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
2014
Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07/01/14 , and ending 06/30/15

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): 1337 EAST FIFTH STREET | Room/suite

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 $ 22,653,448

F Name and address of principal officer:
ALAN JENNINGS
1337 EAST FIFTH STREET
BETHLEHEM PA 18015

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

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

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.CACLV.ORG

H(c) Group exemption number ▶

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1965

M State of legal domicile: PA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

2 Check this box ▶ [ ] 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 2014 (Part V, line 2a)	5	81
6	Total number of volunteers (estimate if necessary)	6	1502
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	16,402,030	18,954,051
	9	Program service revenue (Part VIII, line 2g)	2,792,713	3,698,086
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,517	1,311
	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)	19,202,260	22,653,448
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,762,099	3,960,492
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 396,870		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	15,522,034	17,146,590
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	19,284,133	21,107,082
	19	Revenue less expenses. Subtract line 18 from line 12	-81,873	1,546,366
			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	6,716,813	10,729,256
	21	Total liabilities (Part X, line 26)	1,270,846	3,736,923
	22	Net assets or fund balances. Subtract line 21 from line 20	5,445,967	6,992,333

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

▶ ALAN JENNINGS EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
JEFFREY E. DOBECK		05/12/16		P00019652

Firm's name ▶ BUCKNO LISICKY & COMPANY, P.C. | Firm's EIN ▶ 23-2426656

Firm's address ▶ 645 HAMILTON ST SUITE 204 ALLENTOWN, PA 18101-2108 | Phone no. 610-821-8580

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as 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 $ 12,859,173 including grants of $) (Revenue $ 14,272,897)

SECOND HARVEST FOOD BANK OF THE LEHIGH VALLEY AND NORTHEAST PA
THE SECOND HARVEST FOOD BANK OF THE LEHIGH VALLEY AND NORTHEAST PA (SHFB) DISTRIBUTES FOOD TO APPROXIMATELY 200 NONPROFIT "MEMBER" AGENCIES FEEDING THE NEEDY, SUCH AS SOUP KITCHENS, DAY CARE SITES, AND EMERGENCY FOOD PANTRIES. AS AN AFFILIATE OF FEEDING AMERICA (FORMERLY SECOND HARVEST), THE NATIONAL FOOD BANK NETWORK, SHFB HAS ACCESS TO SOME OF THE MILLIONS OF POUNDS OF FOOD SOLICITED ANNUALLY THROUGH THE NETWORK. THE FOODS CONSIST OF EDIBLE BUT UNSALABLE (MISWEIGHED, IMPROPERLY PACKAGED) PRODUCTS WHICH WOULD OVERWISE BE DISCARDED.
ADDITIONALLY, SHFB SOLICITS DONATIONS FROM LOCAL FOOD PRODUCERS, WAREHOUSES AND RETAILERS.

4b (Code:) (Expenses $ 3,726,031 including grants of $) (Revenue $ 4,192,367)

WEATHERIZATION PROGRAM
WEATHERIZATION PROGRAM IS A COLLECTION OF ENERGY-RELATED SERVICES DESIGNED TO CONSERVE ENERGY AND SAVE MONEY ON HOME HEATING AND COOLING COSTS. THE WEATHERIZATION PROGRAM MAKES IMPROVEMENTS TO BOTH SINGLE-FAMILY AND MULTI-FAMILY HOMES DESIGNED TO CONSERVE ENERGY AND SAVE MONEY FOR LOW-INCOME HOUSEHOLDS. THESE IMPROVEMENTS INCLUDE INFILTRATION PREVENTION, WATER HEATER WRAPS AND INSULATION. ALL WEATHERIZATION MEASURES ARE PERFORMED IN ACCORDANCE WITH PROGRAM REQUIREMENTS PRESCRIBED BY THE FUNDING SOURCE. CACLV SUBCONTRACTS WITH TRAINED CONTRACTORS AND CACLV STAFF ALSO DOES SOME OF THE INSTALLATION OF ENERGY-SAVING MEASURES.

4c (Code:) (Expenses $ 657,011 including grants of $) (Revenue $ 857,413)

SIXTH STREET SHELTER
THE GOAL OF THE SIXTH STREET IS TO PROVIDE THE OPPORTUNITY AND DIRECTION FOR ALL PEOPLE TO BECOME SELF-SUFFICIENT, PRODUCTIVE MEMBERS OF THE COMMUNITY. IT HAS THREE COMPONENTS. THE ACTUAL SIXTH STREET SHELTER OFFERS SHORT-TERM TRANSITIONAL HOUSING (FOR UP TO 60 DAYS) AND HAS 25 APARTMENT UNITS. IT HELPS FAMILIES SET AND REACH THEIR GOALS THROUGH INTENSIVE AND EXTENSIVE CASE MANAGEMENT, IN-HOUSE PROGRAMMING AND REFERRALS TO APPRORIATE SERVICES.

4d Other program services (Describe in Schedule O.)
(Expenses $ 1,789,068 including grants of $) (Revenue $)

4e Total program service expenses ▶ 19,031,283

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

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 ☐

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	107			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	81			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		X
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14b		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ PA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[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, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) OLGA NEGRON PRESIDENT	2.00 0.00	X		X				0	0	0
(2) PATRICIA JACKSON VICE PRESIDENT	2.00 0.00	X		X				0	0	0
(3) MIKE GAUSLING TREASURER	2.00 0.00	X		X				0	0	0
(4) DAVID DELP SECRETARY	2.00 0.00	X		X				0	0	0
(5) SAMUEL ARROYO BOARD MEMBER	2.00 0.00	X						0	0	0
(6) WAYNE BARZ BOARD MEMBER	2.00 0.00	X						0	0	0
(7) MARION BERGER BOARD MEMBER	2.00 0.00	X						0	0	0
(8) JOHN L CRAMPSIE BOARD MEMBER	2.00 0.00	X						0	0	0
(9) LINDA A. FAUST BOARD MEMBER	2.00 0.00	X						0	0	0
(10) MARYANN HAYTMANEK BOARD MEMBER	2.00 0.00	X						0	0	0
(11) FRANK KANE BOARD MEMBER	2.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(12) ALLYSON LYSAGHT BOARD MEMBER	2.00 0.00	X						0	0	0
(13) ALTAGRACIA MERCADO BOARD MEMBER	2.00 0.00	X						0	0	0
(14) AMBAR A. NIEVES BOARD MEMBER	2.00 0.00	X						0	0	0
(15) CHRISTOPHER REID BOARD MEMBER	2.00 0.00	X						0	0	0
(16) TYRONE RUSSELL BOARD MEMBER	2.00 0.00	X						0	0	0
(17) STEPHEN SCHAFER BOARD MEMBER	2.00 0.00	X						0	0	0
(18) RANDY SORIANO BOARD MEMBER	2.00 0.00	X						0	0	0
(19) CHUCK STEHLY BOARD MEMBER	2.00 0.00	X						0	0	0
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶								102,008		36,942
d Total (add lines 1b and 1c) ▶								102,008		36,942

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CAPITAL BLUE CROSS PO BOX 779516 HARRISBURG PA 17177	HEALTH CARE	695,405
SUBJIN INSULATION SERVICES 1160 GREENLEAF DR. BETHLEHEM PA 18017	WEATHERIZATION	503,683
AJ BAIR MECHANICAL LLC 421 BEIL AVE NAZARETH PA 18064	WEATHERIZATION	492,323
CUSTOM WEATHERIZATION 2045 WILLOW PARK ROAD BETHLEHEM PA 18020	WEATHERIZATION	399,704
TRUE MANAGEMENT LLC 1621 RAVENA ST. BETHLEHEM PA 18015	WEATHERIZATION	337,636

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 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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(12) LORI G. SYWENSKY BOARD MEMBER	2.00 0.00	X						0	0	0
(13) OLGA TORRES BOARD MEMBER	2.00 0.00	X						0	0	0
(14) SANDRA VULCANO BOARD MEMBER	2.00 0.00	X						0	0	0
(15) ROBIN ZMODA BOARD MEMBER	2.00 0.00	X						0	0	0
(16) JEFFRY BYRNE FORMER BOARD MEMBER	2.00 0.00	X						0	0	0
(17) MICHAEL FLECK FORMER BOARD MEMBER	2.00 0.00	X						0	0	0
(18) ALICIA MILLER KARNER FORMER BOARD MEMBER	2.00 0.00	X						0	0	0
(19) SAMUEL TORRENCE FORMER BOARD MEMBER	2.00 0.00	X						0	0	0
1b **Sub-total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶										

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

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

Section B. Independent Contractors

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

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

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

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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(12) ALAN JENNINGS	40.00									
EXECUTIVE DIRECTOR	0.00			X				102,008	0	36,942
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total ▶								102,008		36,942
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

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

Section B. Independent Contractors

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

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

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

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	4,984,523				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	13,969,528				
	g Noncash contributions included in lines 1a-1f: $ 10,772,365						
	h **Total.** Add lines 1a–1f ▶			18,954,051			
Program Service Revenue			Busn. Code				
	2a PROGRAM SERVICES		624200	3,612,272	3,612,272		
	b SHARED MAINTENANCE FEE		624200	85,814	85,814		
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f ▶			3,698,086			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			1,311			1,311
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss) ▶						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory						
	b Less: cost or other basis & sales exps.						
	c Gain or (loss)						
	d Net gain or (loss) ▶						
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18 a						
	b Less: direct expenses b						
	c Net income or (loss) from fundraising events ▶						
	9a Gross income from gaming activities. See Part IV, line 19 a						
	b Less: direct expenses b						
	c Net income or (loss) from gaming activities ▶						
	10a Gross sales of inventory, less returns and allowances a						
	b Less: cost of goods sold b						
	c Net income or (loss) from sales of inventory ▶						
	Miscellaneous Revenue		Busn. Code				
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d ▶						
	12 **Total revenue.** See instructions. ▶			22,653,448	3,698,086	0	1,311

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	139,581	98,378	29,252	11,951
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	2,714,500	1,662,499	809,406	242,595
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	129,960	88,610	30,736	10,614
9 Other employee benefits	663,351	453,006	156,195	54,150
10 Payroll taxes	313,100	213,665	73,886	25,549
11 Fees for services (non-employees):				
a Management				
b Legal	17,564	16,695	869	
c Accounting	45,266	43,025	2,241	
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.)	2,603,792	2,474,807	128,985	
12 Advertising and promotion				
13 Office expenses	131,443	104,177	13,525	13,741
14 Information technology				
15 Royalties				
16 Occupancy	58,186	57,726	460	
17 Travel	55,383	33,610	14,760	7,013
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	53,890	17,498	32,361	4,031
20 Interest	11,073		11,073	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	263,444	181,704	81,740	
23 Insurance	75,435	43,828	31,607	
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	10,772,365	10,772,365		
b FOOD PURCHASES	834,235	834,235		
c SUPPLIES	681,490	640,587	32,908	7,995
d CONTRACT SERVICES/ASSISTA	504,146	502,396	1,750	
e All other expenses	1,038,878	792,472	227,175	19,231
25 Total functional expenses. Add lines 1 through 24e	21,107,082	19,031,283	1,678,929	396,870
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		821,644	1	1,258,271
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		1,592,637	3	1,769,168
	4	Accounts receivable, net		47,591	4	64,483
	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		601,849	8	589,188
	9	Prepaid expenses and deferred charges		35,044	9	19,000
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,904,973			
	b	Less: accumulated depreciation	10b 3,937,308	3,556,881	10c	6,967,665
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		61,167	12	61,481
	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)		6,716,813	16	10,729,256
Liabilities	17	Accounts payable and accrued expenses		654,152	17	771,289
	18	Grants payable			18	
	19	Deferred revenue		109,262	19	117,122
	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		259,858	23	2,747,994
	24	Unsecured notes and loans payable to unrelated third parties		140,000	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		107,574	25	100,518
	26	**Total liabilities.** Add lines 17 through 25		1,270,846	26	3,736,923
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		5,315,898	27	6,562,651
	28	Temporarily restricted net assets		125,069	28	424,682
	29	Permanently restricted net assets		5,000	29	5,000
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		5,445,967	33	6,992,333
	34	Total liabilities and net assets/fund balances		6,716,813	34	10,729,256

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	22,653,448
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,107,082
3	Revenue less expenses. Subtract line 2 from line 1	3	1,546,366
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,445,967
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	6,992,333

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: ☐ Cash ☒ Accrual ☐ 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?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization COMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEY, INC.

Employer identification number 23-1669589

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

The organization is not a private foundation because it is: (For lines 1 through 11, 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.)

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 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.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

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 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	18,485,132	15,870,425	17,372,975	16,402,030	18,954,051	87,084,613
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	18,485,132	15,870,425	17,372,975	16,402,030	18,954,051	87,084,613
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.						87,084,613

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	18,485,132	15,870,425	17,372,975	16,402,030	18,954,051	87,084,613
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,351	-13,641	-7,277	7,517	1,311	-8,739
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						87,075,874

12 Gross receipts from related activities, etc. (see instructions) 12 3,698,086

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 100.00%

15 Public support percentage from 2013 Schedule A, Part II, line 14 15 100.00%

16a **33 1/3% support test—2014.** 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 ▶ ☒

b **33 1/3% support test—2013.** 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 ▶ ☐

17a **10%-facts-and-circumstances test—2014.** 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 ▶ ☐

b **10%-facts-and-circumstances test—2013.** 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 ▶ ☐

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 ▶ ☐

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

(Complete only if you checked the box on line 9 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 11a or 11b 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	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).	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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI.**	**11c**		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	**1**		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	**2b**		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI.**	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.	**3b**		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d	**3**		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by .035	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

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

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

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

Section D - Distributions		**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2014 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-2014**	**(iii) Distributable Amount for 2014**
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	**Excess distributions carryover to 2015.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013 . . .			
e	Excess from 2014 . . .			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2014

Name of the organization
COMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEY, INC.

Employer identification number
23-1669589

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $5,000 or more during the year ..... ▶ $ .....

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

Name of organization: COMMUNITY ACTION COMMITTEE OF THE

Employer identification number: 23-1669589

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PA DCED (CSBG) 400 NORTH STREET, 4TH FLOOR HARRISBURG PA 17120	$ 834,356	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	COMMOWEALTH OF PA (FOOD PROGRAM) 2301 N. CAMERON STREET, SUITE 401 HARRISBURG PA 17110	$ 792,954	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	PA DCED (LIHEAP) 555 WALNUT STREET, 9TH FLOOR HARRISBURG PA 17101	$ 780,343	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047
2014
Open to Public Inspection

Name of the organization: COMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEY, INC.

Employer identification number: 23-1669589

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" to 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" to 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 a 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 Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, 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" to 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) Revenues included in 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 in 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

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

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

Part V Endowment Funds.

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

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

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

a Board designated or quasi-endowment ▶ %

b Permanent endowment ▶ 100.00 %

c Temporarily restricted endowment ▶ %

The percentages in 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)		X
(ii) related organizations	3a(ii)		X
b If "Yes" to 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" to 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		8,502,769	1,771,023	6,731,746
c Leasehold improvements		883,638	851,310	32,328
d Equipment		1,492,089	1,314,975	177,114
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				6,967,665

Part VII Investments—Other Securities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) COMPENSATED ABSENCES	77,648
(3) UNEMPLOYMENT RESERVE	22,870
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	100,518

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 ..... [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	22,653,448
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	22,653,448
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	22,653,448

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	21,107,082
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	21,107,082
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	21,107,082

Part XIII Supplemental Information.

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

PART IV, LINE 2B - ESCROW LIABILITY ARRANGEMENT EXPLANATION

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

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION FOLLOWS THE ACCOUNTING GUIDANCE AS CODIFIED IN FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES UNCERTAINTY IN INCOME TAXES. FASB ASC 740 CLARIFIES THE ACCOUNTING FOR UNCERTAINTIES IN INCOME TAXES RECOGNIZED IN THE ORGANIZATION'S FINANCIAL STATEMENTS. THE STANDARD PRESCRIBES A RECOGNITION THRESHOLD OF MORE LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET. THE STANDARD ALSO PROVIDES

Part XIII Supplemental Information (continued)

GUIDANCE ON RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES AND DISCLOSURE.

THE ORGANIZATION HAS NO MATERIAL UNRECOGNIZED TAX BENEFITS OR ACCRUED INTEREST OR PENALTIES. THE ORGANIZATION HAS FILED TAX RETURNS IN THE U.S. AND COMMONWEALTH OF PENNSYLVANIA. THE YEARS ENDED JUNE 30, 2012, 2013 AND 2014 ARE OPEN FOR EXAMINATION BY TAXING AUTHORITIES, GENERALLY THREE YEARS AFTER FILING.

PART XIII - SUPPLEMENTAL FINANCIAL INFORMATION

PART X, LINE 2: THE ORGANIZATION IS A NONPROFIT ORGANIZATION INCORPORATED IN THE COMMONWEALTH OF PENNSYLVANIA AND EXEMPT FROM FEDERAL INCOME TAXES UNDER 501(C)(3) OF THE INTERNAL REVENUE CODE.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ 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.

OMB No. 1545-0047

2014

Open To Public Inspection

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	10,772,365	FEEDING AMERICA VALUE
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

			Yes	No
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?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization: COMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEY, INC.

Employer identification number: 23-1669589

FORM 990 - ORGANIZATION'S MISSION

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

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

THE FOOD IS STORED AT THE SHFB WAREHOUSE (OWNED BY CACLV) AT 2045 HARVEST WAY, ALLENTOWN, PA. MEMBER AGENCIES MAY ACQUIRE THESE PRODUCTS FOR A SHARED MAINTENANCE FEE OF UP TO 16 CENTS PER POUND, MONDAY THROUGH FRIDAY,BY APPOINTMENT. AN ON-SITE REFRIGERATOR/FREEZER PERMITS THE FOOD BANK TO STORE PERISHABLE ITEMS. WITH THREE 26-FOOT STRAIGHT TRUCKS AND A SMALLER BOX TRUCK, THE FOOD BANK IS ABLE TO PICK UP DONATED PRODUCT AND DELIVER PRODUCT TO THE MEMBER AGENCIES ON A REGULAR BASIS.

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

TO COMPLEMENT THESE PHYSICAL IMPROVEMENTS, THE AGENCY ALSO EDUCATES RESIDENTS IN ENERGY CONSERVATION AND LEAD PAINT HAZARDS.
THE WEATHERIZATION PROGRAM REPAIRS OR REPLACES HEATING SYSTEMS IN COLD WEATHER EMERGENCY SITUATIONS FOR QUALIFIED LOW-INCOME HOUSEHOLDS.
IT ALSO ADMINISTERS PPL, UGI AND FIRST ENERGY'S CUSTOMER ASSISTANCE PROGRAMS.

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

THE TURNER STREET APARTMENTS AND FERRY STREET

Name of the organization: COMMUNITY ACTION COMMITTEE OF THE

Employer identification number: 23-1669589

APARTMENTS OFFER LONG-TERM TRANSITIONAL HOUSING (FOR UP TO TWO YEARS) TO ASSIST FAMILIES WITH EDUCATION AND JOB TRAINING OPPORTUNITIES THAT CAN PLAY AN IMPORTANT AND VITAL ROLE IN THE LIVES OF FAMILIES ATTEMPTING TO IMPROVE THEIR SITUATION. FERRY STREET APARTMENTS HAS TEN UNITS AND TURNER STREET APARTMENTS HAS TWELVE UNITS.

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

COMMUNITY ACTION FINANCIAL SERVICES

FINANCIAL SERVICES INCLUDE THE HOME OWNERSHIP COUNSELING PROGRAM, INDIVIDUAL DEVELOPMENT ACCOUNT PROGRAMS AND FORECLOSURE MITIGATION.

THE HOME OWNERSHIP COUNSELING PROGRAM REACHES OUT INTO LOW-INCOME NEIGHBORHOODS TO ENCOURAGE HOME OWNERSHIP, CONDUCTING TRAINING SEMINARS ON THE HOME-BUYING PROCESS AND PROVIDING INDIVIDUAL COUNSELING.

THE FAMILY SAVINGS ACCOUNT AND INDIVIDUAL DEVELOPMENT ACCOUNT PROGRAMS PROVIDE OPPORTUNITIES FOR INDIVIDUALS TO SAVE MONEY FOR SPECIFIC PURPOSES SUCH AS PAYING FOR EDUCATION, BUYING OR RENOVATING A HOME, BUYING A CAR, OR STARTING A BUSINESS. WHEN THE SAVINGS GOAL IS REACHED, GOVERNMENT FUNDS OFFER A FULL MATCH FOR THE SAVED FUNDS.

FORECLOSURE MITIGATION ASSISTS HOMEOWNERS AT RISK OF FORECLOSURE WITH A RANGE OF INTERVENTION TECHNIQUES DESIGNED TO PROTECT THE OWNERS FROM LOSING THEIR HOMES.

WORK READY

WORK READY, THE SUPPORTED WORK PROGRAM, IS DESIGNED TO ASSIST INDIVIDUALS WITH MAKING THE TRANSITION FROM WELFARE TO WORK. THE PROGRAM OFFERS THESE INDIVIDUALS JOB PLACEMENT, JOB HUNTING SKILLS, TRAINING AND CASEWORKER SUPPORT.

ONTRACK PROGRAM

Name of the organization: COMMUNITY ACTION COMMITTEE OF THE

Employer identification number: 23-1669589

THE ONTRACK PROGRAM WORKS WITH PPL'S LOW-INCOME CUSTOMERS WHO ACCUMULATE AN ARREARAGE TO ESTABLISH A PAYMENT PLAN. DURING THE HOUSEHOLDS' PARTICIPATION IN THE PROGRAM, THE ARREARAGE IS FORGIVEN AND SERVICE MAINTAINED.

WEST WARD NEIGHBORHOOD PARTNERSHIP (WWNP)

THE WEST WARD NEIGHBORHOOD PARTNERSHIP WORKS WITH CITIZENS OF THE WEST WARD IN EASTON TO MAKE IMPROVEMENTS TO THEIR NEIGHBORHOOD TO IMPROVE THE QUALITY OF LIFE THROUGH SUCH COMMUNITY DEVELOPMENT INITIATIVES AS REPLACING SIDEWALKS, REHABILITATING HOUSES, PLANTING TREES AND COMMUNITY AND BACKYARD GARDENS, STREETSCAPING, SMALL BUSINESS ASSISTANCE, YOUTH DEVELOPMENT ACTIVITIES, AND MURALS.

CACLV OPERATES A RENTAL ASSISTANCE CLEARINGHOUSE TO FACILITATE AND MONITOR DISTRIBUTION OF PAYMENTS OF RENTAL ASSISTANCE.

CUSTODY/SUBCONTRACT SERVICES

THE ORGANIZATION SUBCONTRACTED WITH THE FOLLOWING CORPORATIONS:

COMMUNITY ACTION DEVELOPMENT CORPORATION OF THE LEHIGH VALLEY, INC., D/B/A COMMUNITY ACTION DEVELOPMENT CORPORATION OF ALLENTOWN (CADCA). A SUBSIDIARY OF CACLV, FUNCTIONS AS ITS COMMUNITY DEVELOPMENT ARM IN THE CITY OF ALLENTOWN. CADCA ORGANIZES THE RESIDENTS OF THE NEIGHBORHOODS TO PLAN AND IMPLEMENT REVITALIZATION STRATEGIES, ESPECIALLY SMALL BUSINESS START-UPS. MORE THAN 50% OF THE MEMBERS OF THE BOARD OF DIRECTORS LIVE IN THE NEIGHBORHOOD. MANAGEMENT FEES ARE PAID TO CACLV UNDER A CONTRACTUAL ARRANGEMENT.

CADC ALLENTOWN ALSO ADMINISTERS A "NEIGHBORHOOD PARTNERSHIP PROGRAM" FUNDED BY CORPORATIONS THAT RECEIVE STATE TAX CREDITS. THE NPP, CALLED UPSIDE ALLENTOWN, FUNDS PHYSICAL IMPROVEMENTS, NEIGHBORHOOD ORGANIZING AND YOUTH DEVELOPMENT ACTIVITIES.

COMMUNITY ACTION DEVELOPMENT CORPORATION OF BETHLEHEM (CADCB). ANOTHER

Name of the organization: COMMUNITY ACTION COMMITTEE OF THE

Employer identification number: 23-1669589

SUBSIDIARY OF CACLV, FUNCTIONS IN THE CITY OF BETHLEHEM IN THE SAME MANNER AS THE ALLENTOWN ENTITY ABOVE. ITS NPP IS CALLED SOUTHSIDE VISION 2024. IN ADDITION, THE RISING TIDE COMMUNITY LOAN FUND (RTCLF), A THIRD SUBSIDIARY OF CACLV, IS THE AGENCY'S MICROENTERPRISE AND SMALL BUSINESS LENDING ARM. RTCLF IDENTIFIES SMALL BUSINESS AND COMMUNITY DEVELOPMENT CREDIT NEEDS THAT MAY STIFLE CREATION OF ECONOMIC OPPORTUNITY IN LOW-TO-MODERATE-INCOME COMMUNITIES IN THE LEHIGH VALLEY AND SEEKS TO MEET THOSE NEEDS WITH AFFORDABLE CREDIT PRODUCTS.

THE LEHIGH VALLEY COMMUNITY LAND TRUST (LVCLT), ANOTHER SUBSIDIARY OF CACLV, CREATES AND PRESERVES AFFORDABLE HOMES FOR WORKING FAMILIES. THE COMMUNITY LAND TRUST ACQUIRES HOMES AND THEIR RESPECTIVE PROPERTIES THROUGH A VARIETY OF CHANNELS, RENOVATES THESE HOMES IN AN ENERGY EFFICIENT-MANNER, AND SELLS THE HOMES TO INCOME-QUALIFIED APPLICANTS. UNLIKE MANY OTHER HOME PROVIDERS, LVCLT IS COMMITTED TO PROMOTING LONG-TERM SELF-SUFFICIENCY AND SUCCESS WITH HOMEOWNERS. HOMEOWNER SUPPORT IS PROVIDED BOTH BEFORE AND AFTER THE PURCHASE OF A HOME.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE FORM 990 IS FIRST REVIEWED BY THE CONTROLLER, THEN THE GOVERNING BOARD IS GIVEN A COPY OF THE 990 FOR THEIR REVIEW. AFTER ALL NECESSARY CHANGES ARE MADE, IF ANY, THE GOVERNING BOARD FILES THE FORM 990.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE POLICY IS MONITORED AND ENFORCED IN CONJUNCTION WITH REGULAR BOARD MEETINGS OF THE ORGANIZATION.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

Name of the organization: COMMUNITY ACTION COMMITTEE OF THE

Employer identification number: 23-1669589

THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED INDEPENDENTLY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS.

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

NO DOCUMENTS AVAILABLE TO THE PUBLIC

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES

DESCRIPTION	PROGRAM SERVICE	MGT & GENERAL	FUNDRAISING
COMPUTER SERVICES	$ 46,889	$ 2,442	$ 0
OTHER	$ 2,427,918	$ 126,543	$ 0

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2014

Open to Public Inspection

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
(1)					
(2)					
(3)					
(4)					
(5)					

Part II Identification of Related Tax-Exempt Organizations

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

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

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

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

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

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

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

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

			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		X
b	Gift, grant, or capital contribution to related organization(s)	1b	X	
c	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o	Sharing of paid employees with related organization(s)	1o		X
p	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X

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

	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)	COMM ACTION DEVT ALLENTOWN	B	148,232	GRANTS TO SUBSIDIARY
(2)	COMM ACTION DEVT BETHLEHEM	B	132,685	GRANTS TO SUBSIDIARY
(3)	COMM ACTION DEVT ALLENTOWN	L	87,135	MGMT FEES CHARGED
(4)	COMM ACTION DEVT BETHLEHEM	L	75,763	MGMT FEES CHARGED
(5)	RISING TIDE COMMUNITY LOAN FUND,	L	27,784	MGMT FEES CHARGED
(6)	LEHIGH VALLEY COMMUNITY LAND TRUST	B	67,017	GRANTS TO SUBSIDIARY

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

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

		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		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

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

	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)	LEHIGH VALLEY COMMUNITY LAND TRUST	L	21,433	MGMT FEES CHARGED
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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

Part VII **Supplemental Information**

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

Form **990**

Two Year Comparison Report

For calendar year 2014, or tax year beginning 07/01/14 , ending 06/30/15

2013 & 2014

Name
COMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEY, INC.

Taxpayer Identification Number
23-1669589

			2013	2014	Differences
Revenue	1. Contributions, gifts, grants	1.	11,076,133	13,969,528	2,893,395
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	5,325,897	4,984,523	-341,374
	4. Program service revenue	4.	2,792,713	3,698,086	905,373
	5. Investment income	5.	7,517	1,311	-6,206
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.			
	12. **Total revenue.** Add lines 1 through 11	12.	19,202,260	22,653,448	3,451,188
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	135,686	139,581	3,895
	16. Salaries, other compensation, and employee benefits	16.	3,626,413	3,820,911	194,498
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	2,156,497	2,666,622	510,125
	19. Occupancy, rent, utilities, and maintenance	19.	62,597	58,186	-4,411
	20. Depreciation and Depletion	20.	302,023	263,444	-38,579
	21. Other expenses	21.	13,000,917	14,158,338	1,157,421
	22. **Total expenses.** Add lines 13 through 21	22.	19,284,133	21,107,082	1,822,949
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	-81,873	1,546,366	1,628,239
Other Information	24. Total exempt revenue	24.	19,202,260	22,653,448	3,451,188
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	2,800,230	3,699,397	899,167
	27. Total assets	27.	6,716,813	10,729,256	4,012,443
	28. Total liabilities	28.	1,270,846	3,736,923	2,466,077
	29. Retained earnings	29.	5,445,967	6,992,333	1,546,366
	30. Number of voting members of governing body	30.	23	23	
	31. Number of independent voting members of governing body	31.	23	23	
	32. Number of employees	32.	75	81	
	33. Number of volunteers	33.	2337	1502	

Form **990T**

Two Year Comparison Report

For calendar year 2014, or tax year beginning 07/01/14 , ending 06/30/15

2013 & 2014

Name
COMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEY, INC.

Taxpayer Identification Number
23-1669589

			2013	2014	Differences
Revenue	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	11. **Total trade or business income.** Combine lines 1 through 10	11.			
Expenses	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Charitable contributions	18.			
	19. Depreciation and Depletion	19.			
	20. Contributions to deferred compensation plans	20.			
	21. Employee benefit programs	21.			
	22. Other deductions	22.			
	23. **Total deductions.** Add lines 12 through 22	23.			
	24. **Taxable income before NOL.** Subtract line 23 from 11	24.			
	25. Net operating loss deduction	25.			
	26. Specific deduction	26.	1,000		-1,000
	27. **Unrelated business taxable income.**	27.	-1,000		1,000
Tax & Credits	28. Income tax (corporate or trust)	28.			
	29. Proxy tax	29.			
	30. Alternative minimum tax	30.			
	31. **Total taxes**	31.			
	32. Other credits	32.			
	33. General business credit	33.			
	34. Credit for prior year minimum tax	34.			
	35. **Total credits**	35.			
	36. **Net tax after credits**	36.			
	37. Recapture taxes	37.			
	38. **Total Taxes**	38.			
Due/Refund	39. Prior year overpayment and estimated tax payments	39.			
	40. Payment made with extension	40.			
	41. Backup withholding and foreign withholding	41.			
	42. Other payments	42.			
	43. **Total payments**	43.			
	44. **Balance due/(Overpayment)**	44.			
	45. Overpayment applied to next year	45.			
	46. Penalties	46.			
	47. **Total due/(Refund)**	47.			

Form **990** | **Tax Return History** | **2014**

Name: COMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEY, INC.

Employer Identification Number: 23-1669589

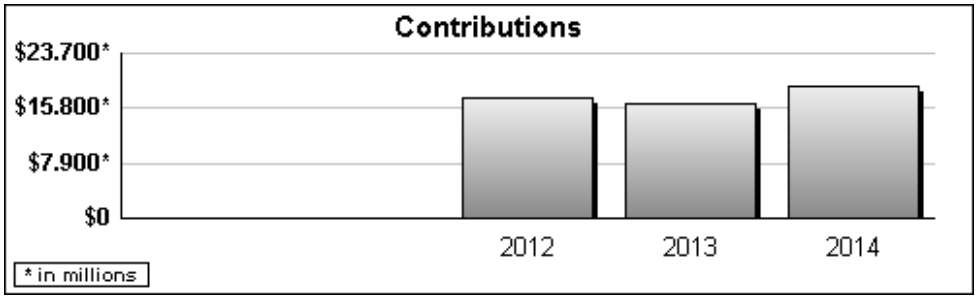
	2010	2011	2012	2013	2014	2015
Contributions, gifts, grants			17,372,975	16,402,030	18,954,051	
Membership dues						
Program service revenue			2,862,891	2,792,713	3,698,086	
Capital gain or loss			-11,103			
Investment income			3,826	7,517	1,311	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue			20,228,589	19,202,260	22,653,448	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.			133,351	135,686	139,581	
Other compensation			3,558,001	3,626,413	3,820,911	
Professional fees				2,156,497	2,666,622	
Occupancy costs			76,394	62,597	58,186	
Depreciation and depletion			371,979	302,023	263,444	
Other expenses			16,119,786	13,000,917	14,158,338	
Total expenses			20,259,511	19,284,133	21,107,082	
Excess or (Deficit)			-30,922	-81,873	1,546,366	
Total exempt revenue			20,228,589	19,202,260	22,653,448	
Total unrelated revenue						
Total excludable revenue			20,228,589	2,800,230	3,699,397	
Total Assets			7,625,969	6,716,813	10,729,256	
Total Liabilities			2,098,129	1,270,846	3,736,923	
Net Fund Balances			5,527,840	5,445,967	6,992,333	

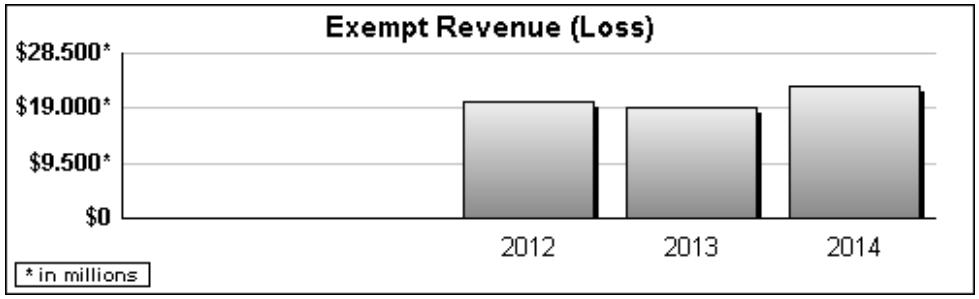
Form **990T** | **Tax Return History** | **2014**

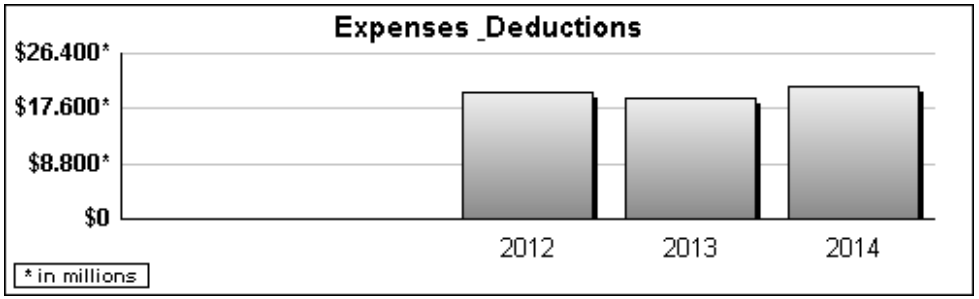
Name: **COMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEY, INC.**

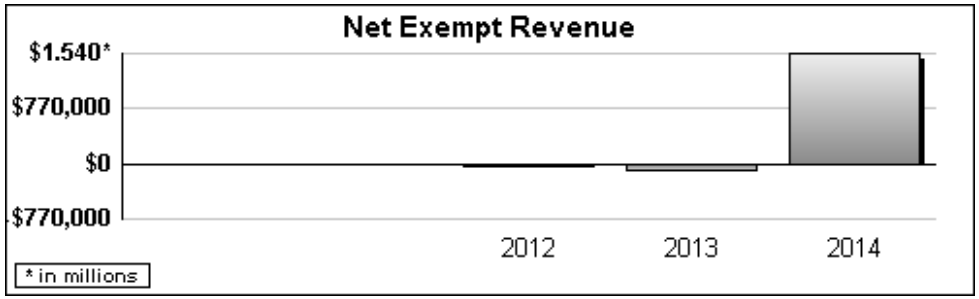
Employer Identification Number: **23-1669589**

	2010	2011	2012	2013	2014	2015
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						









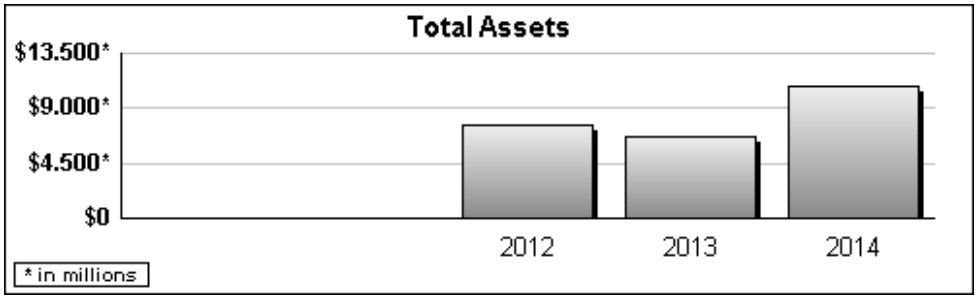
Form **990T** | **Tax Return History** | **2014**

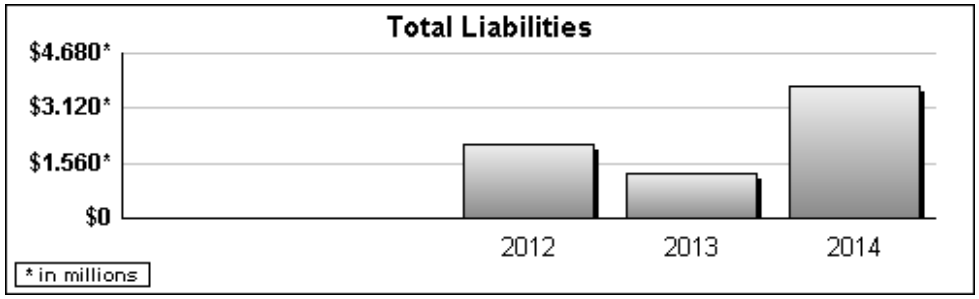
Name: COMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEY, INC.

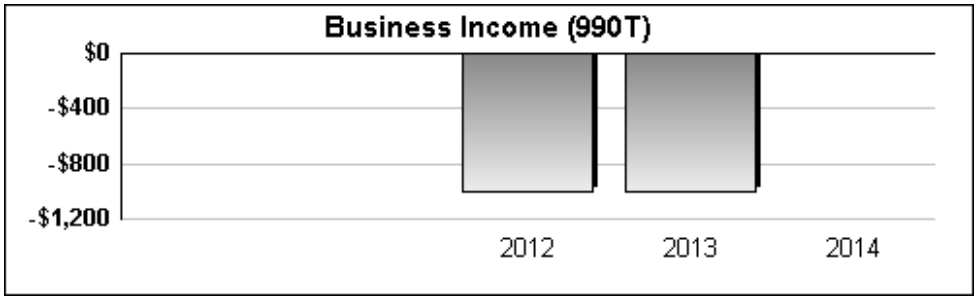
Employer Identification Number: 23-1669589

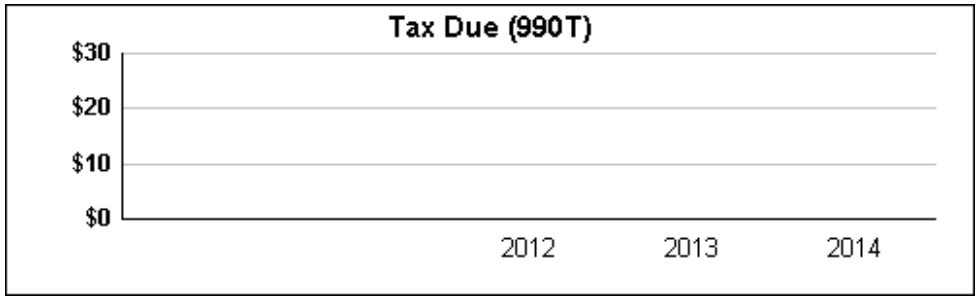
	2010	2011	2012	2013	2014	2015
Other deductions						
Net operating loss deduction						
Specific deduction			1,000	1,000		
Income after expense and deductions			-1,000	-1,000		
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses









Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
	$ 1,311		14			
TOTAL	$ 1,311					

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
COMPUTER SERVICES	$ 49,331	$ 46,889	$ 2,442	$
OTHER	2,554,461	2,427,918	126,543	
TOTAL	$ 2,603,792	$ 2,474,807	$ 128,985	$ 0

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
SUBGRANTEE PAYMENTS	$ 361,155	$ 361,155	$	$
FACILITY MAINTENANCE	297,576	198,447	99,129	
TELEPHONE	99,295	44,398	43,284	11,613
VEHICLE OPERATIONS AND RE	87,427	85,951	1,476	
OTHER EXPENSE	56,341	31,058	23,878	1,405
EQUIPMENT MAINTENANCE AND	41,473	26,885	11,325	3,263
MINOR EQUIPMENT PURCHASE	40,063	23,214	16,849	
DUES AND SUBSCRIPTIONS	39,734	21,364	15,420	2,950
TEMPORARY EMPLOYEES	15,814		15,814	
TOTAL	$ 1,038,878	$ 792,472	$ 227,175	$ 19,231

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
	$ 4,984,523
	10,772,365
	3,197,163
TOTAL	$ 18,954,051

Schedule A, Part II, Line 8(e)

Description	Amount
	$ 1,311
TOTAL	$ 1,311

Schedule A, Part II, Line 12

Description	Amount
PROGRAM SERVICES	$ 3,612,272
SHARED MAINTENANCE FEE	85,814
TOTAL	$ 3,698,086

Community Action Committee of the Lehigh Valley, Inc.
Accomplishments
July 1, 2014 – June 30, 2015

COMMUNITY ACTION FINANCIAL SERVICES

- **Received a Pennsylvania Housing Finance Agency Community Partnership Award,** which recognized CACLV's 20-plus year partnership with Neighborhood Housing Services of the Lehigh Valley and National Penn Bank.

- **Conducted seven seminars providing eight hours of HUD-certified education that were attended by 342 prospective homebuyers,** 274 of whom received certificates of completion; three of the seminars were conducted in Spanish and four in English. Approximately 71% of seminar participants were Latino, 19% were African-American and 90% had incomes at or below 80% of the region's median household income.

- **Provided individual counseling to 51 families and pre-settlement counseling to 107 families.**

- **Assisted 134 families in purchasing a home.**

- **Provided default and delinquency counseling to 239 financially distressed homeowners** (96 homeowners through Lehigh County's Mortgage Foreclosure Diversion Program and 143 homeowners through Northampton County's Mortgage Foreclosure Diversion Program); saved 112 households from foreclosure through loan modifications and repayment plans and six homeowners had their mortgages reinstated (wherein a homeowner brings the mortgage current after receiving housing counseling). Out of the 239 homeowners served, 63 cases remain under review for potential modifications at year-end.

- **Assisted 107 homeowners in applying for the Homeowners Emergency Mortgage Assistance Program (HEMAP).**

- **Trained 23 CACLV staff members from nine different programs to provide basic financial fitness education to their respective program participants** as part of a national initiative to train at least 500 front-line staff at Community Action Agencies across the country using curriculum developed by the Consumer Financial Protection Bureau.

ONTRACK

- **Enabled approximately 9,394 PPL customers to maintain service and reduce arrearages** through OnTrack, the company's assistance program, which is mandated by the Pennsylvania Public Utilities Commission, and designed to assist low-income customers in paying off energy bill debt.

SECOND HARVEST FOOD BANK OF LEHIGH VALLEY AND NORTHEAST PENNSYLVANIA

- **Distributed 7.7 million pounds of food** to a network of 200 non-profit 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 67,000 individuals each month. This represents a 12% increase in the amount of food distributed over the prior year. More than 53,000 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 residing in those facilities.

- **Solicited and distributed 2,357,196 pounds (included in the total above) of food from local growers, manufacturers and distributors,** an increase of 29% from the previous year; distributed 1,495,432 pounds of perishable product (included in the total above), including 1,008,837 pounds of fresh produce to improve participants' access to fresh food. Thanks to a partnership with a grocer donor, distributed 233,670 pounds of retail-packed meat.

- **Distributed 23,940 "SUNShine" ("Serving Under-Nourished Seniors") supplemental food packages to low-income seniors, children five and under and new mothers,** made possible through the federally-funded Commodities Supplemental Food Program.

- **Distributed nutritious weekend food supplies to 372 at-risk, school-age children every Friday through the Backpack Buddies program,** in partnership with member agencies with 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 Lehigh County Conference of Churches ASPIRES program and Casa Guadalupe Center.

- **Assisted 348 households in completing Supplemental Nutrition Assistance Program (SNAP) applications, and provided assistance in overcoming bureaucratic obstacles related to their applications to 967 additional households.**

- **Conducted 33 Cooking Matters classes,** a course that teaches cooking, nutrition and budgeting skills to low-income families and seniors; 430 participants completed the classes that were held at locations in Carbon, Lehigh and Northampton counties.

Conducted 20 "Cooking Matters in the Store" tours, which helped 156 program participants learn first-hand how to shop for the most cost-efficient, nutritionally-balanced meals possible.

- **Purchased a 65,000 square foot warehouse** in Northampton County, which is more centrally-located to all agencies in our service area. The new warehouse is more than three-times larger than the previous facility with quadruple the cooler and freezer space.

SIXTH STREET SHELTER/TURNER STREET APARTMENTS/FERRY STREET APARTMENTS

- **Provided 24,335 nights of short-term housing and case management to 100 families with 219 children,** 123 of whom were age five and under. Of the 73 families who completed the program, 49 (67%) moved into affordable housing (defined as their rent consuming no more than 35% of income).

- **Provided support that enabled all 40 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 they received services, thus avoiding disruptive, emotionally-draining and expensive foster care placement for the children.

- **Provided support that enabled 97% of school-aged children to meet or exceed the attendance** requirements of their home school district while residing at the shelter; 178 school-aged children from the shelter participated in educational, recreational and other enrichment programs at the Shelter's Family Resource Center.

- **Supported 203 individuals as they worked toward self-sufficiency** by funding GED (General Educational Development) tests, driver's licenses, college textbooks, childcare and other expenses to remove barriers to a better future.

- **Provided supportive services to 34 families enrolled in educational programs** in transitional housing at Turner Street Apartments and Ferry Street Apartments (our 24-month long-term 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 35 adults (one two-parent household) were enrolled in English as a Second Language, GED, or post-secondary education programs; by the end of the year, nine families completed their programs and found employment consistent with their educational programs or went on to further education, 21 were still in the program and four families left or were terminated from the program without completing their goals.

- **Provided space and support services for Lehigh Valley Health Network to offer a bi-weekly health care clinic** that served 110 neighborhood residents who lacked health insurance.

- **Received a $200,000 U.S. Department of Housing and Urban Development Emergency Solutions Grant for renovations at the shelter,** which included roofing and plumbing repairs, installing two commercial boilers, converting one apartment to a handicapped-accessible unit, installing air conditioning in the Family Resource Center, and adding siding to one of the buildings.

WEATHERIZATION

- **Weatherized 1,395 homes** (948 funded by PPL, 57 funded by the U.S. Department of Energy through the Pennsylvania Department of Community and Economic Development [DCED], 360 funded by First Energy and 30 funded by UGI); this work included residence-specific pressure diagnostics, insulating attics and basements, caulking, weather-stripping, repairing doors and windows and replacing some household appliances.

- **Provided educational materials to 1,395 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 227 heating systems** in crisis situations through the Low-Income Home Energy Assistance Program administered by DCED.

- **Distributed 135 E-Power Kits** (energy saving kits) in partnership with Resource Action to program participants who met the income guidelines. The kits came equipped with a showerhead, two LED light bulbs, a smart power strip, two aerators, an LED nightlight and an energy booklet on ways to save money on energy consumption.

WEST WARD NEIGHBORHOOD PARTNERSHIP

- **Improved and beautified Easton's West Ward neighborhood by:** completing six residential façade projects; replacing five sidewalks; designing, fabricating and installing three commercial signs for local businesses; and creating and maintaining three Little Free Libraries kiosks in partnership with an Eagle Scout as part of a worldwide book exchange that promotes "curbside" literacy.

- **"Greened" the neighborhood** by planting 51 street trees and filling 14 ornamental planters along Northampton Street with seasonal plants and flowers.

- **Engaged the community by:** developing a neighborhood-based strategic plan, *The West Ward of Easton: Safe, Green and Thriving,* for continued revitalization of the West Ward based on input from resident surveys, community meetings, interviews and public meetings with over 500 residents and stakeholders participating; organizing 17 public meetings to provide a forum for residents' concerns about crime and encourage

community involvement; and coordinating four business roundtable meetings with business owners to solicit their input on concerns and opportunities for growth within the business community.

- **Improved access to fresh food for residents of the West Ward through our comprehensive community gardening efforts by:** maintaining 14 community gardens (totaling two acres) by providing supplies, seeds, soil, tools and expertise; growing over 1,000 plants in WWNP's greenhouse and distributing them for planting in the community and at the Easton Urban Farm; providing technical assistance to 10 garden coordinators; facilitating another season of a low-cost farm share program in which 14 residents purchased a bag of fresh produce each week with WWNP serving as the weekly pick-up site; and producing over 4,500 pounds of fresh vegetables at the Easton Urban Farm for distribution to residents through the Veggie Stand project, in partnership with Lafayette College's Vegetable In Community (VIC) program, the City of Easton, Penn State Extension Master Gardener Program, and the Easton Area Neighborhood Centers.

- **Educated neighborhood residents about how to grow and serve healthy food by:** facilitating the participation of 60 residents and their children in the Veggie Stand, where they learned about food preparation, nutritional information and cooking from guest speakers; building a students' garden at Paxinosa School in partnership with the Kellyn Foundation; holding garden classes for 26 adult residents throughout February and March; holding two summer camps for 37 students, ages 5 through 11; and featuring two documentary films about urban agriculture and nutrition at Paxinosa School.

- **Doubled the size of the Easton Urban Farm,** in partnership with the City of Easton.

- **Promoted the community gardens as "Third Places,"** resulting in them becoming gathering spaces for the neighborhood by adding outdoor furniture and seating at two gardens; facilitating the installation of a water tank at one garden by Lehigh University's Engineers Without Borders; coordinating three potluck meals; and facilitating a National Night Out celebration, a community garden fair and a plant exchange in the gardens.

- **Presented seminars** about urban agriculture and the social- and community-building power of community gardening by our urban agriculture coordinator at the invitation of national, state and local conferences.

- **The West Ward Neighborhood Partnership** is made possible by funding from Lafayette Ambassador Bank and Air Products (backed by Neighborhood Partnership Program tax credits from the Pennsylvania Department of Community and Economic Development), as well as a grant from the Wells Fargo Regional Foundation.

WORK READY

- **Provided employability training and counseling to 201 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 by: graduating 37 program participants from the year-long program, which is designed to improve employability skills; placing 61 program participants in jobs; enrolling 37 program participants in community service, helping them gain valuable employment experience; and enrolling one program participant in the KEYS (Keystone Education Yields Success) program to attend college.

- **Provided educational and life skills training to all program participants by:** assisting 77 participants in working toward their GED (General Educational Development), enrolling 25 program participants in off-site training classes and providing GED preparation training on-site to 52 program participants. Two program participants went on to earn their GED certificates. The program also provided financial literacy training seminars on-site to 77 program participants through a partnership with Wells Fargo and provided nutritional education on-site to program participants through a partnership with the Pennsylvania State University Extension Service.