENTER ASSOCIATION, INC. - 146 EAST MAIN STREET - PERKASIE, PA 18944	23-2653916	501(C)(3)	21,630.	0.			HUMAN SERVICES
PENNSYLVANIA SHAKESPEARE FESTIVAL 2755 STATION AVENUE CENTER VALLEY, PA 18034	23-2655672	501(C)(3)	5,500.	0.			ARTS, CULTURE
PINEBROOK FAMILY ANSWERS 402 NORTH FULTON STREET ALLENTOWN, PA 18102	23-2112204	501(C)(3)	8,500.	0.			HUMAN SERVICES
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)	18,500.	0.			EDUCATIONAL
PROJECT OF EASTON, INC. 320 FERRY STREET EASTON, PA 18042	23-1699851	501(C)(3)	10,910.	0.			HUMAN SERVICES
PROMISE NEIGHBORHOODS OF THE LEHIGH VALLEY - 333 W UNION STREET - ALLENTOWN, PA 18102	46-4977927	501(C)(3)	34,000.	0.			COMMUNITY DEVELOPMENT
RESURRECTED COMMUNITY DEVELOPMENT CORPORATION - 144 NORTH 9TH STREET - ALLENTOWN, PA 18102	45-1018523	501(C)(3)	18,000.	0.			EDUCATIONAL
RIPPLE COMMUNITY, INC. 1335 LINDEN STREET ALLENTOWN, PA 18102	47-4828012	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT

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SALVATION ARMY OF BETHLEHEM 521 PEMBROKE ROAD BETHLEHEM, PA 18018	13-5562351	501(C)(3)	5,410.	0.			HUMAN SERVICES
SALVATION ARMY OF EAST STROUDSBURG 226 WASHINGTON AVENUE EAST STROUDSBURG, PA 18301	13-5562351	501(C)(3)	75,000.	0.			HUMAN SERVICES
SECOND HARVEST FOOD BANK OF LEHIGH VALLEY & NORTHEASTERN PA - 6969 SILVER CREST ROAD - NAZARETH, PA 18064	23-1669589	501(C)(3)	20,710.	0.			COMMUNITY DEVELOPMENT
SELF LV 1243 S JEFFERSON STREET ALLENTOWN, PA 18103	36-4916578	501(C)(3)	10,500.	0.			COMMUNITY DEVELOPMENT
SIGHTS FOR HOPE 845 W WYOMING STREET ALLENTOWN, PA 18103	23-1352260	501(C)(3)	26,185.	0.			HUMAN SERVICES
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 - 37 S 5TH STREET - ALLENTOWN, PA 18101	24-0800685	501(C)(3)	5,625.	0.			COMMUNITY DEVELOPMENT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST JUDE PLACE - MEMPHIS, TN 38105	35-1044585	501(C)(3)	75,250.	0.			COMMUNITY DEVELOPMENT
ST. LUKE'S SCHOOL OF NURSING 1110 ST LUKES WAY ALLENTOWN, PA 18109	23-1352213	501(C)(3)	22,420.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. STEPHEN'S EVANGELICAL LUTHERAN CHURCH - 67 W WASHINGTON AVE - BETHLEHEM, PA 18018	23-2054933	501(C)(3)	19,200.	0.			COMMUNITY DEVELOPMENT
STATE THEATRE CENTER FOR THE ARTS, INC. - 453 NORTHAMPTON STREET - EASTON, PA 18042	23-2173216	501(C)(3)	7,050.	0.			ARTS, CULTURE
TEMPLE ISRAEL OF LEHIGHTON 194 BANKWAY STREET LEHIGHTON, PA 18235	24-6024543	501(C)(3)	12,000.	0.			COMMUNITY DEVELOPMENT
THE JUILLIARD SCHOOL 60 LINCOLN CENTER PLAZA NEW YORK, NY 10023	13-1624067	501(C)(3)	28,410.	0.			EDUCATIONAL
THE LITERACY CENTER 1132 HAMILTON STREET, SUITE 300 ALLENTOWN, PA 18101	22-2458322	501(C)(3)	8,000.	0.			EDUCATIONAL
THIRD STREET ALLIANCE FOR WOMEN & CHILDREN - 41 N 3RD STREET - EASTON, PA 18042	24-0795639	501(C)(3)	15,700.	0.			HUMAN SERVICES
TOUCHSTONE THEATRE 321 EAST 4TH STREET BETHLEHEM, PA 18015	23-2073331	501(C)(3)	8,500.	0.			ARTS, CULTURE
TRINITY UNITED METHODIST CHURCH 615 VIAND STREET; PO BOX 228 POINT PLEASANT, WV 25550	55-6019905	501(C)(3)	5,870.	0.			COMMUNITY DEVELOPMENT
TURNING POINT OF LEHIGH VALLEY 444 E SUSQUEHANNA STREET ALLENTOWN, PA 18103	23-2100651	501(C)(3)	13,960.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIDOS FOUNDATION 1329 HAMILTON STREET ALLENTOWN, PA 18102	83-4310898	501(C)(3)	9,000.	0.			COMMUNITY DEVELOPMENT
UNITED WAY OF THE GREATER LEHIGH VALLEY - 1110 AMERICAN PKWY NE, SUITE F-120 - ALLENTOWN, PA 18109	23-2657933	501(C)(3)	1,813,330.	0.			COMMUNITY DEVELOPMENT
UNIVERSITY OF PENNSYLVANIA 351 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	5,430.	0.			EDUCATIONAL
VALLEY YOUTH HOUSE 3400 HIGH POINT BLVD BETHLEHEM, PA 18017	23-7178820	501(C)(3)	24,750.	0.			HUMAN SERVICES
VIA OF THE LEHIGH VALLEY, INC. 336 W. SPRUCE STREET BETHLEHEM, PA 18018	23-1457999	501(C)(3)	19,420.	0.			HUMAN SERVICES
VICTORY HOUSE OF LEHIGH VALLEY 314 FILLMORE STREET; PO BOX 5458 BETHLEHEM, PA 18015	23-2370759	501(C)(3)	53,800.	0.			HUMAN SERVICES
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
WEST CHESTER UNIVERSITY FOUNDATION 202 CARTER DRIVE WEST CHESTER, PA 19382	23-3054174	501(C)(3)	28,410.	0.			EDUCATIONAL
WESTED 730 HARRISON STREET SAN FRANCISCO, CA 94107	94-3233542		225,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILDLANDS CONSERVANCY 3701 ORCHID PLACE EMMAUS, PA 18049	23-7401326	501(C)(3)	35,590.	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
EDUCATIONAL SCHOLARSHIPS	37	133,338.	0.		
CREATIVE ENTREPRENEUR ACCELERATOR GRANTS	32	62,000.	0.		

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

2021

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	25	2,214,719.	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 ▶ (CRYPTOCURRENC)	X	3	483,736.	FMV AT GIFT DATE
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

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.

	Yes	No
30a		X
31	X	
32a	X	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

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. THE FOUNDATION PARTNERS WITH AN ORGANIZATION TO LIQUIDATE CRYPTOCURRENCY DONATIONS.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

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 FORMALLY LAUNCHED ITS MORE PERMANENT GRANTMAKING PLATFORM WHICH PROVIDES SUPPORT IN THREE FOCUS AREAS (CAPACITY BUILDING, YOUTH AND FAMILIES, AND ART, CULTURE AND CREATIVE ECONOMY) AND INCORPORATES COMMUNITY LEADERSHIP. COMMUNITY LEADERSHIP IS DEFINED AS BEING A COMMUNITY PARTNER THAT CREATES A BETTER FUTURE FOR ALL BY PURSUING THE COMMUNITY'S GREATEST OPPORTUNITIES AND ADDRESSING THE MOST CRITICAL CHALLENGES, INCLUSIVELY UNITING PEOPLE, INSTITUTIONS, AND RESOURCES FROM THROUGHOUT THE COMMUNITY, AND PRODUCING SIGNIFICANT, WIDELY SHARED AND LASTING RESULTS.

IN THE AREA OF CAPACITY BUILDING, THE FOUNDATION'S NONPROFIT EFFECTIVENESS PROGRAM CONTINUED TO BE A COMMUNITY-LEADING EFFORT AIMED AT NONPROFIT SUSTAINABILITY. IN FISCAL YEAR 2022, LVCF PROVIDED \$164,000 OF UNRESTRICTED GRANTS THROUGH THIS PROGRAM. STAFF AND COMMUNITY PARTICIPANTS WORKED DILIGENTLY TO FIND BEST APPROACHES TO STRENGTHENING OUR COMMUNITY'S CRITICALLY IMPORTANT NONPROFIT ORGANIZATIONS SO THEY CAN PROSPER AND BE IMPACTFUL FOR YEARS TO COME.

IN WORKING WITH SEVERAL NONPROFIT ORGANIZATIONS, A COMPREHENSIVE

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

Schedule O (Form 990) 2021

Name of the organization LEHIGH VALLEY COMMUNITY FOUNDATION	Employer identification number 23-1686634
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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 THE AREA OF YOUTH AND FAMILIES, THE FOUNDATION GRANTED MORE THAN \$185,000 GENERAL OPERATING GRANTS TO AREA NON-PROFITS SERVING THESE GROUPS. THIS FLEXIBLE FUNDING PROVIDED SUPPORT FOR ORGANIZATIONS THAT PRIORITIZE EITHER MENTAL HEALTH NEEDS IN YOUNG PEOPLE OR FOCUS ON YOUTH LEADERSHIP DEVELOPMENT.

THE FOUNDATION WAS NAMED AS A REGIONAL PARTNER AGENCY OF THE PENNSYLVANIA COUNCIL ON THE ARTS (PCA) TO DISTRIBUTE GRANT AWARDS FOR PROJECTS OR PROGRAMS INVOLVING ARTISTS THROUGHOUT CARBON, MONROE, LEHIGH AND NORTHAMPTON COUNTIES. THROUGH THE PARTNERSHIP, THE FOUNDATION WILL ASSIST THE PCA WITH ITS GOAL TO PROMOTE EQUITABLE ACCESS FOR ALL PENNSYLVANIANS TO PARTICIPATE FULLY IN A CREATIVE LIFE AND IN THE DIVERSE FORMS OF ARTS AND CULTURE IN THE COMMONWEALTH. IN FISCAL YEAR 2022, THE FOUNDATION MADE \$78,000 OF PROGRAM STREAM GRANTS TO 26 ORGANIZATIONS AND \$62,000 OF GRANTS TO 31 SMALL LOCAL BUSINESSES THROUGH THE CREATIVE ENTREPRENEUR ACCELERATOR PROGRAM.

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

Name of the organization LEHIGH VALLEY COMMUNITY FOUNDATION	Employer identification number 23-1686634
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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; AND 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 EXECUTIVE MANAGEMENT, AN ELECTRONIC COPY OF THE FORM IS THEN PROVIDED TO ALL FOUNDATION GOVERNORS BEFORE THE FORM IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL FOUNDATION GOVERNORS AND STAFF ARE ANNUALLY PROVIDED WITH THE FOUNDATION'S COMPREHENSIVE CONFLICT OF INTEREST STATEMENT AND POLICY AND ARE REQUIRED TO COMPLETE AN ANNUAL DISCLOSURE STATEMENT. THE STATEMENTS ARE REVIEWED AND ANY CONFLICTS ARE DULY NOTED. ALL GOVERNORS AND VOLUNTEERS DISCLOSE ANY CONFLICTS WITH POTENTIAL GRANTEEES DURING GRANT EVALUATION AND ALLOCATION MEETINGS AND ABSTAIN FROM VOTES ON ANY GRANTS TO DISCLOSED ORGANIZATIONS.

Name of the organization LEHIGH VALLEY COMMUNITY FOUNDATION	Employer identification number 23-1686634
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FORM 990, PART VI, SECTION B, LINE 15:

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

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

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

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

FORM 990, PART VI, SECTION C, LINE 19:

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

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

CHANGE IN LIFE EXPECTANCY -5,024.

CHANGE IN CSV 8,264.

Name of the organization LEHIGH VALLEY COMMUNITY FOUNDATION	Employer identification number 23-1686634
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TOTAL TO FORM 990, PART XI, LINE 9 **3,240.**

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 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
Form 990-T (corporation)	07		

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 15, 2023**, 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, 2021**, and ending **JUN 30, 2022**.

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-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-TE and Form 8879-TE for payment instructions.