

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2018

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2018 calendar year, or tax year beginning , 2018, and ending

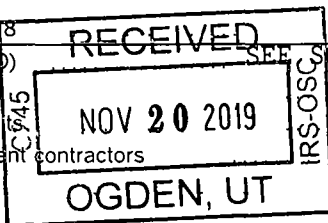
B Check if applicable C COATESVILLE AREA PARTNERS FOR PROGRESS 7 RED OAK DR COATESVILLE, PA 19320 D Employer identification number 23-2748144 E Telephone number (610) 380-1040 F Group Exemption Number 04

G Accounting Method X Cash Accrual Other (specify) H Check X if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: N/A J Tax-exempt status (check only one) - 501(c)(3) X 501(c)(4) (insert no) 4947(a)(1) or 527

K Form of organization X Corporation Trust Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 25,372.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I X

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received (25,071); 2 Program service revenue; 3 Membership dues and assessments; 4 Investment income (301); 5a Gross amount from sale of assets; 5b Less cost or other basis; 5c Gain or (loss) from sale; 6 Gaming and fundraising events; 6a Gross income from gaming; 6b Gross income from fundraising events; 6c Less direct expenses; 6d Net income or (loss) from gaming; 7a Gross sales of inventory; 7b Less cost of goods sold; 7c Gross profit or (loss) from sales; 8 Other revenue; 9 Total revenue (25,372); 10 Grants and similar amounts paid (47,224); 11 Benefits paid; 12 Salaries, other compensation; 13 Professional fees (17,137); 14 Occupancy, rent, utilities (1,132); 15 Printing, publications (678); 16 Other expenses (5,243); 17 Total expenses (71,414); 18 Excess or (deficit) for the year (-46,042); 19 Net assets at beginning (58,888); 20 Other changes; 21 Net assets at end of year (12,846).



SCANNED DEC 31 2019

97

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2018)

Part III Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	60,040.	22 24,977.
23 Land and buildings		23
24 Other assets (describe in Schedule O) SEE SCHEDULE O	10,772.	24 1,440.
25 Total assets	70,812.	25 26,417.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	11,924.	26 13,571.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	58,888.	27 12,846.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 SEE SCHEDULE O		
(Grants \$ 20,000.) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	63,258.
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	63,258.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
REGINA LEWIS PRESIDENT	8	0.	0.	0.
M CYNTHIA QUINN TREASURER	6	0.	0.	0.
MARK Z MCGILL SECRETARY	1	0.	0.	0.
JOHN H NEWTON, JR CO-SECRETARY	1	0.	0.	0.
TAMARA CANSLER MILES BOARD MEMBER	1	0.	0.	0.
DONALD COCHRAN BOARD MEMBER	1	0.	0.	0.
TED SKIADAS BOARD MEMBER	1	0.	0.	0.
FRED C TRAVAGLINI BOARD MEMBER	1	0.	0.	0.
JAMES D ZIEGLER BOARD MEMBER	1	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O		
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911	N/A	
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b	X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed	PA	

42a The organization's books are in care of M CYNTHIA QUINN Telephone no (610) 380-1040
 Located at 7 RED OAK DR COATESVILLE PA ZIP + 4 19320

	Yes	No
b 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)? If 'Yes,' enter the name of the foreign country	42b	X
c At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country	42c	X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year N/A 43 N/A

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

48		
----	--	--

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
-----	--	--

b If 'Yes,' was the related organization a section 527 organization?

49b		
-----	--	--

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W 2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

Yes No

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

Sign Here
 Signature of officer: *M. Cynthia Quinn* Date: *11/10/19*
 M CYNTHIA QUINN TREASURER
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: *M. Cynthia Quinn, CPA* Preparer's signature: *M. Cynthia Quinn, CPA* Date: *11/10/19* PTIN: P00170051
 Firm's name: M CYNTHIA QUINN CPA
 Firm's address: 7 RED OAK DR COATESVILLE, PA 19320
 Check if self-employed
 Firm's EIN: 82-3285023
 Phone no: (610) 380-1040

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

2018

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

COATESVILLE AREA PARTNERS FOR PROGRESS

Employer identification number

23-2748144

FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000

CLASS OF ACTIVITY:	NONPROFIT CIVIC	
DONEE'S NAME:	2ND CENTURY ALLIANCE	
DONEE'S ADDRESS:	26 N 2ND AVE	
	COATESVILLE PA 19320	
RELATIONSHIP OF DONEE:	FORMER PROGRAM OF CAPP	
CASH AMOUNT GIVEN:		\$ 47,224.

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

BEAUTIFICATION PROGRAM	\$ 72.
COMMUNITY ACTIVITIES	567.
DUES	162.
INFORMATION TECHNOLOGY	1,106.
INSURANCE	1,204.
MEALS	452.
MEETING ROOM RENTAL	847.
MISCELLANEOUS	-190.
OFFICE EXPENSES	672.
REGISTRATIONS	255.
TRAVEL	96.
TOTAL	\$ 5,243.

FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
PLEDGES AND GRANTS RECEIVABLE	\$ 10,000.	\$ 0.
PREPAID EXPENSES AND DEFERRED CHARGES	772.	1,440.
TOTAL	\$ 10,772.	\$ 1,440.

FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 11,924.	\$ 899.
GRANTS PAYABLE	0.	12,672.
TOTAL	\$ 11,924.	\$ 13,571.

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE ORGANIZATION WAS FORMED AND HAS OPERATED TO IDENTIFY, DEFINE, AND OVERCOME FUNDAMENTAL SOCIAL AND ECONOMIC PROBLEMS AFFECTING COATESVILLE CITY, PENNSYLVANIA AND THE SURROUNDING AREAS. THE ORGANIZATION BY ITSELF OR IN PARTNERSHIP WITH OTHER GOVERNMENTAL, SOCIAL OR BUSINESS ORGANIZATIONS PLAN AND DEVELOPE PROGRAMS TO RESOLVE THE PROBLEMS AND IMPROVE THE QUALITY OF LIFE FOR THE RESIDENTS,

Name of the organization

Employer identification number

COATESVILLE AREA PARTNERS FOR PROGRESS

23-2748144

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE (CONTINUED)

EMPLOYERS, EMPLOYEES AND VISITORS TO THE METROPOLITAN COATESVILLE, PENNSYLVANIA AREA.

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DEVELOP PRIORITIES AND PLANS TO OVERCOME ECONOMIC AND SOCIAL CONDITIONS IN COATESVILLE, PENNSYLVANIA BY CREATING PARTNERSHIPS AND PROVIDING LEADERSHIP TO GOVERNMENTS, NONPROFITS, BUSINESS AND PRIVATE SECTOR ORGANIZATIONS.