

The Community Action Committee of the Lehigh Valley, Inc.

Request for Funding Support for

Improving Nutrition Through Cooking Matters

From The Easton Rotary Service Foundation

March 28,2018



EASTON ROTARY SERVICE FOUNDATION

Rotary Club of Easton
Easton, Pennsylvania

2886 Hope Ridge Drive, Easton, PA 18045-8144

GRANT APPLICATION

Organization Name Community Action Committee of the Lehigh Valley- Second Harvest Food Bank

Address 1337 East 5th Street

City Bethlehem State PA Zip 18015

Phone 610-691-5620 Fax _____

Email planner-SHFB@caclv.org

Contact Person Delia Marrero Title Planner

Project Director Jessica Dokachev Title Director, Second Harvest Food Bank

Project Title Cooking Matters

Grant Period _____

Total Cost of Project \$98,785 Amount Requested \$2,000

Signature of Approving Agency Personnel  Date 3-30-18

Name of Approving Agency Personnel Alan L. Jennings Title Executive Director

For use by Easton Rotary Service Foundation

Date Received _____

Action Taken _____ Date _____

NAME OF ORGANIZATION

Community Action Committee of the Lehigh Valley, Inc. (CACLV)

ADDRESS OF ORGANIZATION

1337 East Fifth Street
Bethlehem, PA 18015

CONTACT PERSON FOR GRANT APPLICATION

Name: Delia Marrero

Phone Number: (484) 893-1046

Email: planner-SHFB@caclv.org

STATEMENT OF NEED/PROBLEM TO BE ADDRESSED

Hunger is a national and local issue. Feeding America's Hunger in America 2014 states that one in seven Americans turns to the Feeding America network for food assistance. More specifically, 46.5 million people in the U.S., including 12 million children and seven million seniors, need food assistance.

Feeding America also reports that, taking household size into consideration, 60% of participant households have incomes that fall at or below the federal poverty line. Moreover, an estimated 82% of households within our six-county service area classify themselves as food insecure. Feeding America's report entitled Map the Meal Gap examines food insecurity on the local level. According to the 2014 report, there are approximately 108,600 food insecure people in Second Harvest's six-county service area representing more than 10% of the population in each of those counties.

According to County Health Rankings and Roadmaps over one-third of Pennsylvania residents with annual incomes less than \$15,000 have a BMI of over 30, which is considered obese. In Lehigh and Northampton counties, 29% and 30% of all adults, respectively, are obese; this is higher than the national benchmark (25%).

According to the Food Research and Action Center (FRAC),

In Pennsylvania, 25.8% of low-income children are overweight or obese and 64.4% of low-income adults are overweight or obese. The report entitled *Hunger and Obesity? Making the Connections* cites a number of connections between hunger and obesity including: limited availability of resources to access healthy, affordable food; cycles of deprivation and overeating; limited access to health care; fewer opportunities for physical activity; and greater exposure to obesity-related marketing (FRAC, 2010).

Food insecurity can have wide-ranging detrimental consequences on the physical and mental health of adults, including more vulnerable populations such as pregnant women and seniors. Lack of access to a nutritious and adequate food supply has implications not only for the development of physical and mental disease, but also behaviors and social skills.

According to the Centers for Disease Control and Prevention, 11.9% of Northampton County adults are diabetic and 38% have been diagnosed with high blood pressure. These rates are even higher in certain low-income neighborhoods. Those who receive food through the Feeding America network

are even more vulnerable to these diseases. According to Feeding America, an estimated 38% of households report at least one member with diabetes and 52% of households report at least one member with high blood pressure. Moreover, 64% of participants state that their household chooses between paying for food and paying for medicine or medical care at least once in the past 12 months. It is a sad truth that these families are less likely than those with higher incomes to have a healthy diet, to know about the links of diet and health, and to have the resources to properly feed themselves and their families. This has significant impact on their health and the health of their children. With a nation facing increased rates of hunger and obesity, there is considerable need for nutrition education among low-income families.

PURPOSE OF THE PROPOSAL AS IT RELATES TO THE NEED/PROBLEM

Proper nutrition is a critical component to a healthy lifestyle and good health outcomes. From birth, the intake of vital nutrients is essential to the growth and development of a healthy individual. Good nutrition is important to a person's physical and mental health, academic achievement, and economic productivity.

The need for a program like Cooking Matters® is greater than ever as more individuals and families are relying on food pantries and low cost food items to sustain a healthy life. Cooking Matters® is designed to help these families learn how to prepare nutritious food on a very limited budget. Over the years, this program has demonstrated increases in both nutrition-related knowledge and positive behaviors. To date, Cooking Matters® has served 223 participants.

THE POPULATION TO BE SERVED

This project will serve Northampton County residents with income equal to or less than 185% of the federal poverty guidelines. Participants have traditionally been diverse in terms of age, race, and ethnicity. Many Cooking Matters® participants receive assistance through nutrition assistance programs. In 2014, 78% of participants received at least one form of federal food assistance. The chart below shows the percent of participants who received each type of assistance:

SNAP	44%
Free or Reduced Price School Lunch	43%
Free or Reduced Price School Supper	54%
Free Summer Meals	12%
WIC	13%
Food Pantry Participants	26%
Head Start	14%

Second Harvest estimates that 435 participants will be served through 38 Cooking Matters signature courses throughout the 2017-2018 fiscal year. Please see the following chart for more detail.

Course	Number of Courses	Estimated Number of Participants
Cooking Matters for Parents	5	60
Cooking Matters for Adults	2	24
Cooking Matters for Families	3	36
Cooking Matters for Teens	11	132
Cooking Matters for Kids	14	149
Cooking Matters at the Store	3	34
Total	38	435

CACLV respectfully requests funding to administer seven Cooking Matters® signature courses in Northampton County. More specifically, a contribution from the Easton Rotary Service Foundation will support Second Harvest in administering our Cooking Matters® for Families signature courses, which serve approximately 12 people, two Cooking Matters® for Adults signature courses, which serve approximately 12 people; five Cooking Matters® for Parents signature courses, which serve approximately 12 people; eleven Cooking Matters® for Teens signature courses, which serve approximately 12 youths; and 14 Cooking Matters® for Kids signature courses, which serve approximately 11 children in the Easton Area.

CACLV requests a total of \$2,000 to support our Cooking Matters program. These funds will be spent in accordance with the budget below.

GOAL AND MEASURABLE OUTCOMES

The program's overall goal is to improve the nutrition knowledge, eating habits, cooking skills, food safety practices, food resource management, and financial planning skills of people at risk of hunger so they can better provide for themselves and their families.

Each program has two measurable outcomes related to behavior change and improvements in self-efficacy as follows:

Cooking Matters® for Adults and Parents

1. At least 50% of graduates will consume more fruits and vegetables.
2. At least 50% of graduates will increase usage of the Nutrition Facts label.

Cooking Matters® for Teens

1. At least 50% of graduates will increase confidence in basic cooking skills.

2. At least 50% of graduates will consume more fruits and vegetables.

Cooking Matters® for Kids

1. At least 50% of graduates will be more confident that they can make a healthy snack with fruits or vegetables.
2. At least 50% of graduates will be more confident that they can talk to their parents about healthy cooking or eating.

OTHER FUNDING SOURCES

SECOND HARVEST: SOURCES OF FUNDING FY 2017-2018			
Funding Source	Amount	Committed	Pending
Individual/Small Business Contributions*	\$16,223		X
Corporate/Foundation Contributions*	\$19,079		X
Corporate/Business Grants*	\$17,500	X	
Foundation/Trust Grants*	\$65,000		X
Total	\$118,052		

PROJECT BUDGET AND BUDGET JUSTIFICATION

SHFB Nutrition Education Program			
	Amount	Easton Rotary Service	Description
Expenses			
Personnel	\$71,168		Nutrition Educator 1: \$33,482 (100% salary and fringe benefits)
			Nutrition Educator 2: \$32,176 (100% salary and fringe benefits)
			SHFB Director: \$3,990 (7% of salary and fringe benefits)
Printing	\$150		
Postage	\$750		
Program Supplies	\$6,000	\$2,000	Includes: \$1,000 for supplies (markers, paper products, cleaning supplies, poster boards, vinyl gloves, nutrition education props) and \$5,000 for food for CM courses and incentives.
Travel	\$7,500		
Other	\$13,217		Includes: \$1,200 for use of agency telephone, \$5,000 for two Nutrition Educators to attend CM conferences (registration fee, travel, per diem allotment), and \$7,017 for administrative expenses.
TOTAL	\$98,785	\$2,000	

IRS TAX DETERMINATION LETTER

Internal Revenue Service

Date: October 3, 2006

COMMUNITY ACTION COMMITTEE OF THE
LEHIGH VALLEY INC
1337 E 5TH ST
BETHLEHEM PA 18015-2103

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:
Sheila Schrom 31-02836
Customer Service Representative
Toll Free Telephone Number:
877-829-5500
Federal Identification Number:
23-1669589

Dear Sir or Madam:

This is in response to your request of October 3, 2006, regarding your organization's tax-exempt status.

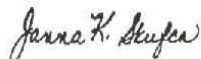
In April 1966 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Janna K. Skufca, Director, TE/GE
Customer Account Services

BOARD OF DIRECTORS

Mr.	Wayne		Barz	Ben Franklin Technology Partners	Vice President
Ms.	Marion		Berger		
Ms.	Kim		Capers	Capital Blue Cross	
Mr.	Zachariah		Cobrinik		
Mr.	David		Delp	Wells Fargo	Secretary
Ms.	Linda	A.	Faust		
Mr.	Mike		Gausling	Originate Ventures	Treasurer and chair of Finance Committee
Ms.	Lidia		Gonzalez	Lidia's Mobile Notary and Tax Services	
Mr.	Mark		Hartney		
Ms.	Maryann		Haytmanek	Northampton Community College	
Mr.	Roger	J.	Hudak		
Ms.	Patricia		Jackson	Michael F. Yates & Company, Inc.	President
Ms.	Patricia	A.	Johnson		
Mr.	Frank		Kane	Lehigh County	
Ms.	Allyson		Lehr	City of Bethlehem	Chair of Personnel Committee
Ms.	Diane		Martin	Martin Guitar	
Ms.	Susan		Master		
Ms.	Altagracia		Mercado	Office of Senator Browne	Chair of Program Development and Evaluation Committee
Mr.	Christopher	M.	Reid	Seidel, Cohen, Hof & Reid, LLC	
Ms.	Shalanda		Riddick	Visit Vans Transportation	
Mr.	Randy		Soriano		
Mrs.	Sandra		Vulcano	City of Easton	
Ms.	Robin		Zmoda	Pen Argyl Borough	

Second Harvest Food Bank Advisory Board

<i>Title</i>	<i>First</i>	<i>M</i>	<i>Last</i>	<i>Organization</i>	<i>Affiliation</i>
Ms.	Barbara		Bigelow		Retired
Mr.	John	J	Buckley		Norris McLaughlin & Marcus, PA
Mr.	John	R	Diamant		
Ms.	Maria		Gaspar	Bank of America	
Mr.	Michael		Gausling	Originate Ventures	
Ms.	Maryann		Haytmanek		Northampton Community College
Ms.	Lisa		Higgins		
Ms.	Valerie		Lane		
Ms.	Patrice		McFarquhar		Career Link Lehigh Valley
Ms.	Janet		Ney		Retired, SHFB
Mr.	John	A.	Savchak	RLB Accountants	
Ms.	Elizabeth		Scofield		
Mr.	Royal		Snyder	Sodexo Retail Services	
Mr.	Benjamin		Spalding		
Ms.	Betsy		Storey-Bono	Concannon, Miller & Co. PC	
Mr.	Michael	A.	Tirrell	Giant Markets	
Ms.	Maureen		Topper		
Mr.	Michael		Tukeva	Pocono Alliance	
Ms.	Alan		Wiener		
Ms.	Ilene		Wood		A-1 Restaurant Equipment
Mrs.	Sandra		Vulcano		
Ms.	Robin		Zmoda		

Forms 990 / 990-EZ Return Summary

For calendar year 2016, or tax year beginning **07/01/16**, and ending **06/30/17**

COMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEY, INC. **23-1669589**

Net Asset / Fund Balance at Beginning of Year **8,613,338**

Revenue

Contributions	18,392,791
Program service revenue	2,626,981
Investment income	1,233
Capital gain / loss	
Fundraising / Gaming:	
Gross revenue	
Direct expenses	
Net income	
Other income	0

Total revenue **21,021,005**

Expenses

Program services	18,127,800
Management and general	1,792,482
Fundraising	403,336

Total expenses **20,323,618**

Excess / (deficit) **697,387**

Changes

Net Asset / Fund Balance at End of Year **9,310,725**

Reconciliation of Revenue

Total revenue per financial statements **21,021,005**

Less:

Unrealized gains	
Donated services	
Recoveries	
Other	

Plus:

Investment expenses	
Other	

Total revenue per return **21,021,005**

Reconciliation of Expenses

Total expenses per financial statements **20,323,618**

Less:

Donated services	
Prior year adjustments	
Losses	
Other	

Plus:

Investment expenses	
Other	

Total expenses per return **20,323,618**

Balance Sheet

	Beginning	Ending	Differences
Assets	11,565,248	11,369,237	
Liabilities	2,951,910	2,058,512	
Net assets	8,613,338	9,310,725	<u>697,387</u>

Miscellaneous Information

Amended return

Return / extended due date **05/15/18**

Failure to file penalty

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury
Internal Revenue ServiceFor calendar year 2016, or fiscal year beginning 7/01, 2016, and ending 6/30, 20 17▶ **Do not send to the IRS. Keep for your records.**▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.****2016**

Name of exempt organization

**COMMUNITY ACTION COMMITTEE OF THE
LEHIGH VALLEY, INC.**

Employer identification number

23-1669589

Name and title of officer

**ALAN JENNINGS
EXECUTIVE DIRECTOR****Part I Type of Return and Return Information (Whole Dollars Only)**

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>21,021,005</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize BUCKNO LISICKY & COMPANY, P.C. to enter my PIN 14090 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ 03/21/18**Part III Certification and Authentication**

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

23491514250

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ 03/21/18**ERO Must Retain This Form — See Instructions****Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2016)

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2016
Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning 07/01/16, and ending 06/30/17

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEY, INC.		D Employer identification number 23-1669589
	Doing business as		E Telephone number 610-691-5620
	Number and street (or P.O. box if mail is not delivered to street address) 1337 EAST FIFTH STREET		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code BETHLEHEM PA 18015		G Gross receipts \$ 21,021,005
	F Name and address of principal officer: PATRICIA JACKSON		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.CACLV.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1965	M State of legal domicile: PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	82
	6 Total number of volunteers (estimate if necessary)	6	1393
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	17,203,485	18,392,791
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,718,176	2,626,981
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	254,681	1,233
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,176,342	21,021,005
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,073,236	4,228,504
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 403,336		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	15,482,101	16,095,114
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	19,555,337	20,323,618
19 Revenue less expenses. Subtract line 18 from line 12	1,621,005	697,387	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	11,565,248	11,369,237
	22 Net assets or fund balances. Subtract line 21 from line 20	2,951,910	2,058,512
		8,613,338	9,310,725

Part II Signature Block

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

Sign Here	Signature of officer ALAN JENNINGS		Date EXECUTIVE DIRECTOR	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name JEFFREY E. DOBECK	Preparer's signature	Date 03/21/18	Check <input type="checkbox"/> if self-employed PTIN P00019652
	Firm's name ▶ BUCKNO LISICKY & COMPANY, P.C.		Firm's EIN ▶ 23-2426656	
	Firm's address ▶ 645 HAMILTON ST SUITE 204 ALLENTOWN, PA 18101-2108		Phone no. 610-821-8580	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

Part 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:

SEE SCHEDULE O

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 ☒ 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 ☒ No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **12,636,584** including grants of \$) (Revenue \$ **126,344**)

SECOND HARVEST FOOD BANK OF LEHIGH VALLEY AND NORTHEAST PENNSYLVANIA
***DISTRIBUTED 8.4 MILLION POUNDS OF FOOD TO A NETWORK OF MORE THAN 200**
NONPROFIT ORGANIZATIONS (INCLUDING SHELTERS, SOUP KITCHENS AND PANTRIES)
ACROSS A SIX-COUNTY REGION THAT INCLUDES CARBON, LEHIGH, MONROE,
NORTHAMPTON, PIKE AND WAYNE COUNTIES, COMPLEMENTING THEIR EFFORTS TO
PROVIDE FOOD ASSISTANCE TO MORE THAN 60,000 INDIVIDUALS EACH MONTH. MORE
THAN 51,000 INDIVIDUALS RECEIVED FOOD THROUGH THE EMERGENCY PANTRY NETWORK
ALONE, WITH THE REST BEING DISTRIBUTED THROUGH NON-EMERGENCY FOOD PROVIDERS
SUCH AS DAYCARE CENTERS SERVING LOW-INCOME FAMILIES, AFTERSCHOOL PROGRAMS
THAT SERVE AT-RISK YOUTH, RESIDENTIAL PROGRAMS AND REHABILITATION CENTERS
THAT SERVE PEOPLE WITH BEHAVIORAL HEALTH CHALLENGES.

4b (Code:) (Expenses \$ **2,916,570** including grants of \$) (Revenue \$ **1,676,209**)**WEATHERIZATION**

***WEATHERIZED 1,027 HOMES (655 FUNDED BY PPL, 18 BY THE LOW-INCOME HOME**
ENERGY ASSISTANCE PROGRAM, 24 BY THE U.S. DEPARTMENT OF ENERGY THROUGH THE
PENNSYLVANIA DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT (DCED), 316
BY FIRSTENERGY AND 14 BY UGI). THIS WORK INCLUDED RESIDENCE-SPECIFIC
PRESSURE DIAGNOSTICS, INSULATING ATTICS AND BASEMENTS, CAULKING, WEATHER-
STRIPPING, REPAIRING DOORS AND WINDOWS AND REPLACING HOUSEHOLD APPLIANCES
AND, IN SOME INSTANCES, REPAIRING AND REPLACING DAMAGED HEATING SYSTEMS.
***PROVIDED EDUCATIONAL MATERIALS TO ALL 1,027 HOUSEHOLDS WHOSE HOMES WERE**
WEATHERIZED THAT INCLUDED TIPS ON HOW TO SAVE ENERGY IN THEIR HOMES AND
INFORMATION ON INSULATION, ELECTRICAL SAFETY AND OTHER ASSISTANCE PROGRAMS.

4c (Code:) (Expenses \$ **768,129** including grants of \$) (Revenue \$ **6,040**)

SIXTH STREET SHELTER/ TURNER STREET APARTMENTS/ FERRY STREET APARTMENTS
***PROVIDED 26,917 NIGHTS OF SHORT-TERM TRANSITIONAL HOUSING AND CASE**
MANAGEMENT TO 96 HOMELESS FAMILIES WITH 246 CHILDREN, 122 OF WHOM WERE AGE
FIVE AND UNDER. OF THE 96 FAMILIES THAT COMPLETED THE PROGRAM, 68 (70%)
MOVED INTO STABLE HOUSING. (THIS IS A DECLINE OVER THE PREVIOUS YEAR
BECAUSE ONE OF OUR RESIDENTS ACCIDENTALLY SET OFF THE SPRINKLER SYSTEM,
CAUSING DAMAGE THAT TOOK FOUR MONTHS TO REPAIR.)
***PROVIDED SUPPORT THAT ENABLED ALL 38 FAMILIES THAT ENTERED THE SHELTER**
THROUGH THE FAMILY PRESERVATION PROGRAM, FUNDED BY THE LEHIGH COUNTY OFFICE
OF CHILDREN AND YOUTH SERVICES, TO SUCCESSFULLY KEEP THEIR FAMILIES
TOGETHER WHILE RECEIVING SERVICES, THUS AVOIDING DISRUPTIVE, EMOTIONALLY

4d Other program services (Describe in Schedule O.)

(Expenses \$ **1,806,517** including grants of \$) (Revenue \$ **818,388**)4e Total program service expenses **18,127,800**

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a 104		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 82		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b 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).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a 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
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
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		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒**Section A. Governing Body and Management**

	1a	23	1b	23	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		23		23		
b Enter the number of voting members included in line 1a, above, who are independent						
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?					2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?					3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?					5	X
6 Did the organization have members or stockholders?					6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?					7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?					7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
a The governing body?					8a	X
b Each committee with authority to act on behalf of the governing body?					8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O					9	X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **PA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
- 19** 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.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►

ALAN JENNINGS - EXECUTIVE DIRECTOR 1337 EAST FIFTH STREET**BETHLEHEM****PA 18015****610-691-5620**

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PATRICIA JACKSON	2.00									
PRESIDENT	0.00	X		X				0	0	0
(2) WAYNE BARZ	2.00									
VICE PRESIDENT	0.00	X		X				0	0	0
(3) MIKE GAUSLING	2.00									
TREASURER	0.00	X		X				0	0	0
(4) DAVID DELP	2.00									
SECRETARY	0.00	X		X				0	0	0
(5) MARION BERGER	2.00									
BOARD MEMBER	0.00	X						0	0	0
(6) LINDA A. FAUST	2.00									
BOARD MEMBER	0.00	X						0	0	0
(7) LIDIA GONZALEZ	2.00									
BOARD MEMBER	0.00	X						0	0	0
(8) MARK HARTNEY	2.00									
BOARD MEMBER	0.00	X						0	0	0
(9) MARYANN HAYTMANEK	2.00									
BOARD MEMBER	0.00	X						0	0	0
(10) PATRICIA A. JOHNSON	2.00									
BOARD MEMBER	0.00	X						0	0	0
(11) FRANK KANE	2.00									
BOARD MEMBER	0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) ALLYSON LEHR	2.00									
BOARD MEMBER	0.00	X						0	0	0
(13) DIANE MARTIN	2.00									
BOARD MEMBER	0.00	X						0	0	0
(14) SUSAN MASTER	2.00									
BOARD MEMBER	0.00	X						0	0	0
(15) DAN J. MCCARTHY	2.00									
BOARD MEMBER	0.00	X						0	0	0
(16) ALTAGRACIA MERCADO	2.00									
BOARD MEMBER	0.00	X						0	0	0
(17) OLGA NEGRON-DIPINI	2.00									
BOARD MEMBER	0.00	X						0	0	0
(18) CHRISTOPHER M REID	2.00									
BOARD MEMBER	0.00	X						0	0	0
(19) RANDY SORIANO	2.00									
BOARD MEMBER	0.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A								102,857		48,069
d Total (add lines 1b and 1c)								102,857		48,069

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
TRUE MANAGEMENT LLC FREEMANSBURG PA 18017	431 CLEARFIELD STREET WEATHERIZATION	355,369
CUSTOM WEATHERIZATION ALLENTOWN PA 18109	1855 WEAVERSVILLE ROAD, SUITE 102 WEATHERIZATION	311,834
SUBJIN INSULATION SERVICES NORTHAMPTON PA 18067	1639 NEWPORT AVE REAR WEATHERIZATION	293,387
APOLLO UNLIMITED EASTON PA 18042	1156 BUTLER STREET WEATHERIZATION	279,572
J P MECHANICAL WHITEHALL PA 18052	1857 SCHADT AVENUE WEATHERIZATION	225,776

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	5,244,112			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	13,148,679			
	g Noncash contributions included in lines 1a-1f: \$		10,435,642			
	h Total. Add lines 1a-1f		18,392,791			
Program Service Revenue		Busn. Code				
	2a PROGRAM SERVICES	624200	2,554,795	2,554,795		
	b SHARED MAINTENANCE FEE	624200	72,186	72,186		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		2,626,981			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,233			1,233
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real (ii) Personal				
	6a Gross rents					
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		21,021,005	2,626,981	0	1,233	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	100,143		65,093	35,050
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	2,884,029	1,854,008	807,977	222,044
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	152,766	99,287	44,061	9,418
9 Other employee benefits	785,292	510,386	226,495	48,411
10 Payroll taxes	306,274	199,057	88,336	18,881
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,889,399	1,744,536	144,863	
12 Advertising and promotion				
13 Office expenses	159,874	116,370	18,117	25,387
14 Information technology				
15 Royalties				
16 Occupancy	25,800	25,800		
17 Travel	53,861	35,464	12,109	6,288
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	56,492	33,069	16,508	6,915
20 Interest	43,107	35,500	7,607	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	320,241	223,023	97,218	
23 Insurance	71,211	36,792	34,419	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD DISTRIBUTIONS	10,060,469	10,060,469		
b FOOD PURCHASES	1,055,543	1,055,543		
c SUPPLIES	702,317	679,016	17,676	5,625
d SUBGRANTEE PAYMENTS	558,013	548,013	10,000	
e All other expenses	1,098,787	871,467	202,003	25,317
25 Total functional expenses. Add lines 1 through 24e	20,323,618	18,127,800	1,792,482	403,336
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	1,269,053	1	1,285,511
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	2,398,558	3	1,878,734
	4 Accounts receivable, net	44,206	4	70,423
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	712,414	8	1,087,587
	9 Prepaid expenses and deferred charges	59,387	9	87,376
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,522,684		
	b Less: accumulated depreciation	10b 3,710,697	10c	6,811,987
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	111,272	12	147,619
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	11,565,248	16	11,369,237	
Liabilities	17 Accounts payable and accrued expenses	768,648	17	674,571
	18 Grants payable		18	
	19 Deferred revenue	119,446	19	110,003
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, 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	1,991,294	23	1,193,317
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	72,522	25	80,621
	26 Total liabilities. Add lines 17 through 25	2,951,910	26	2,058,512
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	7,149,528	27	8,446,331
	28 Temporarily restricted net assets	1,458,810	28	859,394
	29 Permanently restricted net assets	5,000	29	5,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	8,613,338	33	9,310,725
34 Total liabilities and net assets/fund balances	11,565,248	34	11,369,237	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,021,005
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,323,618
3	Revenue less expenses. Subtract line 2 from line 1	3	697,387
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,613,338
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,310,725

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) CHUCK STEHLY	2.00									
BOARD MEMBER	0.00	X						0	0	0
(21) OLGA TORRES	2.00									
BOARD MEMBER	0.00	X						0	0	0
(22) SANDRA VULCANO	2.00									
BOARD MEMBER	0.00	X						0	0	0
(23) ROBIN ZMODA	2.00									
BOARD MEMBER	0.00	X						0	0	0
(24) ALAN JENNINGS	40.00									
EXECUTIVE DIRECTOR	0.00			X				102,857	0	48,069
1b Sub-total								102,857		48,069
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2016**Open to Public
Inspection**

Name of the organization

**COMMUNITY ACTION COMMITTEE OF THE
LEHIGH VALLEY, INC.**

Employer identification number

23-1669589**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

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

Schedule A (Form 990 or 990-EZ) 2016

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17,372,975	16,402,030	18,954,051	17,203,485	18,392,791	88,325,332
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	17,372,975	16,402,030	18,954,051	17,203,485	18,392,791	88,325,332
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						88,325,332

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	17,372,975	16,402,030	18,954,051	17,203,485	18,392,791	88,325,332
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		7,517	1,311	1,122	1,233	11,183
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						88,336,515
12 Gross receipts from related activities, etc. (see instructions)					12	2,626,981

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	99.99 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	99.99 %
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (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		

Section B. Type I Supporting Organizations

	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 tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
3a			
b 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			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2016 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2016

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

▶ **Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.**

Name of the organization

**COMMUNITY ACTION COMMITTEE OF THE
LEHIGH VALLEY, INC.**

Employer identification number

23-1669589

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

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

Name of organization

COMMUNITY ACTION COMMITTEE OF THE

Employer identification number

23-1669589

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COMMONWEALTH OF PA - DCED, CSBG 400 NORTH STREET, 4TH FLOOR HARRISBURG PA 17120	\$ 1,315,582	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	STATE FOOD PURCHASE PROGRAM 2301 N. CAMERON STREET, SUITE 401 HARRISBURG PA 17110	\$ 879,126	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	LIHEAP 555 WALNUT STREET, 9TH FLOOR HARRISBURG PA 17101	\$ 1,008,188	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	PARF - CSFP - HUNGER FREE AMERICA 4050 WASHINGTON ROAD, SUITE F MC MURRAY PA 15317	\$ 553,573	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	COUNTY OF LEHIGH, PENNSYLVANIA LEHIGH COUNTY GOVERNMENT CENTER 17 SOUTH 7TH STREET ALLENTOWN PA 18101	\$ 745,863	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

COMMUNITY ACTION COMMITTEE OF THE

Employer identification number

23-1669589

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
4	FOOD COMMODITIES	\$ 553,573	
5	FOOD COMMODITIES	\$ 745,863	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016**Open to Public
Inspection**

Name of the organization

**COMMUNITY ACTION COMMITTEE OF THE
LEHIGH VALLEY, INC.**

Employer identification number

23-1669589**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- ☐ a Public exhibition ☐ d Loan or exchange programs
☐ b Scholarly research ☐ e Other
☐ c Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☒

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,000	5,000	5,000	5,000	5,000
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	5,000	5,000	5,000	5,000	5,000

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ %
 b Permanent endowment ▶ 100.00 %
 c Temporarily restricted endowment ▶ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		26,477		26,477
b Buildings		8,244,792	1,881,441	6,363,351
c Leasehold improvements		856,744	835,009	21,735
d Equipment		1,394,671	994,247	400,424
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,811,987

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) COMPENSATED ABSENCES	80,621	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		80,621

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

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

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

1	Total revenue, gains, and other support per audited financial statements	1	21,021,005
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	21,021,005
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	21,021,005

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

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

1	Total expenses and losses per audited financial statements	1	20,323,618
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	20,323,618
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	20,323,618

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B - ESCROW LIABILITY ARRANGEMENT EXPLANATION

THE ORGANIZATION HOLDS FUNDS FOR ITS SIXTH STREET SHELTER CLIENTS. THEY ALSO HOLD PARTICIPANT FUNDS ASSOCIATED WITH THEIR FAMILY SAVINGS PROGRAM. ALL OF THESES FUNDS ARE DUE BACK TO THE PARTICIPANTS WHEN THEY LEAVE THE SHELTERS OR GRADUATE/WITHDRAW FROM THE LOAN PROGRAM.

Part XIII	Supplemental Information <i>(continued)</i>
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SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**▶ **Attach to Form 990.**▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016**Open to Public Inspection****COMMUNITY ACTION COMMITTEE OF THE
LEHIGH VALLEY, INC.**Employer identification number
23-1669589**Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:**a** Receive a severance payment or change-of-control payment?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:**a** The organization?**b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:**a** The organization?**b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ALAN JENNINGS	(i)	102,857	0	0	22,421	25,648	150,926	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III	Supplemental Information
----------	--------------------------

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M
(Form 990)**Noncash Contributions**

OMB No. 1545-0047

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- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

**COMMUNITY ACTION COMMITTEE OF THE
LEHIGH VALLEY, INC.**

Employer identification number

23-1669589**Part I** **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory	X	1	10,435,642	FEEDING AMERICA/COMMODITY
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

Yes No

30a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31		X
-----------	--	----------

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a		X
------------	--	----------

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

--	--	--

Part II

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

Area for supplemental information with horizontal dotted lines.

SCHEDULE O
(Form 990 or 990-EZ)

 Department of the Treasury
 Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

 Complete to provide information for responses to specific questions on
 Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016
**Open to Public
Inspection**

Name of the organization

**COMMUNITY ACTION COMMITTEE OF THE
LEHIGH VALLEY, INC.**

Employer identification number

23-1669589
FORM 990 - ORGANIZATION'S MISSION

THE MISSION OF THE COMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEY IS TO IMPROVE THE QUALITY OF LIFE IN THE LEHIGH VALLEY BY BUILDING A COMMUNITY IN WHICH ALL PEOPLE HAVE ACCESS TO ECONOMIC OPPORTUNITY, THE ABILITY TO PURSUE THAT OPPORTUNITY AND A VOICE IN THE DECISIONS THAT AFFECT THEIR LIVES.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

*SOLICITED AND DISTRIBUTED 2,202,051 POUNDS (INCLUDED IN THE TOTAL ABOVE) OF PERISHABLE PRODUCT FROM LOCAL GROWERS, INCLUDING 710,550 POUNDS OF FRESH PRODUCE TO IMPROVE PARTICIPANTS' ACCESS TO FRESH FOOD.

*DISTRIBUTED 30,120 SUNSHINE ("SERVING UNDER-NOURISHED SENIORS") SUPPLEMENTAL FOOD PACKAGES TO LOW-INCOME SENIORS, CHILDREN AT THE AGE OF FIVE AND YOUNGER AND NEW MOTHERS, WHICH WAS MADE POSSIBLE BY THE FEDERALLY-FUNDED COMMODITIES SUPPLEMENTAL FOOD PROGRAM.

*DISTRIBUTED NUTRITIOUS WEEKEND FOOD SUPPLIES TO 512 AT-RISK, SCHOOL-AGE CHILDREN EVERY FRIDAY THROUGH THE BACKPACK BUDDIES PROGRAM IN PARTNERSHIP WITH MEMBER AGENCIES THAT RUN ESTABLISHED AFTER-SCHOOL PROGRAMS, INCLUDING THE EASTON AREA COMMUNITY CENTER, THE SALVATION ARMY IN EASTON AND ALLENTOWN, THE SLATER FAMILY NETWORK, LINCOLN ELEMENTARY SCHOOL, THE BOYS AND GIRLS CLUBS IN ALLENTOWN AND BETHLEHEM, THE WILSON LINC'S FAMILY CENTER, COLONIAL ACADEMY OF WIND GAP, THE LEHIGH COUNTY CONFERENCE OF CHURCHES ASPIRES PROGRAM AND CASA GUADALUPE. TWO NEW SITES WERE OPENED IN NORTHAMPTON COUNTY.

*ASSISTED 493 HOUSEHOLDS IN COMPLETING SUPPLEMENTAL NUTRITION ASSISTANCE

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COMMUNITY ACTION COMMITTEE OF THE

23-1669589

PROGRAM (SNAP) APPLICATIONS AND PROVIDED ASSISTANCE WITH BUREAUCRATIC PROCEDURES IN THE APPLICATION PROCESS TO 1,078 ADDITIONAL HOUSEHOLDS.

*CONDUCTED 32 COOKING MATTERS CLASSES, A COURSE THAT TEACHES COOKING, NUTRITION AND BUDGETING SKILLS TO LOW-INCOME FAMILIES AND SENIORS; 360 PARTICIPANTS COMPLETED THE CLASSES AT LOCATIONS THROUGHOUT LEHIGH AND NORTHAMPTON COUNTIES.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

*REPAIRED AND/OR REPLACED 231 HEATING SYSTEMS IN CRISIS SITUATIONS THROUGH THE LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM ADMINISTERED BY DCED.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

DRAINING AND EXPENSIVE FOSTER CARE PLACEMENT OF THE CHILDREN.

*PROVIDED SUPPORT THAT ENABLED 96% OF SCHOOL-AGED CHILDREN TO MEET OR EXCEED THE ATTENDANCE REQUIREMENTS OF THEIR HOME SCHOOL DISTRICT WHILE RESIDING AT THE SHELTER. IN ADDITION, 124 SCHOOL-AGED CHILDREN FROM THE SHELTER PARTICIPATED IN EDUCATIONAL, RECREATIONAL AND OTHER ENRICHMENT PROGRAMS AT THE SHELTER'S FAMILY RESOURCE CENTER.

*SUPPORTED 180 INDIVIDUALS AS THEY WORKED TOWARDS SELF-SUFFICIENCY BY FUNDING GED (GENERAL EDUCATIONAL DEVELOPMENT) TESTS, DRIVER'S LICENSES, COLLEGE TEXTBOOKS, CHILDCARE AND OTHER EXPENSES IN ORDER TO REMOVE BARRIERS TO A BETTER FUTURE.

*PROVIDED SUPPORTIVE SERVICES TO 27 FAMILIES ENROLLED IN EDUCATIONAL PROGRAMS IN LONG-TERM TRANSITIONAL HOUSING AT TURNER STREET APARTMENTS AND FERRY STREET APARTMENTS (24-MONTH TRANSITIONAL HOUSING PROGRAMS IN ALLENTOWN AND EASTON, RESPECTIVELY) IN PARTNERSHIP WITH VALLEY HOUSING DEVELOPMENT CORPORATION AND THE LEHIGH COUNTY AND EASTON PUBLIC HOUSING

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AUTHORITIES. ALL 27 ADULTS WERE ENROLLED IN ENGLISH AS A SECOND LANGUAGE, GED, OR POST-SECONDARY EDUCATION PROGRAMS. BY THE END OF THE YEAR, SIX FAMILIES COMPLETED THEIR PROGRAMS AND FOUND EMPLOYMENT CONSISTENT WITH THEIR EDUCATIONAL PROGRAMS OR WENT ON TO ADDITIONAL EDUCATION, 18 WERE STILL IN THE PROGRAM AND THREE FAMILIES LEFT OR WERE TERMINATED FROM THE PROGRAM WITHOUT COMPLETING THEIR GOALS.

*PROVIDED SPACE AND SUPPORT SERVICES FOR LEHIGH VALLEY HOSPITAL TO OFFER A MONTHLY CLINIC THAT SERVED 64 NEIGHBORHOOD RESIDENTS WHO LACKED HEALTH INSURANCE.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

COMMUNITY ACTION FINANCIAL SERVICES

*CONDUCTED SEVEN SEMINARS PROVIDING EIGHT HOURS OF HUD-CERTIFIED EDUCATION THAT WERE ATTENDED BY 445 PROSPECTIVE HOMEBUYERS, 364 OF WHOM RECEIVED CERTIFICATES OF COMPLETION. THREE SEMINARS WERE CONDUCTED IN SPANISH AND FOUR IN ENGLISH. APPROXIMATELY 71% OF SEMINAR PARTICIPANTS WERE LATINO, 20% WERE AFRICAN-AMERICAN AND 85% HAD INCOMES AT OR BELOW 80% OF THE REGION'S MEDIAN HOUSEHOLD INCOME. PROVIDED INDIVIDUAL COUNSELING TO 80 PROSPECTIVE HOMEBUYERS AND PRE-SETTLEMENT COUNSELING TO 71 PROSPECTIVE HOMEBUYERS.

*PROVIDED DEFAULT AND DELINQUENCY COUNSELING TO 117 FINANCIALLY DISTRESSED HOMEOWNERS (50 HOMEOWNERS THROUGH LEHIGH COUNTY'S MORTGAGE FORECLOSURE DIVERSION PROGRAM AND 67 HOMEOWNERS THROUGH NORTHAMPTON COUNTY'S MORTGAGE FORECLOSURE DIVERSION PROGRAM). SAVED 60 HOUSEHOLDS FROM FORECLOSURE THROUGH LOAN MODIFICATIONS AND REPAYMENT PLANS. FIVE HOMEOWNERS HAD THEIR MORTGAGES REINSTATED. OUT OF THE 117 HOMEOWNERS SERVED, 15 CASES REMAIN UNDER REVIEW FOR POTENTIAL MODIFICATIONS. THROUGH THIS PROGRAM, 83% OF FAMILIES WHO RECEIVED A MODIFICATION OF THEIR MORTGAGE OR A REPAYMENT PLAN

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IN 2014 ARE STILL IN THEIR HOME TODAY. A TOTAL OF 3.5% OF THESE FAMILIES WERE ABLE TO SELL THEIR HOME. ONLY 13.5% OF THE FAMILIES LOST THEIR HOME TO FORECLOSURE.

*ASSISTED 64 HOMEOWNERS IN APPLYING FOR THE HOMEOWNERS EMERGENCY MORTGAGE ASSISTANCE PROGRAM (HEMAP).

ONTRACK

*ENABLED APPROXIMATELY 11,943 PPL CUSTOMERS, INCLUDING 5,321 NEWLY-ENROLLED, TO MAINTAIN SERVICE AND REDUCE ARREARAGES THROUGH ONTRACK, PPL'S CUSTOMER ASSISTANCE PROGRAM MANDATED BY THE PENNSYLVANIA PUBLIC UTILITIES COMMISSION AND DESIGNED TO ASSIST LOW-INCOME CUSTOMERS IN PAYING OFF ENERGY BILL DEBT.

WORK READY

*PROVIDED EMPLOYABILITY TRAINING AND COUNSELING TO 129 RECIPIENTS OF TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), IDENTIFIED BY THE COUNTY ASSISTANCE OFFICES IN LEHIGH AND NORTHAMPTON COUNTIES AS THE MOST DIFFICULT TO EMPLOY. ASSISTED 69 PROGRAM PARTICIPANTS IN GRADUATING FROM THE YEAR-LONG PROGRAM AND PLACED 35 PARTICIPANTS IN JOBS. ENROLLED 22 PARTICIPANTS IN COMMUNITY SERVICE, HELPING THEM GAIN VALUABLE EMPLOYMENT EXPERIENCE. TRACKED AND PROVIDED CASE MANAGEMENT TO 33 PARTICIPANTS ATTENDING COLLEGE OR TRADE SCHOOLS, WITH 14 GRADUATING WITH CERTIFICATES OR DEGREES.

*PROVIDED EDUCATIONAL AND LIFE SKILLS TRAINING TO ALL PROGRAM PARTICIPANTS. ASSISTED 31 PARTICIPANTS IN NEED OF ENGLISH PROFICIENCY AND 33 IN WORKING TOWARD THEIR GED BY ENROLLING THEM IN ON-SITE AND OFF-SITE TRAINING

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CLASSES. PROVIDED FINANCIAL LITERACY TRAINING SEMINARS ON-SITE TO 129 PARTICIPANTS THROUGH A PARTNERSHIP WITH WELLS FARGO. PROVIDED NUTRITION EDUCATION TO 60 PARTICIPANTS THROUGH A PARTNERSHIP WITH PENN STATE EXTENSION. PROVIDED SELF-ESTEEM IMPROVEMENT COACHING TO 14 PARTICIPANTS.

SLATE BELT RISING

*SLATE BELT RISING IS CACLV'S MULTI-MUNICIPAL NEIGHBORHOOD PARTNERSHIP, THE FIRST OF ITS KIND IN THE COMMONWEALTH OF PENNSYLVANIA, ENCOMPASSING THE BOROUGHES OF WIND GAP, PEN ARGYL, BANGOR AND PORTLAND. IN ITS FIRST YEAR OF OPERATION, SLATE BELT RISING DID THE FOLLOWING:

*IMPROVED AND BEAUTIFIED THE BANGOR BOROUGH BUSINESS DISTRICT, PURCHASING AND INSTALLING SEVEN LARGE FLOWER PLANTERS IN THE DOWNTOWN AREA; ASSISTED IN THE PURCHASE AND PLANTING OF 20 NEW STREET TREES AND IMPROVED THE FAÇADE OF A LARGE, STREETScape-DOMINATING MIXED-USE BUILDING IN THE CENTRAL BUSINESS DISTRICT.

*ENGAGED THE COMMUNITY, SUPPORTING FIVE COMMUNITY EVENTS THAT ATTRACTED OVER 2,000 RESIDENTS THROUGH THE WEONA AND WIND GAP PARK SUMMER SOUNDS CONCERT SERIES, THE WIND GAP CARNIVAL, AND THE HISTORICAL BANGOR BUSINESS ASSOCIATION BLOCK PARTY AND CAR SHOW.

*ENGAGED YOUTH, MOBILIZING AN EFFORT TO START A REGIONAL FIELD HOCKEY PROGRAM FOR THE SLATE BELT BY PROVIDING FUNDS FOR EQUIPMENT; FUNDING THE PURCHASE OF NEW AUDIO AND VISUAL EQUIPMENT FOR THE HUB TEEN OUTREACH CENTER TO ENCOURAGE MORE YOUTH PROGRAMMING; AND COMMITTING FUNDS TO CONTINUE THE SUPPORT OF THE ANNUAL BOY SCOUT JAMBOREE.

*FACILITATED CONNECTIONS WITH EXISTING CACLV PROGRAMS AND OTHER PARTNERS IN THE TARGET AREA: HOSTED A FOUR-WEEK START YOUR BUSINESS CLASS IN

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COOPERATION WITH THE RISING TIDE COMMUNITY LOAN FUND AND THE SLATE BELT CHAMBER OF COMMERCE, WITH 22 OF THE PARTICIPANTS COMPLETING THE COURSE; 13 SLATE BELT RESIDENTS USED COMMUNITY ACTION FINANCIAL SERVICES FOR COMPREHENSIVE HOUSING COUNSELING AND ADVOCACY SERVICES; 73 HOMES IN THE SLATE BELT RISING TARGET AREA RECEIVED SERVICES FROM CACIV'S WEATHERIZATION PROGRAM; TWO HOMES HAVE BEEN REHABILITATED THROUGH THE LEHIGH VALLEY COMMUNITY LAND TRUST AND THE NORTHAMPTON COUNTY HOUSING REHABILITATION PROGRAM.

*SLATE BELT RISING'S PROGRAMS ARE FUNDED BY MERCHANTS BANK OF BANGOR, WASTE MANAGEMENT (BOTH OF WHICH RECEIVED TAX CREDITS FROM THE PENNSYLVANIA DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT), LAFAYETTE AMBASSADOR BANK, AND ESSA.

CAMPAIGN FOR RACIAL AND ETHNIC JUSTICE

*THE CAMPAIGN FOR RACIAL AND ETHNIC JUSTICE WAS CREATED TO FOCUS ON THE UNIQUE ELEMENTS THAT HOLD PEOPLE OF COLOR BACK IN THE PURSUIT OF ECONOMIC AND SOCIAL JUSTICE. INCOME AND WEALTH DISPARITY IN OUR NATION AND COMMUNITY ARE TOO OFTEN DRAWN ALONG COLOR LINES AND CACIV CREATED THE CAMPAIGN TO SEEK REMEDIES IN OUR COMMUNITY.

*IN OUR FIRST YEAR, WE FOCUSED MUCH OF OUR STAFF AND FINANCIAL RESOURCES ON "BRIDGING THE COLLEGE ADMISSIONS GAP." STARTING AT EASTON AREA HIGH SCHOOL, WHERE WE WERE MET WITH AN ENTHUSIASTIC ADMINISTRATION ANXIOUS TO PARTNER, WE ESTABLISHED "GENERATION NEXT," RECRUITING 25 JUNIORS WHO HAVE PLENTY OF POTENTIAL BUT SEE MANY OBSTACLES BEFORE THEM. TOGETHER WITH DEDICATED VOLUNTEERS AND HIGH SCHOOL STAFF, WE DID TEAM-BUILDING, BROUGHT IN GUEST SPEAKERS, ORGANIZED WORKSHOPS AND TOOK AN OVERNIGHT FIELD TRIP TO SEVERAL

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COLLEGES AS FAR AWAY AS HOWARD UNIVERSITY IN WASHINGTON, DC. BY THE END OF THE ACADEMIC YEAR, 15 STUDENTS HAD TAKEN THEIR COLLEGE ENTRANCE EXAMS AND ALL WERE ACTIVELY PURSUING COLLEGE ATTENDANCE IN THEIR FUTURES.

*ORGANIZED A FORUM CALLED THE CONVERSATION ON RACE WITH A WIDE DIVERSITY OF MORE THAN 50 LEADERS IN EDUCATION, THE FAITH COMMUNITY, PUBLIC OFFICIALS, BUSINESS, NONPROFIT AND GRASSROOTS LEADERS. PARTICIPANTS WERE ENCOURAGED TO DISCUSS THEIR OWN JOURNEY AND HOW THEY HAVE BEEN IMPACTED BY RACE THROUGHOUT THEIR LIVES.

*WORKED WITH THE UNITED WAY OF THE GREATER LEHIGH VALLEY, PROJECT BLUEPRINT AND OTHERS TO IMPROVE THE DIVERSITY OF NONPROFIT BOARDS OF DIRECTORS, INCLUDING ASSISTING WITH TRAINING IN "CULTURAL COMPETENCE AND RESPONSIVENESS" AS PART OF THE UNITED WAY'S FUNDING PROCESS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE FORM 990 IS FIRST REVIEWED BY THE CONTROLLER, THEN THE GOVERNING BOARD IS GIVEN A COPY OF THE 990 FOR THEIR REVIEW. AFTER ALL NECESSARY CHANGES ARE MADE, IF ANY, THE GOVERNING BOARD FILES THE FORM 990.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE POLICY IS MONITORED AND ENFORCED IN CONJUNCTION WITH REGULAR BOARD MEETINGS OF THE ORGANIZATION.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED INDEPENDENTLY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

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GOVERNING DOCUMENTS AVAILABLE UPON REQUEST.

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service
Name of the organization

COMMUNITY ACTION COMMITTEE OF THE
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Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	COMM ACTION DEVT ALLENTOWN 1337 E. 5TH STREET BETHLEHEM PA 18015 23-2735252	COMM DEV	PA	501C3	7	CACLV	X	
(2)	COMM ACTION DEVT BETHLEHEM 1337 E. 5TH STREET BETHLEHEM PA 18015 23-2934547	COMM DEV	PA	501C3	7	CACLV	X	
(3)	RISING TIDE COMMUNITY LOAN FUND, 1337 E. 5TH STREET BETHLEHEM PA 18015 23-3079170	COMM DEV	PA	501C3	7	CACLV	X	
(4)	LEHIGH VALLEY COMMUNITY LAND TRUST 1337 E. 5TH STREET BETHLEHEM PA 18015 26-4840272	COMM DEV	PA	501C3	7	CACLV	X	
(5)								

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispro- portionate alloc.? <div>Yes No</div>		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? <div>Yes No</div>		(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? <div>Yes No</div>	
(1)										
(2)										
(3)										
(4)										

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		1a <input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)		1b <input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)		1c <input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)		1d <input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)		1e <input checked="" type="checkbox"/>
f Dividends from related organization(s)		1f <input checked="" type="checkbox"/>
g Sale of assets to related organization(s)		1g <input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)		1h <input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)		1i <input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)		1j <input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)		1k <input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)		1l <input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)		1m <input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n <input checked="" type="checkbox"/>
o Sharing of paid employees with related organization(s)		1o <input checked="" type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses		1p <input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses		1q <input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s)		1r <input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s)		1s <input checked="" type="checkbox"/>

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	COMM ACTION DEVT ALLENTOWN	B	126,914	GRANTS TO SUBSIDIARY		
(2)	COMM ACTION DEVT BETHLEHEM	B	130,001	GRANTS TO SUBSIDIARY		
(3)	COMM ACTION DEVT ALLENTOWN	L	79,467	MGMT FEES CHARGED		
(4)	COMM ACTION DEVT BETHLEHEM	L	73,390	MGMT FEES CHARGED		
(5)	RISEING TIDE COMMUNITY LOAN FUND	L	38,941	MGMT FEES CHARGED		
(6)	LEHIGH VALLEY COMMUNITY LAND TRUST	B	232,178	GRANTS TO SUBSIDIARY		

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		1a <input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)		1b <input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)		1c <input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)		1d <input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)		1e <input checked="" type="checkbox"/>
f Dividends from related organization(s)		1f <input checked="" type="checkbox"/>
g Sale of assets to related organization(s)		1g <input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)		1h <input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)		1i <input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)		1j <input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)		1k <input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)		1l <input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)		1m <input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n <input checked="" type="checkbox"/>
o Sharing of paid employees with related organization(s)		1o <input checked="" type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses		1p <input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses		1q <input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s)		1r <input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s)		1s <input checked="" type="checkbox"/>

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	LEHIGH VALLEY COMMUNITY LAND TRUST	L	76,863	MGMT FEES CHARGED
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (See instructions).

Form 990	Two Year Comparison Report For calendar year 2016, or tax year beginning 07/01/16 , ending 06/30/17	2015 & 2016
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Name

Taxpayer Identification Number

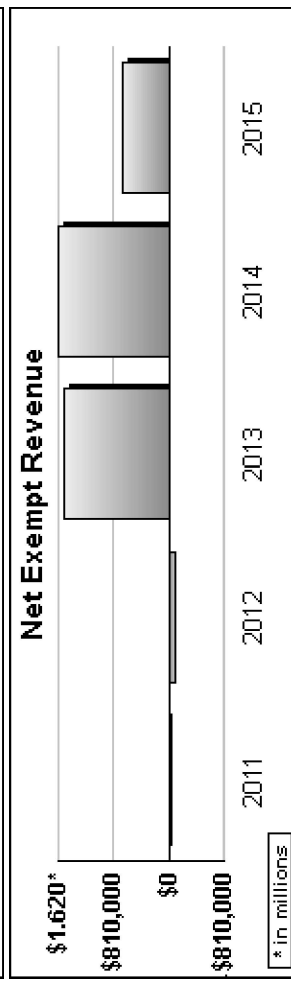
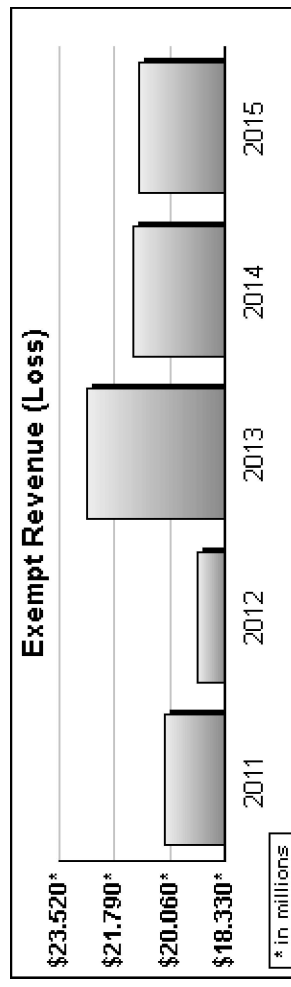
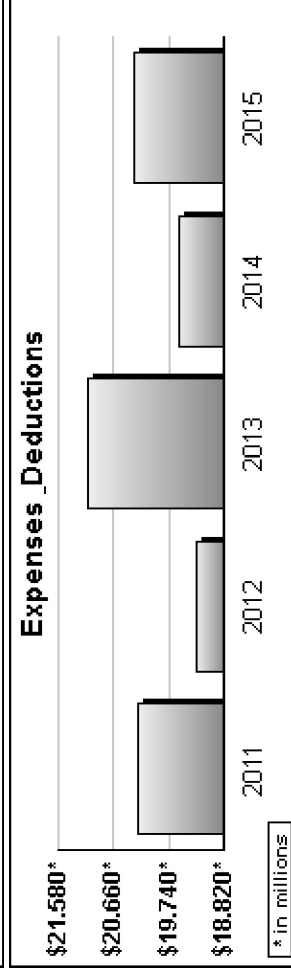
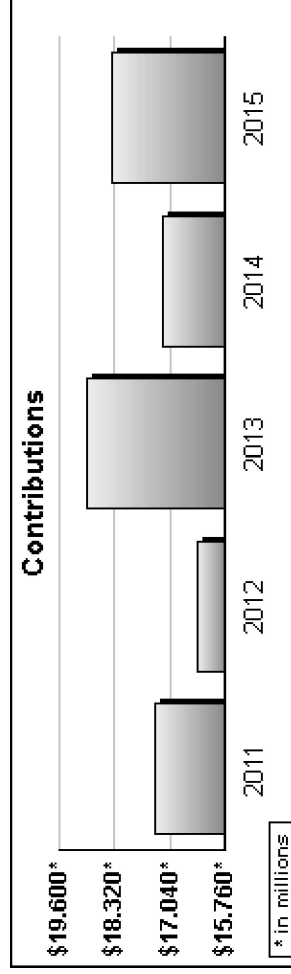
**COMMUNITY ACTION COMMITTEE OF THE
LEHIGH VALLEY, INC.**
23-1669589

		2015	2016	Differences
Revenue	1. Contributions, gifts, grants	12,115,742	13,148,679	1,032,937
	2. Membership dues and assessments			
	3. Government contributions and grants	5,087,743	5,244,112	156,369
	4. Program service revenue	3,718,176	2,626,981	-1,091,195
	5. Investment income	1,122	1,233	111
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	253,559		-253,559
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	12. Total revenue. Add lines 1 through 11	21,176,342	21,021,005	-155,337
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.		100,143	100,143
	16. Salaries, other compensation, and employee benefits	4,073,236	4,128,361	55,125
	17. Professional fundraising fees			
	18. Other professional fees	2,819,178	1,889,399	-929,779
	19. Occupancy, rent, utilities, and maintenance	26,530	25,800	-730
	20. Depreciation and Depletion	328,978	320,241	-8,737
	21. Other expenses	12,307,415	13,859,674	1,552,259
	22. Total expenses. Add lines 13 through 21	19,555,337	20,323,618	768,281
	23. Excess or (Deficit). Subtract line 22 from line 12	1,621,005	697,387	-923,618
Other Information	24. Total exempt revenue	21,176,342	21,021,005	-155,337
	25. Total unrelated revenue			
	26. Total excludable revenue	3,972,857	2,628,214	-1,344,643
	27. Total assets	11,565,248	11,369,237	-196,011
	28. Total liabilities	2,951,910	2,058,512	-893,398
	29. Retained earnings	8,613,338	9,310,725	697,387
	30. Number of voting members of governing body	23	23	
	31. Number of independent voting members of governing body	23	23	
	32. Number of employees	78	82	
	33. Number of volunteers	1060	1393	

Form 990	Tax Return History					2016
Name	COMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEY, INC.					Employer Identification Number 23-1669589
	2012	2013	2014	2015	2016	2017
Contributions, gifts, grants	17,372,975	16,402,030	18,954,051	17,203,485	18,392,791	
Membership dues						
Program service revenue	2,862,891	2,792,713	3,698,086	3,718,176	2,626,981	
Capital gain or loss	-11,103			253,559		
Investment income	3,826	7,517	1,311	1,122	1,233	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue	20,228,589	19,202,260	22,653,448	21,176,342	21,021,005	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	133,351	135,686	139,581		100,143	
Other compensation	3,558,001	3,626,413	3,820,911	4,073,236	4,128,361	
Professional fees		2,156,497	2,666,622	2,819,178	1,889,399	
Occupancy costs	76,394	62,597	58,186	26,530	25,800	
Depreciation and depletion	371,979	302,023	263,444	328,978	320,241	
Other expenses	16,119,786	13,000,917	14,158,338	12,307,415	13,859,674	
Total expenses	20,259,511	19,284,133	21,107,082	19,555,337	20,323,618	
Excess or (Deficit)	-30,922	-81,873	1,546,366	1,621,005	697,387	
Total exempt revenue	20,228,589	19,202,260	22,653,448	21,176,342	21,021,005	
Total unrelated revenue						
Total excludable revenue	20,228,589	2,800,230	3,699,397	3,972,857	2,628,214	
Total Assets	7,625,969	6,716,813	10,729,256	11,565,248	11,369,237	
Total Liabilities	2,098,129	1,270,846	3,736,923	2,951,910	2,058,512	
Net Fund Balances	5,527,840	5,445,967	6,992,333	8,613,338	9,310,725	

Form 990T	Tax Return History	2016
Name COMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEY, INC.		Employer Identification Number 23-1669589

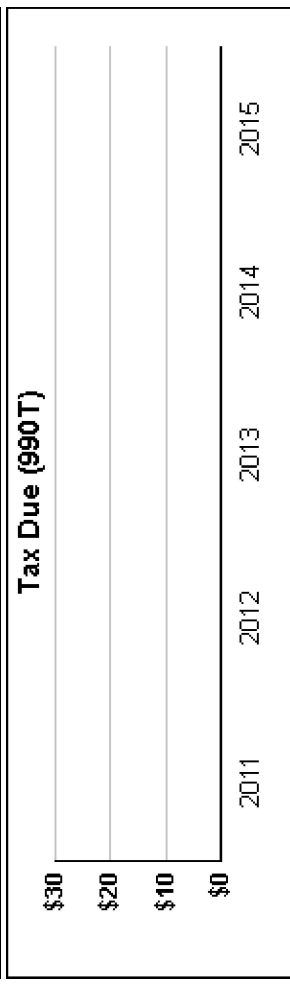
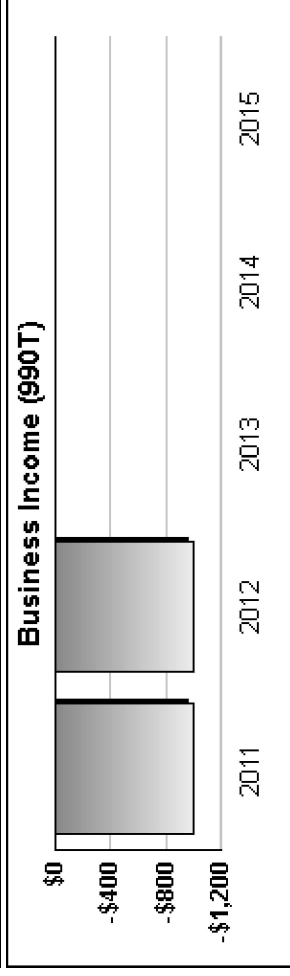
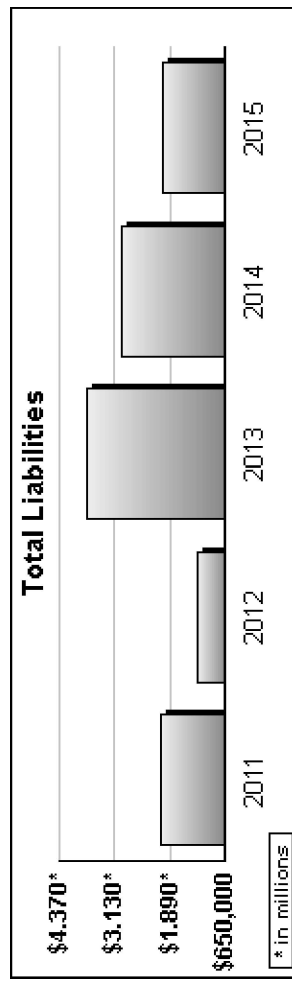
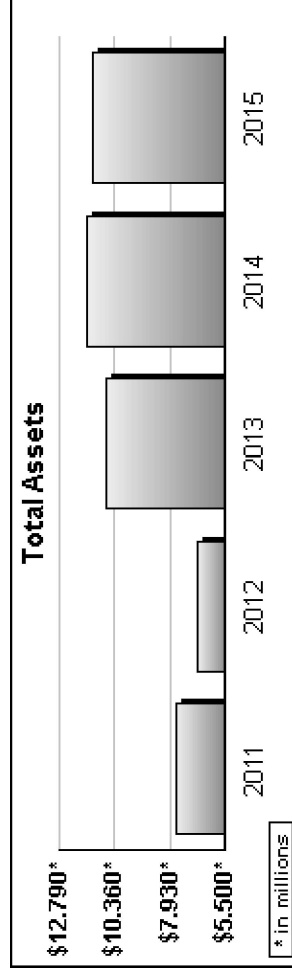
	2012	2013	2014	2015	2016	2017
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						



Form 990T	Tax Return History				2016
Name	COMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEY, INC.				Employer Identification Number 23-1669589

	2012	2013	2014	2015	2016	2017
Other deductions						
Net operating loss deduction						
Specific deduction	1,000	1,000				
Income after expense and deductions	-1,000	-1,000				
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses



Federal Statements

Taxable Interest on Investments

<u>Description</u>		<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
		\$ <u>1,233</u>		14			
TOTAL		\$ <u><u>1,233</u></u>					

140900 COMMUNITY ACTION COMMITTEE OF THE
23-1669589
FYE: 6/30/2017

Federal Statements

Form 990. Part IX. Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER	\$ 1,889,399	\$ 1,744,536	\$ 144,863	\$
TOTAL	\$ 1,889,399	\$ 1,744,536	\$ 144,863	\$ 0

Form 990. Part IX. Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
FACILITY MAINTENANCE	\$ 521,140	\$ 420,956	\$ 100,184	\$
CONTRACT SERVICES/ASSISTA	193,709	190,636	3,073	
VEHICLE OPERATIONS AND RE	137,544	136,763	781	
TELEPHONE	87,975	45,010	31,936	11,029
MINOR EQUIPMENT PURCHASE	51,411	22,542	23,159	5,710
DUES AND SUBSCRIPTIONS	42,913	24,377	12,689	5,847
EQUIPMENT MAINTENANCE AND	36,507	27,978	8,529	
OTHER EXPENSE	27,588	3,205	21,652	2,731
TOTAL	\$ 1,098,787	\$ 871,467	\$ 202,003	\$ 25,317

140900 COMMUNITY ACTION COMMITTEE OF THE
23-1669589
FYE: 6/30/2017

Federal Statements

Schedule A. Part II. Line 12 - Current year

Description	Amount
PROGRAM SERVICES	\$ 2,554,795
SHARED MAINTENANCE FEE	72,186
TOTAL	<u>\$ 2,626,981</u>