

PUBLIC DISCLOSURE COPY

Form **990**

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

**2007**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2007 calendar year, or tax year beginning** OCT 1, 2007 **and ending** SEP 30, 2008

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Termination
  - Amended return
  - Application pending

Please use IRS label or print or type. See Specific Instructions.

**C Name of organization**  
**KENNEBEC VALLEY COMMUNITY ACTION PROGRAM**

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

City or town, state or country, and ZIP + 4  
**WATERVILLE, ME 04901**

**D Employer identification number**  
**01-0277678**

**E Telephone number**  
**(207) 859-1500**

**F Accounting method:**  Cash  Accrual  
 Other (specify) \_\_\_\_\_

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

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

**H(b)** If "Yes," enter number of affiliates **N/A**

**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number **N/A**

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**G Website:** WWW.KVCAP.ORG

**J Organization type** (check only one)  501(c) ( 03 ) (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **16,585,636.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

		1a		1b		1c		1d		1e	
<b>1</b> Contributions, gifts, grants, and similar amounts received:											
<b>a</b> Contributions to donor advised funds											
<b>b</b> Direct public support (not included on line 1a)				287,773.							
<b>c</b> Indirect public support (not included on line 1a)				12,704.							
<b>d</b> Government contributions (grants) (not included on line 1a)				7,597,921.							
<b>e</b> Total (add lines 1a through 1d) (cash \$ 7,898,398. noncash \$ )										7,898,398.	
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)										8,123,599.	
<b>3</b> Membership dues and assessments											
<b>4</b> Interest on savings and temporary cash investments										9,003.	
<b>5</b> Dividends and interest from securities											
<b>6 a</b> Gross rents		6a									
<b>b</b> Less: rental expenses		6b									
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a										6c	
<b>7</b> Other investment income (describe )										7	
<b>8 a</b> Gross amount from sales of assets other than inventory		(A) Securities		(B) Other							
<b>b</b> Less: cost or other basis and sales expenses		8a		449,918.							
<b>c</b> Gain or (loss) (attach schedule)		8b		470,671.							
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)		8c		-20,753.						8d -20,753.	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>											
<b>a</b> Gross revenue (not including \$ of contributions reported on line 1b)		9a									
<b>b</b> Less: direct expenses other than fundraising expenses		9b									
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a										9c	
<b>10 a</b> Gross sales of inventory, less returns and allowances		10a									
<b>b</b> Less: cost of goods sold		10b									
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a										10c	
<b>11</b> Other revenue (from Part VII, line 103)										104,718.	
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11										16,114,965.	
<b>13</b> Program services (from line 44, column (B))										14,898,067.	
<b>14</b> Management and general (from line 44, column (C))										1,231,187.	
<b>15</b> Fundraising (from line 44, column (D))										23,201.	
<b>16</b> Payments to affiliates (attach schedule)											
<b>17</b> Total expenses. Add lines 16 and 44, column (A)										16,152,455.	
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12										-37,490.	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))										2,432,739.	
<b>20</b> Other changes in net assets or fund balances (attach explanation)										SEE STATEMENT 2 13,433.	
<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20										2,408,682.	

723001 12-27-07

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2007)

**Part I Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule) STATEMENT 4	5,287,794.	5,287,794.		
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	232,164.	19,769.	208,948.	3,447.
<b>25b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	90,719.	0.	90,719.	0.
<b>25c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	5,877,910.	5,391,387.	470,978.	15,545.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	130,808.	125,459.	5,038.	311.
<b>28</b> Employee benefits not included on lines 25a - 27	767,261.	684,048.	80,913.	2,300.
<b>29</b> Payroll taxes	549,536.	495,345.	52,593.	1,598.
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	24,913.		24,913.	
<b>32</b> Legal fees				
<b>33</b> Supplies	284,259.	269,121.	15,138.	
<b>34</b> Telephone	121,945.	104,725.	17,220.	
<b>35</b> Postage and shipping				
<b>36</b> Occupancy	616,425.	533,820.	82,605.	
<b>37</b> Equipment rental and maintenance				
<b>38</b> Printing and publications				
<b>39</b> Travel	151,408.	127,302.	24,106.	
<b>40</b> Conferences, conventions, and meetings	28,036.	16,056.	11,980.	
<b>41</b> Interest	47,837.	41,864.	5,973.	
<b>42</b> Depreciation, depletion, etc. (attach schedule)	177,570.	165,822.	11,748.	
<b>43</b> Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 3	1,763,870.	1,635,555.	128,315.	
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	16,152,455.	14,898,067.	1,231,187.	23,201.

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;  
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 6</b>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a</b> <b>SEE STATEMENT 5</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>7,600,694.</b>
<b>b</b> <b>CHILD &amp; FAMILY SERVICES-OPERATES HEAD START AND EARLY START PROGRAMS THROUGHOUT THE SERVICE AREA, PROVIDES CHILD CARE TO FAMILIES AND OFFERS HEAD START AND CHILD CARE SERVICE IN FAMILY CHILD CARE HOMES (HOMESTART).</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>4,103,284.</b>
<b>c</b> <b>ENERGY SERVICES INCLUDE DISTRIBUTING FOOD COMMODITIES THROUGH A NETWORK OF 48 FOOD PANTRIES AND SOUP KITCHES, PROVIDING HOME ENERGY &amp; TELEPHONE ASSISTANCE, PROVIDING HOME WEATHERIZATION SERVICES AND OPERATING HOME REPAIR/LOAN PROGRAMS.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>2,787,709.</b>
<b>d</b> <b>AFFORDABLE HOUSING SERVICES- PROVIDES A COMPREHENSIVE HOMEBUYER EDUCATION COURSE, COUNSELING SERVICES ON BUYING A HOME AND PREVENTING FORECLOSURE, CREDIT COUNSELING AND DOWN PAYMENT &amp; CLOSING COST ASSISTANCE. THE PROGRAM DEVELOPS HOMEOWNERSHIP OPPORTUNITIES THROUGH NEW CONSTRUCTION AND PURCHASE/REHAB ACTIVITIES.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>292,837.</b>
<b>e</b> Other program services (attach schedule) <b>SEE STATEMENT 7</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>113,543.</b>
<b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	<b>14,898,067.</b>

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	9,411.45	9,769.
	46 Savings and temporary cash investments	268,545.46	368,374.
	47 a Accounts receivable	421.	
	b Less: allowance for doubtful accounts		421.
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable	1,215,221.49	1,406,451.
	50 a Receivables from current and former officers, directors, trustees, and key employees		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		
	51 a Other notes and loans receivable	507,516.	
	b Less: allowance for doubtful accounts STMT 8	268,140.	239,376.
	52 Inventories for sale or use	22,947.52	24,350.
	53 Prepaid expenses and deferred charges	72,897.53	50,364.
	54 a Investments - publicly-traded securities STMT 14 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	13,968.54a	14,529.
b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			
55 a Investments - land, buildings, and equipment: basis			
b Less: accumulated depreciation			
56 Investments - other SEE STATEMENT 9	515,276.56	550,297.	
57 a Land, buildings, and equipment: basis	3,634,978.57a		
b Less: accumulated depreciation STMT 10	1,831,529.57b	1,803,449.	
58 Other assets, including program-related investments (describe ► WORK IN PROCESS)	644,325.58	721,037.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	4,998,567.59	5,188,417.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	736,101.60	923,056.
	61 Grants payable		
	62 Deferred revenue	450,933.62	400,242.
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable STMT 11 STMT 12	795,775.64b	690,573.
	65 Other liabilities (describe ► SEE STATEMENT 13)	583,019.65	765,864.
	66 <b>Total liabilities.</b> Add lines 60 through 65	2,565,828.66	2,779,735.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	2,003,322.67	1,979,265.
	68 Temporarily restricted	114,647.68	114,647.
	69 Permanently restricted	314,770.69	314,770.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	2,432,739.73	2,408,682.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	4,998,567.74	5,188,417.





Part VI Other Information (continued)

Form with multiple rows and columns for reporting information. Includes sections 82a through 91b with 'Yes' and 'No' columns. Key entries include: 82a (Yes), 83a (Yes), 85b (N/A), 86a (N/A), 87a (N/A), 88a (Yes), 88b (Yes), 89b (Yes), 89e (Yes), 89f (Yes), 90b (228), 91a (MARK JOHNSTON, 97 WATER STREET, WATERTVILLE, ME), 91b (Yes).

**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  X  
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a SEE STATEMENT 18					2,148,597.
b					
c					
d					
e					
f Medicare/Medicaid payments					4,578,501.
g Fees and contracts from government agencies					1,396,501.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	9,003.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-20,753.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a TRAINING AND FISCAL					
b AGENT REVENUES					71,846.
c REFUNDS/REBATES					19,295.
d NET TRANSFERS					13,577.
e					
104 Subtotal (add columns (B), (D), and (E))		0.		-11,750.	8,228,317.
105 Total (add line 104, columns (B), (D), and (E))					8,216,567.

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 19

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
CONY VILLAGE, LLC, AUGUSTA, ME 04330 - 20-2711918	50.00%	MANAGEMENT OF REAL ESTATE PROJECT		1,030,552.

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

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.

Please Sign Here

Signature of officer: Mark T. Johnston Date: 8/17/09

Type or print name and title: MARK JOHNSTON

Paid Preparer's Use Only

Preparer's signature: Stephen LeClair Date: 8/17/09 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: GIBSON, LECLAIR & MARTIN, LLC  
150 CAPITOL STREET, SUITE 3  
AUGUSTA, ME 04330

EIN:   Phone no.: (207) 623-8401

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**2007**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

**KENNEBEC VALLEY COMMUNITY ACTION PROGRAM**

Employer identification number

**01: 0277678**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
COLLEEN TAYLOR 97 WATER STREET, WATERVILLE, ME 04901	NURSE PRACT. 40.00	94,840.	8,170.	0.
TRACYE FORTIN 97 WATER STREET, WATERVILLE, ME 04901	OPERATION DIR. 40.00	79,393.	3,300.	0.
KATHRYN COLFER 97 WATER STREET, WATERVILLE, ME 04901	C&FS DIR. 40.00	79,100.	7,704.	0.
SUZANNE WALSH 97 WATER STREET, WATERVILLE, ME 04901	DIR.COM.SVCS. 40.00	84,975.	7,869.	0.
PATRICIA WALKER 97 WATER STREET, WATERVILLE, ME 04901	CONTROLLER 40.00	76,987.	7,620.	0.
Total number of other employees paid over \$50,000 ▶	11			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
TRICIA LYNN CESENA 317 RIPLEY ROAD, RIPLEY, ME 04930	CHILD CARE PROVIDER	71,029.
HEATHER DICKINSON 13 HIGH STREET, WATERVILLE, ME 04901	CHILD CARE PROVIDER	64,604.
KENNEBEC BEHAVIORAL HEALTH 67 EUSTIS PARKWAY, WATERVILLE, ME 04901	ASSESSMENT/REFERRAL/COUNSELING	54,750.
-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
AL'S & DOUBLE R'S TAXI, INC. 178 QUAKER ROAD, SIDNEY, ME 04330	TRANSPORTATION	272,831.
WILLIAM FOSTER BUILDERS 15 FREE STREET, SKOWHEGAN, ME 04976	HOUSING/REHAB SERVICES CONTRACT	230,105.
AMES HOME CENTER, INC. 131 HINCKLEY ROAD, CANAAN, ME 04924	REHAB SERVICES	227,300.
AB SMITH 971 MAIN ST., BOWDOIN, ME 04287	WEATHERIZATION/REHAB SERVICES	183,805.
F&E BUILDERS, INC. 505 SALEM ROAD, PHILLIPS, ME 04966	WEATHERIZATION CONTRACTOR	116,582.
Total number of other contractors receiving over \$50,000 for other services ▶	5	

**Part III** **Statements About Activities** (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property? .....	2a	X
b	Lending of money or other extension of credit? .....	2b	X
c	Furnishing of goods, services, or facilities? .....	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X
e	Transfer of any part of its income or assets? .....	2e	X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) .....	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees? .....	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement .....	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .....	3d	X
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g .....	4a	X
b	Did the organization make any taxable distributions under section 4966? .....	4b	N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person? .....	4c	N/A
d	Enter the total number of donor advised funds owned at the end of the tax year .....	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year .....	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts .....	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year .....	0.	

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

**Provide the following information about the supported organizations.** (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					▶

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	7,434,246.	8,261,869.	12,375,281.	10,895,813.	38,967,209.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	8,079,758.	5,952,806.	6,124,737.	4,621,576.	24,778,877.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	26,232.	22,063.	13,578.	12,369.	74,242.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets			SEE STATEMENT 20	273,092.	273,092.
<b>23</b> Total of lines 15 through 22	15,540,236.	14,236,738.	18,513,596.	15,802,850.	64,093,420.
<b>24</b> Line 23 minus line 17	7,460,478.	8,283,932.	12,388,859.	11,181,274.	39,314,543.
<b>25</b> Enter 1% of line 23	155,402.	142,367.	185,136.	158,029.	
<b>26 Organizations described on lines 10 or 11: a</b> Enter 2% of amount in column (e), line 24					<b>26a</b> 786,291.
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b> 0.
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> 39,314,543.
<b>d</b> Add: Amounts from column (e) for lines: 18 <u>74,242.</u> 19 _____ 22 <u>273,092.</u> 26b _____					<b>26d</b> 347,334.
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> 38,967,209.
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 99.1165%
<b>27 Organizations described on line 12: a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
<b>c</b> Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					<b>27c</b> N/A
<b>d</b> Add: Line 27a total _____ and line 27b total _____					<b>27d</b> N/A
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b> N/A
<b>f</b> Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					<b>27f</b> N/A
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> N/A %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> N/A %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 9 of the instructions.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
_____			
_____			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
_____			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....		
b	Admissions policies? .....		
c	Employment of faculty or administrative staff? .....		
d	Scholarships or other financial assistance? .....		
e	Educational policies? .....		
f	Use of facilities? .....		
g	Athletic programs? .....		
h	Other extracurricular activities? .....		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
_____			
_____			
34 a	Does the organization receive any financial aid or assistance from a governmental agency? .....		
b	Has the organization's right to such aid ever been revoked or suspended? .....		
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.) N/A  
 (To be completed ONLY by an eligible organization that filed Form 5768)

Check  **a** if the organization belongs to an affiliated group. Check  **b** if you checked "a" and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>		
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000 .....	20% of the amount on line 40 .....		
Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....		
Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	<b>41</b>	
Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....		
Over \$17,000,000 .....	\$1,000,000 .....		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount .....					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					0.
<b>47</b> Total lobbying expenditures .....					0.
<b>48</b> Grassroots nontaxable amount .....					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					0.
<b>50</b> Grassroots lobbying expenditures .....					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
 (For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers .....		X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) .....		X	
<b>c</b> Media advertisements .....		X	
<b>d</b> Mailings to members, legislators, or the public .....		X	
<b>e</b> Publications, or published or broadcast statements .....		X	
<b>f</b> Grants to other organizations for lobbying purposes .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....		X	
<b>i</b> Total lobbying expenditures (Add lines c through h.) .....			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



2007 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 2

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	LAND	093097L				75,100.			75,100.			0.
2	BUILDINGS	093097SL		.000	16	1,012,254.			1,012,254.	370,783.		24,285.
3	BUILDING IMPROVEMENTS	123104SL		.000	16	1,150,681.			1,150,681.	206,967.		30,431.
4	EQUIPMENT	070101SL		.000	16	770,813.			770,813.	520,118.		84,296.
5	VEHICLES	093003SL		.000	16	626,130.			626,130.	556,091.		38,558.
	* TOTAL 990 PAGE 2 DEPR					3,634,978.		0.	3,634,978.	1,653,959.	0.	177,570.

728102 04-27-07 (D) - Asset disposed \* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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**FORM 990**                      **GAIN (LOSS) FROM SALE OF OTHER ASSETS**                      **STATEMENT**      **1**


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DESCRIPTION	DATE	DATE	METHOD		
	ACQUIRED	SOLD	ACQUIRED		
AFFORDABLE HOUSING UNITS			PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
QUALIFIED, ELIGIBLE INDIVIDUALS	449,918.	470,671.	0.	0.	-20,753.
TO FM 990, PART I, LN 8	449,918.	470,671.	0.	0.	-20,753.

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**FORM 990**                      **OTHER CHANGES IN NET ASSETS OR FUND BALANCES**                      **STATEMENT**      **2**


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DESCRIPTION	AMOUNT
PRIOR YEAR ADJUSTMENT TO REVENUES AND NET ASSETS	13,433.
TOTAL TO FORM 990, PART I, LINE 20	13,433.

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**FORM 990**                      **OTHER EXPENSES**                      **STATEMENT**      **3**


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DESCRIPTION	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
STAFF DEVELOPMENT	86,181.	63,250.	22,931.	
OFFICE COSTS	181,006.	128,083.	52,923.	
INSURANCE	34,574.	15,323.	19,251.	
CONTRACT SERVICES	512,598.	489,598.	23,000.	
VEHICLES	624,916.	624,916.		
HOUSING PROPERTY COSTS	57,047.	57,047.		
CLIENT ASSISTANCE	153,778.	152,799.	979.	
EMPLOYEE UNIFORMS	14,074.	14,074.		
LICENSES AND FEES	33,346.	25,160.	8,186.	
TRAINING AND EDUCATION	12,757.	12,757.		
OTHER EXPENSES	35,793.	34,748.	1,045.	
OTHER PROGRAM ADMINISTRATIVE COSTS	17,800.	17,800.		
TOTAL TO FM 990, LN 43	1,763,870.	1,635,555.	128,315.	

FORM 990

SPECIFIC ASSISTANCE TO INDIVIDUALS

STATEMENT 4

DESCRIPTIONAMOUNT

TRANSPORTATION SERVICES	3,510,432.
HOME REPAIR SERVICES	1,184,270.
WEATHERIZATION SERVICES	312,649.
HEAT PUMPS AND WINDMILLS	96,560.
MORTGAGE LENDING - MADI LOANS	127,406.
APPLIANCE REPLACEMENT	28,929.
OIL TANK REMOVAL AND REPLACEMENT	27,548.
TOTAL TO FORM 990, PART II, LINE 23	5,287,794.



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FORM 990	OTHER PROGRAM SERVICES	STATEMENT	7
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DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
AGENCIES SERVICES-OFFERS PROGRAMS DESIGNED TO INCREASE THE OPERATIONS AND EFFICIENCY OF THE AGENCY IN REGARDS TO PROVIDING THE TYPES OF SERVICES DESCRIBED ABOVE.	0.	113,543.
TOTAL TO FORM 990, PART III, LINE E		<u>113,543.</u>

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FORM 990	OTHER NOTES AND LOANS RECEIVABLE	STATEMENT	8
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DESCRIPTION	DOUBTFUL ACCT ALLOWANCE	BALANCE DUE
N/R - GRANT FUND - LOW INCOME HOUSING	0.	482,713.
N/R - LOW INCOME HOUSING	0.	24,803.
TOTALS INCLUDED ON FORM 990, PART IV, LINE 51	0.	<u>507,516.</u>

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FORM 990	OTHER INVESTMENTS	STATEMENT	9
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DESCRIPTION	VALUATION METHOD	AMOUNT
CONY VILLAGE LLC - 50% OWNERSHIP	COST	550,297.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		<u>550,297.</u>

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FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	10
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	75,100.	0.	75,100.
BUILDINGS	1,012,254.	395,068.	617,186.
BUILDING IMPROVEMENTS	1,150,681.	237,398.	913,283.
EQUIPMENT	770,813.	604,414.	166,399.
VEHICLES	626,130.	594,649.	31,481.
TOTAL TO FORM 990, PART IV, LN 57	<u>3,634,978.</u>	<u>1,831,529.</u>	<u>1,803,449.</u>

FORM 990

MORTGAGES PAYABLE

STATEMENT 11

DESCRIPTIONBALANCE DUE

SKOWHEGAN SAVINGS BANK	22,549.
KENNEBEC FEDERAL SAVINGS	27,059.
SKOWHEGAN SAVINGS BANK	22,402.
SKOWHEGAN SAVINGS BANK	250,427.
KEY BANK	66,562.
MAINE STATE HOUSING AUTHORITY	44,055.
MAINE STATE HOUSING AUTHORITY	41,625.
WHA, INC	35,000.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B

509,679.

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 12

LENDER'S NAME TERMS OF REPAYMENT

KEY BANK \$5,870/MONTH

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
08/05/04	08/05/09	300,000.	6.41%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

AGENCY ASSETS WORKING CAPITAL

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	62,527.

LENDER'S NAME TERMS OF REPAYMENT

FORD CREDIT COMPANY \$483/MO

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
	12/15/11	28,997.	.00%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

VEHICLE EQUIPMENT PURCHASE

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
UCC LIEN	0.	17,881.



FORM 990	OTHER LIABILITIES	STATEMENT 13	
DESCRIPTION	BEGINNING OF YEAR	END OF YEAR	
HOUSING LINE OF CREDIT-SKOWHEGAN SAVINGS BANK	30,000.	0.	
LINE OF CREDIT-KEY BANK OPERATING	200,000.	125,000.	
HOUSING LINE OF CREDIT-SKOWHEGAN SAVINGS BANK	125,600.	0.	
HOUSING LINE OF CREDIT-SKOWHEGAN SAVINGS BANK	141,100.	141,100.	
ESCROW RESERVES FOR PROGRAM ACTIVITIES	86,319.	84,564.	
HOUSING LINE OF CREDIT-SKOWHEGAN SAVINGS BANK	0.	118,000.	
HOUSING LINE OF CREDIT-SKOWHEGAN SAVINGS BANK	0.	149,200.	
HOUSING LINE OF CREDIT-SKOWHEGAN SAVINGS BANK	0.	148,000.	
<b>TOTAL TO FORM 990, PART IV, LINE 65</b>	<b>583,019.</b>	<b>765,864.</b>	

FORM 990	NON-GOVERNMENT SECURITIES				STATEMENT 14
SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE STOCKS	FMV	14,529.			14,529.
<b>TO FORM 990, LINE 54A, COL B</b>		<b>14,529.</b>			<b>14,529.</b>

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 15
DESCRIPTION	AMOUNT	
COST OF SALES OF HOUSING UNITS PRESENTED ON PART I, LINE 8B	470,671.	
<b>TOTAL TO FORM 990, PART IV-A</b>	<b>470,671.</b>	



KENNEBEC VALLEY COMMUNITY ACTION PROGRAM

01-0277678

DENVER BROWN 97 WATER STREET WATERVILLE, ME 04901	DIRECTOR 1.00	0.	0.	0.
BETH CROWE 97 WATER STREET WATERVILLE, ME 04901	DIRECTOR 1.00	0.	0.	0.
LYNN DUBY 97 WATER STREET WATERVILLE, ME 04901	DIRECTOR 1.00	0.	0.	0.
CLYDE DYAR 97 WATER STREET WATERVILLE, ME 04901	DIRECTOR 1.00	0.	0.	0.
SHERYL GREGORY 97 WATER STREET WATERVILLE, ME 04901	DIRECTOR 1.00	0.	0.	0.
DANA HAMILTON 97 WATER STREET WATERVILLE, ME 04901	DIRECTOR 1.00	0.	0.	0.
KATRINA HOWE 97 WATER STREET WATERVILLE, ME 04901	DIRECTOR 1.00	0.	0.	0.
HEATHER MERROW 97 WATER STREET WATERVILLE, ME 04901	DIRECTOR 1.00	0.	0.	0.
MARTHA NABER 97 WATER STREET WATERVILLE, ME 04901	DIRECTOR 1.00	0.	0.	0.
KELLY WINSLOW 97 WATER STREET WATERVILLE, ME 04901	DIRECTOR 1.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A

215,073.	17,091.	0.
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FORM 990	PROGRAM SERVICE REVENUE				STATEMENT 18
DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
OTHER PROGRAM CONTRACTS					267,560.
AFFORDABLE HOUSING					1,273,311.
CLIENT FEES					279,907.
THIRD PARTY INSURANCE					60,629.
PROGRAM INCOME					189,070.
CHILD CARE PROGRAMS					38,086.
AGREEMENT PAYMENTS					11,560.
ORIGINATION AND LOAN FEES					28,474.
TO FORM 990, PART VII, LINE 93					2,148,597.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 19

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93	FOR EACH PROGRAM SERVICE GROUP, THE SERVICE REVENUES REPORTED ABOVE WERE GENERATED AS PART OF THE OPERATION OF SERVICES TO BENEFIT LOW INCOME, ELDERLY, DISADVANTAGED OR SIMILARLY NEEDY INDIVIDUALS.
103	OTHER REVENUE INCLUDES REFUNDS, REIMBURSEMENTS AND OTHER MISCELLANEOUS REVENUE RELATED TO THE NORMAL OPERATION OF THE ORGANIZATION WITHIN ITS EXEMPT PURPOSE TO PROVIDE LOW INCOME SERVICES TO THE COMMUNITY.

SCHEDULE A	OTHER INCOME				STATEMENT 20
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	
OTHER INCOME	0.	0.	0.	273,092.	
TOTAL TO SCHEDULE A, LINE 22	0.	0.	0.	273,092.	

Kennebec Valley Community Action Program  
Land, Buildings and Equipment  
Fiscal Year Ended September 30, 2008

TIN 01-0277678

Form 990  
Part IV, Line 57

	Balances at Beginning of Year	Additions	Deletions	Balances at End of Year
Land, buildings and equipment:				
Land	75,100	-	-	75,100
Buildings and improvements	2,226,641	20,128	83,834	2,162,935
Equipment and fixtures	792,597	20,281	42,065	770,813
Vehicles	<u>892,937</u>	<u>-</u>	<u>266,807</u>	<u>626,130</u>
Asset totals	3,987,275	40,409	392,706	3,634,978 <b>Line 57a</b>
Accumulated depreciation	<u>1,857,651</u>	<u>177,570</u>	<u>203,692</u>	<u>1,831,529</u> <b>Line 57b</b>
Net Asset totals	<u><u>2,129,624</u></u>			<u><u>1,803,449</u></u> <b>Line 57c</b>

Note: Depreciation amounts on assets are calculated by using the straight-line method with estimated useful lives of between 3 and 40 years.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** You must file original and one copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>KENNEBEC VALLEY COMMUNITY ACTION PROGRAM</b>	Employer identification number <b>01-0277678</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>97 WATER STREET</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WATERVILLE, ME 04901</b>	

**Check type of return to be filed** (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **MARK JOHNSTON**  
Telephone No. **(207) 859-1500** FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**4** I request an additional 3-month extension of time until **AUGUST 15, 2009**.

**5** For calendar year \_\_\_\_\_, or other tax year beginning **OCT 1, 2007**, and ending **SEP 30, 2008**.

**6** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

**7** State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$ <b>N/A</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *Gene T. Olson* Title CPA Date 4-30-09

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
	KENNEBEC VALLEY COMMUNITY ACTION PROGRAM	01-0277678
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	
	97 WATER STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	WATERVILLE, ME 04901	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **MARK JOHNSTON**  
Telephone No. ▶ **(207) 859-1500** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or

▶  tax year beginning **OCT 1, 2007**, and ending **SEP 30, 2008**.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ <b>N/A</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.