Form 990-T ₃	E	xempt Orgai	nization Bus	sine	ss Ind	OO!	me T	ax R	393 leturr	,54	OMB No 1545-068	
i.e.		•									2018	
	Forca	endar year 2018 or other tax ye	irs.gov/Form990T for in						, 201	<u>-</u>	2010	
Department of the Treasury Internal Revenue Service	•	Do not enter SSN number	-						501(c)(3)		Open to Public Inspection fo 501(c)(3) Organizations Only	
A Check box if address changed	Name of organization (Check box if name changed and see instructions.)									(Empl	D Employer identification number (Employees' trust, see instructions)	
B Exempt under section	Print VOLUNTEER CENTER OF THE LEHIGH VALLEY										<u>3-2862188 </u>	
X 501(c 0) 3)	Or Number, street, and room or suite no. If a P.O. box, see instructions.										ated business activity code istructions)	
408(e) 220(e)	Type	2158 AVENUE C SUITE #201										
408A 530(a) 529(a)		City or town, state or province, country, and ZIP or foreign postal code BETHLEHEM, PA 18017										
C Book value of all assets at end of year		F Group exemption numb	er (See instructions)	<u> </u>								
242,588. G Check organization type 🕨 🗶 501(c) corporation 501(c) trust 401(a)											Other trust	
H Enter the number of the	-			1				•	(or first) ur			
		SALLOWED PAR				•	-	•	Parts I-V.			
describe the first in the b	lank spa	ce at the end of the previou	is sentence, complete Pa	arts I an	d II, compl	ete a	Schedule	e M for ea	ich additior	nal trade	or	
business, then complete					<u> </u>							
I During the tax year, was		-		nt-subs	idiary conti	olled	g group?		►l	Ye	s 🗶 No	
	•	tifying number of the paren					Talaab		/	C10	1007 0226	
J The books are in care of		KAREN DALY S. de or Business Inc			(A)	laasi		one numi	per ► () Expense:	(610)807-0336 (C) Net		
		de or business inc	Offic	г	(٨)	Inco	116	(6) Expense:	•	(O) Net	
1a Gross receipts or sale			a Balanaa	ا ۔ ا								
b Less returns and allow2 Cost of goods sold (S		A line 7)	c Balance	1c 2							*****	
2 Cost of goods sold (S3 Gross profit. Subtract		•		3								
4a Capital gain net incon				4a								
. •	•	art II, line 17) (attach Form	4797)	4b								
c Capital loss deduction			4101)	4c								
•		ship or an S corporation (a	tach statement)	5								
6 Rent income (Schedu		omp or an o corporation (a	adon statement,	6		_						
7 Unrelated debt-finance		ne (Schedule E)		7			RE	CEI	/FD	7		
		, ,	organization (Schedule F)	8						10		
	Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9						NO	/ 9 9	2040	S		
10 Exploited exempt acti	ivity inco	me (Schedule I)		10		C14	110	V 22 Z	2019	S		
11 Advertising income (S	Schedul	e J)		11		L				图		
12 Other income (See in:	\sim							DEN	<u>, UT</u>	$\perp \perp$		
13 Total. Combine lines				13			0.					
		ot Taken Elsewher utions, deductions must						s income	∍)			
		rectors, and trustees (Sche							•	14		
15 Salaries and wages	110013, 01	rectors, and trastees (oone	dulo ity							15		
16 Repairs and mainter	nance									16	·	
17 Bad debts									17			
18 Interest (attach sche	edule) (s	ee instructions)								18		
19 Taxes and licenses										19		
20 Charitable contributi	ions (Se	e instructions for limitation	rules)							20		
21 Depreciation (attach						Ŀ	21					
22 Less depreciation cl	aimed o	n Schedule A and elsewher	e on return			2	2a		_	22b		
23 Depletion										23		
24 Contributions to def	erred co	mpensation plans								24		
25 Employee benefit pro	ograms									25		
26 Excess exempt expe										26		
27 Excess readership c	-	•								27	·	
28 Other deductions (at		•								28		
29 Total deductions. Add lines 14 through 28									29	0		
 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 									30	0		
				ıry 1, 2()18 (see in:	struc	tions)			31	^	
		ncome. Subtract line 31 fro								32	0 5 000 T (004)	
823701 01-09-19 LHA FO	or Papei	work Reduction Act Notice	e, see instructions								Form 990-T (2018	

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Part I	II Total Unrelated Business Taxable Income					
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33			0.
34	Amounts paid for disallowed fringes		34		9	71.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of					
	lines 33 and 34		36			<u>71.</u>
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1	, 0	00.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,					
	enter the smaller of zero or line 36		38			0.
Part I	V Tax Computation					
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	•	▶ 39			0.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from:					
	Tax rate schedule or Schedule D (Form 1041)	•	40			
41	Proxy tax. See instructions	•	41			
42	Alternative minimum tax (trusts only)		42			
43	Tax on Noncompliant Facility Income See instructions		43			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44			0.
Part '	/ Tax and Payments					
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a					
b	Other credits (see instructions) 45b					
C	General business credit. Attach Form 3800 45c					
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 45d		\neg			
e	Total credits. Add lines 45a through 45d		45e			
46	Subtract line 45e from line 44		46			0.
47		attach schedule				
48	Total tax. Add lines 46 and 47 (see instructions)		48			0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49			0.
	Payments: A 2017 overpayment credited to 2018		"			
	2018 estimated tax payments 50b		\neg			
	Tax deposited with Form 8868 50c	 -	\dashv			
			-			
	Foreign organizations: Tax paid or withheld at source (see instructions) Seeking withhelding (see instructions)		-			
	Backup withholding (see instructions) 50e		\dashv			
	Credit for small employer health insurance premiums (attach Form 8941) Step 2420		\dashv \mid			
8	Other credits, adjustments, and payments: Form 2439					
	Form 4136 Other Total ▶ 50g		┥ │			-
51	Total payments. Add lines 50a through 50g		51 52			
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached					
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53			
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54			
55 Doort 1		unded >	► 55		-	
Part '				т,	. 1	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			- <u>'</u> -	⁄es	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	}				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country					
	here >			— ⊦		<u>X</u>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	eign trust?		⊢		X
	If "Yes," see instructions for other forms the organization may have to file.					
58_	Enter the amount of tax-exempt interest received or accrued during the tax year > \$			L		
C:	Under penaltiesjof perjury, I declare that I have examined this return, including accompanying schedules and statements, and to to correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled	ne best of my k lge	nowledge and	belief, it is tri	ue,	
Sign	11/1/10.	` [May the IRS o	discuss this re	eturn v	vith
Here	1119/7 CEO		the preparer s		_	,
	Signatule of difficer Date Title		instructions)?	X Yes		No
	Print/Type preparer's name Preparer's signature Date	Check	ıf PTIN			
Paid		self- employe				
Prepa	arer CPA 11/08/19		•	<u> 12545</u>		
Use (Only Firm's name ► CAMPBELL RAPPOLD(& YURASITS LLP	Firm's EIN	<u>▶ 23</u>	<u>-1386</u>	94	2
	1033 S CEDAR CREST BLVD					
	Firm's address ► ALLENTOWN, PA 18103-5443	Phone no.	(610)	435-7	48	9
000744 0	1 00 10			Form 990)-T/	2019

Schedule A - Cost of Goods	s Sold. Enter	method of inver	tory v	raluation > N/A					
1 Inventory at beginning of year 1			6	6 Inventory at end of year			6_		
2 Purchases	2	7 Cost of goods sold Subtract			ibtract l	ine 6			
3 Cost of labor	3		_	from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs				line 2				1	
(attach schedule)	4a		8 Do the rules of section 263A (with respect to					Yes	No
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply						
_5 Total. Add lines 1 through 4b	5		<u> </u>	the organization?					<u> </u>
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	per	ty) 	
1. Description of property									
(1)		•••••				***************************************			
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued				2(2) Contrations discost		ested with the income	_
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for p	personal	sonal property (if the percental property exceeds 50% or if sed on profit or income)	age	3(a) Deductions directl columns 2(a) a	nd 2(b	(attach schedule)	
(1)									
(2)					*********				
(3)									
(4)				_					
Total	0.	Total			0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	ı (A)	•			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	ot-Financec	I Income (see	ınstru	ictions)					
			2	. Gross income from or allocable to debt-		3 Deductions directly control to debt-finan		operty	
1 Description of debt-fir	nanced property		:	financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	
(1)									
(2)									
(3)		**************************************		***************************************					
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to inced property in schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)		•••••		%					
(3)		-		%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals				>		0			0.
Total dividends-received deductions in	cluded in columi	n 8				>	<u> </u>		0.

1. Name of periodical

2 Gross advertising income

3. Direct advertising costs

3. Direct advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7

(1)

(2)

(3)

(4)

Totals (carry to Part II, line (5))

▶ 0. 0.

4. Advertising gain or (loss) (col 2 minus col 2 minus col 3) If a gain, compute cols 5 through 7

5. Circulation income

6. Readership costs (column 6 minus column 4)

7. Excess readership costs (column 5, but not more than column 4)

7. Excess readership costs (solumn 6 minus column 5, but not more than column 4)

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Part II. Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

Name of periodical		2 Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					· · · ·		
(2)						·	
(3)							
(4)							
Totals from Part I	•	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	•	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2 Title	Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14			0.

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