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

Department of the Treasury Internal Revenue Service

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

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

<u>A I</u>	or th	e 2018 calendar year, or tax year beginning and ending						
В	Check if applicab	LEBANON VALLEY VOLUNTEERS IN MEDICINE	D Employer identification	ation number				
	chang Name chang	e CLINIC	26-39	15958				
	Initial return	Number and street (or P.O box if mail is not delivered to street address)  Room/s						
L	Final	P O BOX 333	717-2	72-2252				
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	<u> 295,874.</u>				
Ļ	Amen	LEBANON, PA 1/042	H(a) Is this a group ret					
L	Application pendi	aa l	for subordinates?					
		1/11 SOUTH 8TH STREET, LEBANON, PA 1/042	H(b) Are all subordinates inc					
		empt status	7-1	st (see instructions)				
		te: ► WWW.VIMLEB.ORG  organization: X Corporation Trust Association Other ► L	H(c) Group exemption Year of formation 2008 M					
	art I	Summary	real of formation 2000; W	State of legal domicile. 1 A				
	1	Briefly describe the organization's mission or most significant activities TO SERVE	THE HEALTH AN	D WELLNESS				
Activities & Governance		NEEDS OF THE UNINSURED WHO LIVE IN LEBANON O		<u></u>				
rna		Check this box   if the organization discontinued its operations or disposed of i		ets				
ove	1	Number of voting members of the governing body (Part VI, line 1a)	3	5				
<u>ග</u> න	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5				
es	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0				
Νį	6	Total number of volunteers (estimate if necessary)	6	0				
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.				
	b	Net unrelated business taxable income from Form 990 T, line # ECEIVED	7b	0.				
		[	Prior Year	Current Year				
ne		Contributions and grants (Part VIII, line 1h)  Program service revenue (Part VIII, line 2g)	U-B	<u>272,121.</u>				
Revenue		Frogram service revenue (Fart VIII, line 2g)	<u> </u>	1,338.				
Re	10 11		4,743.	<u>485.</u> 2,063.				
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1 (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	404,131.	276,007.				
_	_	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.				
	l	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.				
Ø	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	270,551.	248,458.				
Expenses	l	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.				
xpe	b	Total fundraising expenses (Part IX, column (D), line 25)   14,939.						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	89,636.	<u>124,819.</u>				
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	360,187.	<u>373,277.</u>				
. (0	19_	Revenue less expenses Subtract line 18 from line 12	43,944.	<97,270.>				
Net Assets or Fund Balances			Beginning of Current Year	End of Year				
Sse	20	Total assets (Part X, line 16)	370,827.	<u>274,324.</u>				
Jet A	21	Total liabilities (Part X, line 26)	1,171.	1,938.				
Pa	22 irt	Net assets or fund balances Subtract line 21 from line 20 Signature Block	369,656.	272,386.				
		Ities of perjury, I declare that I have mamining this return, including apprompanying schedules and sta	atements, and to the hest of my l	knowledge and helief it is				
		t, and complete Doclaration of pressurer (syner than of carry) spaces of all information of which prep		the wiedge and belief, it is				
)		A I La I Will						
) Sıgr	1	Signature of officer	Date /	<u> </u>				
Here RICHARD/C SCOTT, V PRESIDENT 9/23/19								
		Type or print name and title	7 1					
Print/Type preparer's name Preparer's signature Date Check PTIN								
Paid		THOMAS I. SIEGEL CPA	09/06/19 Self-employed					
Prep		Firm's name STANILLA, SIEGEL AND MASER LLC	Firm's EIN	<u>46-1196981                                 </u>				
Use	Only	Firm's address 825 NORMAN DRIVE		000 1600				
		LEBANON, PA 170427445	Phone no. 717	<u>-273-1683</u>				
May	the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No				

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2018)

		<u> 26-39159</u>	58 <u>Page</u> 2
Pa	It 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 UNI	NSURED
	WHO LIVE IN LEBANON COUNTY, PA.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	Prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes 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 n	neasured by exp	enses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
	revenue, if any, for each program service reported	,o total opo.	
4a			3,401.)
-	VOLUNTEERS IN MEDICINE FREE HEALTH CLINIC OPENED ON DECE		2009 TO
	SERVE AS A FAMILY DOCTOR AND MEDICAL HOME FOR THE UNINSU		
	COUNTY. DURING 2018, THE CLINIC HAD 2,416 VISITS.	CDD OI D	DDI III OII
	COUNTY: DOKING 2010, THE CHIMIC HAD 2,410 VIBILE.		
			<del></del>
	· · · · · · · · · · · · · · · · · · ·		
41.			
4b	(Code) (Expenses \$) (Revenue	\$	)
		<del></del>	····
		<del></del> _	· <del></del>
			<del></del>
		<del></del>	<del></del>
4c	(Code) (Expenses \$) (Revenue	\$	)
			<u></u>
4d	Other program services (Describe in Schedule O )		_
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
<u>4e</u>	Total program service expenses ▶ 302,435.		
		Fo	orm <b>990</b> (2018)

Form 990 (2018) ' CLINIC
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)?			
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2	<u> </u>	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,
	public office? If "Yes," complete Schedule C, Part I	3	<del>  -</del>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		
_	during the tax year? If "Yes," complete Schedule C, Part II	4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
e	Similar amounts as defined in Revenue Procedure 98 19? If "Yes," complete Schedule C, Part III	_ 5	_	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6_	_	^
•	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	-8_		
•	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		x
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			- <u></u> -
-	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
1	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,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	-		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	1 <u>1</u> b		Х
С	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			
	Part X, line 167 If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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_	_	X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D, Parts XI and XII	_12a_		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			7.5
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140	-	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
7	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		Х
8	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	
9	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		X
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	$_{\perp}$	X
		_	000	

Form 990 (2018) ' CLINIC
Part IV Checklist of Required Schedules (continued)

			V	NI.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		<u> </u>	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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			
	Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		L
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		<u> </u>
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	25a	ļ	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			77
	Schedule L, Part I	25b		X
26	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,"			v
27	complete Schedule L, Part II	26	$\vdash$	<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			ı
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34_		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			i
26	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?	26		X
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
55	Note. All Form 990 filers are required to complete Schedule O	38	$_{\mathbf{X}}$	
Pai			<u></u>	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Ì	
	(gambling) winnings to prize winners?	1c		
332004	12-31-18	Form	990 (	2018)

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)							
			Yes	No				
	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			1				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_		<del></del>				
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-	-					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b_						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a_		X				
	If "Yes," enter the name of the foreign country		,					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	 5а		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		Х				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5C						
	any contributions that were not tax deductible as charitable contributions?	6a		х				
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua						
	were not tax deductible?	6b		ļ				
	Organizations that may receive deductible contributions under section 170(c).	<u> </u>		1				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	-` -	X				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c	ĺ	Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b></b>				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8_						
	Sponsoring organizations maintaining donor advised funds.	ŀ	.					
	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
	Section 501(c)(7) organizations. Enter	1	.					
	Initiation fees and capital contributions included on Part VIII, line 12		.	!				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  [10b]			i j				
	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders		. :	,				
	Gross income from other sources (Do not net amounts due or paid to other sources against			, ,				
	amounts due or received from them)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	~ ~ ~ ~					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		$\neg \uparrow$					
	Section 501(c)(29) qualified nonprofit health insurance issuers.			•				
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	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			ı				
	organization is licensed to issue qualified health plans			ı				
С	Enter the amount of reserves on hand							
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	$\longrightarrow$					
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		<u> X</u>				
	If "Yes," see instructions and file Form 4720, Schedule N			لي				
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes," complete Form 4720, Schedule O	Eor-	<b>990</b> (	<u> </u> (2019)				
		LOHI)	330(	(4U IO)				

26-391<u>5958</u>

Page 6

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 X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, or trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a Х b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X 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 Х 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 Х 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 Х 15b 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 taxable entity during the year? 16a 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? 16h 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request 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 S 8TH STREET, LEBANON,

832006 12-31-18

<u> 26-3915958</u>

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the organiza (A) Name and Title	(B) Average hours per week	(do box offi	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			l than is bot	one h an	( <b>D)</b> 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									
SECRETARY/TREASURER		X		Х				0.	0.	0
(2) RICHARD SCOTT	10.00								_	_
V PRESIDENT		X		Х		ļ		0.	0.	0
(3) VIRGINIA FOLLET	1.00	 								_
DIRECTOR	1 22	X				<u> </u>		_0.	0.	0
(4) PAUL DIGIACOMO	1.00	<b>.</b> ,		<u>,                                    </u>					_	•
PRESIDENT	1 00	X		X.				0.	0.	0
(5) DR JOHN PATRICK WELCH DIRECTOR	1.00	X						0.	0.	0
****								-		
<del></del>					_					

Form 990 (2018)

CLINIC

Pai	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, an	d Hi	ghe	st C	Compensated Employe	es (continued)	
	(A) Name and title	(B) Average hours per	(do	not c	Pos heck	C) ition more rson	than	one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		) WOON F		Institutional frustee of difficer and a director/strastee of difficer of difficulties of difficult		tee)	from the	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
			-						_		
			-								<u> </u>
				_					<u> </u>		
	<del>-</del>									<u></u>	<del>                                     </del>
											<del>  </del>
	Sub-total								0.	0	
	Total from continuation sheets to Part VI  Total (add lines 1b and 1c)	I, Section A							0.	0	
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	ove	e) wh	o re	eceived more than \$100	,000 of reportable	0
	Compensation from the organization	<del></del>									Yes No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si		stee	e, ke	y en	olqr	yee,	or l	highest compensated ei	mployee on	3 X
4	For any individual listed on line 1a, is the su	m of reportabl								the organization	
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a									dual for services	4 X
	rendered to the organization? If "Yes," com					-					5 X
Sec 1	tion B. Independent Contractors  Complete this table for your five highest con	mpensated inc	 lepe	nde	nt c	ontr	acto	rs tl	hat received more than	\$100,000 of compe	nsation from
	the organization Report compensation for t	he calendar y	eare	endır	ng w	rith c	or w	ithin		rear	
	(A) Name and business	address	NC	NE	3				(B)  Description of s	ervices	(C) Compensation
	<del>-</del>				_						
		<del></del>						$\dashv$			
		_ <del></del> _		_							<del></del> .
						•					
2	Total number of independent contractors (in	=	ot lır	nited	d to	_		ted	above) who received m	ore than	1
	\$100,000 of compensation from the organiz	ation >					)				Form <b>990</b> (2018)

Page 9

<u> </u>	IL VI	Check if Schedule O con		or note to any line	e in this Part VIII			
	,	GREEKII GGREEGUE O'CON	tuins a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
g a	b	Membership dues	1b					
Am (	C	Fundraising events	1c	<u>58,833.</u>				
필	d	Related organizations	1d					
S E	е	Government grants (contribu	tions) <u>1e</u>					
e it	f	All other contributions, gifts, grai	nts, and					
호된		similar amounts not included abo	ove 1f	213,288.		J		}
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contributions included in line	s 1a-1f \$					
0 <u>e</u>	<u>h</u>	Total. Add lines 1a-1f	<del></del>	<u> </u>	272,121.			<del> </del>
	_	45511745 5554		Business Code	1 220	1 220		
ا و ا	2 a			621400	1,338.	1,338.	<u>_</u>	<del>-</del>
le g	þ				· -			
E P	c							
gra Re	d							<del></del>
Program Service Revenue	e	All other program service revi				<del></del>		<del> </del>
		Total. Add lines 2a-2f	ende	<b>•</b>	1,338.			
	<u></u>	Investment income (including	dividends inter		1,5501		<u> </u>	
	•	other similar amounts)	, a.v.ao.iao, iii.o.	<b>b</b>	485.			485.
- [	4	Income from investment of ta	x-exempt bond	proceeds				
l	5	Royalties		<b>•</b>				
		•	(ı) Real	(II) Personal				
Ì	6 a	Gross rents						
	b	Less rental expenses			}			1 .
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						1
	b	Less cost or other basis						
į		and sales expenses						
İ		Gain or (loss)	<u> </u>	L				
1		Net gain or (loss)		<b>&gt;</b>				
e l	8 a	Gross income from fundraisin						
Other Revenu			333. of			: 1		
æ		contributions reported on line	•	10 067	ſ			
her		Part IV, line 18	a	40 057				
ŏ		Less direct expenses  Net income or (loss) from fund	b drawna awanta	13,007.	0.			
		Gross income from gaming a	_		0.			
	Эа	Part IV, line 19						
	h	Less direct expenses	a b					
		Net income or (loss) from gan						*
		Gross sales of inventory, less	-		<del>-</del> · · ·	-		
- 1		and allowances	а					
- 1	b	Less cost of goods sold	b					
- 1		Net income or (loss) from sale		•				
Ī		Miscellaneous Revenu		Business Code				
Ţ	11 a	MISCELLANEOUS		900099	2,063.	2,063.		<u></u>
	b							
	c			<u> </u>				
ļ	d	All other revenue						
	е	Total. Add lines 11a-11d		<b>&gt;</b>	2,063.			<u> </u>
	12	Total revenue See instructions		<b></b>	276,007.	3,401.	0	. 485.

### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon	se or note to any line in  (A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				•
_	and domestic governments. See Part IV, line 21			<del>_</del>	
2	Grants and other assistance to domestic				·•
_	individuals See Part IV, line 22				<del></del>
3	Grants and other assistance to foreign				•
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16		·	<del></del>	· · · · · · · · · · · · · · · · · · ·
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	48,077.		38,462.	9,615
•	trustees, and key employees	40,077.		30,402.	9,013
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	179,678.	179,678.		<del></del>
8	Pension plan accruals and contributions (include	119,010.	1/9,0/01		
J	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	20,703.	16,333.	3,496.	874
11	Fees for services (non-employees)	20,7031		3,1300	<u> </u>
а	Management				
b	Legal				
c	Accounting	1,265.		1,265.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					<u> </u>
Ī	column (A) amount, list line 11g expenses on Sch O)				
12	Advertising and promotion	4,023.			4,023
13	Office expenses	7,543.	5,657.	1,886.	
14	Information technology	25,417.	19,063.	6,354.	
15	Royalties				
16	Occupancy	28,481.	26,773.	1,708.	
17	Travel				
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	7,337.	6,897.	440.	
23	Insurance	3,745.	2,434.	936.	375
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 0)				
а	MEDICAL SUPPLIES/PHARMA	34,802.	34,802.		
b	MISCELLANEOUS	5,213.	3,910.	1,251.	52
С	EQUIPMENT RENT AND MTNC	4,316.	4,211.	105.	
d	DUES/SUBSCRIPTIONS	2,677.	2,677.		
е	All other expenses				<del>-</del>
25	Total functional expenses. Add lines 1 through 24e	373,277.	302,435.	55,903.	14,939
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)				

Form 990 (2018)

26-3915958 Page 11 Form 990 (2018) CLINIC Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 1 214,322. 303,488 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Assets 7 Notes and loans receivable, net 8 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 224,871. basis Complete Part VI of Schedule D 10a 60,002. 164,869. 67,339. b Less accumulated depreciation 10b 11 Investments - publicly traded securities 11 12 12 Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets Other assets See Part IV, line 11 15 15 370,827. 274,324. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 1,171. Accounts payable and accrued expenses 17 17 18 18 Grants payable Deferred revenue 19 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons 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 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 1,171. 1,938. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 

X

and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 272,386. 369,656 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets

> 274,324. Form 990 (2018)

272,386.

30

31

32

33

369,656.

370,827

30

31

32

33

and complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Organizations that do not follow SFAS 117 (ASC 958), check here

	n 990 (2018) ' ' CLINIC	26-391	L59 <u>58</u>	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<del>, ,</del>			
4	Total variance (must social Dod VIII column (A) line 10)		27/	- n	0.7
1	Total revenue (must equal Part VIII, column (A), line 12)	1			$\frac{07}{77}$ .
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses Subtract line 2 from line 1	3			<u>70.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	30:	7,0	<u>56.</u>
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,	_	27		0.0
Da	column (B))	10	214	4,3	<u>86.</u>
ra	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<del></del>		Yes	
4	Accounting method used to prepare the Form 990 X Cash Accrual Other		<del></del>	res	No ;
1				,	· 1
ο-	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	U		v	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1 1		ì
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis		-	-	
b	The original and the or		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both				,
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			37
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			.	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			77
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		1	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	<del>9</del> 90 (	2018)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

LEBANON VALLEY VOLUNTEERS IN MEDICINE CLINIC

Employer identification number

26-3915958 Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) LX A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed (III) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN your governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization Yes Nο above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

	TO COM SSO CE SSO CE ZOTO CELLIVEC			<u></u>
Part II	Support Schedule for Organizations D	escribed 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)

Se	ction A. Public Support		<del></del>				
Cal	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						7
	membership fees received (Do not	ļ	1			1	/
	include any "unusual grants ")						
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				u		ĺ
	the organization without charge				<del>-</del>		
4	Total, Add lines 1 through 3						
5	The portion of total contributions				٠,		
	by each person (other than a	•	İ			Y	
	governmental unit or publicly			1			
	supported organization) included						
	on line 1 that exceeds 2% of the					]	
	amount shown on line 11,		İ		/ .		
	column (f)			<u>                                       </u>			
_6	Public support. Subtract line 5 from line 4						
Se	ction B. Total Support				/_		
Cale	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						<u> </u>
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			/			
10	Other income Do not include gain			/			
	or loss from the sale of capital		/				
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10				<u> </u>		
	Gross receipts from related activities,	etc (see instructi	ons)	<u></u>		12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thii	d, fourth, or fifth ta	ıx year as a sectio	n 501(c)(3)	
	organization, check this box and stop	=					▶□
Se	ction C. Computation of Publi	ic Support Pe	rcentage				
14	Public support percentage for 2018 (li	ine 6, column (f) d	ivided by line 11, o	column (f))	·	14	%
	Public support percentage from 2017		/			15	%
	33 1/3% support test - 2018. If the o			n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	า			ightharpoons
b	33 1/3% support test - 2017. If the o				line 15 is 33 1/3%	or more, check ti	his box
	and stop here. The organization quali			•			ightharpoons
17a	10% -facts-and-circumstances test	,			13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac-	,					
	meets the "facts-and-circumstances"	/					ightharpoons
b	10% -facts-and-circumstances test	,	•			17a, and line 15 is	10% or
	more, and if the organization meets th	,					
	organization meets the "facts-and-circ	/					ightharpoons
18	Private foundation. If the organization						ns <b>&gt;</b>
							or 990-EZ) 2018
	/					•	•

832022 10-11-1

# Schedule A (Form 990 or 990-EZ) 2018 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
qualify under the tests listed below, please complete Part II.)	

qualify under the tests listed to	pelow, please com	plete Part II)	<del>-</del> -	<del></del> -	<del>'</del>	<del></del>
Section A. Public Support		<del> </del>				
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018 <sup>′</sup>	(f) Total
<ol> <li>Gifts, grants, contributions, and</li> </ol>						
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-						
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			/			
8 Public support. (Subtract line 7c from line 6)						
Section B. Total Support					·	
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	(4) 2011	(0)2010	/_(0)	(4) 25	(0) = 9 / 0	117.000
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		/	/			
<b>b</b> Unrelated business taxable income		/				
(less section 511 taxes) from businesses acquired after June 30, 1975						
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	s first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiz	ation,
check this box and stop here		/				<u> </u>
Section C. Computation of Publ	ic Support Pe	r,centage			_	_
15 Public support percentage for 2018 (	line 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 2017	• • • • • • • • • • • • • • • • • • • •		,,,		16	%
Section D. Computation of Inves						
17 Investment income percentage for 20			ne 13. column (f)	<del></del>	17	%
18 Investment income percentage from 2	1		110 10, 001011111 (1))		18	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
19a 33 1/3% support tests - 2018. If the	,		on line 14, and line	15 is more than ?		
	1					51100
more than 33 1/3%, check this box a	· 1	=				und
b 33 1/3% support tests - 2017. If the	- /					
line 18 is not more than 33 1/3%, che	,					
20 Private foundation. If the organizatio	n did not check a	00x on line 14, 19	a, or 190, check th	is oox and see ins	structions	

### 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)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)			
Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			٠.,
	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	1	-	
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)	2	-	-
32	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
ou	(b) and (c) below	3a		
h	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	- 50		
U	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
		3b		
_	organization made the determination	- 35	_	
С	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.	3c	<del>  -</del>	-
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	4-		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	<del> </del>	<b>-</b>
b	·			
	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	_4b	-	
С	Did the organization support any foreign supported organization that does not have an IRS determination			İ
	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	4c		<u> </u>
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)	5a	ļ	<u> </u>
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?	5b		ļ
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	ļ	L
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			ĺ
	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.	6		L
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			'
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with		_	
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
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)	8		
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	<i>-</i>		
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	The state of the s			
-	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
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.	9c		Ĺ
102	Was the organization subject to the excess business holdings rules of section 4943 because of section			
.54	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a	'	
h	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

Sche	edule A (Form 990 or 990-EZ) 2018 CLINIC 26-39	<u> 1595</u>	8 P	age 5
Pa	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
c	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	}	
Sec	tion B. Type I Supporting Organizations			r
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	a <sup>c</sup>	١.	
	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,		١.	
	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		
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 carned 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)	1_1_	J	
Sec	tion D. All Type III Supporting Organizations		ĭ	1
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the	-		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	l _	
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	j .		
	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		_
Sec	tion 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 instructions	6).		
a	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	ta latian	a 1	
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see in:	struction		Na
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		į	
	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,		-	
	how the organization was responsive to those supported organizations, and how the organization determined	22	1	-
	that these activities constituted substantially all of its activities	_2a	<del>                                     </del>	-
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	<del> </del>	
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	3a		
	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	Sa	<b> </b>	,
Ð	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		
	or its supported organizations. If Test, describe in Fait Vitin fole played by the organization in and regard	, 44		·

Sche	edule A (Form 990 or 990-EZ) 2018 CLINIC			26-3915958 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ig Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov 20, 1970 (explain in	Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete 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		<u> </u>
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7	·	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
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)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	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			1
	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	<u> </u>	
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	ed Type III supporting org	ganization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2018

26-3915958 Page 7 Schedule A (Form 990 or 990-EZ) 2018 CLINIC Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount (ii) (in) (i) Distributable Underdistributions Section E - Distribution Allocations (see instructions) **Excess Distributions** Amount for 2018 Pre-2018 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2018 a From 2013 **b** From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2018 from Section D. a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2019. Add lines 3j and 4c. 8 Breakdown of line 7 a Excess from 2014 **b** Excess from 2015 c Excess from 2016 d Excess from 2017

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

Schedule A	(Form 990 or 990 EZ) 2018 CLINIC	26-3915958 Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, 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, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any ac (See instructions).	7a or 17b, Part III, line 12, nes 1 and 2, Part IV, Section C, Part V, Section B, line 1e, Part V,
	(See instructions ): -	
·		
· · · · · · · · · · · · · · · · · · ·		
		<del></del>
		· <u></u>
-		
_		
		· — · · · — · ·
		<u> </u>

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047

Inspection

Employer identification number

Name of the organization LEBANON VALLEY VOLUNTEERS IN MEDICINE

CLINIC 26-3915958

Pa	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, line		GOT ACCOUNTS. Complete if the
	organization anomored for our officeo, factor, in	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	=	used only
	for charitable purposes and not for the benefit of the donor of	• •	•
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, F	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	` '	<del></del>
	listed in the National Register	•	2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the peri	•	
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	tion easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes t	the organization's accounting for
	conservation easements		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther 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 (AS	C 958), not to report in its revenue statem	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furtherai	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	oes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of put	olic service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financial	
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

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

Schedule D (Form 990) 2018

	edule D (Form 990) 2018 CLINIC									8 Page <b>2</b>
Pa	rt III   Organizations Maintaining (	Collections of A	<u>rt, His</u>	torical Tr	easures,	or Othe	r Simil	<u>ar Asse</u>	t <b>s</b> (contin	ued)
3	Using the organization's acquisition, access	ion, and other record	is, chec	k any of the	following th	at are a si	gnıfıcant	use of its	collection	ı items
	(check all that apply)		_						-	
а	Public exhibition	d	· 🖳	Loan or exc	hange progr	ams				
þ	Scholarly research	е		Other						
C	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how ti	hey further t	he organızat	ion's exer	npt purp	ose in Par	t XIII	
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	sures, or oth	ner sımılar	assets	_	_	
_	to be sold to raise funds rather than to be m								_ Yes	No_
Pa	rt IV Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" on	Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other a	ssets not	ıncluded	_	¬	
	on Form 990, Part X?							L_	<b>」Yes</b>	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table						
									Amount	
C	Beginning balance						1 <u>c</u>			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f_		<del></del>	<del></del>
	Did the organization include an amount on F						ty?	L	_ Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII									
Pa	t V Endowment Funds. Complete						_		T	
_		(a) Current year	(b) ⊦	Prior year	(c) Two yea	rs back	d) Inree	years back	(e) Four	years back
_	Beginning of year balance		•				<del>.</del>		<del>                                     </del>	
b	Contributions				<del></del> -					
C.	Net investment earnings, gains, and losses		_						<del></del>	
q	Grants or scholarships						_		<del></del>	
е	Other expenditures for facilities					ł			}	
	and programs								<u> </u>	
T .	Administrative expenses							_		
g	End of year balance		. 0		W b ald a s				<u> </u>	
2	Provide the estimated percentage of the cur	rent year end balanc		g, column (a	a)) neid as					
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
C	Temporarily restricted endowment	%								
2-	The percentages on lines 2a, 2b, and 2c sho	•	the	at ara bald a	nd administr	arad far th		zation		
Sa	Are there endowment funds not in the posse	ession of the organiza	ation the	at are rielo a	na auministe	ered for th	ie organi.	Zation	Г	Van Na
	by  (i) uprelated organizations									Yes No
	(ii) unrelated organizations (ii) related organizations								3a(i) 3a(iı)	
h	If "Yes" on line 3a(ii), are the related organizations	itions listed as roquir	ed on S	chedule D2					3b	<del></del>
4	Describe in Part XIII the intended uses of the	· ·							SD	
	t VI Land, Buildings, and Equipm		WITIGHT	idild3						
	Complete if the organization answere		) Part I\	/. line 11a S	See Form 990	D. Part X. I	line 10			
	Description of property	(a) Cost or of			or other		cumulate	ed	(d) Book	value
	coodination of property	basis (investm		( ·- /	(other)		reciation	1	,2,200	
12	Land				·					
	Buildings				<del>.</del>					
	Leasehold improvements		-	10	0,336.		45,9	18.	54	418.
	Equipment				4,535.	1	18,9			5,584.
	Other		_	**	_,		<u> </u>	<del> ' </del>		<u>, , , , , , , , , , , , , , , , , , , </u>
	. Add lines 1a through 1e (Column (d) must e	qual Form 990. Part	X, colur	nn (B), line 1	0c)			<b></b>	60	0,002.

Schedule D (Form 990) 2018

~	 	_	-
	 ı nı		•
٠.	 ľ		٠.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25	ran VII	Investments - Other Securities.  Complete if the organization answered "Yes"	on Form 990 Part IV I	ine 11h. See Form 990	Part X line 12	
Francel derivatives	(a) Descrip					d-of-year market value
			<del></del>			
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	•					<u>.</u>
A	•			-		
(G) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C						
(c) (c) (c) (c) (c) (c) (c) (c) (c) (c)						
(b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c						
(G) (G) (G) (H) (G) (H) (G) (H) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H						· · · · · · · · · · · · · · · · · · ·
(G) (G) (B) (B) (G) (B) (B) (G) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B						
(6) (b) ust [Cot (b) must equal Form 990, Part X, cot (B) line 12.)  Part VIIII Investments - Program Related.  Complete of the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13  (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (9) (9) (9) (9) (1) (1) (2) (3) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (9) (1) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (10) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (10) (10) (10) (10) (10) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (10) (10) (10) (10) (10) (11) (12) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (10) (10) (10) (10) (10) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (19) (10) (10) (10) (10) (10) (10) (11) (11		· · · · · · · · · · · · · · · · · · ·				
part VIII   Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13  (a) Description of Investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description (b) must equal Form 990, Part X, col (B) line 13.)    (a) Description (b) Book value (c) Method of valuation Cost or end-of-year market value (c) Method of valuation Cost or end-of-year market value (c) Method of valuation Cost or end-of-year market value (c) Method of valuation Cost or end-of-year market value (c) Method of valuation Cost or end-of-year market value (c) Method of valuation Cost or end-of-year market value (c) Method of valuation Cost or end-of-year market value (c) Method of valuation Cost or end-of-year market value (c) Method of valuation Cost or end-of-year market value (c) Method of valuation Cost or end-of-year market value (c) Method of valuation Cost or end-of-year market value (c) Method of valuation Cost or end-of-year market value (c) Method of valuation Cost or end-of-year market value (c) Method of valuation Cost or end-of-year market value (c) Method of value (c) Method of valuation Cost or end-of-year market value (c) Method of valuation Cost or end-of-year market value (c) Method of valuation Cost or end-of-year market value (c) Method of value (c) Method of valuation Cost or end-of-year market value (c) Method of value (c) Method of value (c) Method of value (c) Method of valuation Cost or end-of-year market value (c) Method of value (c) Method of value (c) Method of value (c) Method of value (c) Method of value (c) Method of value (c) Method of value (c) Method of value (c) Method of value (c) Method of value (c) Method of value (c) Method of value (c) Method of value (c) Method of value (c) Method of value (c) Method of value (c) Method of value (c)	(G)					
Part VIII   Investments - Program Related.	(H)					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13  (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-year market value (d)  (a)  (d)  (f)  (g)  (g)  (g)  (g)  (g)  (g)  (g	T <b>otal</b> (Col (t	o) must equal Form 990, Part X, col (B) line 12.)				
(a) Description of investment (b) Book value (c) Method of valuation. Cost or end of year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (a) Description of invest equal Form 990, Part X, col (B) line 13.)   (a) Description (b) Book value (b) Book value (c) (b) Book value (c) (c) Book value (c) (c) (c) Book value (c) (c) Book value (c) (c) Book value (c) (c) Book value (c) (c) Book value (c) (c) Book value (c) (c) Book value (c) (c) Book value (c) (c) Book value (c) (c) Book value (c) (c) Book value (c) (c) Book value (c) B	Part VIII	Investments - Program Related.				
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (9) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line 25)  Lability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	·	Complete if the organization answered "Yes"	on Form 990, Part IV, I	ine 11c See Form 990, I	Part X, line 13	
(2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		(a) Description of investment	(b) Book value	(c) Method of va	aluation Cost or en	d-of-year market value
(3) (4) (5) (6) (7) (8) (9) otal (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  (a) Description (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line 25)  Liability for uncertain tax positions in Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(1)					
(4) (5) (6) (7) (8) (9) otal (Col. (b) must equal Form 990, Part X, col (B) line 13.) Part IX) Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  (a) Description of liability (b) Book value  (7) (7) (8) (9) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line 25)  Liability for uncertain tax positions in Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(2)					
(5) (6) (7) (8) (9) Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Ottal (Column (b) must equal Form 990, Part X, cof (B) line 25)  Liability for uncertain tax positions in Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(3)					
(6) (7) (8) (9) otal (Col. (b) must equal Form 990, Part X, col (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  (a) Description of liability (b) Book value  (1) Federal income taxes  (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes  (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes  (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes  (2) (3) (4) (4) (5) (6) (7) (8) (9) (7) (8) (9) (9) (1) Federal income taxes  (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) Federal income taxes  (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) Federal income taxes  (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) Federal income taxes  (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) Federal income taxes  (2) (3) (4) (4) (4) (5) (5) (6) (7) (7) (8) (8) (9) (9) (1) Federal income taxes  (2) (3) (4) (4) (4) (5) (5) (6) (7) (7) (8) (8) (9) (9) (1) Federal income taxes  (2) (3) (4) (4) (4) (5) (5) (6) (7) (7) (8) (8) (9) (9) (1) Federal income taxes  (1) Federal income taxes  (2) Federal income taxes  (3) (4) (4) (5) (6) (6) (7) (7) (8) (8) (9) (9) (9) (1) Federal income taxes  (2) (1) Federal income taxes  (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (8) (9) (9) (9) (9) (9) (1) Federal income taxes  (1) Federal income taxes  (2) Federal income taxes  (3) (4) (4) (5) (6) (6) (7) (7) (8) (8) (9) (9) (9) (9) (9) (1) Federal income taxes  (1) Federal income taxes  (2) Federal income taxes  (3) (4) (4) (5) (6) (6) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(4)					
(7) (8) (9) etal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX   Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) etal. (Column (b) must equal Form 990, Part X, col. (B) line 15)  Part X   Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (1) Form 990, Part X, col. (B) line 25)  Liability for uncertain tax positions in Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(5)				<del>.</del>	
(8) (9) (9) Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  (a) Description (b) Book value  (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (1) Liability for uncertain tax positions in Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(6)					
(9)  total (Col. (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  otal. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Other Assets.  (b) Book value  (c) Book value  (b) Book value  (c) Book value  (d) Book value  (d) Book value  (o) Book value  (o) Book value  (o) Book value  (o) Book value  (o) Book value	(7)					
otal (Col. (b) must equal Form 990, Part X, col (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Otal, (Column (b) must equal Form 990, Part X, col (B) line 25)  Liability for uncertain tax positions in Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(8)					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15	(9)					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15						
(a) Description (b) Book value  (1)	Part IX					
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line 25)  Liability for uncertain tax positions in Part XIII, provide the text of the footnote to the organization's financial statements that reports the				ine 11d See Form 990,	Part X, line 15	
(2) (3) (4) (5) (6) (7) (8) (9)  Cotal. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  otal. (Column (b) must equal Form 990, Part X, col (B) line 25)  Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		(a)	Description			(b) Book value
(3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line 25)  Liability for uncertain tax positions in Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(1)					
(4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line 25)  Liability for uncertain tax positions in Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(2)					
(5) (6) (7) (8) (9) (9) Cotal. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line 25)  Liability for uncertain tax positions in Part XIII, provide the text of the footnote to the organization's financial statements that reports the		<del></del>				·-·
(6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line 25)  Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
(7) (8) (9)  otal. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  otal. (Column (b) must equal Form 990, Part X, col (B) line 25)  Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				<del></del> -		
(8) (9)  lotal. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  lotal. (Column (b) must equal Form 990, Part X, col (B) line 25)  Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			·	<del></del>		
(9)  total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  otal. (Column (b) must equal Form 990, Part X, col (B) line 25)  Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						<del></del>
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25  (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  otal. (Column (b) must equal Form 990, Part X, col (B) line 25)  Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line 25)  Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		"				
(a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  otal. (Column (b) must equal Form 990, Part X, col (B) line 25)  Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	Part X	Other Liabilities.				_
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line 25)  Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			on Form 990, Part IV, I		1990, Part X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line 25)  Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	l			(b) Book value		
(3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) line 25)  Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		eral income taxes				
(4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) line 25)  Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				<del></del>		
(5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) line 25)  Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				<del></del>		
(6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line 25)  Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					( · •	
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line 25)  Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				<del></del>	ı	
(8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				<del></del>		
(9)  otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				<del></del>		
Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						

832053 10-29-18

Schedule D (Form 990) 2018

	edule D (Form 990) 2018		<u> 26-3915958</u>	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, Iir	ne 12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
а	Net unrealized gains (losses) on investments	2a	<u> </u>	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
ď	Other (Describe in Part XIII )	2d		
e	Add lines 2a through 2d	20	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		-3 -	
a	Investment expenses not included on Form 990, Part VIII, line 7b	40		
	Other (Describe in Part XIII )	4a   4b	<del> </del>	
b	·	40		
-	Add lines 4a and 4b	1	4c	
5 Pai	_Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial St		5	
ı aı		·	ses per neturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, Iir	1e 12a		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 _ 1	ļ	
а	Donated services and use of facilities	2a		
Ь	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII )	_2d	<del></del>	
е	Add lines 2a through 2d		2e	<del></del>
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		
		4a		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII )	4b		
b b	Other (Describe in Part XIII ) Add lines 4a and 4b		4c	
b c 5	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 19		4c 5	
b c 5 Pai	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 13 t XIII Supplemental Information.	8)	5	
b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII ) Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	8) 4, Part IV, lines 1b and 2b, P	5	XI,
b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 13 t XIII Supplemental Information.	8) 4, Part IV, lines 1b and 2b, P	5	XI,
b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII ) Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	8) 4, Part IV, lines 1b and 2b, P	5	XI,
b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII ) Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	8) 4, Part IV, lines 1b and 2b, P	5	XI,
b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII ) Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	8) 4, Part IV, lines 1b and 2b, P	5	XI,
b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII ) Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	8) 4, Part IV, lines 1b and 2b, P	5	XI,
b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII ) Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	8) 4, Part IV, lines 1b and 2b, P	5	XI,
b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII ) Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	8) 4, Part IV, lines 1b and 2b, P	5	XI,
b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII ) Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	8) 4, Part IV, lines 1b and 2b, P	5	XI,
b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII ) Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	8) 4, Part IV, lines 1b and 2b, P	5	XI,
b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII ) Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	8) 4, Part IV, lines 1b and 2b, P	5	XI,
b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII ) Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	8) 4, Part IV, lines 1b and 2b, P	5	XI,
b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII ) Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	8) 4, Part IV, lines 1b and 2b, P	5	XI,
b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII ) Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	8) 4, Part IV, lines 1b and 2b, P	5	XI,
b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII ) Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	8) 4, Part IV, lines 1b and 2b, P	5	XI,
b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII ) Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	8) 4, Part IV, lines 1b and 2b, P	5	XI,
b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII ) Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	8) 4, Part IV, lines 1b and 2b, P	5	XI,
b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII ) Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	8) 4, Part IV, lines 1b and 2b, P	5	XI,
b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII ) Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	8) 4, Part IV, lines 1b and 2b, P	5	XI,
b c 5 <b>Pai</b> Provi	Other (Describe in Part XIII ) Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	8) 4, Part IV, lines 1b and 2b, P	5	XI,
b c 5 Pai	Other (Describe in Part XIII ) Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	8) 4, Part IV, lines 1b and 2b, P	5	XI,
b c 5 Pai	Other (Describe in Part XIII ) Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	8) 4, Part IV, lines 1b and 2b, P	5	XI,
b c 5 Pai	Other (Describe in Part XIII ) Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	8) 4, Part IV, lines 1b and 2b, P	5	XI,
b c 5 Pai	Other (Describe in Part XIII ) Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	8) 4, Part IV, lines 1b and 2b, P	5	XI,
b c 5 Pai	Other (Describe in Part XIII ) Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	8) 4, Part IV, lines 1b and 2b, P	5	XI,
b c 5 Pai	Other (Describe in Part XIII ) Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	8) 4, Part IV, lines 1b and 2b, P	5	XI,

#### **SCHEDULE G**

(Form 990 or 990-EZ)

#### ' 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service N

	o to www.irs.gov/Form990 for instr	uction	ns and	the latest informat			Inspection
Name of the organization LEBANON	I VALLEY VOLUNTEERS	IN	ME	EDICINE	E	mployer ide	entification number
CLINIC					2	<u> 26-3915</u>	958
Part I Fundraising Activities required to complete this pair	6. Complete if the organization answert	ered "Y	es" o	n Form 990, Part IV,	line 17	Form 990-E2	Z filers are not
1 Indicate whether the organization rai		ng acti	vities	Check all that apply			
a Mail solicitations	· · · · · · · · · · · · · · · · · · ·	-		overnment grants			
b Internet and email solicitation:			-	rnment grants			
c Phone solicitations	g Special		-	_			
d In-person solicitations	<b>3</b> — open						
2 a Did the organization have a written	or oral agreement with any individual	(inclu	dina o	fficers, directors, tru	stees. c	or	
	Part VII) or entity in connection with p					Yes	No
b If "Yes," list the 10 highest paid indi							
compensated at least \$5,000 by the			Ŭ				
	1	Ι					
(i) Name and address of individual		(III)	Did raiser ustody	(iv) Gross receipts	(v) Ar to (or i	nount paid retained by)	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	or cor	ustody itrol of utions?	from activity	fui	ndraiser d in col (i)	to (or retained by) organization
		Yes	No			<del></del>	
		,					
				-	_		
						<del></del>	
					-		
						<del></del> -	
Total			•				
3 List all states in which the organization	on is registered or licensed to solicit	contrib	utions	s or has been notified	l it is ex	empt from re	egistration
or licensing							
	<del></del>			<del></del> -			
				<del> </del>			
							<del></del>
<del></del>							<u></u>
				<del></del>	_	<del></del>	
				<del></del>		<del></del>	
	· · · - · · · - · · · · · · · · · · · ·			<del></del> _			

832081 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

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

LEBANON VALLEY VOLUNTEERS IN MEDICINE Schedule G (Form 990 or 990-EZ) 2018 CLINIC 26-3915958 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col (a) through GOLF OUTING col (c)) (event type) (event type) (total number) 78<u>,7</u>00. <u>78,700.</u> 1 Gross receipts 58,833. <u>58,833.</u> 2 Less Contributions 19,867 19,867. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 19,867. 19,867. 9 Other direct expenses 19,867. 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities Yes a is the organization licensed to conduct gaming activities in each of these states? b If "No," explain Yes 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G (Form 990 or 990-EZ) 2018

b If "Yes," explain

832082 10-03-18

### LEBANON VALLEY VOLUNTEERS IN MEDICINE Schedule G (Form 990 or 990-EZ) 2018 CLINIC 26-3915958 11 Does the organization conduct gaming activities with nonmembers? 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 13 Indicate the percentage of gaming activity conducted in . a The organization's facility b An outside facility 13b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records Yes No 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "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 > Gaming manager information Gaming manager compensation ▶ \$ \_\_\_\_\_ Description of services provided Director/officer Independent contractor 17 Mandatory distributions a is the organization required under state law to make charitable distributions from the gaming proceeds to Yes No retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

Schedule G (Form 990 or 990-EZ) 2018

Schedule	G (Form 990 or 990 EZ)  Supplemental Info	CLINIC CLINIC		26-3915958 Page 4
Part IV	Supplemental Info	rmation (continued)		
				<del></del>
-	·			
	<del></del> ,			
	······			
	·			
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	<del></del>
				· · · · · · · · · · · · · · · · · · ·
	<u> </u>			
· ——				
· ——			<del></del>	<del></del>
		<del></del>		
`				
				_
	<del></del>	<del></del>		
	<del></del>	··· <del>····</del> ····		

Schedule G (Form 990 or 990-EZ)

### SCHEDULE O ' (Form 990 or 990-EZ)

a Car

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.

2018

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

LEBANON VALLEY VOLUNTEERS IN MEDICINE

\_\_\_\_\_Inspection Employer identification number

Name of the organization CLINIC 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 JAVAILABLE TO THE PUBLIC UPON REQUEST