Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

<u>A</u>	For the	2016 calendar year, or tax year beginning and	ending		
В	Check if applicable	LEBANON VALLEY VOLUNTEERS IN MEDICINE		D Employer identif	ication number
	Addres change	S CLINIC			
	Name chang	Doing business as		26-3	915958
	Initial return Final return/	Number and street (or P 0 box if mail is not delivered to street address) P O BOX 333	Room/suite	E Telephone number 717-	er -272–2252
	termin ated			G Gross receipts \$	370,991.
	Amend			H(a) Is this a group r	
一	Applic			for subordinate	
	pendir	711 SOUTH 8TH STREET, LEBANON, PA 1704	42	H(b) Are all subordinates	
T	Tax-exe	empt status: X 501(c)(3)		1	a list. (see instructions)
		e: ► WWW.VIMLEB.ORG		H(c) Group exemption	
		organization X Corporation	L Year		M State of legal domicile PA
	art I	Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: ${\hbox{{\tt TO}}}\ {\hbox{{\tt SI}}}$ NEEDS OF THE UNINSURED WHO LIVE IN LEBANG			ND WELLNESS
E L		Check this box if the organization discontinued its operations or dispos		 	ecete
Š	1	Number of voting members of the governing body (Part VI, line 1a)	sea or more	3	5
යි				4	5
•ජ ග		Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2016 (Part V, line 2a)	•	5	0
Ę.		Total number of individuals employed in calendar year 2016 (Fart V, line 2a) Total number of volunteers (estimate if necessary)	• •	· · · · · · · · · · · · · · · · · · ·	0
Ę	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	
¥		Net unrelated business taxable income from Form 990-T, line 34	• •	. <u>7a</u>	0.
_	"	Net unrelated business taxable income from Form 990-1, line 34		Prior Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)		241,013.	
ş	9	Program service revenue (Part VIII, line 2g)	-	1,752.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	336.	
æ	11			4,555.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	·	247,656.	348,478.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	
	1	Benefits paid to or for members (Part IX, column (A), line 4)		162,111.	298,303.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)	H	0.	0.
e E	l loa	Total fundraising expenses (Part IX, column (D), line 25)	74.		<u> </u>
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		113,159.	107,646.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A) ine (25)		275,270.	
	19	Revenue less expenses. Subtract line 18 from line 12)	<27,614.	
Net Assets or	3		S Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	ļö	386,817.	326,882.
A.S.	21	Total liabilities (Part X, line 26)	RS-O	3,634.	1,170.
<u> </u>	22	Net assets or fund balances. Subtract line 21 from line 20	12.	383,183.	325,712.
P	art II	Signature Block	An exercise		
Und	der pena	lities of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of n	ny knowledge and belief, it is
tru	e, correc	t, and complete. Declaration of preparer (other than effice is based on all information of wi	nich preparei	r has any knowledge.	
		MINICIA IN A THAT		9/19	117
Sig	jn	Signature of officer		Date / /	J''
He	re	RICHARD C SCOTT, V PRESIDENT			
		Type or print name and title		· · · · · · · · · · · · · · · · · · ·	
,		Print/Type preparer's name Preparer's signature		Date Check [PTIN
Pa	id	THOMAS I. SIEGEL CPA	C	9/14/17 self-emplo	
Pre	parer	Firm's name STANILLA, SIEGEL AND MASER LLC		Firm's EIN	46-1196981
Us	e Only	Firm's address ▶ 825 NORMAN DRIVE			
		LEBANON, PA 170427445		Phone no 71	7-273-1683
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)	_		X Yes No
	001 11-		ons.		Form 990 (2016)

Form	1990 (2016) CLINIC 26-3915958	Page 2
Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	_
	OUR MISSION IS TO SERVE THE HEALTH AND WELLNESS NEEDS OF THE UNINSU	JRED
	WHO LIVE IN LEBANON COUNTY, PA.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		X No
	If "Yes," describe these new services on Schedule O.	
3		X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense	œ
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,	
	•	anu
4-	revenue, if any, for each program service reported. (Code) (Expenses \$329, 701 • Including grants of \$) (Revenue \$)	557.)
4a		9 TO
	SERVE AS A FAMILY DOCTOR AND MEDICAL HOME FOR THE UNINSURED OF LEBE	MON
	COUNTY. DURING 2016, THE CLINIC HAD 2,416 VISITS.	
4b	(Code) (Expenses \$including grants of \$) (Revenue \$	1
	/ Code / / Cod	
		
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
		
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
_ <u>4e</u> _	Total program service expenses ► 329,701.	
	Form 9	990 (2016)

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)?		v	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	 ^	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			X
	public office? If "Yes," complete Schedule C, Part I	3_		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
	during the tax year? If "Yes," complete Schedule C, Part II	4	 	^
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		Х
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5_		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
	Schedule D, Part III	8		х
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?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	-		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Ì	*
	Part VI	11a	х	
ь	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? If "Yes," complete Schedule D, Part VII	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? If "Yes," complete Schedule D, Part VIII	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	1		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
ø	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			.,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ь	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			X
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	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	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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? If "Yes," complete Schedule G, Part I	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? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III	19		Х
			990 (
			•	,

LEBANON VALLEY VOLUNTEERS IN MEDICINE 26-3915958 Form 990 (2016) CLINIC Page 4 Part IV Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H 20a 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 17 If "Yes," complete Schedule I, Parts I and II Х 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K. If "No", go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X Schedule L, Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," 26 Х complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X 27 of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): 28a a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? Х If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X 36 If "Yes," complete Schedule R, Part V, line 2

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37

X

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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

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a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b if "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14b Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b 14b		form 990 (2016) CLINIC		26-3915	<u>958</u>	P	age 5
Tenter the number reported in Box 3 of Form 1096. Enter 0- if not applicable	Par	Part V Statements Regarding Other IRS Filings and T	ax Compliance				
16 Enter the number reported in Box 3 of Form 1096. Enter 0-1 in ct applicable Enter the number of Forms WaS (ancluded in in a 1.Enter 0-1 in ct applicable) Different the number of Forms WaS (ancluded in in a 1.Enter 0-1 in ct applicable) Different number of comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) withing the prize with the complex of the provided of the capital payment of the provided payment that sturms? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 but the organization have vented between segment of 41 (200 or more during the year? 3 but the organization have vented between segment of 41 (200 or more during the year? 3 but the organization have vented between segment of 41 (200 or more during the provided or year). 3 but the organization of the spars of the spa		Check if Schedule O contains a response or note to any line in	this Part V				
Enter the number of Forms W2G included in line 1a. Enter 6-if not applicable De Did the organization comply with beokup withholding rules for reportable payments to vendors and reportable gaming (gamilding) with many services without 50 pt. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. Ideo for the celendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1s and 2a is greater than 250, you may be required to e-file (see instructions) A lat any time during the calendar year, did the organization in early the required to e-file (see instructions) If Yea, 1 and 1 filed a form 800 Trof this year If 11%, 15 file and 50 pt. If Yea, 2 inter the name of the foreign country (such as a bank account, so or other file and account)? If Yea, 3 and 1 filed a form 800 Trof this year If 11%, 15 file and 50 pt. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Was the organization as party to a prohibited tax shelter transaction at any time during the tax year? Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file organization file form 88681? If Yes, 3 did the organization in loulde with every solicitation an express statement that such contributions or grifs were not tax deductible as charatible contributions? If Yes, 3 did the organization in the way or solicitation an express statement that such contributions or grifs were not tax deductible as charatible contributions. If Yes, 3 did the organization include with every solicitation an express statement that such contributions or grifs were not tax deductible as charatible contributions. If Yes, 3 did the organization include with every solicitation an exp	-					Yes	No
Eight the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamiling) winnings to prize winners? 2 Einter the number of employees reported on Form W.S. Transmittal of Wage and Tax Statements. filled for the calendar year ending with or within the year covered by this return. 3 If all least one is reported on line 2, did the organization fille all required declared employment tax returns? 3 If a least one is reported on line 2, did the organization fill all required declared employment tax returns? 3 If Yee, I has it filled a Form 990-T for this year? If Y-No, "to this 35, provide an explanation in Schedule O. 3 If Yee, I has it filled a Form 990-T for this year? If Y-No, "to this 35, provide an explanation in Schedule O. 3 If Yee, and using the calendar year, did the organization filled an interest in, or a signature or other authority over, a financial account in a foreign country. Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 If Yee, and the harmonic filled	1a	1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not app	licable .	1a 0			
Senter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, fled for the calendar year ending with or within the year covered by this return. 2 0 0 1 1 at least on a reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater han 250, you may be required to e-fife (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4b If Yes, 1 and 1 filed a Form 990-1 for this year? If Wo, 1 is not 8, provide an explanation in Schedule O 4b If Yes, enter the name of the foreign country. 5c See instructions for filing requirements for FindCHF Form 114, Report of Foreign Bank and Financial accountry over, a financial account in a foreign country. 5c See instructions for filing requirements for FindCHF Form 114, Report of Foreign Bank and Financial accountry (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Usd any taxabib party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5c Did any taxabib party notify the organization that it was or is a party to a prohibited tax shelter transaction at any contributions have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 5c Dransizations that may receive deductible contributions under section 170(c). 5d Unit the organization set of the value of the goods or services provided? 5d Unit the organization set and the foreign state of the property for which it was required to the Form 8282? 6d Unit was a financial to the comparation of the value of the goods or services provided? 7d Unit the organization received any funds, directly or indirectly, to pay preniu	ь	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not a	pplicable .	1b 0	Ì		
Senter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, fled for the calendar year ending with or within the year covered by this return. 2 0 0 1 1 at least on a reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater han 250, you may be required to e-fife (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4b If Yes, 1 and 1 filed a Form 990-1 for this year? If Wo, 1 is not 8, provide an explanation in Schedule O 4b If Yes, enter the name of the foreign country. 5c See instructions for filing requirements for FindCHF Form 114, Report of Foreign Bank and Financial accountry over, a financial account in a foreign country. 5c See instructions for filing requirements for FindCHF Form 114, Report of Foreign Bank and Financial accountry (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Usd any taxabib party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5c Did any taxabib party notify the organization that it was or is a party to a prohibited tax shelter transaction at any contributions have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 5c Dransizations that may receive deductible contributions under section 170(c). 5d Unit the organization set of the value of the goods or services provided? 5d Unit the organization set and the foreign state of the property for which it was required to the Form 8282? 6d Unit was a financial to the comparation of the value of the goods or services provided? 7d Unit the organization received any funds, directly or indirectly, to pay preniu			· •	eportable gaming			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return State S					10		
filed for the calendary year ending with or within the year covered by this return 2a	2a		Wage and Tax Statements.				
If It least one is reported on line 2a, dut the organization file all required deferal employment tax returns? 2b				2a 0	l		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; or file of property of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; or file of property of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; or the file of property of the calendar year, did the organization as bank account, so other filencial account; or the file of the calendar year. 5c Hi Yes, it has the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5d Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 7d Organizations that may receive deductible contributions under section 170(c). 8d Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a X 7b If Yes, did the organization northy the donor of the value of the goods or services provided? 8d If Yes, inclicate the number of Forms 8282 filed during the year 9d Did the organization receive any property or indirectly, to pay premiums on a personal benefit contract? 7b Did the organization receive any property or indirectly, to pay premiums on the property for which it was required? 9d If the corganization received a contribution of cash, boat	h			L	i		
38 Dot the organization have unrelated business gross income of \$1,000 or more during the year? b if "Yes," has it filed a Form 990-T for this year? if "No," to line 36, provide an explanation in Schedule O 38 At any time during the calendar year, did the organization have an interest it, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?) 59 If "Yes," and the financial account in a foreign country (such as a bank account, securities account, or other financial account? 50 If "Yes," to line financial accounts (FBAR). 50 Was the organization have to a prohibited tax shelter transaction? 50 If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 50 If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 50 If "Yes," do the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 50 Organizations that may receive deductible contributions under section 176(c). 50 If the organization neceive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 50 If Yes," did the organization that was not tax deductible contributions under section 176(c). 50 If the organization receive any funds, directly or indirectly, to pay premiume on a personal benefit contract? 50 If Yes," did the organization of contribution of qualified intellectual property, did the organization file a form 1098-0? 51 If Yes," did the organization mechanics of the post of the post of the organization file a form 1098-0? 52 Sponsoring organization mechanics or of the vable of the organization file a form 1098-0? 53 Sponsoring organization mechanics or of the vable of the organization file a form 1098-0? 54 If the organization heaves any funds, directly or indirectly, to pay premiume on a personal		•	, .		 7		
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			es during the tay year?		140	[i	X
Form 990 (2016)				 In O			
		v II 165, IIas II lileo a Folili 720 to report triese payments? II No, p	TOTICO UT CADIMIRUOTI III OCTICOU			990	(2016)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI 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 in Schedule O. 5 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 $\overline{\mathbf{x}}$ Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a X 8b **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? . . . 10a 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 14 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 15a X 15b **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶PA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request ___ Another's website Own website ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION - 717-272-2252 17042 711 S 8TH STREET, LEBANON, PA

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: Individual trustees or directors; Institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	(do	not c	Posi heck	ition		one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) FRANK DIXON	5.00								_	_
PRESIDENT	10.00	Х	ļ	Х		ļ		0.	0.	0.
(2) RICHARD SCOTT	10.00							•		
V PRESIDENT	1 00	X	<u> </u>	Х				0.	0.	0.
(3) ROBERT LONGO	1.00			,,				_		_
SECRETARY/TREASURER	1 00	Х		Х		<u> </u>		0.	0.	0.
(4) PAUL DIGIACOMO	1.00	X						0.		_
DIRECTOR	1 00	X	-	ļ <u>.</u>		┢		0.	0.	0.
(5) DR JOHN PATRICK WELCH	1.00	X						0.	0.	
DIRECTOR									0.	0.
					-					
						-		·		
		<u> </u>								
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		_								
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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

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Pa	t VI	III Statement of Reve	nue					
		Check if Schedule O con	tains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	a Federated campaigns	1a					
ig ja	b	b Membership dues	1b					
Am Am	c	c Fundraising events	1c	76,259.				
E E	d	d Related organizations	1d					
S.E	е	e Government grants (contribu	tions) 1e	80,770.				
후입	f	f All other contributions, gifts, gran	nts, and					
		similar amounts not included abo	ove	187,677.				
Contributions, Gifts, Grants and Other Similar Amounts	8	9 Noncash contributions included in lines	s 1a-1f \$					
<u>0</u> 8	h	h Total. Add lines 1a-1f		>	344,706.		**************************************	<u></u>
				Business Code				
8	2 a	a SERVICE FEES		621400	2,519.	2,519.		
او ڇَ	b	b						
n S	c	c				ļ		
Program Service Revenue	c	d						<u> </u>
	e	e						
-	f	f All other program service rev	enue		2 510		······································	
		g Total. Add lines 2a-2f		>	2,519.		·····	
	3	Investment income (including) dividends, inter	est, and	215.			215.
		other similar amounts)			213.			213.
	4	Income from investment of ta	ex-exempt bond	proceeds				
	5	Royalties	() Deal	(i) Demand	**************************************			
			(i) Real	(ii) Personal				
	0 8	a Gross rents .		 				
		b Less: rental expensesc Rental income or (loss)						
		d Net rental income or (loss)				1		
		a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	() Goodinioo	(11) (31)				
	ŧ	b Less: cost or other basis		 				
		and sales expenses						
	•	c Gain or (loss)						
		d Net gain or (loss)		>				1
•		a Gross income from fundraising	na events (not					
Other Revenue		including \$ 76,	259 • of					
eve		contributions reported on line						
ř.		Part IV, line 18	, a	22,513.				
Ę.	k	b Less: direct expenses		22,513.				
0		c Net income or (loss) from fun	draising events		0.			<u> </u>
	9 a	a Gross income from gaming a	ctivities. See					
		Part IV, line 19	a	·				
	t	b Less: direct expenses .	t	·				
	•	c Net income or (loss) from gar	ming activities					
	10 a	a Gross sales of inventory, less	s returns					
		and allowances		·				
	1	b Less: cost of goods sold .	t	·				
		c Net income or (loss) from sal	es of inventory					
		Miscellaneous Reven	ue	Business Code				
	11 8	a MISCELLANEOUS		900099	1,038.	1,038.		
	1	b				 		
	١ ،	c				 		
	·	d All other revenue			1,038.			
	` ۱	e Total. Add lines 11a-11d	•		348,478.		0	. 215.
	12	Total revenue. See instructions				J J J J J 1 •	U	-1 213.

Form 990 (2016) CLINIC Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor			mplete column (A).	
	not include amounts reported on lines 6b,	(A)	this Part IX .	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16	· · · · · · · · · · · · · · · · · · ·			·····
4	Benefits paid to or for members				····
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	267 555	210 000	44 774	2 000
7	Other salaries and wages	267,555.	218,888.	44,774.	3,893
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	30,748.	25,156.	5,145.	A A 77
10	Payroll taxes	30,740.	23,130.	5,145.	447
11	Fees for services (non-employees):				
a	Management Legal				
0	Accounting	2,170.		2,170.	
٦	Lobbying			2,170.	
	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
я	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	5,347.	•	5,347.	······································
13	Office expenses	9,941.	7,456.	- 0,0111	2.485
14	Information technology	17,530.	13,147.		2,485 4,383
15	Royalties				1,000
16	Occupancy	22,805.	21,437.	1,368.	
17	Travel	72.	72.		
18	Payments of travel or entertainment expenses	· · · · · · · · · · · · · · · · · · ·			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		· · · · · · · · · · · · · · · · ·		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,936.	12,160.		776
23	Insurance	4,879.	2,587.	2,114.	178
24	Other expenses Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O')				
-	MEDICAL SUPPLIES/LAB FE	12,229.	12,229.		
ь	MISCELLANEOUS	11,211.	8,408.	2,691.	112
c	EQUIPMENT RENT AND MTNC	6,789.	6,424.	365.	
d	DUES/SUBSCRIPTIONS	1,737.	1,737.		
е	All other expenses				
25_	Total functional expenses. Add lines 1 through 24e	405,949.	329,701.	63,974.	12,274
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)		<u> </u>	<u> </u>	Form 990 (2016

Form 990 (2016)
Part X Balance Sheet

CLINIC

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art 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
1	Cash · non-interest-bearing	8,059.	1	21,286
2	Savings and temporary cash investments	302,209.	2	230,814
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
•	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	į.		
	employers and sponsoring organizations of section 501(c)(9) voluntary	9		
,	employees' beneficiary organizations (see instr). Complete Part II of Sch L	:	6	
7	Notes and loans receivable, net		7	
	Inventories for sale or use		8	
` 8				
9	Prepaid expenses and deferred charges		9	
10a	, , , , , , , , , , , , , , , , , , , ,			
١.	basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 224,871 10b 150,089	76,549.		74 702
b	•	70,349.		74,782
11	Investments · publicly traded securities		11	
12	Investments · other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	<u></u>
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	206 017	15	206 000
16	Total assets. Add lines 1 through 15 (must equal line 34)	386,817.	16	326,882
17	Accounts payable and accrued expenses	3,634.	17	1,170
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ខ្ជ 22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
<u> </u>	Complete Part II of Schedule L		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			
1	parties, and other liabilities not included on lines 17-24). Complete Part X of	1		
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	3,634.	26	1,170
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
g	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	383,183.	27	325,712
28	Temporarily restricted net assets		28	
27 28 29 30 31 32	Permanently restricted net assets		29	
Ē	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			······
5	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	383,183.	33	325,712
~~	Total liabilities and net assets/fund balances	386,817.		326,882

Form **990** (2016)

<u>Form</u>	990 (2016) CLINIC	<u> </u>	<u> 958</u>	<u>Ра</u>	ge 12
Pa	TXI Reconciliation of Net Assets				
_ <u>.</u>	Check if Schedule O contains a response or note to any line in this Part XI				
		ļ			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>78.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			49.
3	Revenue less expenses. Subtract line 2 from line 1	3			71.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	38	<u>3,1</u>	83.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	32	5 <u>,7</u>	<u> 12.</u>
Pa	TXII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				Щ.
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	-	2b	·	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis 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	e audīt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audıt			
	or guidite, explain why in Schodule O and describe any stone taken to undergo such audite		36		l

Form **990** (2016)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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.

| 2016

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

LEBANON VALLEY VOLUNTEERS IN MEDICINE Employ

Employer identification number

		CTIN	<u>1C</u>						0-3313338	
Pε	ırt I	Reason for Public (Charity Status (A	All organizations must co	mplete th	is part.) Se	e instructions.			
Γhe	organ	zation is not a private found	ation because it is: (l	For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of chi								
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3	X	A hospital or a cooperative					ii).			
4		A medical research organization					•	iii). Enter	the hospital's name.	
		city, and state:		,					,	
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a g	overnmental ur	nt descrit	ned in	
•		section 170(b)(1)(A)(iv). (C			- с. сро.а.			0000112	500 III	
R		A federal, state, or local gov	•	nental unit described in s	ection 17	/0/F/(4/\V	64			
7	Ħ	An organization that normal							من امان مسام مسام	
•				marpart or its support i	ioni a gov	emmentai	unit or from th	e general	public described in	
۵		section 170(b)(1)(A)(vi). (Co		(4)(A)(vi) (Complete Dord	. 11 \					
8	=	A community trust describe								
9	ш	An agricultural research org								
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of t	the colleg	e or	
4.0		university:								
10	ш	An organization that normal								
		activities related to its exem								
		income and unrelated busin		(less section 511 tax) fro	om busine	sses acqu	ired by the org	anization	after June 30, 1975.	
		See section 509(a)(2). (Cor	•							
11	\vdash	An organization organized a	•		-					
12		An organization organized a		-	-			-	• •	
		more publicly supported or	_						Check the box in	
		lines 12a through 12d that	= = =			-		-		
а	<u>ا</u>	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganızation(s), ty	pically by	giving	
		the supported organization	• • •		majority o	of the dire	ctors or trustee	s of the s	supporting	
	_	organization. You must c	= -							
b	· L	Type II. A supporting org	anızatıon supervised	or controlled in connect	tion with it	s support	ed organization	ı(s), by ha	ving	
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manag	je the sup	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
C	; L		- ''				-	y integrate	ed with,	
	_	its supported organization	n(s) (see instructions	s). You must complete F	Part IV, Se	ections A,	D, and E.			
d	ı L_							_	, ,	
		that is not functionally int	egrated. The organiz	zation generally must sat	isfy a disti	ribution re	quirement and	an attent	iveness	
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.			
е	,	☐ Check this box if the orga	anızation received a v	written determination fro	m the IRS	that it is a	a Type I, Type I	i, Type III		
		functionally integrated, or Type III non-functionally integrated supporting organization. ter the number of supported organizations								
f										
9		/Ide the following information I) Name of supported	about the supporte		(iv) Is the orga	nization listed	(v) Amount of r		Cott A	
	,	organization	(11) E114	(iii) Type of organization (described on lines 1-10	in your govern	no document?	support (see ins	•	(vi) Amount of other support (see instructions)	
		Organization		above (see instructions))	Yes	No	Support (See 113		support (see tristructions)	
						<u> </u>			<u> </u>	
									· · · · · · · · · · · · · · · · · · ·	
							ļ			
Tat.	~!		L .		,				i .	

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
include any "unusual grants.")					ļ	
2 Tax revenues levied for the organ- ization'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				1		
4 Total. Add lines 1 through 35 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)	"""""""""""""""""""""""""""""""""""""	 				
6 Public support. Subtract line 5 from line 4		1	<u> </u>	<u> </u>	<u>.L</u>	
Section B. Total Support	4.10010	1 010010	1	T		
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4				 	 	
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on			ļ			
10 Other income. Do not include gain					1	
or loss from the sale of capital						
assets (Explain in Part VI.)				ļ		
11 Total support. Add lines 7 through 10				1		
12 Gross receipts from related activities, e	etc. (see instruct	ions) .			12	
13 First five years. If the Form 990 is for t	the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
organization, check this box and stop				. -		▶∟_
Section C. Computation of Public					T T	
14 Public support percentage for 2016 (lin	,	•	column (t))		14	
15 Public support percentage from 2015 \$					15	
16a 33 1/3% support test - 2016. If the or	-			14 is 33 1/3% or i	more, check this bo	
stop here. The organization qualifies a		_				▶∟
b 33 1/3% support test - 2015. If the or				d line 15 is 33 1/39	% or more, check th	ils pox
and stop here. The organization qualifi		• • •				▶ ∟
17a 10% -facts-and-circumstances test						
and if the organization meets the "facts			_	•	art VI how the organ	
meets the "facts-and-circumstances" to	_			_		. ▶∟
b 10% -facts-and-circumstances test						
more, and if the organization meets the				•		
organization meets the "facts-and-circu		-	qualifies as a publ	icly supported org	anızation	▶ <u>∟</u>
18 Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2016 CLINIC 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
munific unadantile teata linta di la laccioni di conservatata Part IIX

qualify under the tests listed be	elow, please com	plete Part II.)				
Section A. Public Support						_
Calendar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 per- formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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 .		<u></u>	<u></u>			
8 Public support. (Subtract line 7c from line 6)		L	<u> </u>			
Section B. Total Support		T	r ·· · · · · · · · · · · · · · · · · ·	Y		
Calendar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>				
14 First five years. If the Form 990 is for	the organization'	s first, second, thu	d, fourth, or fifth to	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here	<u>-</u>		·			
Section C. Computation of Publi	ic Support Pe	rcentage				
15 Public support percentage for 2016 (I	ine 8, column (f) c	livided by line 13,	column (f))	·	15	
16 Public support percentage from 2015	Schedule A, Parl	III, line 15			16	
Section D. Computation of Inves	stment Incom	e Percentage				
17 Investment income percentage for 20	16 (line 10c, colu	mn (f) divided by lii	ne 13, column (f))		17	
18 Investment income percentage from 2					18	
19a 33 1/3% support tests - 2016. If the		·	on line 14, and line	15 is more than	33 1/3%, and line 1	
more than 33 1/3%, check this box ai						. ▶□
b 33 1/3% support tests - 2015. If the	organizatıon dıd ı	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
line 18 is not more than 33 1/3%, che		t op nere. The orga Dox on line 14, 19			•	~

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A	A. All Suppor	ting Organiz	 		

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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)? If "Yes," describe in **Part Vi**when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part Vi**what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
3a		······
3ь		
3c		
4		
4a		
4b		
4c		
- 		
_		
5a		
5b _		
5c		
6	1	
7	ļ	
8		·····
9a		
9b		
9c		
10a	ļ	
10-	[
 10b 90 or 91	10. E 7	2016

	edule A (Form 990 or 990-EZ) 2016 CLINIC	<u> 26-391595</u>	<u>в</u> Б	<u>age 5</u>
Pa	rt V Supporting Organizations (continued)		T	1
	Health annual matter accorded a rife or such that for a such that for the control of the control	F	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	440	1	
h		11a		+-
	A family member of a person described in (a) above? A 35% controlled ontitue for person described in (a) ar (b) chave 2 if "Yes" to a hour a provide detail in Part III.	11b	ļ	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	l	Ь_
	Morral Type Teapper and Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1.00	1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		1
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
		,	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).		<u>. </u>	<u> </u>
Sec	tion D. All Type III Supporting Organizations			
		£*************************************	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	!		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	,		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	11	<u> </u>	
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? If "No," explain in Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		İ
Sec	etion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea /see ins	tructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.	, -		
ь	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	y (see instructions).	
2	Activities Test. Answer (a) and (b) below.]	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			ĺ
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	A 1 1 1	A /F AAA A/		

	edule A (Form 990 or 990-EZ) 2016 CLINIC			26-3915958 Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI.) See instructions.
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	
Sect	ion 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		7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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		
ь	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5_	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	"		
	emergency temporary reduction (see instructions)	6		,
7	Check here if the current year is the organization's first as a non-functional	ly integrate	d Type III supporting org	anization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2016

Sche	dule A (Form 990 or 990-EZ) 2016 CLINIC		2	6-3915958 Page 7						
Pai	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)							
Sect	on D - Distributions			Current Year						
1	Amounts paid to supported organizations to accomplish exe	empt purposes								
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported								
	organizations, in excess of income from activity			}						
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	<u></u> 18							
4										
5	Qualified set-aside amounts (prior IRS approval required)									
6 Other distributions (describe in Part VI). See instructions										
7	Total annual distributions. Add lines 1 through 6									
8										
	(provide details in Part VI). See instructions									
9	Distributable amount for 2016 from Section C, line 6									
10	Line 8 amount divided by Line 9 amount									
		(i)	(ii)	(iii)						
		Excess Distributions	Underdistributions	Distributable						
Secti	on E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016						
1_	Distributable amount for 2016 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2016 (reason-									
	able cause required- explain in Part VI). See instructions	<u></u>								
3	Excess distributions carryover, if any, to 2016:	**************************************		}						
a										
b		**************************************	}************************************	{************************************						
c	From 2013									
d	From 2014	[**************************************						
e	From 2015									
f	Total of lines 3a through e		<u> </u>	(************************************						
	Applied to underdistributions of prior years									
	Applied to 2016 distributable amount	<u> </u>								
i	Carryover from 2011 not applied (see instructions)									
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		**************************************	(************************************						
4	Distributions for 2016 from Section D.									
	line 7:									
а	Applied to underdistributions of prior years									
	Applied to 2016 distributable amount									
c	Remainder. Subtract lines 4a and 4b from 4									
5	Remaining underdistributions for years prior to 2016, if			**************************************						
	any. Subtract lines 3g and 4a from line 2. For result greater									
	than zero, explain in Part VI. See instructions	<u> </u>								
6	Remaining underdistributions for 2016. Subtract lines 3h									
	and 4b from line 1. For result greater than zero, explain in	Ę.								
	Part VI. See instructions									
7	Excess distributions carryover to 2017. Add lines 3j		1410 1 1414 1 1 1 1 1 1 1							
	and 4c _									
8	Breakdown of line 7:			**************************************						
а										
	Excess from 2013	<u> </u>	***************************************	**************************************						
	Excess from 2014									
	Excess from 2015	**************************************	**************************************	······································						

Excess from 2016

Part VI Supplemental Information. Provide the explanations required by Part II, line 17a or 17th. Part III, Inte 17a or 17th. Part III	Schedule A	(Form 990 or 990-EZ) 2016 CLINIC	26-3915958 Page 8
	Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of 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 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 IV, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, 5, and 8.	r 17b; Part III, line 12; I and 2; Part IV, Section C, /, Section B, line 1e; Part V.
			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ► Attach to Form 990.
 Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2016 Open to Public Inspection

Name of the organization LEBANON

LEBANON VALLEY VOLUNTEERS IN MEDICINE CLINIC

Employer identification number 26-3915958

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 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area ☐ Preservation of a certified historic structure Protection of natural habitat Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a 2b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2¢ d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016

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	dule D (Form 990) 2016 CLINIC	\	. 112						15958	
.3	Using the organization's acquisition, accessi	on, and other record	is, chec	k any of the	following tha	it are a s	ignificant	use of its	collection	items
	(check all that apply):									
a	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	e		Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizati	on's exe	mpt purpo	ose in Par	t XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or oth	er sımıla	r assets			
	to be sold to raise funds rather than to be ma	aintained as part of	he orga	nization's co	ollection?				Yes	☐ No
Par	Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	n answered '	"Yes" on	Form 990), Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	s or other as	sets not	included			
	on Form 990, Part X?								Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	lowing 1	table:						
									Amount	
C	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year				_		1e			
f	Ending balance			_	_		1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cu	ustodial acco	unt liabi	ity?		Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.									
Par										
		(a) Current year	(b) P	rior year	(c) Two year	s back	(d) Three y	ears back	(e) Four ye	ears back
1a	Beginning of year balance									
ь	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
_	Other expenditures for facilities	,								
•	and programs					!				
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1	a column (s	n)) pelq as.					
_	Board designated or quasi-endowment	ioni your one balanc	% %	g, column (c	yy neid as.					
h	Permanent endowment	%								
^	Temporarily restricted endowment ▶	^ %								
	The percentages on lines 2a, 2b, and 2c sho									
32	Are there endowment funds not in the posse	•	ation the	at are held a	nd administa	red for t	ne organiz	ration		
-	by:	obion of the organiz	G.1.011 1110	21 G/O 1/0/0 G	na aominioto	100 101 1	no organiz	ation	V	es No
	(i) unrelated organizations								3a(i)	55 110
	(ii) related organizations	• • •	••					•	3a(ii)	
h	If "Yes" on line 3a(ii), are the related organizations	 Intione lieted se requi	red on S	chodula B2			•		3b	
4	Describe in Part XIII the intended uses of the				•			• •	30	
10000	t VI Land, Buildings, and Equipm		WITHERIC	iuitus.	 					
1 44	Complete if the organization answere) Part I	/ line 11a S	See Form 990	Part Y	line 10			
	Description of property	(a) Cost or o			or other		ccumulate	d	(d) Book v	
	Description of property	basis (investr			(other)	• •	preciation	'u	(u) BOOK V	alue
1a	Land				`,					
ь	Buildings									
-	Leasehold improvements	•		10	0,336.		35,92	26.	64	,410.
ď	Equipment				4,535.		114,10			,372.
	Other				_,,		/ - /	 +-		
	. Add lines 1a through 1e. (Column (d) must e	aual Form 990. Part	X. colur	nn (B), line 1	(Oc.)			•	74	,782.

rm	990)	201	6	C	L	Ι	N	I	(

	ption of security or category (including name of security)	on Form 990, Part IV (b) Book value				end-of-year market value
) Financ	ial derivatives					
Closely	/-held equity interests					
Other						
(A)				· ·		
(B)				 		
(C)						
(D)						
(E)						
(F)						
(G)						
(H)				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·····	······································
	(b) must equal Form 990, Part X, col (B) line 12)			 		
art VII	I Investments - Program Related.					
	Complete if the organization answered "Yes"	on Form 990, Part IV	<u>√, line 11c</u>			
	(a) Description of Investment	(b) Book value	<u>'</u>	(c) Method of	valuation: Cost or	end-of-year market value
<u>(1)</u>						
(2)						
(3)						
<u>(4)</u>						
(5)						
(6) (7)		· · · · · · · · · · · · · · · · · · ·				
(8)		<u> </u>				
(9)						
art IX	Complete if the organization answered "Yes"		/, line 11d	. See Form 990	, Part X, line 15.	(b) Book value
	Complete if the organization answered "Yes"	on Form 990, Part I\ Description	/, line 11d	. See Form 990	, Part X, line 15.	(b) Book value
(1)	Complete if the organization answered "Yes"		/, line 11d	. See Form 990	, Part X, line 15.	(b) Book value
(1) (2)	Complete if the organization answered "Yes"		/, line 11d	. See Form 990	, Part X, line 15.	(b) Book value
(1) (2) (3) (4)	Complete if the organization answered "Yes"		/, line 11d	. See Form 990	, Part X, line 15.	(b) Book value
(1) (2) (3) (4)	Complete if the organization answered "Yes"		V, line 11d	. See Form 990	, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5)	Complete if the organization answered "Yes"		/, line 11d	. See Form 990	, Part X, line 15.	(b) Book value
(1) (2)	Complete if the organization answered "Yes"		/, line 11d	. See Form 990	, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6)	Complete if the organization answered "Yes"		/, line 11d	. See Form 990	, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes"		V, line 11d	. See Form 990	, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" (a) umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description				>
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" (a) umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes"	Description	V, line 11e	or 11f. See For		>
(1) (2) (3) (4) (5) (6) (7) (8) (9) (a), (Cole	Complete if the organization answered "Yes" (a) umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	V, line 11e			>
(1) (2) (3) (4) (5) (6) (7) (8) (9) (a). (Cole	Complete if the organization answered "Yes" (a) umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes"	Description	V, line 11e	or 11f. See For		>
(1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Colorant X	Complete if the organization answered "Yes" (a) umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	V, line 11e	or 11f. See For		>
(1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Cole art X	Complete if the organization answered "Yes" (a) umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	V, line 11e	or 11f. See For		>
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Cole art X	Complete if the organization answered "Yes" (a) umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	V, line 11e	or 11f. See For		>
(1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Coleart X (1) Fee (2) (3) (4) (5)	Complete if the organization answered "Yes" (a) umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	V, line 11e	or 11f. See For		>
(1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Cole art X (1) Fee (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" (a) umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	V, line 11e	or 11f. See For		>
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Coll art X (1) Fec (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" (a) umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	V, line 11e	or 11f. See For		>
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Cole art X (1) Fee (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" (a) umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	V, line 11e	or 11f. See For		>

Schedule D (Form 990) 2016

SCHEDULE G (Form 990 or 990-EZ)

.
Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

2016

Open to Public Inspection

Internal Revenue Service Information a	bout Schedule G (Form 990 or 990-EZ)	and its	instru	ictions is at www.irs	gov/for	<i>111330.</i> [Inspection
	VALLEY VOLUNTEERS	IN	ME	DICINE			entification number
CLINIC						6-3915	
Fundraising Activities required to complete this par	Complete if the organization answett.	ered "Y	'es" o	n Form 990, Part IV,	line 17.	Form 990-E	Z filers are not
1 Indicate whether the organization rais		-					
a Mail solicitations b Internet and email solicitations			-	overnment grants nment grants			
c Phone solicitations	g Special			•			
d In-person solicitations	g opolia.	1011010	g	0.000			
2 a Did the organization have a written of	or oral agreement with any individual	(Includ	ding o	fficers, directors, tru:	stees, o	•	
	art VII) or entity in connection with p			-		Ye:	
b If "Yes," list the 10 highest paid indi- compensated at least \$5,000 by the		ant to	agree	ements under which	the fund	raiser is to	be
		(iii)	Did	<i>5</i>		ount paid	(vi) Amount paid
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	have c or con contrib	trol of	(iv) Gross receipts from activity	fun	etained by) draiser in col. (i)	to (or retained by) organization
		Yes	No		!		
	,						
							<u> </u>
					!		
	 						
		-					
		-					
			ļ				
							
	L	L					
Total 3 List all states in which the organization	on is registered or licensed to solicit	contrib	utions	s or has been notified	it is exe	empt from re	egistration
or licensing.					 -		
							
							

Schedule G (Form 990 or 990-EZ) 2016

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

		le G (Form 990 or 990 EZ) 2016 CLINIC			26-	-3915958 Page 2
PE	rt l	Fundraising Events. Complete if the of fundraising event contributions and gr				
<u> </u>	[or fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GOLF OUTING	BIKE OUTING	NONE	(add col. (a) through
	ļ		(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	72,750.	26,022.	(IO)	98,772.
<u>II</u>		•				
	2	Less: Contributions	57,750.	18,509.		76,259.
_	3_	Gross income (line 1 minus line 2)	15,000.	7,513.		22,513.
	4	Cash prizes				
~	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	15,000.	7,513.		22,513.
Direct E	7	Food and beverages			1	
	8	Entertainment				
	9	Other direct expenses				
	10		22,513.			
	11			000 5 (8/1) 40	_	0.
	ırt i	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or	reported more than	
	Γ-	\$13,000 on Form 990-E2, line oa.	1	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
<u></u>	1	Gross revenue	<u> </u>			
S	2	Cash prizes			·	
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
_	_	O 11				
	5	Other direct expenses .	Yes %	Yes %	Yes %	
	a	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through			<u> </u>	
	8	Net gaming income summary. Subtract line 7			•	
_		The second secon				
	lst	ter the state(s) in which the organization condi- the organization licensed to conduct gaming a	ctivities in each of these			Yes No
		No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:				Yes No
						
	92.0	9-12-18			Schedule G (Fo	rm 990 or 990-EZ) 2016

Sch	nedule G (Form 990 or 990-EZ) 2016 CLINIC	26-391595	8 Page 3									
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No									
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed											
	to administer charitable gaming?	Yes	☐ No									
13	Indicate the percentage of gaming activity conducted in:											
ē	The organization's facility	. 13a	9									
ŧ	b An outside facility	13b	9									
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	's:										
	Name ▶											
	Address ▶											
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No									
Ł	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount											
	of gaming revenue retained by the third party > \$											
c	If "Yes," enter name and address of the third party:											
	Name											
	Address ►											
16	Gaming manager information:											
	Name ▶											
	Gaming manager compensation ► \$											
	Description of services provided ▶											
												
	Director/officer Employee Independent contractor											
17	Mandatory distributions:											
	a is the organization required under state law to make charitable distributions from the gaming proceeds to											
•	retain the state gaming license?	Yes	☐ No									
ŀ	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in											
•	organization's own exempt activities during the tax year > \$	uio										
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v); and Pa	rt III. lines 9, 9b, 1	0b. 15b.									
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions											
	 											
												
			·									

Schodula G (E	orm 000 or 000-E7	LEBANON CLINIC	VALLEY	VOLUNTEERS	IN	MEDICINE	26-3915958 Page 4
Dart IV	orm 990 or 990·EZ) Supplemental Infor	mation (certific					
rait ty c	supplemental infor	mation (contin	ива)				
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	······						
							
	 						

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.
► Information about Schedule Q (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LEBANON VALLEY VOLUNTEERS IN MEDICINE CLINIC

Employer identification number 26-3915958

FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD REVIEWS THE 990 AT A REGULARLY SCHEDULED MEETING PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12:
THE ORGANIZATION DOES NOT HAVE A WRITTEN CONFLICT OF INTEREST POLICY NOR
DOES IT ENFORCE ONE
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST