** PUBLIC DISCLOSURE COPY **

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

B Chashed September Common Part VIII Common Common Common Common Part VIII Common Commo	Α	For the	lpha 2022 calendar year, or tax year beginning $$ JUL $$ $$ 1 , $$ $$ $$ $$ $$ 2 $$ $$ 2 $$ $$ and endin	ng Jl	JN 30, 202	3
Post	В	Check if applicable			D Employer identi	fication number
Doing business as 13.7 EAST FIFTH STREET City of town, state or province, country, and zily or foreign postal code 13.37 EAST FIFTH STREET City of town, state or province, country, and zily or foreign postal code 13.37 EAST FIFTH STREET City of town, state or province, country, and zily or foreign postal code 13.37 EAST FIFTH STREET City of town, state or province, country, and zily or foreign postal code 13.37 EAST FIFTH STREET City of town, state or province, country, and zily or foreign postal code 13.37 EAST FIFTH STREET City of town, state or province, country, and zily or foreign postal code 13.37 EAST FIFTH STREET City of town, state or province, country, and zily of foreign postal code 13.37 EAST FIFTH STREET City of town, state or province, country, and zily of foreign postal code 13.37 EAST FIFTH STREET City of town, state or province, country, and zily of foreign postal code 13.37 EAST FIFTH STREET City of town, state or province, country, and zily of foreign postal code 13.37 EAST FIFTH STREET City of town, state or province, country, and zily of foreign postal code 13.37 EAST FIFTH STREET City of town state of province, country, and zily of foreign postal code 13.37 EAST FIFTH STREET City of town state of province in the state of the state accountry of substances in the state of the state accountry of substances in the state acc						
Mumber and street (or P.C. box if mail is not delivered to Street address) Bornvisite E Toleponen number E	H	Name			23_1660	580
Task properties 1337 EAST FIFTH STREET 610-691-5520 Government of the province, country, and Zip or foreign postal code BETHLEHEM, PA 18015 F Name and address of principal officer. DAWN GODSHALL High present of the province, country, and Zip or foreign postal code BETHLEHEM, PA 18015 F Name and address of principal officer. DAWN GODSHALL High present provinces Government of the provinces Government of the present	H	Initial				
Early or town, state or province, country, and 2P or foreign postal coole Early		Final	1337 ₽300 ₽Т₽Ф₽ СФР₽₽Ф	n/suite		
Part Summary Summary Series Summary Series Summary Series Summary Series		termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	49,676,860.
Tax-exampt) status: X S01(c)(3) S01(c) (Insert no.) 4947(a)(1) or S22		return	BETHLEHEM, PA 18015		H(a) Is this a group	return
SARDE AS C ABOVE 1 (seartno.) 4947(a)(1) or 527 1 (seartno.) 4947(a)(1) or 4947(a)(tion	F Name and address of principal officer: DAWN GODSHALL		for subordinate	es? Yes X No
Website: WIWW.CACLV.ORG			SAME AS C ABOVE		H(b) Are all subordinates	included? Yes No
Part Summary	<u>1</u>	Tax-exe		527	If "No," attach	a list. See instructions
Part Summary						
Briefly describe the organization's mission or most significant activities: THE MISSION OF THE COMMUNITY ACTION COMMITTED OF THE LEHIGH VALLEY IS TO IMPROVE THE QUALITY OF 2 Check this box				L Year of	f formation: 1965	M State of legal domicile: PA
ACTION COMMITTE OF THE LEHIGH VALLEY IS TO IMPROVE THE QUALITY OF Check this box	P		-			
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue (rom Part VIII, column (C), line 12 7 a Total unrelated business revenue (rom Part VIII, column (C), line 12 7 a Total unrelated business taxable income from Form 990-T, Part I, line 11 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 10 Investment income (Part VIII, column (A), lines 3, 6d, 8c, 9c, 10c, and 11e) 11 Other revenue (Part VIII, column (A), lines 3, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue (Part VIII, column (A), lines 4, 4d, 4d, 4d, 4d, 4d, 4d, 4d, 4d, 4d,	Φ	1				
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B Net unrelated business taxable income from Form 990-T, Part I, line 11 To Current Year	ص ح	4				
B Net unrelated business taxable income from Form 990-T, Part I, line 11 To Current Year	es	5				
B Net unrelated business taxable income from Form 990-T, Part I, line 11 To Current Year	Ĭ	6				
Revenue Contributions and grants (Part VIII, line 1h)	Act	7 a				
8 Contributions and grants (Part VIII, line 1h)	_	b	Net unrelated business taxable income from Form 990-1, Part I, line 11	<u></u>		
9			Ocat the Manager and Associate (Dect. VIIII, Page 41)	-		
Total revenue (Part VIII, column (A), lines 5, 6c, 2c, 10c, and 116) 13 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 25) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses (Part IX, column (A), line 25) 19 Total fundraising expenses (Part IX, column (A), line 25) 10 Total expenses (Part IX, column (A), line 25) 10 Total expenses (Part IX, column (A), line 25) 10 Total expenses (Part IX, column (A), line 25) 10 Total assets (Part IX, column (A), line 25) 11 Total expenses (Part IX, column (A), line 25) 12 Total assets (Part X, line 16) 13 Total assets (Part X, line 16) 14 Total expenses (Part IX, line 26) 15 Total liabilities (Part X, line 26) 16 Total assets (Part X, line 26) 17 Total assets (Part X, line 26) 18 Beginning of Current Year 19 End of Year 20 Total assets of fund balances. Subtract line 21 from line 20 10 Total liabilities (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 17 Total liabilities (Part X, line 26) 23 Total liabilities (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Date 26 Date 27 Total liabilities (Part X, line 26) 27 Total liabilities (Part X, line 26) 28 Part II Signature Block 29 Part II Signature Block 20 Total assets of fund balances. Subtract line 21 from line 20 27 Total liabilities (Part X, line 26) 27 Total liabilities (Part X, line 26) 28 Part II Signature Block 29 Part II Signature Block 20 Total assets 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 80Hillies (Part X, line 26) 29 Part II Signature Block 20 Part II Signature Block 20 Part II Signature Block	e	8			1 000 010	
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12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 52,943,464. 49,289,706. 13 Grants and similar amounts paid (Part IX, column (A), lines 1·3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10) 6,339,444. 7,541,263. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 17 Other expenses (Part IX, column (D), line 25) 444,517. 18 Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25) 53,617,515. 53,008,806. 19 Revenue less expenses. Subtract line 18 from line 12 6-74,051. -3,719,100. 20 Total assets (Part X, line 16) 20,786,551. 19,627,608. 21 Total liabilities (Part X, line 26) 3,603,000. 6,163,157. 22 Net assets or fund balances. Subtract line 21 from line 20 17,183,551. 13,464,451. Part II Signature Block Dawn Godshall Signature Block Dawn Godshall Signature Block Dawn Godshall Signature Block Print/Type preparer (other than officer) is based on all information of which preparer has any knowledge. Print/Type preparer's name Preparer's signature Firm's name CLIFTONLARSONALLEN LLP Firm's name CLIFTONLARSONALLEN LLP Firm's name State Print/Type Print address 1525 VALLEY CENTER PARKWAY, STE 300 Phone no.610-433-5501	Be	10				
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 . 0 . 0 .	_					
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 6 , 339 , 444			D 51 11 5 1 (D 11) (A) 1 (A) 1			
16a Professional fundraising fees (Part IX, column (A), line 11e) 0 . 0 . 0 . 0 . b Total fundraising expenses (Part IX, column (D), line 25) 444 , 517 . 47 , 278 , 071 . 45 , 467 , 543 . 17 Other expenses (Part IX, column (A), line 11a, 11d, 11f, 24e) 47 , 278 , 071 . 45 , 467 , 543 . 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 53 , 617 , 515 . 53 , 008 , 806 . 674 , 0513 , 719 , 100 . 19 Revenue less expenses. Subtract line 18 from line 12 674		45				
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Interpretation 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 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 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 of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge. Dawn Godshall 2/26/2025 Sign Date Date Print/Type preparer's name CARY J. GIACALONE II, CPA CARY J. GIACALONE II 02/25/25 self-employed P01799465 Preparer Firm's name CLIFTONLARSONALLEN LLP Firm's lim's address 1525 VALLEY CENTER PARKWAY, STE 300 BETHLEHEM, PA 18017-2285 Phone no. 610-433-5501	ses	160				
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Interpretation 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 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 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 of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge. Dawn Godshall 2/26/2025 Sign Date Date Print/Type preparer's name CARY J. GIACALONE II, CPA CARY J. GIACALONE II 02/25/25 self-employed P01799465 Preparer Firm's name CLIFTONLARSONALLEN LLP Firm's lim's address 1525 VALLEY CENTER PARKWAY, STE 300 BETHLEHEM, PA 18017-2285 Phone no. 610-433-5501	en	h	444 545			•
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19 Revenue less expenses. Subtract line 18 from line 12						
Beginning of Current Year End of Year						
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. Dawn Godshall 2/26/2025		<u></u>	Tovondo loso experiose. Cabildot into 10 from into 12	Begi		
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. Dawn Godshall 2/26/2025	ets (20	Total assets (Part X. line 16)		20,786,551	. 19,627,608.
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Dawn Godshall 2/26/2025 Date	Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and s	statemen	ts, and to the best of r	ny knowledge and belief, it is
Sign Signature Date Date	true	, correc	t <mark>/and Post(Sieve de</mark> Declaration of preparer (other than officer) is based on all information of which pre	eparer h		
Here DAWN GODSHALL, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name CARY J. GIACALONE II, CPA CARY J. GIACALONE II 02/25/25 self-employed P01799465 Preparer Use Only Firm's address 1525 VALLEY CENTER PARKWAY, STE 300 BETHLEHEM, PA 18017-2285 Phone no.610-433-5501						025
Type or print name and title Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Poate P	Sig	n	Signature, of Afficer 10		Date	
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Preparer Firm's name CLIFTONLARSONALLEN LLP Firm's EIN 41-0746749 Use Only Firm's address 1525 VALLEY CENTER PARKWAY, STE 300 Phone no.610-433-5501	Pair	Н			if	
Use Only Firm's address 1525 VALLEY CENTER PARKWAY, STE 300 Phone no.610-433-5501				<u> </u>		
BETHLEHEM, PA 18017-2285 Phone no. 610-433-5501					FILITISEIN	U/4U/4/
	036	. Only			Phone no 6	10-433-5501
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Form 990 (2022) OF THE LEHIGH VALLEY, INC 23-1669589 Page 2

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF THE COMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEY IS
	TO IMPROVE THE QUALITY OF LIFE IN THE LEHIGH VALLEY BY BUILDING A
	COMMUNITY IN WHICH ALL PEOPLE HAVE ACCESS TO ECONOMIC OPPORTUNITY, THE
	ABILITY TO PURSUE THAT OPPORTUNITY AND A VOICE IN THE DECISIONS THAT
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 \$29,257,322. including grants of \$) (Revenue \$301,149.) SECOND HARVEST FOOD BANK OF LEHIGH VALLEY AND NORTHEAST PENNSYLVANIA
	DISTRIBUTED 14.7 MILLION POUNDS OF FOOD (INCLUDING 6.7 MILLION POUNDS
	OF FRESH PRODUCE, DAIRY, AND PERISHABLE PROTEINS) TO OUR NETWORK OF
	MORE THAN 200 NONPROFIT ORGANIZATIONS THROUGHOUT THE COUNTIES OF
	CARBON, LEHIGH, MONROE, NORTHAMPTON, PIKE AND WAYNE. DISTRIBUTED
	12,260,492 MEALS ACROSS OUR SIX-COUNTY SERVICE AREA. RESCUED 8.8
	MILLION POUNDS OF FOOD. DISTRIBUTED 28,311 BOXES OF NUTRITIOUS FOOD TO
	SENIORS THROUGH THE PA SENIOR FOOD BOX PROGRAM. SERVED MORE THAN 500
	MILITARY FAMILIES PER MONTH THROUGH OUR MILITARYSHARE FOOD BOX PROGRAM.
	ON AVERAGE, PROVIDED FOOD TO 87,030 INDIVIDUALS MONTHLY, INCLUDING
	22,556 CHILDREN AND 32,401 SENIORS. THROUGH THE SEED FARM PROGRAM, 7
	FARMERS UTILIZED THE FARM BUSINESS INCUBATOR, TOTALING 9 LEASED ACRES.
4b	(Code:) (Expenses \$ 2,688,488. including grants of \$) (Revenue \$ 634,108.)
	WEATHERIZATION PROGRAM
	VISITED 705 HOMES; WEATHERIZED 137 HOMES, INCLUDING COMPREHENSIVE ENERGY AUDITS, BLOWER DOOR/PRESSURE DIAGNOSTICS, INSULATING ATTICS,
	WALLS, AND BASEMENTS, THERMAL CAMERA GUIDED AIR SEALING, REPAIRING
	DOORS AND WINDOWS, AND REPAIRING OR REPLACING HIGH ENERGY USAGE
	APPLIANCES. REPAIRED ISSUES PREVENTING WEATHERIZATION IN 11 HOMES
	THROUGH THE FEDERAL LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
	AND DEPARTMENT OF ENERGY WEATHERIZATION READINESS FUNDING. REPAIRED,
	REPLACED, OR MAINTAINED 389 HEATING SYSTEMS THROUGH LIHEAP. COMPLETED
	168 COOLING JOBS INCLUDING THE INSTALLATION OF WINDOW AIR CONDITIONERS
	IN 113 HOMES, AND THE REPAIR OR REPLACEMENT OF 55 CENTRAL AIR
	CONDITIONING UNITS.
4c	(Code:) (Expenses \$1,039,352. including grants of \$) (Revenue \$10,870.) SIXTH STREET SHELTER/TURNER STREET APARTMENTS/FERRY STREET APARTMENTS
	PROVIDED SHELTER AND SUPPORTIVE SERVICES TO 52 FAMILIES, INCLUDING 123
	CHILDREN. OF THE FAMILIES SERVED, 71% ACHIEVED THEIR FAMILY SERVICE
	PLAN'S SHORT-TERM GOALS. FIFTY PERCENT OF FAMILIES SAVED MONEY TOWARD
	RENT OR A SECURITY DEPOSIT UPON LEAVING THE SHELTER. ALL FAMILIES
	CREATED A WRITTEN BUDGET PLAN TO UNDERSTAND CREDIT AND MONEY
	MANAGEMENT. ASSISTED 42% OF FAMILIES RESIDING AT THE SHELTER TO MOVE
	INTO SAFE, STABLE HOUSING.
4.7	Other are green and inco (Describe on Cahedria O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ 15,089,524. including grants of \$) (Revenue \$ 950,381.)
40	(Expenses \$ 15,089,524 • including grants of \$) (Revenue \$ 950,381 •) Total program convice expenses 48,074,686 •

SEE SCHEDULE O FOR CONTINUATION(S)

Form 990 (2022)

OF THE LEHIGH VALLEY,

23-1669589 Page 3

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)? Х If "Yes," complete Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III 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? Х If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments Х or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 Х 11d Part X, line 16? If "Yes," complete Schedule D, Part IX Х 11e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 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 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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

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Form 990 (2022) OF THE LEHIGH VALL
Part IV | Checklist of Required Schedules (continued) OF THE LEHIGH VALLEY, 23-1669589

Page 4

1 (4)	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
	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			l
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		├
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		X
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	23a		1
	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 or 22, for receivables from or payables to any current	1		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			,,
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		X
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	Х	1
30	Did the organization receive more than \$25,000 in non-cash contributions: If yes, complete schedule in	25		
00	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		х
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		Х
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, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		37	
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
37	If "Yes," complete Schedule R, Part V, line 2	36		1
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt 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	<u></u>		
			Yes	No
1a		2		
b	Enter the Hamber of Forms W 2d included of line 1d. Enter of in first applicable	<u> </u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	990	(0 - 1
232004	4 12-13-22	⊢orm	ココリ	レロクク

Form 990 (2022) OF THE LEHIGH VALLEY, INC

Part V Statements Regarding Other IRS Filings and Tax Compliance

23-1669589

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ı aı	Statements negaring other in 3 mings and rax compliance (continued)				
			Y	es	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	0			
	filed for the calendar year ending with or within the year covered by this return 2a		-		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			+	Х
	0 , , , , , , , , , , , , , , , , , , ,			+	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3		+	
44	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)?	4			Х
h	If "Yes," enter the name of the foreign country		а		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_			
5a		5	а		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				
	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?	6	а		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	61	b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay	yor? 7 :	а		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	70	С		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70	е		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7	f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	' <u>7</u> 9	g	_	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0	C? 7	h	_	_
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?	<u> </u>	3		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9	b		
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)				
19a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	92		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?	13	a	\neg	_
	Note: See the instructions for additional information the organization must report on Schedule O.				
b					
	organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand				
	Did the organization receive any payments for indoor tanning services during the tax year?	14	а		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			T	
	excess parachute payment(s) during the year?	1	5		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10	6	\perp	X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	1	7		
	If "Yes," complete Form 6069.			00 (

Form 990 (2022)

OF THE LEHIGH VALLEY, INC

23-1669589

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 24 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 24 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed PA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website X Upon request Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records DAWN GODSHALL - 610-691-5620 1337 EAST FIFTH STREET, BETHLEHEM. PΑ 18015

orm 990 (2022) OF THE LEHIGH VALLEY, INC

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<u> Page</u> **7**

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

EXECUTIVE DIRECTOR 2.00 X 168,561. 0. 28,564. (2) JESSICA M REIMERT 38.00 X 102,114. 0. 30,896. (3) EYRON ARAGON 39.00 X 102,114. 0. 30,896. (3) EYRON ARAGON 39.00 X 53,104. 0. 3,778. (4) STEPHEN BROOME 39.00 X 53,104. 0. 3,778. (4) STEPHEN BROOME 39.00 X X 0. 0. 0. 0. 0. (5) LOUIS CINQUINO 2.00 X X 0. 0. 0. 0. 0. (6) ZACHARIAH COBRINIK 2.00 X X 0. 0. 0. 0. 0. (6) ZACHARIAH COBRINIK 2.00 X X 0. 0. 0. 0. 0. (6) ZACHARIAH COBRINIK 2.00 X X 0. 0. 0. 0. 0. (7) HILDA RIVERA 2.00 X X X 0. 0. 0. 0. 0. (8) ABBY OBERBECK 2.00 X (8) ABBY OBERBECK 2.00 X X X 0. 0. 0. 0. 0. (9) LINDA A. FAUST 2.00 X X X 0. 0. 0. 0. 0. (10) ANAB BARBOSA 2.00 X X X 0. 0. 0. 0. 0. (10) ANAB BARBOSA 2.00 BOARD MEMBER 0.00 X X 0. 0. 0. 0. 0. (12) SANDRA BIEBER 2.00 BOARD MEMBER 0.00 X 0. 0. 0. 0. 0. 0. (12) SANDRA BIEBER 0.00 X 0. 0. 0. 0. 0. 0. (13) KIM CAPERS 2.00 BOARD MEMBER 0.00 X 0. 0. 0. 0. 0. 0. (14) YORMAN DE LA ROSA 2.00 BOARD MEMBER 0.00 X 0. 0. 0. 0. 0. 0. (15) CHARLES DERTINGER 2.00 BOARD MEMBER 0.00 X 0. 0. 0. 0. 0. 0. (16) LIDIA GONZALEZ 2.00 BOARD MEMBER 0.00 X 0. 0. 0. 0. 0. 0. (16) LIDIA GONZALEZ 2.00 BOARD MEMBER 0.00 X 0. 0. 0. 0. 0. 0. (16) LIDIA GONZALEZ 2.00 BOARD MEMBER 0.00 X 0. 0. 0. 0. 0. 0. 0. (17) TOMIKA GOULD 2.00 CO. (17) TOMIKA GOULD 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	Check this box if neither the organization neither (A)	(B)			(0	C)			(D)	(E)	(F)
Nours for week (list any hours for related organizations below line) Secure and a mechanism from the organizations (more related organizations below line) Secure and a mechanism from the organizations (more related organizations below line) Secure and secu	Name and title	Average	(do					ne	Reportable	Reportable	Estimated
Very State Ver		hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
(1) DAWN GODSHALL		1		cer an	a a a	recto	r/trus	iee)			
(1) DAWN GODSHALL			irecto								
(1) DAWN GODSHALL		1	e or d	tee			sated			,	
(1) DAWN GODSHALL			ruste	al trus		yee	mpen			1099-NEO)	
(1) DAWN GODSHALL		1 -	dualt	utiona	Ji.	oldm	st co	er	13551125)		
AND GODSHALL 38.00 X		line)	Indivi	Instit	Office	Key e	Highe	Form			
A	(1) DAWN GODSHALL	38.00									
A	EXECUTIVE DIRECTOR	2.00			Х				168,561.	0.	28,564.
DEPUTY EXECUTIVE DIRECTOR	(2) JESSICA M REIMERT	38.00							·		,
39 NON ARAGON 39 NON 100 1	DEPUTY EXECUTIVE DIRECTOR				Х				102,114.	0.	30,896.
DEPUTY EXEC DIRECTOR-FIN (TO 5/23) 1.00 X 53,104. 0. 3,778.	(3) BYRON ARAGON	39.00									,
39.00 X	DEPUTY EXEC DIRECTOR-FIN (TO 5/23)				Х				53,104.	0.	3,778.
DEPUTY EXEC DIRECTOR-FIN (AS OF 4/23 1.00 X 0.00	(4) STEPHEN BROOME								,		,
Color Cinquino Colo	DEPUTY EXEC DIRECTOR-FIN (AS OF 4/23				Х				0.	0.	0.
Resident	(5) LOUIS CINQUINO								-	-	-
ACT ACT	PRESIDENT		х		х				0.	0.	0.
PAST PRESIDENT	(6) ZACHARIAH COBRINIK								-	-	-
C(7) HILDA RIVERA 2.00 X X X 0.	PAST PRESIDENT		х		х				0.	0.	0.
VICE-PRESIDENT	(7) HILDA RIVERA								-	-	-
TREASURER	VICE-PRESIDENT		Х		Х				0.	0.	0.
SECRETARY D. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(8) ABBY OBERBECK	2.00									
SECRETARY D. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	TREASURER	0.00	Х		Х				0.	0.	0.
Color Colo	(9) LINDA A. FAUST										
Color Colo	SECRETARY	0.00	Х		Х				0.	0.	0.
11 KAREN BECK-POOLEY	(10) ANNA BARBOSA										
11 KAREN BECK-POOLEY	BOARD MEMBER	0.00	Х						0.	0.	0.
BOARD MEMBER D.00 X D.	(11) KAREN BECK-POOLEY										
(12) SANDRA BIEBER	BOARD MEMBER		Х						0.	0.	0.
BOARD MEMBER	(12) SANDRA BIEBER										
13 KIM CAPERS 2.00	BOARD MEMBER	0.00	Х						0.	0.	0.
(14) YORMAN DE LA ROSA	(13) KIM CAPERS										
(14) YORMAN DE LA ROSA	BOARD MEMBER		Х						0.	0.	0.
BOARD MEMBER	(14) YORMAN DE LA ROSA										
(15) CHARLES DERTINGER	BOARD MEMBER		х						0.	0.	0.
BOARD MEMBER	(15) CHARLES DERTINGER									-	_
(16) LIDIA GONZALEZ	BOARD MEMBER		х						0.	0.	0.
BOARD MEMBER 0.00 X 0. 0. (17) TOMIKA GOULD 2.00	(16) LIDIA GONZALEZ									-	_
(17) TOMIKA GOULD 2.00	BOARD MEMBER		х						0.	0.	0.
	(17) TOMIKA GOULD									-	_
	BOARD MEMBER		х						0.	0.	0.

OF THE LEHIGH VALLEY, INC

Form 990 (2022) OF THE LI	EHIGH VA	LL	ΕY	,	IN	IC			23-1669	589 Page 8	
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)			(0				(D)	(E)	(F)	
Name and title	Average	(do		Pos		າ than d	one	Reportable	Reportable	Estimated	
	hours per	box	, unles	ss per	son i	is both	n an	compensation	compensation	amount of	
	week (list any		l an	u a u		1711 43		from the	from related	other	
	hours for	lirecto				L		organization	organizations (W-2/1099-MISC/	compensation from the	
	related	e or 0	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	truste	al trus		yee	mper		1099-NEC)	10001120)	and related	
	below	ndividual trustee or director	Institutional trustee	er	Key employee	est co	er	,		organizations	
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former				
(18) JUSTIN GRIMSHAW	2.00										
BOARD MEMBER	0.00	Х						0.	0.	0.	
(19) JOHN "JACK" GROSS	2.00										
BOARD MEMBER	0.00	Х						0.	0.	0.	
(20) MARK HARTNEY	2.00										
BOARD MEMBER	0.00	Х						0.	0.	0.	
(21) ALICIA MILLER KARNER	2.00										
BOARD MEMBER	0.00	Х						0.	0.	0.	
(22) SHAQUERA MARTINDALE	2.00										
BOARD MEMBER	0.00	Х						0.	0.	0.	
(23) LUIS PEREZ	2.00										
BOARD MEMBER	0.00	Х						0.	0.	0.	
(24) SHALANDA RIDDICK	2.00										
BOARD MEMBER	0.00	Х						0.	0.	0.	
(25) DR. JOSEPH ROY	2.00										
BOARD MEMBER	0.00	Х						0.	0.	0.	
(26) PASTOR JON D. SCHWARTZ	2.00										
BOARD MEMBER	0.00	Х						0.	0.	0.	
1b Subtotal								323,779.	0.	63,238.	
c Total from continuation sheets to Part VI	I, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)								323,779.	0.	63,238.	

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 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on 3 line 1a? If "Yes," complete Schedule J for such individual 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 Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

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
	Description of services	Compensation
KRESH WEATHERIZATION		
2770 MORGAN HILL RD, EASTON, PA 18042	WEATHERIZATION	190,076.
JP MECHANICAL		
1857 SCHADT AVE, WHITEHALL, PA 18052	WEATHERIZATION	165,474.
APOLLO UNLIMITED LLC		
1156 BUTLER ST, EASTON, PA 18042	WEATHERIZATION	129,238.
MARC		
PO BOX 825879, PHILADELPHIA, PA 19182	PRODUCE COOPERATIVE	108,148.
GROZIER HEATING, 4878 COLLEGE VIEW CT,		
SCHNECKSVILLE, PA 18078	WEATHERIZATION	101,635.
2 Total number of independent contractors (including but not limited to those lis	sted above) who received more than	
\$100,000 of compensation from the organization 6		
GET DIDE LITE GEGETON I GOVERNMENT OF		000

SEE PART VII, SECTION A CONTINUATION SHEETS

COMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEY. INC.

Form 990 OF THE LEHIGH VALLEY, INC 23-1669589

	Form 990 OF THE LEHIGH VALLEY, INC								23-166	9589
Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	Position				Reportable	Reportable	Estimated		
	hours	(cl	heck	all	that	app	ly)	compensation	compensation	amount of
	week (list any hours for related organizations below	ist any organization organization (W-2/1099-MISC elated el		the	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations				
(27) STEPHANIE STEELE	line)	프	si L	Officer	Ke	Ĭ	Po			
OARD MEMBER	2.00	Х						0.	0.	0
(28) BETTY "JEAN" WAGNER	2.00							0.	0.	0
BOARD MEMBER	0.00	Х						0.	0.	0
		_								
_										
		-								

COMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEY, INC

Form 990 (2022) OF THE I

23-1669589 Page **9**

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1a **1 a** Federated campaigns 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d 26,205,277. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 21,148,936 1f 22,655,310. g Noncash contributions included in lines 1a-1f 47,354,213. h Total. Add lines 1a-1f **Business Code** 2 a PROGRAM SERVICES 624200 1,743,762. 1,743,762 Program Service Revenue 30,000 SHARED MAINTENANCE FEE 624200 30,000 С f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 38,985 38,985 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 509,900. assets other than inventory 7a **b** Less: cost or other basis 387,154. Other Revenue and sales expenses 122,746. c Gain or (loss) 122,746. 122,746. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 49,289,706. 1,896,508, 38,985. Total revenue. See instructions 12

232009 12-13-22

23-1669589 Page **10** OF THE LEHIGH VALLEY, INC Form 990 (2022) 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 (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 477,186. 277,583. 177,896. 21,707. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) $4,969,\overline{392}$ 2,890,736. 1,852,596. 226,060. Other salaries and wages 7 Pension plan accruals and contributions (include 230,590. 132,946. 89,215. 8,429. section 401(k) and 403(b) employer contributions) 48,606. 1,315,037. 758,490. 507,941. Other employee benefits 9 549,058. 316,788. 211,802. 20,468. 10 Payroll taxes Fees for services (nonemployees): Management 21,945. 21,945. Legal 43,490. 43,490. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 307,873. 246,733. 61,140. column (A), amount, list line 11g expenses on Sch O.) 84,012. 86,004. 1,992. Advertising and promotion 12 262,237. 85,473. 57,517. 119,247 Office expenses 13 67,276. 67,276. Information technology 14 15 Royalties $2\overline{77,728}$ 1,068,930. 791,202. 16 Occupancy 286,639. 265,032. 21,607. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 122,564. 77,213. 45,351. Conferences, conventions, and meetings 19 1,659. 1,659. 20 Payments to affiliates 21 503,417. 385,588. 117,829. Depreciation, depletion, and amortization 22 154,043. 71,773. 82,270. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 25,482,117. 25,482,117. FOOD DISTRIBUTION CONTRACTED SERVICES 14,933,183. 14,888,777. 44,406. 48,734. 1,222,034. 1,173,300. SUPPLIES 490,448. 490,448. d BAD DEBT EXPENSE 81,168. 413,684. 332,516. e All other expenses 53,008,806. 48,074,686. 4,489,603. 444,517. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2022) Part X | Balance Sheet

OF THE LEHIGH VALLEY, INC

23-1669589 Page **11**

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	4,042,175.	1	3,633,556
	2	Savings and temporary cash investments	4,834,528.	2	5,299,480
	3	Pledges and grants receivable, net	2,329,061.	3	1,989,713
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	2,045,638.	8	1,315,662
۲	9	Prepaid expenses and deferred charges	306,765.	9	345,826
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 12,542,021 10b 6,193,605	•		
	b	Less: accumulated depreciation 10b 6,193,605	6,573,093.	10c	6,348,416
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	655,291.	15	694,955
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	19,627,608
	17	Accounts payable and accrued expenses		17	845,525
	18	Grants payable		18	4 005 004
	19	Deferred revenue		19	4,825,824
	20	Tax-exempt bond liabilities	2.522	20	15.606
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	3,630.	21	15,636
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons	261 562	22	204 225
-	23	Secured mortgages and notes payable to unrelated third parties	361,560.	23	324,337
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	100 000		1 - 1 - 0 2 -
		of Schedule D	128,802.	25	151,835
	26	Total liabilities. Add lines 17 through 25	3,603,000.	26	6,163,157
s		Organizations that follow FASB ASC 958, check here			
Se		and complete lines 27, 28, 32, and 33.	11 100 054		0 104 760
alar	27	Net assets without donor restrictions			8,124,768
Ä	28	Net assets with donor restrictions	6,054,297.	28	5,339,683
ğ		Organizations that do not follow FASB ASC 958, check here			
ř		and complete lines 29 through 33.			
ts (29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	12 464 451
S	32	Total net assets or fund balances	17,183,551.	32	13,464,451
	33	Total liabilities and net assets/fund balances	20,786,551.	33	19,627,608. Form 990 (2022

Form 990 (2022) OF THE LEHIGH VALLEY, INC 23-1669589 Page 12

Pai	rt XI Reconciliation of Net Assets				•	
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			9,7	
2	Total expenses (must equal Part IX, column (A), line 25)	2	53,	008	3,8	<u>06.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,	719	9,1	00.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<u>17,</u>	18:	3,5	<u>51.</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	13,	464	4,4	<u>51.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			Щ
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	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 X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on School	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	За	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	
			1	Form	990 ((2022)

232012 12-13-22

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

COMMUNITY ACTION COMMITTEE

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

OF THE LEHIGH VALLEY, 23-1669589 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2022

OF THE LEHIGH VALLEY, INC

23-1669589 Page 2

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	19961102.	25633979.	38072348.	50957535.	47354213.	181979177
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	19961102.	<u> 25633979.</u>	38072348.	50957535.	<u>47354213.</u>	181979177
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)						
	Public support. Subtract line 5 from line 4.						<u> 181979177</u>
Sec	ction B. Total Support			T	,		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	19961102.	<u> 25633979.</u>	38072348.	50957535.	<u>47354213.</u>	181979177
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,557.	1,551.	2,093.	4,483.	38,985.	48,669.
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.)					122,746.	122,746.
	Total support. Add lines 7 through 10						182150592
	Gross receipts from related activities,						<u>,972,152.</u>
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)	
0	organization, check this box and stop						
	ction C. Computation of Publi			. (5)		T T	00 01 0
	Public support percentage for 2022 (I					14	99.91 % 99.99 %
	Public support percentage from 2021					15	
ıba	33 1/3% support test - 2022. If the content have The argenization qualifies						37
L	stop here. The organization qualifies		•		line 15 is 22 1/20/		
D	33 1/3% support test - 2021. If the cand stop here. The organization qual						
170							
17a	10% -facts-and-circumstances test and if the organization meets the fact						
	meets the facts-and-circumstances te					_	
h	10% -facts-and-circumstances test	•			•	7a, and line 15 is	
IJ	more, and if the organization meets the						10/0 01
	organization meets the facts-and-circle				-		
18	Private foundation. If the organization						
	ato roundation in the organization	did flot officer a	207 011 1110 10, 10	م, ۱۵۵, ۱۲۵, ۱۲۲	, chook this box a		(Form 990) 2022

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Schedule A (Form 990) 2022

OF THE LEHIGH VALLEY, INC

23-1669589 Page 3

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

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

qualify under the tests listed b Section A. Public Support	elow, please com	plete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and	. ,		, ,			,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
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 on 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 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
check this box and stop here						
Section C. Computation of Publi	ic Support Pe	rcentage				
15 Public support percentage for 2022 (ine 8, column (f), d	divided by line 13,	column (f))		15	%
16 Public support percentage from 2021		<u> </u>			16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 20)22 (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2022. If the						7 is not
more than 33 1/3%, check this box at	nd stop here. The	e organization quali	fies as a publicly s	supported organiz	ation	
b 33 1/3% support tests - 2021. If the						
line 18 is not more than 33 1/3%, che 20 Private foundation. If the organization						

232023 12-09-22

Schedule A (Form 990) 2022

COMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEY,

Schedule A (Form 990) 2022

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
•		
3b		
3с		
30		
4a		
4b		
4c		
5a		
5b		
5c		
e		
6		
7		
8		
9a		
0.		
9b		
9с		
30		
10a		
10b		
 	- 000	

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232024 12-09-22

Schedule A (Form 990) 2022

OF THE LEHIGH VALLEY, INC

23-1669589 Page 5

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one	or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	rs,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	1		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, 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		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	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	2		
	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, 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			
	· · · · · · · · · · · · · · · · · · ·	2		
Sect	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	, ,		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	tions).		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	see instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	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		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	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		

Schedule A (Form 990) 2022 OF THE LEHIGH VALLEY, INC 23-1669589 Page 6

Part V	Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (explain in	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mu	ust complete S	Sections A through E.	
Section	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Ne	t short-term capital gain	1		
2 Re	coveries of prior-year distributions	2		
3 Otl	her gross income (see instructions)	3		
4 Ad	d lines 1 through 3.	4		
5 De	preciation and depletion	5		
6 Po	rtion of operating expenses paid or incurred for production or			
co	llection of gross income or for management, conservation, or			
ma	aintenance of property held for production of income (see instructions)	6		
7 Otl	her expenses (see instructions)	7		
8 Ad	justed 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 Ag	gregate fair market value of all non-exempt-use assets (see			
ins	tructions for short tax year or assets held for part of year):			
a Av	erage monthly value of securities	1a		
b Av	erage monthly cash balances	1b		
c Fa	ir market value of other non-exempt-use assets	1c		
d To	tal (add lines 1a, 1b, and 1c)	1d		
e Dis	scount claimed for blockage or other factors			
(ex	plain in detail in Part VI):			
2 Ac	quisition indebtedness applicable to non-exempt-use assets	2		
3 Su	btract line 2 from line 1d.	3		
4 Ca	sh deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see	e instructions).	4		
5 Ne	t value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Mu	ultiply line 5 by 0.035.	6		
7 Re	coveries of prior-year distributions	7		
8 Mi	nimum Asset Amount (add line 7 to line 6)	8		
Section	C - Distributable Amount			Current Year
1 Ad	justed net income for prior year (from Section A, line 8, column A)	1		
2 En	ter 0.85 of line 1.	2		
3 Mi	nimum asset amount for prior year (from Section B, line 8, column A)	3		
4 En	ter greater of line 2 or line 3.	4		
5 Inc	come tax imposed in prior year	5		
6 Dis	stributable Amount. Subtract line 5 from line 4, unless subject to			
em	nergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	inization (see

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022 OF THE LEHIGH VALLEY, INC 23-1669589 Page 7

	rt V Type III Non-Functionally Integrated 509		nizations (acadia)		3-1669589 Page
	ion D - Distributions	(a)(o) Supporting Orga	inzations (continu	<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish exer	mnt nurnoses		1	- Current reur
2	Amounts paid to perform activity that directly furthers exemp	<u> </u>			
-	organizations, in excess of income from activity	or purposes or supported		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets	oo or capportod organizations		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	•	distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
_	(provide details in Part VI). See instructions.	is organization to respondite		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
(i)			(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.			[
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
	F 6 0000				

Schedule A (Form 990) 2022

e Excess from 2022

COMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEY INC

Schedule A	(Form 990) 2022	OF THE	LEHIGH	VALLEY,	INC	23-1669589 Page 8
Part VI	Supplemental Info	ormation. Pr	ovide the expla	anations required	l by Part II, line 10;	Part II, line 17a or 17b; Part III, line 12; , Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section I	D, lines 2 and 3	Part IV, Section	on E, lines 1c, 2a	, 2b, 3a, and 3b; P	art V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, ar (See instructions.)	nd 8; and Part V	, Section E, line	es 2, 5, and 6. Al	so complete this p	part for any additional information.

Schedule A (Form 990) 2022

__SCLOSURE COPY **

Schedule B

Department of the Treasury Internal Revenue Service

Schedule of Contributors

(Form 990)

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2022

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 99	0 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 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; line 1. Complete Parts I and II.				
	contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.				
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., explete any of the parts unless the General Rule applies to this organization because it received nonexclusively explored, etc., contributions totaling \$5,000 or more during the year				
answer '	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 requirements of Schedule B (Form 990).				

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page 2

Name of organization

COMMUNITY ACTION COMMITTEE

OF THE LEHIGH VALLEY, INC

Employer identification number

23-1669589

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Name, address, and Zir + 4	\$11,828,698.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$\$\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* \$ 4 , 790 , 242 .	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 2,893,888.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$\$\$	Person X Payroll

Schedule B (Form 990) (2022) Page **3**

Name of organization

COMMUNITY ACTION COMMITTEE

OF THE LEHIGH VALLEY, INC

Employer identification number

23-1669589

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD INVENTORY		
4			
		\$ 4,790,242.	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD INVENTORY		
5			
		\$ 2,893,888.	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD INVENTORY		
6			
		\$ 2,085,662.	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
223453 11-15		_ \$	Schedule B (Form 990) (2022)

Page 4 Schedule B (Form 990) (2022) Name of organization **Employer identification number** COMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEY, INC 23-1669589 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022
Open to Public Inspection

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

Employer identification number 23-1669589

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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 advise	ed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the or	rganization answered "Yes" on Form 990, P	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (for example, recrea		a historically important land area
	Protection of natural habitat	. —	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			_
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	ion easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense s	statement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial stateme	nts that describes the
_	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections o		ner Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these items	S.
b	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	
	the following amounts required to be reported under FASB $\!$	-	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

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Schedule D (Form 990) 2022

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

Sche		LEHIGH VALI							69589	
Par	t III Organizations Maintaining C	ollections of Art	t, Histo	rical Tre	asures, or	^r Other	Simila	ır Asset	S (continu	ied)
3	Using the organization's acquisition, accessi	on, and other records	s, check	any of the fo	ollowing that	make si	gnificant	use of its		
	collection items (check all that apply):									
а	Public exhibition	d			nange progra					
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how the	ey further th	e organizatio	n's exem	npt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, his	torical treas	ures, or othe	r similar	assets			
	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered "	Yes" on	Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermedi	iary for c	ontributions	or other ass	ets not i	ncluded		_	
	on Form 990, Part X?							L	Yes	X No
b If "Yes," explain the arrangement in Part XIII and complete the following table:										
									Amount	
С	Beginning balance						1c			
	Additions during the year									
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe								∑ Yes	O No
b	If "Yes," explain the arrangement in Part XIII.									X
Par	t V Endowment Funds. Complete i	f the organization an	swered "	Yes" on Fo					_	
		(a) Current year	(b) Pr	rior year	(c) Two year	s back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance	5,000.		5,000.	63	,000.		5,000		5,000.
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	5,000.		5,000.	5	5,000.		5,000	,	5,000.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g,	, column (a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment100	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiza	tion that	are held an	d administer	ed for the	е		_	
	organization by:								\	res No
	(i) Unrelated organizations								3a(i)	X
	(ii) Related organizations									X
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the	organization's endov	wment fu	ınds.						
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answere	d "Yes" on Form 990	, Part IV,	line 11a. Se	ee Form 990	, Part X,	line 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumula	ted	(d) Book	value
		basis (investm	nent)	basis ((other)	dep	oreciatio	า		
1a	Land			2	6,477.					,477.
b	Buildings			8,71	8,111.	3,5	519,6	26.	5,198	
С	Leasehold improvements			85	6,744.		355,9			806.
	Equipment				0,689.		318,0		1,122	,648.
	Other									
	. Add lines 1a through 1e. (Column (d) must e		X. columi	n (B). line 10	Oc.)				6,348	,416.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 OF THE LEHI	GH VALLEY, IN	C 23	3-1669589 Page 3
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"		<u> </u>	al afternoon and alternoon a
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
<u>(8)</u> (9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	<u>I</u>		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	4F.\		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	9 15.)		<u> </u>
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25	5.
1. (a) Description of liability	, , , , , , , , , , , , , , , , , , , ,	,	(b) Book value
(1) Federal income taxes			
(2) COMPENSATED ABSENCES			151,835.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			451.44
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)		151,835.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

sign l	Envelope ID: 0B736AF4-9ED/	A-45E2-875F-A66B3C5E4E5E				
		COMMUNITY ACTION COMMI	TTEE			
Sche	edule D (Form 990) 2022	OF THE LEHIGH VALLEY,		23-	1669589	Page 4
		of Revenue per Audited Financial St				r ugo
		nization answered "Yes" on Form 990, Part IV,		•		
1	<u> </u>	her support per audited financial statements		1	49,289,	706.
2	· ·	but not on Form 990, Part VIII, line 12:			_ , ,	
		on investments	2a			
b		f facilities				
c		nts				
d						
				2e		0.
3					49,289,	706.
4		990, Part VIII, line 12, but not on line 1:			40,200,	700.
			4a			
a	Other (Describe in Part XIII.)	cluded on Form 990, Part VIII, line 7b				
b				10		Λ
c					49,289,	706
5 Pai	rt XII Reconciliation of	nd <mark>4c. (This must equal Form 990. Part I, line 1</mark> of Expenses per Audited Financial S	Statements With Expens	es per Retur		700.
· u				co per rictari	•••	
	<u> </u>	nization answered "Yes" on Form 990, Part IV,			53,008,8	206
1				1	33,000,0	300.
2		but not on Form 990, Part IX, line 25:	1 - 1			
a		ffacilities				
b	±					
С						
d	,		•			^
					F2 000 (0.
3				3	53,008,8	806.
4		990, Part IX, line 25, but not on line 1:	1 1			
а	•	cluded on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)		4b			•
С						0.
5	Total expenses. Add lines 3	and 4c. (This must equal Form 990, Part I, line	. 18.)	5	53,008,8	306.
Pa	rt XIII Supplemental In	formation.				
Provi	de the descriptions required t	for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; Pa	art V, line 4; Part 2	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.			
PAI	RT IV, LINE 2B:					
THE	E ORGANIZATION	HOLDS FUNDS FOR ITS SIX	<u>TH STREET SHELTE</u>	R CLIENT	S. ALL OF	?
THE	ESE FUNDS ARE D	UE BACK TO THE PARTICIPA	ANTS WHEN THEY L	EAVE THE	SHELTER	•
PAF	RT X, LINE 2:					
THE	E ORGANIZATION	COMPLIES WITH THE GUIDA	NCE FOR UNCERTAI	NTY IN I	NCOME	
ΤΑΣ	KES USING THE P	ROVISIONS OF FASB ASC 7	40, INCOME TAXES	. USING	THAT	
			<u> </u>			

GUIDANCE, TAX POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITION WILL BE SUSTAINED UPON EXAMINATION BY TAX AUTHORITIES.

AS OF JUNE 30, 2023 AND 2022, THE ORGANIZATION HAD NO UNCERTAIN TAX

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 OF THE LEHIGH VALLEY, INC	23-1669589	Page 5
Schedule D (Form 990) 2022 OF THE LEHIGH VALLEY, INC Part XIII Supplemental Information (continued)		
POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE	IN THE	
FINANCIAL STATEMENTS.		

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

COMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEY, INC

Employer identification number 23-1669589

Pa	art I Questions Regarding Compensation			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	ı

232111 10-18-22

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

OF THE LEHIGH VALLEY, INC

23-1669589

Page 2

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

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

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

		(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DAWN GODSHALL	(i)	168,561.	0.	0.	12,408.	16,156.	197,125.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(י) (ii)							
-	(i)							
	(י) (ii)							
	(i)							
	(ii)							

OF THE LEHIGH VALLEY, INC 23-1669589 Schedule J (Form 990) 2022 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

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

Employer identification number 23-1669589

Pai	rt I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of dete noncash contributi		ıto.
		applicable		Form 990, Part VIII, line 1g	Horicasii contributi	ion amoun	iio
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			00 655 010			
19	Food inventory	X		22,655,310.	VALUE PER PC	DUND R	REC.
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other ()			<u> </u>			
29	Number of Forms 8283 received by the organization which the provided in the second state of the second sta	-	•				
	for which the organization completed Form 828	33, Part V, L	onee Acknowleag	ement 29			Τ
20-	During the year did the experientian receive by	oontributio	n any nyanasty san	autod in Dout I lines 1 throug	b 00 that it	res	No.
30a	During the year, did the organization receive by						
	must hold for at least 3 years from the date of the		•	·		200	х
L	exempt purposes for the entire holding period?					30a	1
о 31	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance po	olicy that ro	acuires the review of	of any nonstandard contribut	ions?	31	x
	Does the organization have a gift acceptance properties of the organization hire or use third parties of the organization hire or use the organization hire organiza					31	+*
o∠d			•			32a	X
h	contributions? If "Yes," describe in Part II.					JZ a	123
33	If the organization didn't report an amount in co	olumn (c) for	r a type of property	for which column (a) is chec	ked		
JJ	describe in Part II.	Marrier (C) 101	a type of property	To which column (a) is chec	neu,		
	GOOGING III I AIL II.						

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

Schedule M (Form 990) 2022

Schedule M	(Form 990) 2022	OF THE	LEHIGH	VALLEY,	INC	23-1669589	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Information (b),	on. Provide the number of	he information of contributions	required by Part I, lines 30b, 32b, and , the number of items received, or a c	l 33, and whether the organiza ombination of both. Also comp	tion olete

232142 09-09-22

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

COMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEY, INC

Employer identification number 23-1669589

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: 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 1, DESCRIPTION OF ORGANIZATION MISSION: AFFECT THEIR LIVES. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: PROVIDED 267 HOURS OF TRAINING AND MENTORSHIP OPPORTUNITIES TO NOVICE FARMERS. DONATED 700+ PLANTS TO LOCAL COMMUNITY GROUPS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: RACIAL AND ETHNIC JUSTICE PROGRAM ADMINISTERED GENERATION NEXT IN FOUR SCHOOLS ACROSS THE ALLENTOWN SCHOOL DISTRICT, BETHLEHEM AREA SCHOOL DISTRICT, AND EASTON AREA SCHOOL DISTRICT. OF PARTICIPATING SENIORS, 100% SUCCESSFULLY GRADUATED FROM HIGH SCHOOL. AWARDED 13 SCHOLARSHIPS TO HIGH SCHOOL GRADUATES, RANGING FROM \$500 TO \$2,500. ASSISTED STUDENTS WITH COLLEGE APPLICATION ASSISTANCE, FAFSA PREPARATION, SAT PREP, NETWORKING, RESUME DEVELOPMENT, AND COLLEGE EXPLORATION. ADMINISTERED SHE IN THE ALLENTOWN SCHOOL DISTRICT AND BETHLEHEM AREA SCHOOL DISTRICT, SERVING 57 ELEMENTARY STUDENTS AND 99 MIDDLE SCHOOL STUDENTS. CURRICULUM INCLUDED WOMEN IN STEAM STUDIES, LATINA/BLACK/INDIGENOUS HISTORY STUDIES, SIGNS OF HEALTHY AND UNHEALTHY RELATIONSHIPS, STUDIES OF WOMEN IN ART, ANDMENTAL HEALTH AWARENESS. THROUGH THE COLOR OUTSIDE THE LINES PROGRAM

232211 10-28-22

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2 Name of the organization COMMUNITY ACTION COMMITTEE **Employer identification number** 23-1669589 OF THE LEHIGH VALLEY, INC MORE THAN 750 PARTICIPANTS PARTICIPATED IN RACIAL AND ETHNIC BIAS TRAINING. PARTNERED WITH MORE THAN 400 ORGANIZATIONS, BUSINESSES, AND NONPROFIT LEADERS TO IDENTIFY CRITICAL AREAS OF NEED FOR MARGINALIZED COMMUNITIES. COLLABORATED WITH MORE THAN 200 EDUCATORS, HEALTHCARE WORKERS, AND COMMUNITY LEADERS TO DEVELOP STRATEGIES TO HELP THOSE IN NEED. EXPENSES \$ 579,810. INCLUDING GRANTS OF \$ 0. REVENUE \$ 120,008. COMMUNITY ACTION HOMES SOLD THREE COMPLETED AND REHABILITATED HOMES TO LOW-INCOME BUYERS, LOCATED IN SOUTH BETHLEHEM, ALLENTOWN, AND BANGOR. MANAGED THE RENOVATION OF THREE HOMES IN ANTICIPATION OF THEIR SALE: TWO IN SLATINGTON, AND ONE IN SOUTH BETHLEHEM. ACQUIRED ONE HOME FROM THE ALLENTOWN REDEVELOPMENT AUTHORITY TO BE RENOVATED FOR SALE. COORDINATED REHABILITATION ACTIVITIES FOR 42 LOW-INCOME HOUSEHOLDS IN LEHIGH AND NORTHAMPTON COUNTIES. COMPLETED 12 FAADE IMPROVEMENTS TO RESIDENTIAL AND COMMERCIAL PROPERTIES IN ALLENTOWN AND IN THE SLATE BELT REGION. CONTINUED SITE DESIGN AND FINANCING WORK FOR THE DEVELOPMENT OF FIVE TOWNHOMES IN GLENDON. LAUNCHED WHOLE-HOME REPAIRS PROGRAM FOR LEHIGH COUNTY, MANAGING A \$2.7 MILLION FUND. EXPENSES \$ 1,389,015. INCLUDING GRANTS OF \$ 0. REVENUE \$ 247,868. HOUSING COUNSELING PROGRAM FORTY-FIVE FAMILIES THAT UTILIZED THE HOUSING COUNSELING PROGRAM WERE ABLE TO PURCHASE THEIR FIRST HOME. CONDUCTED SEVEN FIRST-TIME HOMEBUYER SEMINARS, PROVIDING 8 HOURS OF HUD-APPROVED EDUCATION. ONE HUNDRED EIGHT ONE PROSPECTIVE HOME BUYERS EARNED A CERTIFICATE OF COMPLETION BY ATTENDING A SEMINAR. THIRTY-NINE PROSPECTIVE HOMEBUYERS WERE PROVIDED Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2 Name of the organization COMMUNITY ACTION COMMITTEE **Employer identification number** 23-1669589 OF THE LEHIGH VALLEY, INC PRE-PURCHASE COUNSELING. FORTY-ONE PROSPECTIVE HOMEBUYERS WERE PROVIDED PRE-SETTLEMENT COUNSELING. EIGHT PROGRAM PARTICIPANTS UTILIZED THE HOME OWNERSHIP SAVINGS ACCOUNT PROGRAM; THREE PARTICIPANTS BECAME ELIGIBLE FOR A \$2,000 SAVINGS MATCH. THREE PARTICIPANTS COMPLETED A 6-HOUR FINANCIAL EDUCATION COURSE DEVELOPED BY THE PENNSYLVANIA HOUSING FINANCE AGENCY. ONE HOMEBUYER QUALIFIED TO USE THE BETHLEHEM HOMEBUYER ASSISTANCE PROGRAM. PROVIDED DEFAULT AND DELINQUENCY COUNSELING TO 65 FINANCIALLY DISTRESSED HOMEOWNERS. SAVED 34 HOUSEHOLDS FROM FORECLOSURE THROUGH LOAN MODIFICATION, REPAYMENT PLAN, OR RESCUE FUNDS. PROVIDED LOSS MITIGATION SERVICES TO 17 DELINQUENT HOMEOWNERS. ASSISTED 15 DELINQUENT HOMEOWNERS IN APPLYING TO THE PA HOMEOWNER ASSISTANCE FUND. ASSISTED 51 HOMEOWNERS IN APPLYING TO THE HOMEOWNERS' EMERGENCY MORTGAGE ASSISTANCE PROGRAM. PROVIDED RENTAL/FINANCIAL COUNSELING TO 5 RESIDENTS OF THE TURNER STREET TRANSITIONAL HOUSING PROGRAM. EXPENSES \$ 269,568. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,581. SLATE BELT RISING AWARDED \$7,000 IN SCHOLARSHIP FUNDS TO SEVEN STUDENTS FROM THE SLATE BELT REGION. BEGAN THREE COMMERCIAL FAADE PROJECTS IN BANGOR (2) AND PEN ARGYL (1). COMPLETED EARTH DAY LITTER PICKUP ACROSS SLATE BELT REGION. COMPLETED MURAL PROJECTS IN PORTLAND AND WIND GAP. PARTNERED WITH BANGOR BOROUGH, CONNOLLY CONSULTING, AND HURATIAK HOMES TO ESTABLISH "QUARRY BITES & BREWS," A WEEKLY EVENT IN BANGOR TO DRAW RESIDENTS AND VISITORS INTO THE DOWNTOWN AREA. RESURRECTED THE BANGOR FARMERS MARKET. SECURED FUNDING TO COMPLETE STREETSCAPE UPGRADES IN PORTLAND. APPROVED SBR'S FIRST-EVER COMMERCIAL LEASE SUBSIDY APPLICANT. PROVIDED LEASE ASSISTANCE TO ASSIST SLATE BELT BREWING COMPANY WITH THEIR GRAND OPENING. HOSTED VENDOR MARKETS WITH BLUE FLAME EVENTS TO

Schedule O (Form 990) 2022 Page 2 Name of the organization COMMUNITY ACTION COMMITTEE **Employer identification number** OF THE LEHIGH VALLEY, INC 23-1669589 HELP SUPPORT LOCAL SMALL BUSINESSES. EXPENSES \$ 216,700. INCLUDING GRANTS OF \$ 0. REVENUE \$ 9,270. EMERGENCY RENTAL ASSISTANCE PROGRAM PROVIDED FINANCIAL ASSISTANCE AND/OR PREVENTED EVICTION FOR 1,608 HOUSEHOLDS. DISBURSED \$11,394,787 IN FEDERAL RELIEF FUNDS. COLLABORATED WITH NORTH PENN LEGAL SERVICES AS PART OF THEIR EVICTION DIVERSION PROGRAM. EXPENSES \$ 12,634,431. INCLUDING GRANTS OF \$ 0. REVENUE \$ 571,654. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS FIRST REVIEWED BY THE DEPUTY EXECUTIVE DIRECTOR FOR FINANCE AND THEN BY THE GOVERNING BOARD. AFTER CORRECTIONS, IF ANY, THE GOVERNING BOARD FILES THE 990. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REGULARLY INQUIRES IF ANY BOARD MEMBER HAS A CONFLICT OF INTEREST WITH ANY VENDORS USED BY THE ORGANIZATION. IF A CONFLICT IS IDENTIFIED, THE CONFLICTED MEMBER IS NOT ALLOWED TO VOTE ON ANY DECISION REGARDING THE VENDOR. FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED INDEPENDENTLY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES THEIR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC, UPON REQUEST, AT Schedule O (Form 990) 2022

Schedule O (Form 990) 2		Page 2
Name of the organization	OF THE LEHIGH VALLEY, INC	Employer identification number 23-1669589
ITS ADMINIST	RATIVE OFFICE.	

232212 10-28-22 Schedule O (Form 990) 2022

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

lame of the organization	COI	(MUM	ĽΤΥ	ACT]	ION	COMM	ITTE
	OF	THE	LEF	HIGH	VAI	LEY,	INC

Employer identification number 23-1669589

(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling
		Primary activity Legal domicile (state or	Primary activity Legal domicile (state or Total income	Primary activity Legal domicile (state or Total income End-of-year assets

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	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
COMMUNITY ACTION DEVELOPMENT COMMITTEE					COMMUNITY ACTION		1
ALLENTOWN - 23-2735252, 523-525 N 7TH					COMMITTEE OF		
STREET, ALLENTOWN, PA 18102	COMM DEV	PENNSYLVANIA	501(C)(3)	LINE 7	LEHIGH VALLEY	Х	
COMMUNITY ACTION DEVELOPMENT COMMITTEE					COMMUNITY ACTION		
BETHLEHEM - 23-2934547, 409 EAST 4TH STREET,					COMMITTEE OF		
BETHLEHEM, PA 18015	COMM DEV	PENNSYLVANIA	501(C)(3)	LINE 7	LEHIGH VALLEY	Х	
RISING TIDE COMMUNITY LOAN FUND - 23-3079170					COMMUNITY ACTION		
1337 E. 5TH STREET					COMMITTEE OF		
BETHLEHEM, PA 18015	FINANCE	PENNSYLVANIA	501(C)(3)	LINE 7	LEHIGH VALLEY	Х	
LEHIGH VALLEY COMMUNITY LAND TRUST -					COMMUNITY ACTION		
26-4840272, 1337 E. 5TH STREET, BETHLEHEM,					COMMITTEE OF		
PA 18015	HOUSING	PENNSYLVANIA	501(C)(3)	LINE 7	LEHIGH VALLEY	Х	

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

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COMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEY, INC

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(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	(f) Direct controlling entity	organi	trolled ization?
				501(c)(3))		Yes	No
LEHIGH & NORTHAMPTON CTY REV LOAN FD -	_				COMMUNITY ACTION		
23-2461494, 1337 E. 5TH STREET, BETHLEHEM,	_	L	504 (5) (4)		COMMITTEE OF		
PA 18015	FINANCE	PENNSYLVANIA	501(C)(4)		LEHIGH VALLEY	X	₩
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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)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Diegrapartianata		roportionate Code V-UBI		Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
				1					1		

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 Sec 512(b contr enti Yes	ity?
								162	NO

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

			Yes				
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.							
	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?						
а	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	Х				
С	Gift, grant, or capital contribution from related organization(s)	1c		Х			
	Loans or loan guarantees to or for related organization(s)	1d		X			
	Loans or loan guarantees by related organization(s)	1e		X			
f	Dividends from related organization(s)	1f		Х			
g	Sale of assets to related organization(s)	1g		X			
	Purchase of assets from related organization(s)	1h		Х			
	Exchange of assets with related organization(s)	1i		X			
	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			
	Performance of services or membership or fundraising solicitations for related organization(s)	11		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	Х				
	Sharing of paid employees with related organization(s)	10		X			
р	Reimbursement paid to related organization(s) for expenses	1 p		X			
	Reimbursement paid by related organization(s) for expenses	1q	Х				
r	Other transfer of cash or property to related organization(s)	1r		Х			
	Other transfer of cash or property from related organization(s)	1s		Х			
	If the appear to any of the above is "Ves " see the instructions for information on who must complete this line, including covered relationships and transaction throughout						

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
COMMUNITY ACTION DEVELOPMENT CORP OF			
(1) BETHLEHEM	В	144,464.	FAIR VALUE
COMMUNITY ACTION DEVELOPMENT CORP OF			
(2) BETHLEHEM	Q	129,597.	FAIR VALUE
COMMUNITY ACTION DEVELOPMENT CORP OF			
(3) ALLENTOWN	В	175,886.	FAIR VALUE
COMMUNITY ACTION DEVELOPMENT CORP OF			
(4) ALLENTOWN	Q	116,152.	FAIR VALUE
(5) RISING TIDE COMMUNITY LOAN FUND	В	100,317.	FAIR VALUE
		,	
(6) RISING TIDE COMMUNITY LOAN FUND	Q	265,248.	FAIR VALUE

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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)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000

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Part VII	(Form 990) 2022 Supplemental Info	rmation		•			
				0 1 1 1	B 0:		
	Provide additional infor	mation for respo	nses to questi	ons on Schedule	e R. See instructions.		
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