

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

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final
 - Return/terminated
 - Amended return
 - Application pending

C Name of organization
COMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEY INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
1337 EAST FIFTH STREET

City or town, state or province, country, and ZIP or foreign postal code
BETHLEHEM, PA 18015

D Employer identification number
23-1669589

E Telephone number
(610) 691-5620

G Gross receipts \$ 21,021,005

F Name and address of principal officer
PATRICIA JACKSON

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀(insert no) 4947(a)(1) or 527

J Website: ▶ WWW CACLV ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1965

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
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

2 Check this box 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	1,393
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	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	17,203,485	18,392,791
9 Program service revenue (Part VIII, line 2g)	3,718,176	2,626,981
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	254,681	1,233
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,176,342	21,021,005
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
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	11,565,248	11,369,237
21 Total liabilities (Part X, line 26)	2,951,910	2,058,512
22 Net assets or fund balances Subtract line 21 from line 20	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
Date 2018-03-21

ALAN JENNINGS EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name JEFFREY E DOBECK	Preparer's signature JEFFREY E DOBECK	Date 2018-03-21	Check <input type="checkbox"/> if self-employed	PTIN P00019652
Firm's name ▶ BUCKNO LISICKY & COMPANY PC			Firm's EIN ▶ 23-2426656	
Firm's address ▶ 645 HAMILTON ST SUITE 204 ALLENTOWN, PA 181012108			Phone no (610) 821-8580	

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

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

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) See Additional Data

4b (Code) (Expenses \$ 2,916,570 including grants of \$) (Revenue \$ 1,676,209) See Additional Data

4c (Code) (Expenses \$ 768,129 including grants of \$) (Revenue \$ 6,040) See Additional Data

(Code) (Expenses \$ 1,806,517 including grants of \$) (Revenue \$ 818,388)

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 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 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 BOROUGHS 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 FAADE 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 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 CACLV'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 CACLV 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 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

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 20a, 20b, 21, 22, 23, 24a, 24b, 24c, 24d, 25a, 25b, 26, 27, 28a, 28b, 28c, 29, 30, 31, 32, 33, 34, 35a, 35b, 36, 37, 38.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, charitable contributions, and 501(c)(7), (12), and (29) organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (23); 1b Enter the number of voting members included in line 1a, above, who are independent (23); 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? (No); 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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 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 (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (No); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 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 (Yes); b Other officers or key employees of the organization (No); 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? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [X] Own website, [] Another's website, [X] 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 Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or 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 PRESIDENT	2 00	X		X				0	0	0
(2) WAYNE BARZ VICE PRESIDE	2 00	X		X				0	0	0
(3) MIKE GAUSLING TREASURER	2 00	X		X				0	0	0
(4) DAVID DELP SECRETARY	2 00	X		X				0	0	0
(5) MARION BERGER BOARD MEMBER	2 00	X						0	0	0
(6) LINDA A FAUST BOARD MEMBER	2 00	X						0	0	0
(7) LIDIA GONZALEZ BOARD MEMBER	2 00	X						0	0	0
(8) MARK HARTNEY BOARD MEMBER	2 00	X						0	0	0
(9) MARYANN HAYTMANEK BOARD MEMBER	2 00	X						0	0	0
(10) PATRICIA A JOHNSON BOARD MEMBER	2 00	X						0	0	0
(11) FRANK KANE BOARD MEMBER	2 00	X						0	0	0
(12) ALLYSON LEHR BOARD MEMBER	2 00	X						0	0	0
(13) DIANE MARTIN BOARD MEMBER	2 00	X						0	0	0
(14) SUSAN MASTER BOARD MEMBER	2 00	X						0	0	0
(15) DAN J MCCARTHY BOARD MEMBER	2 00	X						0	0	0
(16) ALTAGRACIA MERCADO BOARD MEMBER	2 00	X						0	0	0
(17) OLGA NEGRON-DIPINI BOARD MEMBER	2 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				
(18) CHRISTOPHER M REID BOARD MEMBER	2 00	X						0	0	0	
(19) RANDY SORIANO BOARD MEMBER	2 00	X						0	0	0	
(20) CHUCK STEHLY BOARD MEMBER	2 00	X						0	0	0	
(21) OLGA TORRES BOARD MEMBER	2 00	X						0	0	0	
(22) SANDRA VULCANO BOARD MEMBER	2 00	X						0	0	0	
(23) ROBIN ZMODA BOARD MEMBER	2 00	X						0	0	0	
(24) ALAN JENNINGS EXECUTIVE DI	40 00			X				102,857	0	48,069	
1b Sub-Total											
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)								102,857			48,069

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
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? <i>If "Yes," complete Schedule J for such individual</i>		No
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>	Yes	
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>		No

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 431 CLEARFIELD STREET FREEMANSBURG, PA 18017	WEATHERIZATION	355,369
CUSTOM WEATHERIZATION 1855 WEAVERSVILLE ROAD SUITE 102 ALLENTOWN, PA 18109	WEATHERIZATION	311,834
SUBJIN INSULATION SERVICES 1639 NEWPORT AVE REAR NORTHAMPTON, PA 18067	WEATHERIZATION	293,387
APOLLO UNLIMITED 1156 BUTLER STREET EASTON, PA 18042	WEATHERIZATION	279,572
J P MECHANICAL 1857 SCHADT AVENUE WHITEHALL, PA 18052	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 Revenue

Check 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		Business 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					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income 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 and sales expenses				
		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	Business 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		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, line 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 Sheet

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

		(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	10,522,684		
	b Less accumulated depreciation	3,710,697		
		6,970,358	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	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. 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
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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 Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	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 Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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	2a		No
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	2b	Yes	
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	2c	Yes	
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?	3a	Yes	
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	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 23-1669589

Name: COMMUNITY ACTION COMMITTEE OF THE
LEHIGH VALLEY INC

Form 990 (2016)

Form 990, Part III, Line 4a:

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 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 LINGS 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 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:

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 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:

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 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 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.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 **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		
Total						

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, 8, or 9 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 grant.")	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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	99.990 %
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	99.990 %
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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

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

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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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. **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)	1	
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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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--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 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, 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).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
Open to Public Inspection

▶ 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.

Department of the Treasury
Internal Revenue Service

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? Yes 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? Yes No

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the 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? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under 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
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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 in 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 ▶ 100 000 %
 - 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
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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 10(c)) . . . ▶				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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
COMPENSATED ABSENCES	80,621
(2)	
(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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 23-1669589

Name: COMMUNITY ACTION COMMITTEE OF THE
LEHIGH VALLEY INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART IV, LINE 2B	THE ORGANIZATION HOLDS FUNDS FOR ITS SIXTH STREET SHELTER CLIENTS THEY ALSO HOLD PARTICIPANT FUNDS ASSOCIATED WITH THEIR FAMILY SAVINGS PROGRAM ALL OF THESE FUNDS ARE DUE BACK TO THE PARTICIPANTS WHEN THEY LEAVE THE SHELTERS OR GRADUATE/WITHDRAW FROM THE LOAN PROGRAM

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

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.

2015
Open to Public Inspection

▶ Information about Schedule J (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 Questions Regarding Compensation

	Yes	No
<p>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.</p> <p><input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use</p> <p><input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence</p> <p><input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees</p> <p><input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</p>		
<p>b If any of the boxes in 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.</p>	1b	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	
<p>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.</p> <p><input type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract</p> <p><input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Compensation survey or study</p> <p><input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Approval by the board or compensation committee</p>		
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a	No
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	No
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	No
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>		
<p>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:</p> <p>a The organization?</p>	5a	No
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No
<p>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:</p> <p>a The organization?</p>	6a	No
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No
<p>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.</p>	8	No
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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 are not 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				
1 ALAN JENNINGS EXECUTIVE DIRECTOR	(i)	102,857 -----	-----	-----	22,421 -----	25,648 -----	150,926 -----	-----
	(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.

Return Reference	Explanation
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2016

▶ **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**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 is not required to be used for exempt purposes for the entire holding period?

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

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

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

b If "Yes," describe in Part II

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

	Yes	No
30a		No
31		No
32a		No

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.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

2016**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY ACTION COMMITTEE OF THE
LEHIGH VALLEY INC

Employer identification number

23-1669589

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	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 LINGS 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 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	REPAIRED AND/OR REPLACED 231 HEATING SYSTEMS IN CRISIS SITUATIONS THROUGH THE LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM ADMINISTERED BY DCED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	<p>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 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4D</p>	<p>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 IN 2014 ARE STILL IN THEIR HOME TODAY A TOTAL OF 35% 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 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 BOROUGHS OF WIND GAP, PENARGYL, BANGOR AND P</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4D</p>	<p>ORTLAND 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 FAADE 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 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 CACLV'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 CACLV 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 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 RAC</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	E 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 DIS CUSS THEIR OWN JOURNEY AND HOW THEY HAVE BEEN IMPACTED BY RACE THROUGHOUT THEIR LIVES WOR KED WITH THE UNITED WAY OF THE GREATER LEHIGH VALLEY, PROJECT BLUEPRINT AND OTHERS TO IMPR OVE 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	THE POLICY IS MONITORED AND ENFORCED IN CONJUNCTION WITH REGULAR BOARD MEETINGS OF THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED INDEPENDENTLY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS AVALABLE UPON REQUEST

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**Open to Public
Inspection**

▶ 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
LEHIGH VALLEY INC

Employer identification number

23-1669589

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

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	Yes	
(2) COMM ACTION DEVT BETHLEHEM 1337 E 5TH STREET BETHLEHEM, PA 18015 23-2934547	COMM DEV	PA	501C3	7	CACLV	Yes	
(3) RISING TIDE COMMUNITY LOAN FUND INC1337 E 5TH STREET BETHLEHEM, PA 18015 23-3079170	COMM DEV	PA	501C3	7	CACLV	Yes	
(4) LEHIGH VALLEY COMMUNITY LAND TRUST 1337 E 5TH STREET BETHLEHEM, PA 18015 26-4840272	COMM DEV	PA	501C3	7	CACLV	Yes	

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) 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	

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?	
								Yes	No

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

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

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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	

Part VII **Supplemental Information**

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

Additional Data

Software ID:

Software Version:

EIN: 23-1669589

Name: COMMUNITY ACTION COMMITTEE OF THE
LEHIGH VALLEY INC

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(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
(1) COMM ACTION DEVT BETHLEHEM	B	130,001	GRANTS TO SUBSIDIARY
(2) COMM ACTION DEVT ALLENTOWN	L	79,467	MGMT FEES CHARGED
(3) COMM ACTION DEVT BETHLEHEM	L	73,390	MGMT FEES CHARGED
(4) RISING TIDE COMMUNITY LOAN FUND	L	38,941	MGMT FEES CHARGED
(5) LEHIGH VALLEY COMMUNITY LAND TRUST	B	232,178	GRANTS TO SUBSIDIARY
(6) LEHIGH VALLEY COMMUNITY LAND TRUST	L	76,863	MGMT FEES CHARGED