

Forms 990 / 990-EZ Return Summary

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

**COMMUNITY ACTION PARTNERSHIP OF
CAMBRIA COUNTY** **25-1150439**

Net Asset / Fund Balance at Beginning of Year	<u>-58,275</u>
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Revenue		
Contributions	<u>9,856,400</u>	
Program service revenue	<u>4,879</u>	
Investment income	<u>2,256</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	_____	
Direct expenses	_____	
Net income	_____	
Other income	<u>606</u>	
Total revenue		<u>9,864,141</u>
Expenses		
Program services	<u>9,426,316</u>	
Management and general	<u>382,723</u>	
Fundraising	<u>10,213</u>	
Total expenses		<u>9,819,252</u>
Excess / (deficit)		<u>44,889</u>
Changes		<u>1,892</u>
Net Asset / Fund Balance at End of Year		<u><u>-11,494</u></u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>10,608,785</u>
Less:	
Unrealized gains	_____
Donated services	<u>744,644</u>
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u>9,864,141</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>10,563,896</u>
Less:	
Donated services	<u>744,644</u>
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u>9,819,252</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>2,083,294</u>	<u>2,602,522</u>	
Liabilities	<u>2,141,569</u>	<u>2,614,016</u>	
Net assets	<u>-58,275</u>	<u>-11,494</u>	<u>46,781</u>

Miscellaneous Information

Amended return _____
Return / extended due date **05/15/18**
Failure to file penalty _____

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form 8879-EO

For calendar year 2016, or fiscal year beginning 7/01, 2016, and ending 6/30, 2017

2016

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

COMMUNITY ACTION PARTNERSHIP OF CAMBRIA COUNTY

Employer identification number

25-1150439

Name and title of officer

TINA RUFFING PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

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

Table with 5 rows (1a-5a) and 2 columns (b Total revenue, etc.). Row 1a is checked with amount 9,864,141.

Part II Declaration and Signature Authorization of Officer

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

Officer's PIN: check one box only

[X] I authorize Kotzan C.P.A. and Associates, P.C. to enter my PIN 50439 as my signature. Enter five numbers, but do not enter all zeros.

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

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

Officer's signature }

Date } 01/31/18

Part III Certification and Authentication

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

25234086917

do not enter all zeros

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

ERO's signature }

Date } 01/31/18

ERO Must Retain This Form — See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2016)

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

u Do not enter social security numbers on this form as it may be made public.

u Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016
Open to Public Inspection

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

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

C Name of organization **COMMUNITY ACTION PARTNERSHIP OF CAMBRIA COUNTY**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
516 MAIN STREET

City or town, state or province, country, and ZIP or foreign postal code
JOHNSTOWN PA 15901

D Employer identification number **25-1150439**

E Telephone number

G Gross receipts \$ **9,864,141**

F Name and address of principal officer:
TINA RUFFING
516 MAIN STREET
JOHNSTOWN PA 15901

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

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

I Tax-exempt status: 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: **u WWW.CAPCC.US** **H(c)** Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u** **L** Year of formation: **M** State of legal domicile: **PA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE RESOURCES FOR LOW INCOME INDIVIDUALS				
	2 Check this box <input type="checkbox"/> u if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)		3	19	
	4 Number of independent voting members of the governing body (Part VI, line 1b)		4	19	
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	181	
	6 Total number of volunteers (estimate if necessary)		6	145	
	7a Total unrelated business revenue from Part VIII, column (C), line 12		7a	0	
b Net unrelated business taxable income from Form 990-T, line 34		7b	0		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	9,354,548	Current Year	9,856,400
	9 Program service revenue (Part VIII, line 2g)		9,458		4,879
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,354		2,256
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		77		606
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,367,437		9,864,141
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)				0
	14 Benefits paid to or for members (Part IX, column (A), line 4)				0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,117,509		4,358,097
	16a Professional fundraising fees (Part IX, column (A), line 11e)				0
	b Total fundraising expenses (Part IX, column (D), line 25) u		10,213		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,073,814		5,461,155	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,191,323		9,819,252	
19 Revenue less expenses. Subtract line 18 from line 12		176,114		44,889	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	2,083,294	End of Year	2,602,522
	21 Total liabilities (Part X, line 26)		2,141,569		2,614,016
	22 Net assets or fund balances. Subtract line 21 from line 20		-58,275		-11,494

Part II Signature Block

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

Sign Here

Signature of officer: **TINA RUFFING** Date: **PRESIDENT**

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **Kimberly Dorchak CPA** Preparer's signature: _____ Date: **02/02/18** Check if self-employed PTIN: **P00116334**

Firm's name: **Kotzan C.P.A. and Associates, P.C.** Firm's EIN: **26-2055351**

Firm's address: **334 Budfield St Ste 180 Johnstown, PA 15904-3345** Phone no.: **814-269-4912**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

PROVIDE RESOURCES FOR LOW INCOME INDIVIDUALS

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

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

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

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

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

4a (Code:) (Expenses \$ **4,748,335** including grants of \$) (Revenue \$)
EDUCATION AND HUMAN RESOURCES - EDUCATE LOW INCOME AND HANDICAPPED CHILDREN

4b (Code:) (Expenses \$ **144,751** including grants of \$) (Revenue \$)
HOUSING ASSISTANCE- PROVIDED HOUSING ASSISTANCE PAYMENTS TO LOW INCOME OR DISADVANTAGE PERSONS

4c (Code:) (Expenses \$ **4,525,949** including grants of \$) (Revenue \$)
HEALTH AND NUTRITION - PROVIDED SUPPLEMENTAL FOOD AND NUTRITION EDUCATION TO PREGNANT AND BREASTFEEDING WOMEN AND THEIR CHILDREN. ALSO PROVIDED MEDICAL TRANSPORTATION ASSISTANCE, DRUG & ALCOHOL & TOBACCO PREVENTION PROGRAMS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ **7,281** including grants of \$) (Revenue \$ **4,879**)

4e Total program service expenses **9,426,316**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1a	45		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	181		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
3a			X
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
5a			X
5b			X
5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6a			X
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7e			
7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
9a			
9b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10b			
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13b			
c	Enter the amount of reserves on hand		
13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
14a			X
14b			

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

**COMMUNITY ACTION PARTNERSHIP OF CAM 516 MAIN STREET
JOHNSTOWN**

PA 15901

814-536-9031

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) VICTORIA BREZOVIC	2.00									
SECRETARY	0.00	X		X			0	0	0	
(2) TINA RUFFING	2.00									
PRESIDENT	0.00	X		X			0	0	0	
(3) WILLIAM SMITH	0.50									
BOARD MEMBER	0.00	X					0	0	0	
(4) MARK WISSINGER	0.50									
BOARD MEMBER	0.00	X					0	0	0	
(5) THOMAS CHERNISKY	0.50									
BOARD MEMBER	0.00	X					0	0	0	
(6) SENATOR WAYNE LANGERHOLC JR.	0.50									
BOARD MEMBER	0.00	X					0	0	0	
(7) EDWARD CERNIC, JR.	0.50									
BOARD MEMBER	0.00	X					0	0	0	
(8) REP. BRYAN BARBIN	0.50									
BOARD MEMBER	0.00	X					0	0	0	
(9) VINCE STRUGALA	2.00									
TREASURER	0.00	X		X			0	0	0	
(10) YVONNE WATKINS	2.00									
VICE PRESIDENT	0.00	X		X			0	0	0	
(11) SHERYL SAFINA PFARR	0.50									
BOARD MEMBER	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) JOSH YODER	0.50									
BOARD MEMBER	0.00	X						0	0	
(13) ADRIENNE ROSMUS	0.50									
BOARD MEMBER	0.00	X						0	0	
(14) ANTHONY PENNA SR.	0.50									
BOARD MEMBER	0.00	X						0	0	
(15) MARILYN ROSEMAN	0.50									
BOARD MEMBER	0.00	X						0	0	
(16) LAURA THOMAS	0.50									
BOARD MEMBER	0.00	X						0	0	
(17) ANDREA SHEASLEY	0.50									
BOARD MEMBER	0.00	X						0	0	
(18) BARB PENNA	0.50									
BOARD MEMBER	0.00	X						0	0	
(19) ALANNA WILSON	0.50									
BOARD MEMBER	0.00	X						0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A								112,922	17,602	
d Total (add lines 1b and 1c)								112,922	17,602	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 0**

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	9,846,068			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,332			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f	u	9,856,400			
	Program Service Revenue	2a <u>Energy education</u>	Busn. Code 561000	4,879	4,879	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		u	4,879			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	u	2,256		
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
	6a Gross rents	(i) Real (ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)	u				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events	u				
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	u				
	10a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue		Busn. Code				
11a <u>Other Revenue</u>			606	606		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	u		606			
12 Total revenue. See instructions.	u		9,864,141	5,485	0	2,256

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	130,524		130,524	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,173,470	3,142,229	31,241	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	65,748	64,994	754	
9 Other employee benefits	569,611	544,555	25,056	
10 Payroll taxes	418,744	404,025	14,719	
11 Fees for services (non-employees):				
a Management				
b Legal	2,373	1,845	528	
c Accounting	31,676	30,441	1,235	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	28,595	21,005	7,590	
12 Advertising and promotion				
13 Office expenses	212,446	194,968	17,375	103
14 Information technology				
15 Royalties				
16 Occupancy	698,641	612,013	86,628	
17 Travel	53,130	51,383	1,747	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,369	7,369		
20 Interest	28,263	9,277	18,986	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	122,425	112,879	9,546	
23 Insurance	98,859	86,329	12,530	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DIRECT SUPPORT	3,426,263	3,426,263		
b SUPPLIES & EQUIPMENT	551,490	540,097	1,283	10,110
c REPAIRS & MAINTENANCE	133,029	114,907	18,122	
d STAFF TRAINING	58,039	57,989	50	
e All other expenses	8,557	3,748	4,809	
25 Total functional expenses. Add lines 1 through 24e	9,819,252	9,426,316	382,723	10,213
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		1
	2	Savings and temporary cash investments	535,379	2 295,734
	3	Pledges and grants receivable, net	687,555	3 1,412,961
	4	Accounts receivable, net	11,835	4 2,078
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	21,696	9 187,344
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,737,033	
	b	Less: accumulated depreciation	10b 1,032,628	10c 704,405
	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		15
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,083,294	16 2,602,522	
Liabilities	17	Accounts payable and accrued expenses	1,442,166	17 2,005,128
	18	Grants payable	59,736	18 59,786
	19	Deferred revenue	41,955	19 15,104
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23	Secured mortgages and notes payable to unrelated third parties	597,712	23 533,998
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25
	26	Total liabilities. Add lines 17 through 25	2,141,569	26 2,614,016
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	-58,275	27 -11,494
	28	Temporarily restricted net assets		28
	29	Permanently restricted net assets		29
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building, or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
33	Total net assets or fund balances	-58,275	33 -11,494	
34	Total liabilities and net assets/fund balances	2,083,294	34 2,602,522	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,864,141
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,819,252
3	Revenue less expenses. Subtract line 2 from line 1	3	44,889
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-58,275
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	1,892
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-11,494

Part XII Financial Statements and Reporting

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) JEFFERY VAUGHN	40.00									
EXECUTIVE DIRECTOR	0.00			X			70,326	0	9,082	
(21) MARK SEMELSBERGER	40.00									
CHIEF FISCAL OFFICER	0.00			X			42,596	0	8,520	
1b Sub-total							u	112,922		17,602
c Total from continuation sheets to Part VII, Section A							u			
d Total (add lines 1b and 1c)							u			

Client Copy

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

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

Section B. Independent Contractors

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

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2016

Open to Public Inspection

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

u Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

**COMMUNITY ACTION PARTNERSHIP OF
CAMBRIA COUNTY**

Employer identification number

25-1150439

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,546,058	8,697,023	9,370,001	9,354,548	9,856,400	46,824,030
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	9,546,058	8,697,023	9,370,001	9,354,548	9,856,400	46,824,030
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						46,824,030

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	9,546,058	8,697,023	9,370,001	9,354,548	9,856,400	46,824,030
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,580	2,594	4,136	2,273	2,256	14,839
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.)	6,580	5,320	4,014	77		15,991
11 Total support. Add lines 7 through 10						46,854,860

12 Gross receipts from related activities, etc. (see instructions) 12 5,485

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	99.93 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	99.93 %

16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

- 19a 33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

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

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

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

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

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

Part II, Line 10 - Other Income Detail

MISCELLANEOUS \$ 15,991

Client Copy

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

COMMUNITY ACTION PARTNERSHIP OF CAMBRIA COUNTY

Employer identification number

25-1150439

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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

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

Table with 2 columns: u \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds.

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

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

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

- a** Board designated or quasi-endowment **u**
- b** Permanent endowment **u**
- c** Temporarily restricted endowment **u**

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

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

- (i)** unrelated organizations
- (ii)** related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		40,000		40,000
b Buildings		419,114	306,756	112,358
c Leasehold improvements				
d Equipment		1,277,919	725,872	552,047
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **u** **704,405**

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	10,608,785
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	744,644	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	744,644
3	Subtract line 2e from line 1		3	9,864,141
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	9,864,141

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

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

1	Total expenses and losses per audited financial statements		1	10,563,896
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	744,644	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	744,644
3	Subtract line 2e from line 1		3	9,819,252
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	9,819,252

Part XIII Supplemental Information.

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

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Part XIII Supplemental Information *(continued)*

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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2016

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

u Attach to Form 990 or 990-EZ.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

**COMMUNITY ACTION PARTNERSHIP OF
CAMBRIA COUNTY**

Employer identification number

25-1150439

Form 990, Part I, Line 6

Volunteers assist primarily with the Head Start and WIC programs.

Form 990, Part III, Line 4d - All Other Accomplishment

HOUSING ASSISTANCE- PROVIDED HOUSING ASSISTANCE PAYMENTS TO LOW INCOME OR
DISADVANTAGE PERSONS

ENERGY CONSERVATION - WEATHERIZED HOMES OF ELDERLY AND LOW INCOME PERSONS,
WHICH CONSERVES ENERGY AND LOWERS ENERGY COSTS

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

A DRAFT COPY OF THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR, CHIEF
FISCAL OFFICER AND WITH THE BOARD OF DIRECTORS PRIOR TO FILING.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The Community Action Partnership of Cambria County has an established
conflict of interest policy and statement that applies to board members and
employees of the organization. A disclosure statement is required to be
filled out each year. Statements are reviewed by the executive director
and executive committee, when necessary.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

Compensation for all employees was reviewed and approved by the board of
directors.

Form 990, Part VI, Line 15b - Compensation Process for Officers

Name of the organization

Employer identification number

COMMUNITY ACTION PARTNERSHIP OF

25-1150439

Compensation for all employees was reviewed and approved by the board of directors.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

THE ORGANIZATION'S GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. FURTHER, THE ORGANIZATION'S ANNUAL FORM 990 IS MADE PUBLICLY AVAILABLE ON THE GUIDESTAR WEBSITE.

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Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

u Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2016

Attachment Sequence No. **179**

**COMMUNITY ACTION PARTNERSHIP OF
CAMBRIA COUNTY**

Identifying number
25-1150439

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,010,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	122,426

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> u		

Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	122,426
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2016)

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

Name **COMMUNITY ACTION PARTNERSHIP OF CAMBRIA COUNTY** Taxpayer Identification Number **25-1150439**

			2015	2016	Differences
Revenue	1.	Contributions, gifts, grants	20,978	10,332	-10,646
	2.	Membership dues and assessments			
	3.	Government contributions and grants	9,333,570	9,846,068	512,498
	4.	Program service revenue	9,458	4,879	-4,579
	5.	Investment income	2,273	2,256	-17
	6.	Proceeds from tax exempt bonds			
	7.	Net gain or (loss) from sale of assets other than inventory	1,081		-1,081
	8.	Net income or (loss) from fundraising events			
	9.	Net income or (loss) from gaming			
	10.	Net gain or (loss) on sales of inventory			
	11.	Other revenue	77	606	529
	12.	Total revenue. Add lines 1 through 11	9,367,437	9,864,141	496,704
Expenses	13.	Grants and similar amounts paid			
	14.	Benefits paid to or for members			
	15.	Compensation of officers, directors, trustees, etc.	127,574	130,524	2,950
	16.	Salaries, other compensation, and employee benefits	3,989,935	4,227,573	237,638
	17.	Professional fundraising fees			
	18.	Other professional fees	70,660	62,644	-8,016
	19.	Occupancy, rent, utilities, and maintenance	631,221	698,641	67,420
	20.	Depreciation and Depletion	99,765	122,425	22,660
	21.	Other expenses	4,272,168	4,577,445	305,277
	22.	Total expenses. Add lines 13 through 21	9,191,323	9,819,252	627,929
	23.	Excess or (Deficit). Subtract line 22 from line 12	176,114	44,889	-131,225
Other Information	24.	Total exempt revenue	9,367,437	9,864,141	496,704
	25.	Total unrelated revenue			
	26.	Total excludable revenue	12,889	7,741	-5,148
	27.	Total assets	2,083,294	2,602,522	519,228
	28.	Total liabilities	2,141,569	2,614,016	472,447
	29.	Retained earnings	-58,275	-11,494	46,781
	30.	Number of voting members of governing body	17	19	
31.	Number of independent voting members of governing body	17	19		
32.	Number of employees	189	181		
33.	Number of volunteers	140	145		

Form 990	Tax Return History	2016
Name COMMUNITY ACTION PARTNERSHIP OF CAMBRIA COUNTY		Employer Identification Number 25-1150439

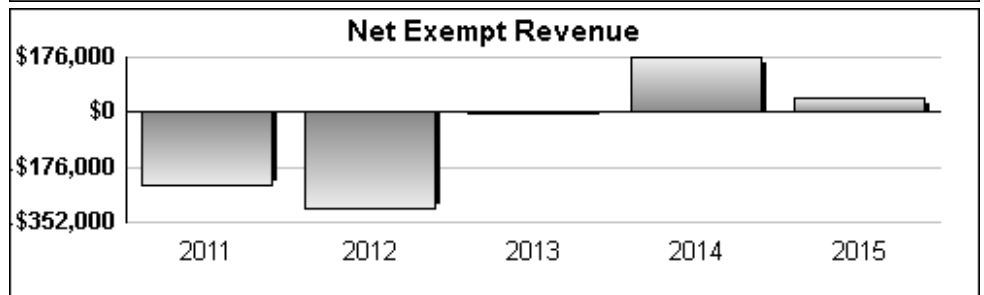
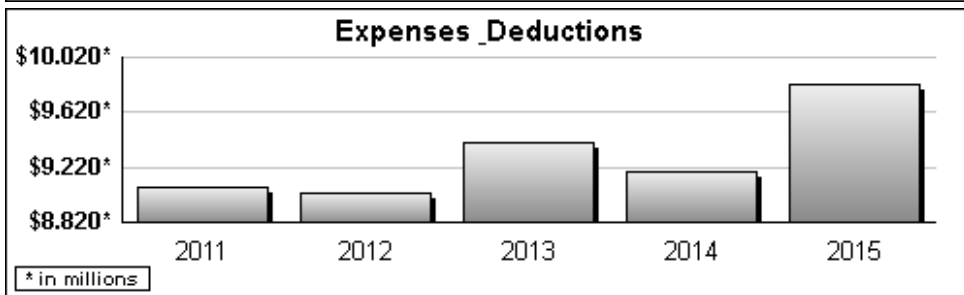
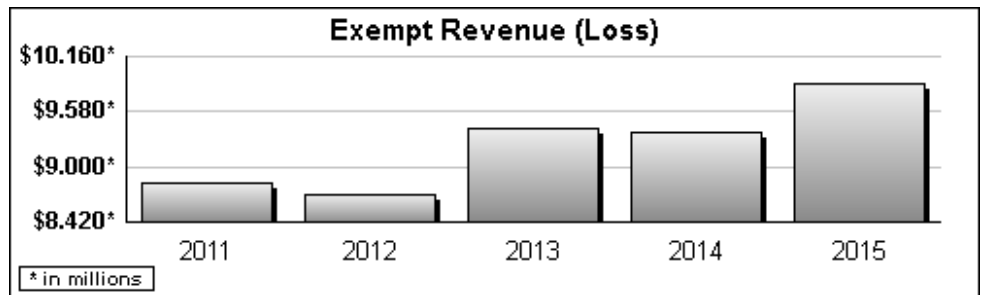
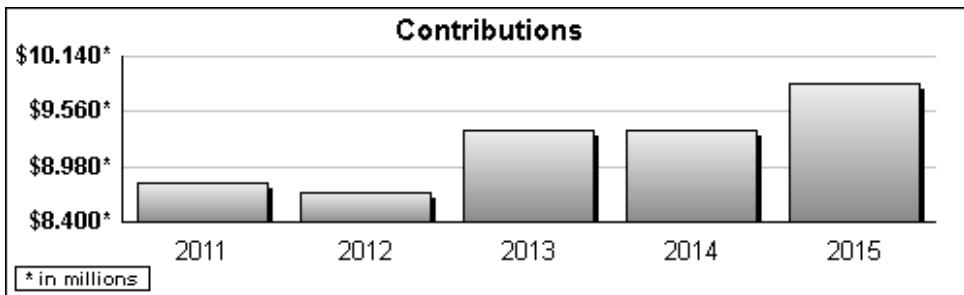
	2012	2013	2014	2015	2016	2017
Contributions, gifts, grants	8,818,936	8,697,023	9,370,001	9,354,548	9,856,400	
Membership dues						
Program service revenue	12,627	10,353	14,208	9,458	4,879	
Capital gain or loss				1,081		
Investment income	3,590	2,594	4,136	2,273	2,256	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue		5,320	4,013	77	606	
Total revenue	8,835,153	8,715,290	9,392,358	9,367,437	9,864,141	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.		84,463	126,597	127,574	130,524	
Other compensation	4,092,038	3,692,279	4,089,419	3,989,935	4,227,573	
Professional fees		134,053	65,677	70,660	62,644	
Occupancy costs	794,046	747,907	736,595	631,221	698,641	
Depreciation and depletion	6,298	4,737	98,196	99,765	122,425	
Other expenses	4,177,939	4,364,184	4,283,421	4,272,168	4,577,445	
Total expenses	9,070,321	9,027,623	9,399,905	9,191,323	9,819,252	
Excess or (Deficit)	-235,168	-312,333	-7,547	176,114	44,889	
Total exempt revenue	8,835,153	8,715,290	9,392,358	9,367,437	9,864,141	
Total unrelated revenue						
Total excludable revenue	8,835,153	18,267	22,357	12,889	7,741	
Total Assets	1,663,572	1,440,583	2,196,180	2,083,294	2,602,522	
Total Liabilities	2,149,887	2,181,562	2,430,569	2,141,569	2,614,016	
Net Fund Balances	-486,315	-740,979	-234,389	-58,275	-11,494	

Form 990T	Tax Return History	2016
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Name COMMUNITY ACTION PARTNERSHIP OF CAMBRIA COUNTY	Employer Identification Number 25-1150439
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	2012	2013	2014	2015	2016	2017
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

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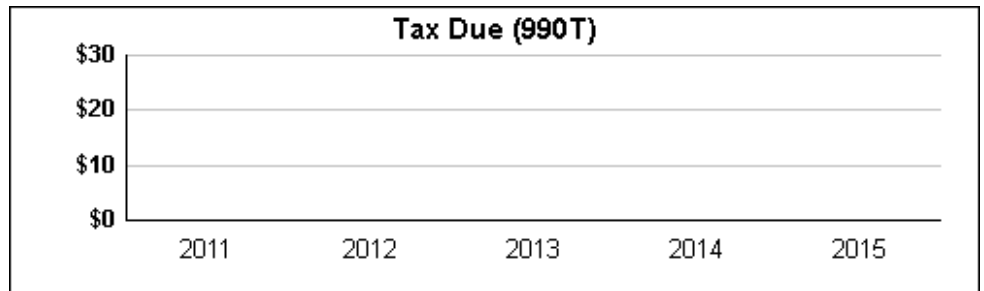
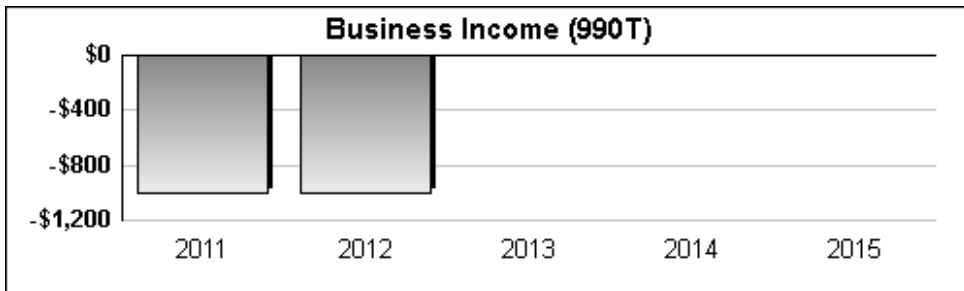
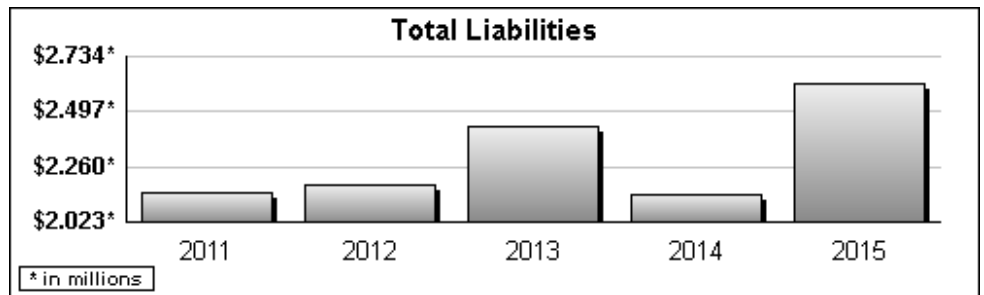
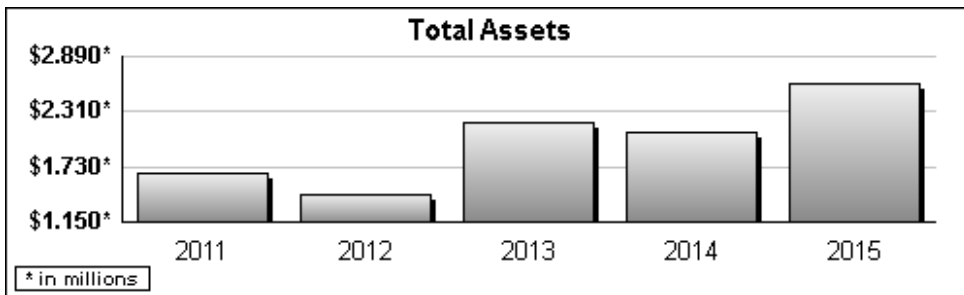
Form 990T	Tax Return History	2016
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Name COMMUNITY ACTION PARTNERSHIP OF CAMBRIA COUNTY	Employer Identification Number 25-1150439
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	2012	2013	2014	2015	2016	2017
Other deductions						
Net operating loss deduction						
Specific deduction	1,000	1,000				
Income after expense and deductions	-1,000	-1,000				
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses

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COMMACTION COMMUNITY ACTION PARTNERSHIP OF
 25-1150439
 FYE: 6/30/2017

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Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
60	BLDG: Vacuum Mass Sale: 6/30/17	10/01/87	266				266	5	MO S/L	266	0
61	BLDG: Unknown Mass Sale: 6/30/17	10/01/87	200				200	5	MO S/L	200	0
62	BLDG: Heat System (3rd Floor) Mass Sale: 6/30/17	1/01/98	1,850				1,850	7	MO S/L	1,850	0
63	BLDG: Heat System (6th Floor) Mass Sale: 6/30/17	1/04/99	1,850				1,850	7	MO S/L	1,850	0
64	BLDG: Heat System (Bank)	9/09/99	5,512				5,512	7	MO S/L	5,512	0
65	BLDG: Dehumidifier Air Purifier Supplies Mass Sale: 6/30/17	7/03/00	380				380	5	MO S/L	380	0
66	BLDG: Vacuum Mass Sale: 6/30/17	2/01/03	100				100	5	MO S/L	100	0
67	BLDG: Key Vault Knox CO Mass Sale: 6/30/17	12/22/04	284				284	5	MO S/L	284	0
68	BLDG: Remmco Water Heater Mass Sale: 6/30/17	9/21/05	260				260	5	MO S/L	260	0
69	BLDG: Carpet Scrubber Mass Sale: 6/30/17	7/30/10	800				800	5	MO S/L	800	0
70	PENCAP: Piror Equipment Mass Sale: 6/30/17	6/01/98	5,093				5,093	5	MO S/L	5,093	0
71	PENCAP: Pandya Mass Sale: 6/30/17	6/01/99	2,586				2,586	5	MO S/L	2,586	0
72	PENCAP: Pandya Mass Sale: 6/30/17	3/27/01	1,400				1,400	5	MO S/L	1,400	0
73	PENCAP: Pandya (Tape Drive) Mass Sale: 6/30/17	5/31/01	328				328	5	MO S/L	328	0
74	PENCAP: Pandya (Tape Drive) Mass Sale: 6/30/17	5/31/01	328				328	5	MO S/L	328	0
75	PENCAP: Neoware (Thin Client) Mass Sale: 6/30/17	9/22/03	271				271	5	MO S/L	271	0
76	PENCAP: MPC (Computer) Mass Sale: 6/30/17	2/04/04	1,575				1,575	5	MO S/L	1,575	0
77	PENCAP: Neoware (Thin Client) Mass Sale: 6/30/17	2/04/04	256				256	5	MO S/L	256	0
78	PENCAP: Laser Jet Printer Mass Sale: 6/30/17	10/25/07	900				900	5	MO S/L	900	0
79	PENCAP: Xerox Phaser Printer Mass Sale: 6/30/17	3/01/08	1,213				1,213	5	MO S/L	1,213	0
80	PENCAP: Opti 745 Computer Mass Sale: 6/30/17	5/27/08	1,402				1,402	5	MO S/L	1,402	0
81	PENCAP: Opti 745 Computer Mass Sale: 6/30/17	5/27/08	1,402				1,402	5	MO S/L	1,402	0
82	PENCAP: 19" LCD Monitor Mass Sale: 6/30/17	6/23/08	210				210	5	MO S/L	210	0
83	PENCAP: Opti 300 Computer Mass Sale: 6/30/17	12/31/08	751				751	5	MO S/L	751	0
84	PENCAP: Opti-Plex 755 Computer Mass Sale: 6/30/17	4/06/09	663				663	5	MO S/L	663	0
85	PENCAP: VISA Purchase Mass Sale: 6/30/17	4/25/10	450				450	5	MO S/L	450	0
86	PENCAP: VISA Purchase Mass Sale: 6/30/17	9/30/10	2,157				2,157	5	MO S/L	2,157	0
87	PENCAP: VISA Purchase Mass Sale: 6/30/17	9/30/10	1,259				1,259	5	MO S/L	1,259	0
88	PENCAP: Printer (Staples) Mass Sale: 6/30/17	10/02/10	350				350	5	MO S/L	350	0
89	PENCAP: Computer (Horizon) Mass Sale: 6/30/17	2/26/13	798				798	5	MO S/L	798	0
90	PENCAP: Calculator Mass Sale: 6/30/17	12/01/87	64				64	5	MO S/L	64	0
91	PENCAP: Copier Mass Sale: 6/30/17	6/01/88	1,100				1,100	5	MO S/L	1,100	0
92	PENCAP: Filing Cabinet Mass Sale: 6/30/17	6/01/88	257				257	7	MO S/L	257	0
93	PENCAP: Typewriter Mass Sale: 6/30/17	4/01/90	189				189	5	MO S/L	189	0
94	PENCAP: Typewriter Mass Sale: 6/30/17	5/01/91	190				190	5	MO S/L	190	0
95	PENCAP: Calculator Mass Sale: 6/30/17	7/01/92	124				124	5	MO S/L	124	0
96	PENCAP: Telephone - Ebg	7/26/02	120				120	7	MO S/L	120	0

COMMACTION COMMUNITY ACTION PARTNERSHIP OF
 25-1150439
 FYE: 6/30/2017

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Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
97	PENCAP: Fax Machine Mass Sale: 6/30/17	8/29/02	152				152	5	MO S/L	152	0
98	PENCAP: Conf Table - Staples Mass Sale: 6/30/17	10/13/03	143				143	7	MO S/L	143	0
99	PENCAP: Staples Desk Mass Sale: 6/30/17	11/13/03	220				220	7	MO S/L	220	0
100	PENCAP: Directors Desk Mass Sale: 6/30/17	11/13/03	700				700	7	MO S/L	700	0
101	PENCAP: Hutch - Staples Mass Sale: 6/30/17	12/13/03	70				70	7	MO S/L	70	0
102	PENCAP: Leather Chair - Viking Mass Sale: 6/30/17	8/19/03	80				80	7	MO S/L	80	0
103	PENCAP: Desk w/ 3 drawers Mass Sale: 6/30/17	1/03/04	160				160	7	MO S/L	160	0
104	PENCAP: Desk Mass Sale: 6/30/17	1/13/04	245				245	7	MO S/L	245	0
105	PENCAP: Corner Connector Mass Sale: 6/30/17	2/13/04	140				140	7	MO S/L	140	0
106	PENCAP: Desk (Melissa) Mass Sale: 6/30/17	2/13/04	130				130	7	MO S/L	130	0
107	PENCAP: Hutch (Melissa) Mass Sale: 6/30/17	2/13/04	240				240	7	MO S/L	240	0
108	PENCAP: Desk w/ Keyboard Mass Sale: 6/30/17	2/13/04	120				120	7	MO S/L	120	0
109	PENCAP: 3-Drawer File Mass Sale: 6/30/17	3/25/04	103				103	7	MO S/L	103	0
110	PENCAP: Hutch Mass Sale: 6/30/17	3/25/04	135				135	7	MO S/L	135	0
111	PENCAP: 2-Drawer File Mass Sale: 6/30/17	3/25/04	96				96	7	MO S/L	96	0
112	PENCAP: Phone Visor Mass Sale: 6/30/17	3/25/04	28				28	7	MO S/L	28	0
113	PENCAP: CPU Trolley Mass Sale: 6/30/17	3/25/04	56				56	7	MO S/L	56	0
114	PENCAP: Staples Mass Sale: 6/30/17	10/13/04	580				580	7	MO S/L	580	0
115	PENCAP: Microwave Cart Mass Sale: 6/30/17	10/04/05	140				140	7	MO S/L	140	0
116	PENCAP: Kitchen Cart Mass Sale: 6/30/17	10/24/05	204				204	7	MO S/L	204	0
117	PENCAP: Refrigerator Mass Sale: 6/30/17	11/02/05	512				512	7	MO S/L	512	0
118	PENCAP: Microwave Mass Sale: 6/30/17	11/02/05	90				90	7	MO S/L	90	0
119	PENCAP: Coffee Maker Mass Sale: 6/30/17	11/02/05	30				30	7	MO S/L	30	0
120	PENCAP: Organizer and Add-On Set Mass Sale: 6/30/17	12/01/05	127				127	5	MO S/L	127	0
121	PENCAP: Office Chairs (2) Mass Sale: 6/30/17	12/22/07	330				330	5	MO S/L	330	0
122	PENCAP: Shelving Storage Mass Sale: 6/30/17	1/23/08	290				290	5	MO S/L	290	0
123	PENCAP: Shelving Storage Mass Sale: 6/30/17	3/01/08	290				290	5	MO S/L	290	0
124	PENCAP: Americom Phone Card Mass Sale: 6/30/17	3/01/08	4,613				4,613	5	MO S/L	4,613	0
125	PENCAP: Lateral File Cabinet Mass Sale: 6/30/17	4/19/08	200				200	5	MO S/L	200	0
126	PENCAP: Hon 2-Drawer Lat File Mass Sale: 6/30/17	5/03/08	258				258	5	MO S/L	258	0
127	PENCAP: Opti 745 Computer Mass Sale: 6/30/17	5/31/08	105				105	5	MO S/L	105	0
128	PENCAP: Office Furniture Mass Sale: 6/30/17	11/28/09	2,703				2,703	5	MO S/L	2,703	0
129	PENCAP: Office Furniture Mass Sale: 6/30/17	2/06/10	220				220	5	MO S/L	220	0
130	PENCAP: Office Furniture Mass Sale: 6/30/17	11/19/10	1,560				1,560	5	MO S/L	1,560	0
131	PENCAP: Office Furniture Mass Sale: 6/30/17	11/30/11	440				440	5	MO S/L	440	0

COMMACTION COMMUNITY ACTION PARTNERSHIP OF
 25-1150439
 FYE: 6/30/2017

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Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
132	PENCAP: Office Furniture Mass Sale: 6/30/17	11/30/11	330				330	5	MO S/L	330	0
133	PENCAP: 1st Summit Mass Sale: 6/30/17	2/22/13	200				200	5	MO S/L	200	0
134	PENCAP: Staples Mass Sale: 6/30/17	3/09/13	163				163	5	MO S/L	163	0
135	PENCAP: 1st Summit Mass Sale: 6/30/17	3/25/13	230				230	5	MO S/L	230	0
136	PENCAP: 1st Summit Mass Sale: 6/30/17	3/25/13	230				230	5	MO S/L	230	0
137	PENWZN: 2005 Dodge Caravan Mass Sale: 6/30/17	9/26/06	10,625				10,625	5	MO S/L	10,625	0
138	PENWZN: 2006 Dodge Caravan Mass Sale: 6/30/17	9/26/06	12,025				12,025	5	MO S/L	12,025	0
139	PENWZN: VISA Mass Sale: 6/30/17	6/24/10	211				211	5	MO S/L	211	0
140	PENWZN: 2006 Dodge Caravan Mass Sale: 6/30/17	8/09/10	9,857				9,857	5	MO S/L	9,857	0
141	PENWZN: Staples - Garman Mass Sale: 6/30/17	6/15/11	630				630	5	MO S/L	630	0
142	PENWZN: Computer Mass Sale: 6/30/17	3/01/90	1,629				1,629	5	MO S/L	1,629	0
143	PENWZN: Wtzn. Equipment Mass Sale: 6/30/17	11/01/93	1,179				1,179	5	MO S/L	1,179	0
144	PENWZN: Gateway Computer Mass Sale: 6/30/17	10/01/95	1,512				1,512	5	MO S/L	1,512	0
145	PENWZN: Circuit City Mass Sale: 6/30/17	10/26/00	638				638	5	MO S/L	638	0
146	PENWZN: 1st Summit Bank Mass Sale: 6/30/17	2/01/02	318				318	5	MO S/L	318	0
147	PENWZN: Christian Book Store Mass Sale: 6/30/17	8/01/03	499				499	5	MO S/L	499	0
148	PENWZN: Microsoft Office Mass Sale: 6/30/17	11/11/04	370				370	5	MO S/L	370	0
149	PENWZN: Digital Camera Mass Sale: 6/30/17	5/23/05	300				300	5	MO S/L	300	0
150	PENWZN: Printer Block Mass Sale: 6/30/17	5/23/05	200				200	5	MO S/L	200	0
151	PENWZN: Camera Battery Mass Sale: 6/30/17	5/23/05	30				30	5	MO S/L	30	0
152	PENWZN: Flash Memory Mass Sale: 6/30/17	5/23/05	110				110	5	MO S/L	110	0
153	PENWZN: Circuit City Mass Sale: 6/30/17	6/22/05	53				53	5	MO S/L	53	0
154	PENWZN: Lazerjet Printer Mass Sale: 6/30/17	8/15/05	850				850	5	MO S/L	850	0
155	PENWZN: Photo Printer Mass Sale: 6/30/17	9/14/05	180				180	5	MO S/L	180	0
156	PENWZN: Road Master GPS Mass Sale: 6/30/17	4/23/07	600				600	5	MO S/L	600	0
157	PENWZN: Opti 745 Coomputer Mass Sale: 6/30/17	7/19/07	1,129				1,129	5	MO S/L	1,129	0
158	PENWZN: HP Photosmart Printer Mass Sale: 6/30/17	5/13/08	220				220	5	MO S/L	220	0
159	PENWZN: HP Laser Jet Printer Mass Sale: 6/30/17	5/31/08	205				205	5	MO S/L	205	0
160	PENWZN: VISA (5027) Mass Sale: 6/30/17	3/23/09	159				159	5	MO S/L	159	0
161	PENWZN: VISA (5027) Mass Sale: 6/30/17	4/22/09	595				595	5	MO S/L	595	0
162	PENWZN: Purchase (Sept/Oct) Mass Sale: 6/30/17	10/14/09	424				424	5	MO S/L	424	0
163	PENWZN: Dividers Mass Sale: 6/30/17	3/01/00	1,500				1,500	7	MO S/L	1,500	0
164	PENWZN: Misc Items Mass Sale: 6/30/17	3/01/00	153				153	7	MO S/L	153	0
165	PENWZN: Equipment Mass Sale: 6/30/17	3/01/00	1,035				1,035	5	MO S/L	1,035	0
166	PENWZN: Cabinet Mass Sale: 6/30/17	3/01/01	180				180	5	MO S/L	180	0
167	PENWZN: Hutch	2/01/01	300				300	5	MO S/L	300	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
168	PENWZN: Chair Mass Sale: 6/30/17	4/01/01	100				100	5	MO S/L	100	0
169	PENWZN: Staples Mass Sale: 6/30/17	6/01/01	810				810	5	MO S/L	810	0
170	PENWZN: Staples - Desk Mass Sale: 6/30/17	8/01/01	291				291	5	MO S/L	291	0
171	PENWZN: Blower Door Mass Sale: 6/30/17	12/01/02	2,930				2,930	5	MO S/L	2,930	0
172	PENWZN: Furnace Tester Mass Sale: 6/30/17	11/13/03	1,578				1,578	5	MO S/L	1,578	0
173	PENWZN: Fax Mass Sale: 6/30/17	12/01/03	38				38	5	MO S/L	38	0
174	PENWZN: Fax Stand Mass Sale: 6/30/17	12/01/03	195				195	5	MO S/L	195	0
175	PENWZN: Blower Door Mass Sale: 6/30/17	6/02/04	2,630				2,630	5	MO S/L	2,630	0
176	PENWZN: Christian Book Store Mass Sale: 6/30/17	6/30/04	130				130	5	MO S/L	130	0
177	PENWZN: Desk/Hutch/File Mass Sale: 6/30/17	10/13/04	580				580	5	MO S/L	580	0
178	PENWZN: Task Chair Mass Sale: 6/30/17	11/18/04	338				338	5	MO S/L	338	0
179	PENWZN: Calculator (CBS) Mass Sale: 6/30/17	11/18/04	80				80	5	MO S/L	80	0
180	PENWZN: Brul-Tech Mass Sale: 6/30/17	1/19/05	398				398	5	MO S/L	398	0
181	PENWZN: Printer Stand Mass Sale: 6/30/17	8/10/05	89				89	5	MO S/L	89	0
182	PENWZN: Mobile File Mass Sale: 6/30/17	9/14/05	40				40	5	MO S/L	40	0
183	PENWZN: Refrigerator Mass Sale: 6/30/17	9/22/05	191				191	5	MO S/L	191	0
184	PENWZN: Lowes Mass Sale: 6/30/17	3/02/06	535				535	5	MO S/L	535	0
185	PENWZN: VO Borescope Mass Sale: 6/30/17	3/22/06	400				400	5	MO S/L	400	0
186	PENWZN: Mini Laser Thermometer Mass Sale: 6/30/17	12/14/06	110				110	5	MO S/L	110	0
187	PNG: Cabinet Mass Sale: 6/30/17	2/01/91	248				248	5	MO S/L	248	0
188	PNG: Copier Mass Sale: 6/30/17	2/01/91	1,000				1,000	5	MO S/L	1,000	0
189	PNG: Computer Mass Sale: 6/30/17	11/01/93	1,035				1,035	5	MO S/L	1,035	0
190	PNG: Work Center Mass Sale: 6/30/17	2/13/01	400				400	5	MO S/L	400	0
191	PNG: Chair Mass Sale: 6/30/17	4/13/01	100				100	5	MO S/L	100	0
192	PNG: Desk/Drawer Mass Sale: 6/30/17	8/13/01	291				291	5	MO S/L	291	0
193	PNG: Fax Machine - Staples Mass Sale: 6/30/17	11/03/03	38				38	5	MO S/L	38	0
194	PNG: Calculator - CBS Mass Sale: 6/30/17	11/18/04	80				80	5	MO S/L	80	0
195	PNG: Staples Mass Sale: 6/30/17	11/15/13	600				600	5	MO S/L	600	0
196	PNG: Equipment Mass Sale: 6/30/17	5/01/90	1,835				1,835	5	MO S/L	1,835	0
197	PNG: Equipment Mass Sale: 6/30/17	6/01/90	1,380				1,380	5	MO S/L	1,380	0
198	PNG: Door/Computer/Printer Mass Sale: 6/30/17	4/01/91	1,607				1,607	5	MO S/L	1,607	0
199	PNG: Pandya Computers Mass Sale: 6/30/17	7/20/01	225				225	5	MO S/L	225	0
200	PNG: Furnace Tester Probe Mass Sale: 6/30/17	12/28/04	150				150	5	MO S/L	150	0
201	PNG: Monoxor III Mass Sale: 6/30/17	1/20/05	419				419	5	MO S/L	419	0
202	PNG: Road Master GPS Mass Sale: 6/30/17	4/23/07	600				600	5	MO S/L	600	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
203	BLDG: Land	7/01/89	40,000				40,000	0	-- Land	0	0
204	SAP: Vision Scanner	6/07/16	8,450				8,450	5	MO S/L	141	1,690
205	SAP: 2016 Toyota Tundra (partial)	5/31/16	1,244				1,244	5	MO S/L	21	248
206	SAP: 2016 Sienna Van (partial)	5/26/16	1,300				1,300	5	MO S/L	22	260
207	PRE-K: 2016 Toyota Tundra (partial)	5/31/16	5,597				5,597	5	MO S/L	93	1,120
208	PRE-K: 2016 Sienna Van (partial)	5/26/16	5,850				5,850	5	MO S/L	98	1,170
209	PRE-K: 2016 Chevy Collins Bus	5/04/16	54,817				54,817	10	MO S/L	914	5,481
210	EHS: 2016 Toyota Tundra (partial)	5/31/16	1,555				1,555	5	MO S/L	26	311
211	EHS: 2016 Sienna Van (partial)	5/26/16	1,625				1,625	5	MO S/L	27	325
212	HS: 2016 Toyota Tundra (partial)	5/31/16	22,698				22,698	5	MO S/L	378	4,540
213	HS: 2016 Sienna Van (partial)	5/26/16	23,725				23,725	5	MO S/L	395	4,745
214	HS: 2016 Ford Minotour Bus #1	6/27/16	54,962				54,962	10	MO S/L	0	5,496
215	HS: 2016 Ford Minotour Bus #2	6/27/16	54,962				54,962	10	MO S/L	0	5,496
Total Other Depreciation			<u>1,878,991</u>				<u>1,878,991</u>			<u>1,052,301</u>	<u>122,426</u>
Total ACRS and Other Depreciation			<u>1,878,991</u>				<u>1,878,991</u>			<u>1,052,301</u>	<u>122,426</u>
Grand Totals			1,878,991				1,878,991			1,052,301	122,426
Less: Dispositions and Transfers			141,956				141,956			141,767	189
Less: Start-up/Org Expense			0				0			0	0
Net Grand Totals			<u>1,737,035</u>				<u>1,737,035</u>			<u>910,534</u>	<u>122,237</u>

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
60	BLDG: Vacuum Mass Sale: 6/30/17	10/01/87	0				0	0	HY	0	0
61	BLDG: Unknown Mass Sale: 6/30/17	10/01/87	0				0	0	HY	0	0
62	BLDG: Heat System (3rd Floor) Mass Sale: 6/30/17	1/01/98	0				0	0	HY	0	0
63	BLDG: Heat System (6th Floor) Mass Sale: 6/30/17	1/04/99	0				0	0	HY	0	0
64	BLDG: Heat System (Bank)	9/09/99	0				0	0	HY	0	0
65	BLDG: Dehumidifier Air Purifier Supplies Mass Sale: 6/30/17	7/03/00	0				0	0	HY	0	0
66	BLDG: Vacuum Mass Sale: 6/30/17	2/01/03	0				0	0	HY	0	0
67	BLDG: Key Vault Knox CO Mass Sale: 6/30/17	12/22/04	0				0	0	HY	0	0
68	BLDG: Remmco Water Heater Mass Sale: 6/30/17	9/21/05	0				0	0	HY	0	0
69	BLDG: Carpet Scrubber Mass Sale: 6/30/17	7/30/10	0				0	0	HY	0	0
70	PENCAP: Piror Equipment Mass Sale: 6/30/17	6/01/98	0				0	0	HY	0	0
71	PENCAP: Pandya Mass Sale: 6/30/17	6/01/99	0				0	0	HY	0	0
72	PENCAP: Pandya Mass Sale: 6/30/17	3/27/01	0				0	0	HY	0	0
73	PENCAP: Pandya (Tape Drive) Mass Sale: 6/30/17	5/31/01	0				0	0	HY	0	0
74	PENCAP: Pandya (Tape Drive) Mass Sale: 6/30/17	5/31/01	0				0	0	HY	0	0
75	PENCAP: Neoware (Thin Client) Mass Sale: 6/30/17	9/22/03	0				0	0	HY	0	0
76	PENCAP: MPC (Computer) Mass Sale: 6/30/17	2/04/04	0				0	0	HY	0	0
77	PENCAP: Neoware (Thin Client) Mass Sale: 6/30/17	2/04/04	0				0	0	HY	0	0
78	PENCAP: Laser Jet Printer Mass Sale: 6/30/17	10/25/07	0				0	0	HY	0	0
79	PENCAP: Xerox Phaser Printer Mass Sale: 6/30/17	3/01/08	0				0	0	HY	0	0
80	PENCAP: Opti 745 Computer Mass Sale: 6/30/17	5/27/08	0				0	0	HY	0	0
81	PENCAP: Opti 745 Computer Mass Sale: 6/30/17	5/27/08	0				0	0	HY	0	0
82	PENCAP: 19" LCD Monitor Mass Sale: 6/30/17	6/23/08	0				0	0	HY	0	0
83	PENCAP: Opti 300 Computer Mass Sale: 6/30/17	12/31/08	0				0	0	HY	0	0
84	PENCAP: Opti-Plex 755 Computer Mass Sale: 6/30/17	4/06/09	0				0	0	HY	0	0
85	PENCAP: VISA Purchase Mass Sale: 6/30/17	4/25/10	0				0	0	HY	0	0
86	PENCAP: VISA Purchase Mass Sale: 6/30/17	9/30/10	0				0	0	HY	0	0
87	PENCAP: VISA Purchase Mass Sale: 6/30/17	9/30/10	0				0	0	HY	0	0
88	PENCAP: Printer (Staples) Mass Sale: 6/30/17	10/02/10	0				0	0	HY	0	0
89	PENCAP: Computer (Horizon) Mass Sale: 6/30/17	2/26/13	0				0	0	HY	0	0
90	PENCAP: Calculator Mass Sale: 6/30/17	12/01/87	0				0	0	HY	0	0
91	PENCAP: Copier Mass Sale: 6/30/17	6/01/88	0				0	0	HY	0	0
92	PENCAP: Filing Cabinet Mass Sale: 6/30/17	6/01/88	0				0	0	HY	0	0
93	PENCAP: Typewriter Mass Sale: 6/30/17	4/01/90	0				0	0	HY	0	0
94	PENCAP: Typewriter Mass Sale: 6/30/17	5/01/91	0				0	0	HY	0	0
95	PENCAP: Calculator Mass Sale: 6/30/17	7/01/92	0				0	0	HY	0	0
96	PENCAP: Telephone - Ebg	7/26/02	0				0	0	HY	0	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
97	PENCAP: Fax Machine Mass Sale: 6/30/17	8/29/02	0				0 0	HY		0	0
98	PENCAP: Conf Table - Staples Mass Sale: 6/30/17	10/13/03	0				0 0	HY		0	0
99	PENCAP: Staples Desk Mass Sale: 6/30/17	11/13/03	0				0 0	HY		0	0
100	PENCAP: Directors Desk Mass Sale: 6/30/17	11/13/03	0				0 0	HY		0	0
101	PENCAP: Hutch - Staples Mass Sale: 6/30/17	12/13/03	0				0 0	HY		0	0
102	PENCAP: Leather Chair - Viking Mass Sale: 6/30/17	8/19/03	0				0 0	HY		0	0
103	PENCAP: Desk w/ 3 drawers Mass Sale: 6/30/17	1/03/04	0				0 0	HY		0	0
104	PENCAP: Desk Mass Sale: 6/30/17	1/13/04	0				0 0	HY		0	0
105	PENCAP: Corner Connector Mass Sale: 6/30/17	2/13/04	0				0 0	HY		0	0
106	PENCAP: Desk (Melissa) Mass Sale: 6/30/17	2/13/04	0				0 0	HY		0	0
107	PENCAP: Hutch (Melissa) Mass Sale: 6/30/17	2/13/04	0				0 0	HY		0	0
108	PENCAP: Desk w/ Keyboard Mass Sale: 6/30/17	2/13/04	0				0 0	HY		0	0
109	PENCAP: 3-Drawer File Mass Sale: 6/30/17	3/25/04	0				0 0	HY		0	0
110	PENCAP: Hutch Mass Sale: 6/30/17	3/25/04	0				0 0	HY		0	0
111	PENCAP: 2-Drawer File Mass Sale: 6/30/17	3/25/04	0				0 0	HY		0	0
112	PENCAP: Phone Visor Mass Sale: 6/30/17	3/25/04	0				0 0	HY		0	0
113	PENCAP: CPU Trolley Mass Sale: 6/30/17	3/25/04	0				0 0	HY		0	0
114	PENCAP: Staples Mass Sale: 6/30/17	10/13/04	0				0 0	HY		0	0
115	PENCAP: Microwave Cart Mass Sale: 6/30/17	10/04/05	0				0 0	HY		0	0
116	PENCAP: Kitchen Cart Mass Sale: 6/30/17	10/24/05	0				0 0	HY		0	0
117	PENCAP: Refrigerator Mass Sale: 6/30/17	11/02/05	0				0 0	HY		0	0
118	PENCAP: Microwave Mass Sale: 6/30/17	11/02/05	0				0 0	HY		0	0
119	PENCAP: Coffee Maker Mass Sale: 6/30/17	11/02/05	0				0 0	HY		0	0
120	PENCAP: Organizer and Add-On Set Mass Sale: 6/30/17	12/01/05	0				0 0	HY		0	0
121	PENCAP: Office Chairs (2) Mass Sale: 6/30/17	12/22/07	0				0 0	HY		0	0
122	PENCAP: Shelving Storage Mass Sale: 6/30/17	1/23/08	0				0 0	HY		0	0
123	PENCAP: Shelving Storage Mass Sale: 6/30/17	3/01/08	0				0 0	HY		0	0
124	PENCAP: Americom Phone Card Mass Sale: 6/30/17	3/01/08	0				0 0	HY		0	0
125	PENCAP: Lateral File Cabinet Mass Sale: 6/30/17	4/19/08	0				0 0	HY		0	0
126	PENCAP: Hon 2-Drawer Lat File Mass Sale: 6/30/17	5/03/08	0				0 0	HY		0	0
127	PENCAP: Opti 745 Computer Mass Sale: 6/30/17	5/31/08	0				0 0	HY		0	0
128	PENCAP: Office Furniture Mass Sale: 6/30/17	11/28/09	0				0 0	HY		0	0
129	PENCAP: Office Furniture Mass Sale: 6/30/17	2/06/10	0				0 0	HY		0	0
130	PENCAP: Office Furniture Mass Sale: 6/30/17	11/19/10	0				0 0	HY		0	0
131	PENCAP: Office Furniture Mass Sale: 6/30/17	11/30/11	0				0 0	HY		0	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
132	PENCAP: Office Furniture Mass Sale: 6/30/17	11/30/11	0				0	0	HY	0	0
133	PENCAP: 1st Summit Mass Sale: 6/30/17	2/22/13	0				0	0	HY	0	0
134	PENCAP: Staples Mass Sale: 6/30/17	3/09/13	0				0	0	HY	0	0
135	PENCAP: 1st Summit Mass Sale: 6/30/17	3/25/13	0				0	0	HY	0	0
136	PENCAP: 1st Summit Mass Sale: 6/30/17	3/25/13	0				0	0	HY	0	0
137	PENWZN: 2005 Dodge Caravan Mass Sale: 6/30/17	9/26/06	0				0	0	HY	0	0
138	PENWZN: 2006 Dodge Caravan Mass Sale: 6/30/17	9/26/06	0				0	0	HY	0	0
139	PENWZN: VISA Mass Sale: 6/30/17	6/24/10	0				0	0	HY	0	0
140	PENWZN: 2006 Dodge Caravan Mass Sale: 6/30/17	8/09/10	0				0	0	HY	0	0
141	PENWZN: Staples - Garman Mass Sale: 6/30/17	6/15/11	0				0	0	HY	0	0
142	PENWZN: Computer Mass Sale: 6/30/17	3/01/90	0				0	0	HY	0	0
143	PENWZN: Wtzn. Equipment Mass Sale: 6/30/17	11/01/93	0				0	0	HY	0	0
144	PENWZN: Gateway Computer Mass Sale: 6/30/17	10/01/95	0				0	0	HY	0	0
145	PENWZN: Circuit City Mass Sale: 6/30/17	10/26/00	0				0	0	HY	0	0
146	PENWZN: 1st Summit Bank Mass Sale: 6/30/17	2/01/02	0				0	0	HY	0	0
147	PENWZN: Christian Book Store Mass Sale: 6/30/17	8/01/03	0				0	0	HY	0	0
148	PENWZN: Microsoft Office Mass Sale: 6/30/17	11/11/04	0				0	0	HY	0	0
149	PENWZN: Digital Camera Mass Sale: 6/30/17	5/23/05	0				0	0	HY	0	0
150	PENWZN: Printer Block Mass Sale: 6/30/17	5/23/05	0				0	0	HY	0	0
151	PENWZN: Camera Battery Mass Sale: 6/30/17	5/23/05	0				0	0	HY	0	0
152	PENWZN: Flash Memory Mass Sale: 6/30/17	5/23/05	0				0	0	HY	0	0
153	PENWZN: Circuit City Mass Sale: 6/30/17	6/22/05	0				0	0	HY	0	0
154	PENWZN: Lazerjet Printer Mass Sale: 6/30/17	8/15/05	0				0	0	HY	0	0
155	PENWZN: Photo Printer Mass Sale: 6/30/17	9/14/05	0				0	0	HY	0	0
156	PENWZN: Road Master GPS Mass Sale: 6/30/17	4/23/07	0				0	0	HY	0	0
157	PENWZN: Opti 745 Coomputer Mass Sale: 6/30/17	7/19/07	0				0	0	HY	0	0
158	PENWZN: HP Photosmart Printer Mass Sale: 6/30/17	5/13/08	0				0	0	HY	0	0
159	PENWZN: HP Laser Jet Printer Mass Sale: 6/30/17	5/31/08	0				0	0	HY	0	0
160	PENWZN: VISA (5027) Mass Sale: 6/30/17	3/23/09	0				0	0	HY	0	0
161	PENWZN: VISA (5027) Mass Sale: 6/30/17	4/22/09	0				0	0	HY	0	0
162	PENWZN: Purchase (Sept/Oct) Mass Sale: 6/30/17	10/14/09	0				0	0	HY	0	0
163	PENWZN: Dividers Mass Sale: 6/30/17	3/01/00	0				0	0	HY	0	0
164	PENWZN: Misc Items Mass Sale: 6/30/17	3/01/00	0				0	0	HY	0	0
165	PENWZN: Equipment Mass Sale: 6/30/17	3/01/00	0				0	0	HY	0	0
166	PENWZN: Cabinet Mass Sale: 6/30/17	3/01/01	0				0	0	HY	0	0
167	PENWZN: Hutch	2/01/01	0				0	0	HY	0	0

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25-1150439

AMT Asset Report

FYE: 6/30/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
168	PENWZN: Chair Mass Sale: 6/30/17	4/01/01	0				0 0	HY		0	0
169	PENWZN: Staples Mass Sale: 6/30/17	6/01/01	0				0 0	HY		0	0
170	PENWZN: Staples - Desk Mass Sale: 6/30/17	8/01/01	0				0 0	HY		0	0
171	PENWZN: Blower Door Mass Sale: 6/30/17	12/01/02	0				0 0	HY		0	0
172	PENWZN: Furnace Tester Mass Sale: 6/30/17	11/13/03	0				0 0	HY		0	0
173	PENWZN: Fax Mass Sale: 6/30/17	12/01/03	0				0 0	HY		0	0
174	PENWZN: Fax Stand Mass Sale: 6/30/17	12/01/03	0				0 0	HY		0	0
175	PENWZN: Blower Door Mass Sale: 6/30/17	6/02/04	0				0 0	HY		0	0
176	PENWZN: Christian Book Store Mass Sale: 6/30/17	6/30/04	0				0 0	HY		0	0
177	PENWZN: Desk/Hutch/File Mass Sale: 6/30/17	10/13/04	0				0 0	HY		0	0
178	PENWZN: Task Chair Mass Sale: 6/30/17	11/18/04	0				0 0	HY		0	0
179	PENWZN: Calculator (CBS) Mass Sale: 6/30/17	11/18/04	0				0 0	HY		0	0
180	PENWZN: Brul-Tech Mass Sale: 6/30/17	1/19/05	0				0 0	HY		0	0
181	PENWZN: Printer Stand Mass Sale: 6/30/17	8/10/05	0				0 0	HY		0	0
182	PENWZN: Mobile File Mass Sale: 6/30/17	9/14/05	0				0 0	HY		0	0
183	PENWZN: Refrigerator Mass Sale: 6/30/17	9/22/05	0				0 0	HY		0	0
184	PENWZN: Lowes Mass Sale: 6/30/17	3/02/06	0				0 0	HY		0	0
185	PENWZN: VO Borescope Mass Sale: 6/30/17	3/22/06	0				0 0	HY		0	0
186	PENWZN: Mini Laser Thermometer Mass Sale: 6/30/17	12/14/06	0				0 0	HY		0	0
187	PNG: Cabinet Mass Sale: 6/30/17	2/01/91	0				0 0	HY		0	0
188	PNG: Copier Mass Sale: 6/30/17	2/01/91	0				0 0	HY		0	0
189	PNG: Computer Mass Sale: 6/30/17	11/01/93	0				0 0	HY		0	0
190	PNG: Work Center Mass Sale: 6/30/17	2/13/01	0				0 0	HY		0	0
191	PNG: Chair Mass Sale: 6/30/17	4/13/01	0				0 0	HY		0	0
192	PNG: Desk/Drawer Mass Sale: 6/30/17	8/13/01	0				0 0	HY		0	0
193	PNG: Fax Machine - Staples Mass Sale: 6/30/17	11/03/03	0				0 0	HY		0	0
194	PNG: Calculator - CBS Mass Sale: 6/30/17	11/18/04	0				0 0	HY		0	0
195	PNG: Staples Mass Sale: 6/30/17	11/15/13	0				0 0	HY		0	0
196	PNG: Equipment Mass Sale: 6/30/17	5/01/90	0				0 0	HY		0	0
197	PNG: Equipment Mass Sale: 6/30/17	6/01/90	0				0 0	HY		0	0
198	PNG: Door/Computer/Printer Mass Sale: 6/30/17	4/01/91	0				0 0	HY		0	0
199	PNG: Pandya Computers Mass Sale: 6/30/17	7/20/01	0				0 0	HY		0	0
200	PNG: Furnace Tester Probe Mass Sale: 6/30/17	12/28/04	0				0 0	HY		0	0
201	PNG: Monoxor III Mass Sale: 6/30/17	1/20/05	0				0 0	HY		0	0
202	PNG: Road Master GPS Mass Sale: 6/30/17	4/23/07	0				0 0	HY		0	0

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25-1150439

AMT Asset Report

FYE: 6/30/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
203	BLDG: Land	7/01/89	0				0	0	HY	0	0
204	SAP: Vision Scanner	6/07/16	0				0	0	HY	0	0
205	SAP: 2016 Toyota Tundra (partial)	5/31/16	0				0	0	HY	0	0
206	SAP: 2016 Sienna Van (partial)	5/26/16	0				0	0	HY	0	0
207	PRE-K: 2016 Toyota Tundra (partial)	5/31/16	0				0	0	HY	0	0
208	PRE-K: 2016 Sienna Van (partial)	5/26/16	0				0	0	HY	0	0
209	PRE-K: 2016 Chevy Collins Bus	5/04/16	0				0	0	HY	0	0
210	EHS: 2016 Toyota Tundra (partial)	5/31/16	0				0	0	HY	0	0
211	EHS: 2016 Sienna Van (partial)	5/26/16	0				0	0	HY	0	0
212	HS: 2016 Toyota Tundra (partial)	5/31/16	0				0	0	HY	0	0
213	HS: 2016 Sienna Van (partial)	5/26/16	0				0	0	HY	0	0
214	HS: 2016 Ford Minotour Bus #1	6/27/16	0				0	0	HY	0	0
215	HS: 2016 Ford Minotour Bus #2	6/27/16	0				0	0	HY	0	0
	Total Other Depreciation		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	Grand Totals		0				0			0	0
	Less: Dispositions and Transfers		0				0			0	0
	Net Grand Totals		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>

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Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<p>There are no assets that meet the criteria of this report</p>						

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Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
3	HS: 2001 GMC Bus (#8)	1/01/01	33,400	0	0
4	USDA: Garland Range	2/19/02	5,500	0	0
5	HS: 2001 GMC Bus (#18)	10/01/02	33,150	0	0
6	HS: 2003 Thomas Bus (#11)	5/01/03	32,425	0	0
9	SAP: 2003 GMC Mid Bus (#6)	8/01/04	35,567	0	0
10	HS: 1999 GMC Bus (#21)	4/01/05	19,195	0	0
11	HS: 2005 GMC Bus (#16)	5/01/05	36,300	0	0
12	USDA: Indoor Cooler/Freezer	5/03/07	12,044	0	0
14	HS: Playdesigns Explorer	5/25/07	9,242	0	0
15	HS: Playdesigns Explorer	5/25/07	9,242	0	0
16	HS: 2006 Chrysler Van	5/25/07	20,128	0	0
17	HS: 2007 Thomas Mntour Bus (#5)	6/05/07	39,487	0	0
18	Pre-K: 2005 Thomas Bus (#101)	9/24/07	30,810	0	0
20	Pre-K: 2009 GMC/Collins Bus (#26)	9/16/09	41,926	4,192	0
21	HS: 2009 GMC Bus (#30)	9/16/09	45,910	4,591	0
22	HS: 2009 GMC/Collins Bus (#25)	9/16/09	41,926	4,192	0
23	HS: Cantilever Shade Units	11/04/09	6,696	669	0
24	HS: Rectangle Shade Units	11/04/09	12,496	1,249	0
25	HS: Square Shade Units	11/04/09	11,496	1,149	0
26	HS: 2008 Collins Bus (#32)	11/25/09	44,900	4,490	0
27	HS: 2008 GMC/Collins Bus (#29)	3/10/10	44,900	4,490	0
28	HS: 2012 Chevy Collins Bus (#102)	7/31/12	50,054	5,005	0
29	HS: 2012 Chevy Collins Bus (#103)	7/11/12	50,054	5,005	0
30	HS: 2013 Toyota Corolla	2/25/13	16,779	1,678	0
31	HS: 2013 Collins Bus	8/20/13	47,721	4,773	0
32	HS: 2013 Collins Bus	8/20/13	47,721	4,773	0
33	Pre-K: Bus	6/26/14	51,759	5,176	0
34	HS: 2014 Thomas Mntour Bus	5/01/14	49,685	4,968	0
35	HS: 2014 Thomas Mntour Bus	5/01/14	49,685	4,968	0
36	HS: 2014 Chevy Microbird Bus	9/01/14	52,713	5,271	0
37	HS: 2014 Chevy Microbird Bus	9/01/14	52,713	5,271	0
38	BLDG: Building Main Street	7/01/89	370,329	9,258	0
40	BLDG: Remodeling	10/01/96	3,180	99	0
49	BLDG: Glass Erectors	5/13/05	5,105	0	0
50	BLDG: Ralmondo A, Inc.	6/06/05	6,250	0	0
51	BLDG: City of Johstown	6/06/05	7,500	0	0
52	BLDG: Raimondo, Inc.	6/04/05	21,250	0	0
57	BLDG: Compressors	8/27/09	5,500	0	0
64	BLDG: Heat System (Bank)	9/09/99	5,512	0	0
203	BLDG: Land	7/01/89	40,000	0	0
204	SAP: Vision Scanner	6/07/16	8,450	1,690	0
205	SAP: 2016 Toyota Tundra (partial)	5/31/16	1,244	249	0
206	SAP: 2016 Sienna Van (partial)	5/26/16	1,300	260	0
207	PRE-K: 2016 Toyota Tundra (partial)	5/31/16	5,597	1,119	0
208	PRE-K: 2016 Sienna Van (partial)	5/26/16	5,850	1,170	0
209	PRE-K: 2016 Chevy Collins Bus	5/04/16	54,817	5,482	0
210	EHS: 2016 Toyota Tundra (partial)	5/31/16	1,555	311	0
211	EHS: 2016 Sienna Van (partial)	5/26/16	1,625	325	0
212	HS: 2016 Toyota Tundra (partial)	5/31/16	22,698	4,540	0
213	HS: 2016 Sienna Van (partial)	5/26/16	23,725	4,745	0
214	HS: 2016 Ford Minotour Bus #1	6/27/16	54,962	5,496	0
215	HS: 2016 Ford Minotour Bus #2	6/27/16	54,962	5,496	0
	Total Other Depreciation		<u>1,737,035</u>	<u>112,150</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>1,737,035</u>	<u>112,150</u>	<u>0</u>
	Grand Totals		<u>1,737,035</u>	<u>112,150</u>	<u>0</u>

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 2,256			14		
Total	<u>\$ 2,256</u>					

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
Education and Human Resources	\$ 16,488	\$ 8,898	\$ 7,590	\$
Health and Nutrition	11,548	11,548		
Energy Conservation	559	559		
Total	<u>\$ 28,595</u>	<u>\$ 21,005</u>	<u>\$ 7,590</u>	<u>\$ 0</u>

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
MISC	\$ 8,399	\$ 3,590	\$ 4,809	\$
ADMIN	158	158		
Total	<u>\$ 8,557</u>	<u>\$ 3,748</u>	<u>\$ 4,809</u>	<u>\$ 0</u>

25-1150439

Federal Statements

FYE: 6/30/2017

Schedule A, Part II, Line 1(e)

Description	Amount
Government Grants or Contributions	\$ 9,846,068
Other	10,332
Total	\$ <u>9,856,400</u>

Schedule A, Part II, Line 8(e)

Description	Amount
Total	\$ 2,256
	\$ <u>2,256</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
Energy education	\$ 4,879
Other Revenue	606
Total	\$ <u>5,485</u>