

Forms 990 / 990-EZ Return Summary

For calendar year 2016, or tax year beginning **10/01/16**, and ending **09/30/17**

KENNEBEC VALLEY COMMUNITY ACTION PROGRAM **01-0277678**

Net Asset / Fund Balance at Beginning of Year 2,448,665

Revenue

Contributions	<u>14,558,305</u>
Program service revenue	<u>9,619,907</u>
Investment income	<u>3,611</u>
Capital gain / loss	<u>11,305</u>

Fundraising / Gaming:

Gross revenue	<u>3,955</u>
Direct expenses	<u>4,136</u>

Net income -181

Other income 13,650

Total revenue 24,206,597

Expenses

Program services	<u>22,578,126</u>
Management and general	<u>1,893,187</u>
Fundraising	<u>16,694</u>

Total expenses 24,488,007

Excess / (deficit) -281,410

Changes

Net Asset / Fund Balance at End of Year 2,167,255

Reconciliation of Revenue

Total revenue per financial statements 25,200,996

Less:

Unrealized gains	
Donated services	<u>976,143</u>
Recoveries	
Other	<u>18,256</u>

Plus:

Investment expenses	
Other	
Total revenue per return	<u><u>24,206,597</u></u>

Reconciliation of Expenses

Total expenses per financial statements 25,482,406

Less:

Donated services	<u>976,143</u>
Prior year adjustments	
Losses	
Other	<u>18,256</u>

Plus:

Investment expenses	
Other	
Total expenses per return	<u><u>24,488,007</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>17,547,306</u>	<u>18,219,117</u>	
Liabilities	<u>15,098,641</u>	<u>16,051,862</u>	
Net assets	<u><u>2,448,665</u></u>	<u><u>2,167,255</u></u>	<u>-281,410</u>

Miscellaneous Information

Amended return

Return / extended due date 02/15/18

Failure to file penalty

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016
Open to Public
Inspection

A For the 2016 calendar year, or tax year beginning 10/01/16, and ending 09/30/17

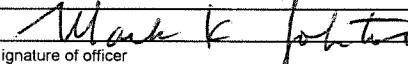
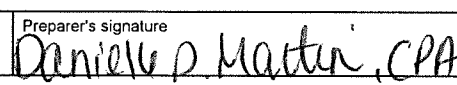
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization KENNEBEC VALLEY COMMUNITY ACTION PROGRAM		D Employer identification number 01-0277678
	Doing business as		E Telephone number 207-859-1500
	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 province, country, and ZIP or foreign postal code WATERVILLE ME 04901		G Gross receipts \$ 24,343,428
	F Name and address of principal officer: SUZANNE WALSH 97 WATER STREET WATERVILLE ME 04901		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
J Website: WWW.KVCAP.ORG		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1965	M State of legal domicile: ME

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> 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	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	355
	6 Total number of volunteers (estimate if necessary)	6	1065
	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	Current Year
	9 Program service revenue (Part VIII, line 2g)	13,703,325	14,558,305
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,214,571	9,619,907
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-6,403	14,916
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,841	13,469
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	22,924,334	24,206,597
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	7,782,969	7,811,839
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	11,190,534	11,983,274
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 16,694	0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,288,256	4,692,894
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	23,261,759	24,488,007
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	-337,425	-281,410
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	17,547,306	18,219,117
	22 Net assets or fund balances. Subtract line 21 from line 20	15,098,641	16,051,862
		2,448,665	2,167,255

Part II Signature Block

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

Sign Here	Signature of officer 		Date 5/1/18	
	MARK JOHNSTON Type or print name and title		CFO	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if PTIN
	DANIELLE D. MARTIN, CPA		04/30/18	self-employed P01265151
	Firm's name ▶ PFBF, CPAS	Firm's EIN ▶ 01-0493997		
	Firm's address ▶ 46 FIRSTPARK DRIVE OAKLAND, ME 04963-5362		Phone no. 207-873-1603	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

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

Form **990** (2016)

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:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ 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 \$ **11,262,459** including grants of \$ **6,141,044**) (Revenue \$ **8,170,420**)
COMMUNITY SERVICES IS COMPRISED OF TWO DIVISIONS: (1) COMMUNITY INITIATIVES AND SOCIAL SERVICES, AND (2) TRANSPORTATION. THE COMMUNITY INITIATIVES AND SOCIAL SERVICES DIVISION OPERATES AN EMPLOYMENT EDUCATION PROGRAM, A TEEN CENTER, THE HEALTH AND RESOURCE NAVIGATOR PROGRAM, AND FACILITATES THE POVERTY ACTION COALITION. IN THE LAST YEAR, EMPLOYMENT SERVICES SERVED 60 PEOPLE THROUGH ONE-ON-ONE SUPPORT AND WORKREADY CLASSES. THEY ALSO HELPED ORGANIZE 21 JOBS FAIRS AND INFORMATIONAL SESSIONS WITH LOCAL PARTNERS, REACHING NEARLY 1,000 PEOPLE. THE SOUTH END TEEN CENTER SERVED 77 YOUTH FROM GRADES 6 THROUGH 12; 100% COMPLETED THE SCHOOL YEAR, 35 OF MEMBERS PARTICIPATED IN COMMUNITY SERVICE PROJECTS, AND 7 MEMBERS WORKED PART-TIME. ALL ATTENDING SENIORS GRADUATED

4b (Code:) (Expenses \$ **8,050,711** including grants of \$ **11,164**) (Revenue \$ **1,352,566**)
CHILD & FAMILY SERVICES PROVIDES COMPREHENSIVE, HIGH QUALITY EARLY CARE AND EDUCATION FOR CHILDREN AGES 6 WEEKS TO 5 YEARS IN PUBLIC SCHOOL BASED CARE, EDUCARE CENTRAL MAINE, SKOWHEGAN EARLY HEAD START (OPENED IN SEPTEMBER OF 2015), AND THROUGH HOME VISITING THROUGHOUT NORTHERN KENNEBEC AND SOMERSET COUNTIES. THE PROGRAM'S GOAL IS TO INCREASE SOCIAL COMPETENCE AND SCHOOL READINESS SKILLS OF CHILDREN SO THEY ACQUIRE THE SKILLS NECESSARY FOR SUCCESS IN PUBLIC SCHOOL. DURING THE YEAR, 625 CHILDREN INCREASED THEIR READINESS FOR SCHOOL SUCCESS THROUGH THE PROVISION OF 568,858 HOURS OF HIGH-QUALITY EARLY CARE AND EDUCATION SERVICES. NEARLY 100,000 NUTRITIOUS MEALS AND SNACKS WERE SERVED, 373 CHILDREN RECEIVED ON-SITE DENTAL EXAMS, AND 66 CHILDREN RECEIVED ON-SITE LEAD TESTING. THE PROGRAM ALSO PARTNERED

4c (Code:) (Expenses \$ **3,011,953** including grants of \$ **1,659,631**) (Revenue \$ **96,921**)
ENERGY & HOUSING SERVICES WORKS WITH INDIVIDUALS AND FAMILIES TO IMPROVE ENERGY EFFICIENCY, TO REDUCE ENERGY BURDEN, TO SUPPORT AFFORDABLE HOUSING, AND TO SUSTAIN OPPORTUNITIES FOR HOMEOWNERSHIP IN KENNEBEC, SOMERSET, LINCOLN, AND SAGadahoc COUNTIES. THIS IS DONE THROUGH A VARIETY OF EDUCATION/ASSISTANCE PROGRAMS INCLUDING: LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP), LOW INCOME ASSISTANCE PROGRAM (LIAP), EMERGENCY CRISIS INTERVENTION PROGRAM (ECIP), CENTRAL HEATING IMPROVEMENT PROGRAM (CHIP), WEATHERIZATION, HOME REPAIR, DEP HOME HEATING OIL TANK REPLACEMENT PROGRAM, FORECLOSURE COUNSELING, HOMEBUYER EDUCATION, AND AFFORDABLE HOUSING DEVELOPMENT. THIS YEAR, 10,092 PEOPLE BENEFITTED FROM THE HEATING ASSISTANCE PROGRAM, 86 HOMES WERE WEATHERIZED, 369 HOMES RECEIVED REPAIRS

4d Other program services (Describe in Schedule O.)

(Expenses \$ **253,003** including grants of \$) (Revenue \$)4e Total program service expenses **22,578,126**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		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 ComplianceCheck 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	64	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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	355	
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 <i>e-file</i> (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		
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: 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?		
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?		
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		
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?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
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?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
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.		
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		
c	Enter the amount of reserves on hand		
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		

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.	1a	16
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 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: ►

SUZANNE WALSH, CEO
WATERVILLE

97 WATER STREET

ME 04901

207-859-1500

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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) HEATHER MERROW	1.00									
PRESIDENT	0.00	X		X				0	0	0
(2) GEORGE JOSEPH	1.00									
VICE PRESIDENT	0.00	X		X				0	0	0
(3) RICHARD STAPLES	1.00									
TREASURER	0.00	X		X				0	0	0
(4) JULIE REDWINE	1.00									
SECRETARY	0.00	X		X				0	0	0
(5) DENVER BROWN	0.50									
DIRECTOR	0.00	X						0	0	0
(6) ANNA COURT	0.50									
DIRECTOR	0.00	X						0	0	0
(7) SHERYL GREGORY	0.50									
DIRECTOR	0.00	X						0	0	0
(8) JEFF JOHNSON	0.50									
DIRECTOR	0.00	X						0	0	0
(9) DEBBIE KNOX	0.50									
DIRECTOR	0.00	X						0	0	0
(10) MICHAEL MITCHELL	0.50									
DIRECTOR	0.00	X						0	0	0
(11) MATTHEW MORGAN	0.50									
DIRECTOR	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) FLAVIA OLIVEIRA	0.50									
DIRECTOR	0.00	X						0	0	0
(13) JULIE SMITH	0.50									
DIRECTOR	0.00	X						0	0	0
(14) BETTY ST. HILAIRE	0.50									
DIRECTOR	0.00	X						0	0	0
(15) MARK ST. JOHN	0.50									
DIRECTOR	0.00	X						0	0	0
(16) PAMELA THOMPSON	0.50									
DIRECTOR	0.00	X						0	0	0
(17) MARK JOHNSTON	40.00									
CFO	0.00			X				116,169	0	14,902
(18) SUZANNE WALSH	40.00									
EXECUTIVE DIRECTOR	0.00			X				107,257	0	13,376
(19) MICHELE PRINCE	40.00									
COO	0.00			X				83,592	0	3,426
1b Sub-total								307,018		31,704
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								307,018		31,704

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 **2**

	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>		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>		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>		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
AL'S DOUBLE R'S TAXI INC. SIDNEY ME 04330	178 QUAKER ROAD TRANSPORTATION	760,994
KENNEBEC TAXI LLC SIDNEY ME 04330	102 JUNCTION ROAD TRANSPORTATION	615,907
JP TAXI BENTON ME 04901	70 PLEASANT DRIVE TRANSPORTATION	455,453
MAINE ENERGY PROS, INC. WATERVILLE ME 04901	P.O. BOX 2564 REHAB/WEATHER	395,939
ELITE TRANSPORTATION, INC. FAIRFIELD ME 04937	P.O. BOX 74 TRANSPORTATION	254,376

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

Part VIII Statement of RevenueCheck 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	89,796			
	b Membership dues	1b				
	c Fundraising events	1c	21,817			
	d Related organizations	1d				
	e Government grants (contributions)	1e	14,095,796			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	350,896			
	g Noncash contributions included in lines 1a-1f: \$		103,418			
	h Total. Add lines 1a-1f		14,558,305			
Program Service Revenue	2a COMMUNITY SERVICES	Busn. Code	8,170,420	8,170,420		
	b CHILD & FAMILY SERVICES		1,352,566	1,352,566		
	c ENERGY AND HOUSING		96,921	96,921		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		9,619,907			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,611		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross rents		(i) Real 13,650 (ii) Personal				
b Less: rental exps.						
c Rental inc. or (loss)		13,650				
d Net rental income or (loss)			13,650	13,650		
7a Gross amount from sales of assets other than inventory		(i) Securities 144,000 (ii) Other				
b Less: cost or other basis & sales exps.		132,695				
c Gain or (loss)		11,305				
d Net gain or (loss)			11,305	11,305		
8a Gross income from fundraising events (not including \$ 21,817 of contributions reported on line 1c). See Part IV, line 18		a 3,955				
b Less: direct expenses		b 4,136				
c Net income or (loss) from fundraising events			-181			
9a Gross income from gaming activities. See Part IV, line 19		a				
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		24,206,597	9,644,862	0	3,611	

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	7,811,839	7,811,839		
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	375,642		375,642	
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	8,894,088	8,039,754	845,047	9,287
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	243,481	219,777	23,409	295
9 Other employee benefits	1,654,432	1,544,209	108,621	1,602
10 Payroll taxes	815,631	722,242	92,294	1,095
11 Fees for services (non-employees):				
a Management				
b Legal	44,491	344	44,147	
c Accounting	40,505		40,505	
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.)	1,379,536	1,315,833	63,703	
12 Advertising and promotion				
13 Office expenses	221,317	155,046	65,574	697
14 Information technology	156,925	140,802	16,123	
15 Royalties				
16 Occupancy	476,249	475,814	435	
17 Travel	244,904	211,102	33,739	63
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	275,130	275,110	20	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	327,801	311,851	15,950	
23 Insurance	64,030	20,026	44,004	
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 VEHICLE	636,538	636,538		
b MATERIALS AND SUPPLIES	436,694	386,277	49,121	1,296
c OTHER EXPENSES	241,787	202,702	36,726	2,359
d STAFF DEVELOPMENT	146,987	108,860	38,127	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	24,488,007	22,578,126	1,893,187	16,694
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 type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck 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	6,375	1	7,400
	2 Savings and temporary cash investments	2,095,573	2	2,319,077
	3 Pledges and grants receivable, net	1,889,004	3	2,342,246
	4 Accounts receivable, net		4	
	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	234,171	7	199,726
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	8,456,399	9	8,329,731
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,543,479		
	b Less: accumulated depreciation	10b 2,463,900	3,889,954	10c 4,079,579
	11 Investments—publicly traded securities	34,855	11	134,586
	12 Investments—other securities. See Part IV, line 11	538,533	12	533,280
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	402,442	15	273,492
16 Total assets. Add lines 1 through 15 (must equal line 34)	17,547,306	16	18,219,117	
Liabilities	17 Accounts payable and accrued expenses	1,556,054	17	1,617,044
	18 Grants payable		18	
	19 Deferred revenue	997,306	19	1,588,616
	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	12,403,478	23	12,677,997
	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	141,803	25	168,205
	26 Total liabilities. Add lines 17 through 25	15,098,641	26	16,051,862
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	2,097,941	27	1,816,531
	28 Temporarily restricted net assets	114,647	28	114,647
	29 Permanently restricted net assets	236,077	29	236,077
	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	2,448,665	33	2,167,255	
34 Total liabilities and net assets/fund balances	17,547,306	34	18,219,117	

Part XI Reconciliation of Net AssetsCheck 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	24,206,597
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,488,007
3	Revenue less expenses. Subtract line 2 from line 1	3	-281,410
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,448,665
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,167,255

Part XII Financial Statements and ReportingCheck 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
b 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	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 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	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

KENNEBEC VALLEY COMMUNITY ACTION
PROGRAM

Employer identification number

01-0277678

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						

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

Schedule A (Form 990 or 990-EZ) 2016

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.")	10,122,101	10,220,283	10,706,667	13,703,325	14,558,305	59,310,681
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	10,122,101	10,220,283	10,706,667	13,703,325	14,558,305	59,310,681
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.						59,310,681

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	10,122,101	10,220,283	10,706,667	13,703,325	14,558,305	59,310,681
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,521	1,528	3,551	5,121	3,611	16,332
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						59,327,013
12 Gross receipts from related activities, etc. (see instructions)					12	40,365,816

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	99.97 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	99.97 %
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 <input checked="" type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

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) ►	(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) ►	(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? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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).		
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? If "Yes," provide detail in Part VI .		
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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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?		
b A family member of a person described in (a) above?		
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 .		

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.		
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.		

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).		

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?		
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).		
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.		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

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.
- 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.
- 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**.
- 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.

	Yes	No
2a		
2b		
3a		
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			
Underdistributions, if any, for years prior to 2016			
2 (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.)

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ 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

**KENNEBEC VALLEY COMMUNITY ACTION
PROGRAM**

Employer identification number

01-0277678**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar

assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" 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:

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

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

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

b Permanent endowment ▶ %

c Temporarily restricted endowment ▶ %

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		57,100		57,100
b Buildings		2,724,755	1,173,955	1,550,800
c Leasehold improvements		51,435	21,756	29,679
d Equipment		2,421,588	1,149,241	1,272,347
e Other		1,288,601	118,948	1,169,653
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,079,579

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.) ▶		

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.) ▶		

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.) ▶	

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) RESERVES	166,049	
(3) OBLIGATION UNDER CAPITAL LEASE	2,156	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	168,205	

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	25,200,996
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	976,143	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	18,256	
e	Add lines 2a through 2d		2e	994,399
3	Subtract line 2e from line 1		3	24,206,597
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	24,206,597

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	25,482,406
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	976,143	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	18,256	
e	Add lines 2a through 2d		2e	994,399
3	Subtract line 2e from line 1		3	24,488,007
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	24,488,007

Part XIII Supplemental Information.

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

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(1). THE ORGANIZATION BELIEVES IT HAS NO UNCERTAIN TAX POSITIONS WITH THE INTERNAL REVENUE SERVICE THAT REQUIRE DISCLOSURE IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

FUNDRAISING EXPENSES NETTED WITH REVENUE \$ 4,136

CLOSING COSTS 58 VILLAGE CIRCLE \$ 14,120

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

FUNDRAISING EXPENSES NETTED WITH REVENUES \$ 4,136

CLOSING COSTS 58 VILLAGE CIRCLE \$ 14,120

SCHEDULE G
(Form 990 or 990-EZ)**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

**KENNEBEC VALLEY COMMUNITY ACTION
PROGRAM**

Employer identification number

01-0277678**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations **e** ☐ Solicitation of non-government grants
- b** ☐ Internet and email solicitations **f** ☐ Solicitation of government grants
- c** ☐ Phone solicitations **g** ☐ Special fundraising events
- d** ☐ In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	GOLF TOURNAMENT (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue				
1 Gross receipts	25,772			25,772
2 Less: Contributions	21,817			21,817
3 Gross income (line 1 minus line 2)	3,955			3,955
Direct Expenses				
4 Cash prizes	624			624
5 Noncash prizes				
6 Rent/facility costs	1,046			1,046
7 Food and beverages	822			822
8 Entertainment				
9 Other direct expenses	1,644			1,644
10 Direct expense summary. Add lines 4 through 9 in column (d)				4,136
11 Net income summary. Subtract line 10 from line 3, column (d)				-181

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain:

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
- c If "Yes," enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization

**KENNEBEC VALLEY COMMUNITY ACTION
PROGRAM**

Employer identification number

01-0277678

OMB No. 1545-0047

2016

**Open to Public
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Part I **General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 TRANSPORTATION SERVICES	4852	6,131,626		COST	
2 WEATHERIZATION SERVICES	399	1,268,959		COST	
3 HOME REPAIR SERVICES	36	361,728		COST	
4 FUEL ASSISTANCE	116	28,944		COST	
5 LOVE FUND/HOPE FUND	26	9,622		COST	
6 USW LOCAL 36 EMERG ASSIST	36	9,085		COST	
7 TEEN CENTER SCHOLARSHIPS	4	1,875		COST	
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.					

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

RECIPIENTS OF GRANT AWARDS ARE ALL REQUIRED TO OPERATE WITHIN THE LIMITS OF

A SIGNED AGREEMENT WHICH INCORPORATES ALL FEDERAL AND STATE REQUIREMENTS OF

THE ORIGINAL GRANT AWARD. REPORTS AND MONITORING ARE MADE AS REQUIRED AND

NECESSARY TO ASSURE COMPLIANCE WITH GRANT REQUIREMENTS.

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Noncash Contributions

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 ▶ Attach to Form 990.
 ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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2016**Open To Public
Inspection****KENNEBEC VALLEY COMMUNITY ACTION
PROGRAM**

Employer identification number

01-0277678**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	544	99,726	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()	X	1	3,692	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

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▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.Name of the organization **KENNEBEC VALLEY COMMUNITY ACTION
PROGRAM**Employer identification number
01-0277678**FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES**

THE ORGANIZATION'S MISSION IS TO PARTNER WITH AREA RESIDENTS,
ORGANIZATIONS, AND LOCAL, STATE AND FEDERAL ENTITIES, CREATING SOLUTIONS TO
THE CONDITIONS OF POVERTY IN ORDER TO STRENGTHEN INDIVIDUALS, FAMILIES AND
COMMUNITIES.

FORM 990 - ORGANIZATION'S MISSION

THE ORGANIZATION'S MISSION IS TO PARTNER WITH AREA RESIDENTS,
ORGANIZATIONS, AND LOCAL, STATE AND FEDERAL ENTITIES, CREATING SOLUTIONS TO
THE CONDITIONS OF POVERTY IN ORDER TO STRENGTHEN INDIVIDUALS, FAMILIES, AND
COMMUNITIES.

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

HIGH SCHOOL. THE HEALTH NAVIGATOR PROGRAM PROVIDES EDUCATION ON THE
AFFORDABLE CARE ACT AND HELPS PEOPLE ENROLL FOR HEALTH INSURANCE THROUGH
THE ONLINE MARKETPLACE; 223 UNINSURED PEOPLE RECEIVED ASSISTANCE TO SECURE
HEALTH INSURANCE, WITH THE MAJORITY RECEIVING SOME LEVEL OF SUBSIDY. THE
NEW RESOURCE NAVIGATOR PROGRAM, WHICH BEGAN IN FY2016, PROVIDES CASE
MANAGEMENT SERVICES TO CLIENTS REFERRED THROUGH OTHER KVCAP PROGRAMS; 199
FAMILIES RECEIVED SUPPORT AND RESOURCES TO HELP ADDRESS A FINANCIAL CRISIS.
THE POVERTY ACTION COALITION (PAC) WAS FORMED IN 2014 WITH THE MAYOR OF
WATERVILLE AND OTHER COMMUNITY PARTNERS CONCERNED ABOUT THE GROWING NUMBER
OF FAMILIES LIVING IN POVERTY. THE PAC'S PRIMARY INITIATIVE, COMMUNITY
INVESTORS, DRAWS ON THE RESOURCES OF THE LARGER COMMUNITY TO HELP
INDIVIDUALS AND FAMILIES WHO ARE FACING A CRISIS THAT THREATENS THEIR

Name of the organization

Employer identification number

KENNEBEC VALLEY COMMUNITY ACTION

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STABILITY AND WHEN NO OTHER RESOURCES EXIST. THE PAC'S 200 COMMUNITY INVESTORS FINANCIALLY HELPED 47 FAMILIES BECOME FINANCIALLY STABLE THROUGH DONATIONS. THIS DIVISION ALSO IMPLEMENTS THE MAINE FAMILIES HOME VISITING PROGRAM AND THE KENNEBEC/SOMERSET FAMILY ENRICHMENT COUNCIL. MAINE FAMILIES WORKS IN PARTNERSHIP WITH EXPECTANT PARENTS AND PARENTS OF CHILDREN BIRTH TO AGE THREE, TO ENSURE SAFE HOME ENVIRONMENTS AND PROMOTE HEALTHY GROWTH AND DEVELOPMENT. IN THE LAST YEAR, MAINE FAMILIES SERVED 293 FAMILIES THROUGH 2,759 COMPLETED HOME VISITS. THE FAMILY ENRICHMENT COUNCIL FOCUSES ON THE PREVENTION OF CHILD ABUSE AND NEGLECT. MORE THAN 3,000 CHILDREN TOOK PART IN PERSONAL BODY SAFETY CLASSES.

THE TRANSPORTATION DIVISION HAS TWO COMPONENTS: (1) OPERATING PUBLIC TRANSIT SERVICES IN THE AUGUSTA, WATERTOWN, AND SKOWHEGAN AREAS, AND (2) PROVIDING DOOR-TO-DOOR TRANSPORTATION THROUGH A NETWORK OF VOLUNTEERS FOR MEDICAL AND SOCIAL SERVICE APPOINTMENTS. DURING THE YEAR, THE KENNEBEC EXPLORER, SOMERSET EXPLORER, AND "MOVE MORE KIDS" PUBLIC BUS SYSTEM PROVIDED 103,313 RIDES - NEARLY TRIPLING RIDERSHIP OVER THE PAST SEVEN YEARS. SOME OF THE RIDES PROVIDED BY THE SOMERSET EXPLORER DURING THE SUMMER MONTHS ARE FREE OF CHARGE THROUGH THE "MOVE MORE KIDS" PROGRAM, WHICH EXTENDS ROUTES TO LOCATIONS WHERE YOUTH CAN PARTICIPATE IN PHYSICAL ACTIVITIES AND PROMOTE A HEALTHY LIFESTYLE. THE KV VAN PROGRAM HAS A NETWORK OF OVER 100 VOLUNTEERS AND SEVERAL AGENCY VEHICLES THAT PROVIDED 339,302 RIDES FOR MEDICAL OR SOCIAL SERVICE APPOINTMENTS, DRIVING 5.8 MILLION MILES.

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

WITH PARENTS ON 443 HOME VISITS. OF THE FAMILIES SERVED, 23 FAMILIES

PAGE 1 OF 4

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization

KENNEBEC VALLEY COMMUNITY ACTION

Employer identification number

01-0277678

RECEIVED SUPPORTS RELATED TO DOMESTIC VIOLENCE, 51 FAMILIES RECEIVED SUPPORTS RELATED TO CHILD ABUSE AND NEGLECT, 28 FAMILIES RECEIVED TRANSPORTATION ASSISTANCE, AND 100 FAMILIES RECEIVED HELP FINDING AND SECURING AFFORDABLE HOUSING. THE CHILD & FAMILY SERVICES PROGRAM IS ALSO PARTICIPATING IN THE MAINE SHARED SERVICES ALLIANCE, A STATEWIDE INITIATIVE FOCUSED ON PROVIDING RESOURCES TO IMPROVE THE QUALITY AND FINANCIAL STABILITY OF FAMILY CHILDCARE PROVIDERS. THIS INNOVATIVE PRIVATE PARTNERSHIP PILOT IS CREATING AN INFRASTRUCTURE TO PROVIDE ACCESS TO BUSINESS AND QUALITY SUPPORTS, WHILE ENSURING PROGRAMS MAINTAIN THEIR INDEPENDENT STATUS. LASTLY, THE NEW HOMESTART BEGAN IN FY2016. THE HOMESTART PROGRAM PARTNERS WITH FAMILY DAY CARE PROVIDERS IN SOMERSET COUNTY WHO SERVE CHILDREN FROM BIRTH TO AGE 4. HOMESTART STAFF PROVIDE COACHING AND ACCESS TO NUMEROUS RESOURCES FOR PARTNER PROVIDERS WHO AGREE TO DELIVER QUALITY SERVICES THAT MEET HEAD START PERFORMANCE STANDARDS. KVCAP HOMESTART STAFF DELIVERED OVER 4,000 HOURS OF TRAINING AND TECHNICAL SUPPORT TO COMMUNITY CHILD CARE PROVIDERS.

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

TO OR REPLACEMENT OF THEIR HEATING SYSTEM, AND 59 HOMES WERE REPAIRED FOR HEALTH AND SAFETY CONCERNS. THE DEPARTMENT ALSO CONTINUES WITH THE DEVELOPMENT OF THE CONY VILLAGE ENERGY EFFICIENT HOUSING COMMUNITY. ALL 28 AFFORDABLE HOUSING UNITS WERE OCCUPIED THROUGHOUT THE YEAR IN THE GERALD SENIOR RESIDENCE PROJECT, WHICH WAS COMPLETED IN 2014. WE HELPED 88 PEOPLE PURCHASE THEIR OWN HOME AND 54 HOMEOWNERS AVOID FORECLOSURE.

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

AGENCY SERVICES OFFERS PROGRAMS DESIGNED TO INCREASE THE OPERATIONS AND

Name of the organization

KENNEBEC VALLEY COMMUNITY ACTION

Employer identification number

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EFFICIENCY OF THE AGENCY IN REGARDS TO PROVIDING THE TYPES OF SERVICES
DESCRIBED ABOVE.

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS
SEE ATTACHED REVISED BY-LAWS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE 990 IS REVIEWED BY KEY EMPLOYEES OF THE AGENCY AND THE FINANCE
COMMITTEE OF THE BOARD OF DIRECTORS. IF THERE IS NO MEETING DATE PRIOR TO
FILING, A COPY OF THE 990 IS FORWARDED TO THE BOARD TREASURER FOR REVIEW.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY WITH THE BOARD OF
DIRECTORS AND EACH BOARD MEMBER REAFFIRMS THAT CONFLICTS DO NOT EXIST.
AGENCY EMPLOYEES REVIEW THE POLICY AT DEPARTMENT MEETINGS ON AN ANNUAL
BASIS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE CHIEF EXECUTIVE OFFICER IS EVALUATED ON AN ANNUAL BASIS BY THE BOARD OF
DIRECTORS. A SURVEY OF THE CEO'S PERFORMANCE IS COMPLETED BY THE BOARD AND
THE ANSWERS ARE THEN COMPILED. A MERIT INCREASE OF BETWEEN 2% AND 4% IS
RECEIVED BASED ON THE PERFORMANCE EVALUATION AND AS APPROVED BY THE BOARD
EFFECTIVE APRIL 1, 2015.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
THE CHIEF EXECUTIVE OFFICER IS EVALUTATED ON AN ANNUAL BASIS BY THE
BOARD OF DIRECTORS. A SURVEY OF THE CEO'S PERFORMANCE IS COMPLETED BY

Name of the organization

KENNEBEC VALLEY COMMUNITY ACTION

Employer identification number

01-0277678

THE BOARD AND THE ANSWERS ARE THEN COMPILED. A MERIT INCREASE OF BETWEEN 2% AND 4% IS RECEIVED BASED ON ON THE PERFORMANCE EVALUTATION AND AS APPROVED BY THE BOARD EFFECTIVE APRIL 1, 2015.

THE CHIEF FINANCIAL OFFICER, CHIEF OPERATING OFFICER, DIRECTOR OF CHILD & FAMILY SERVICES, AND HR DIRECTOR'S PERFORMANCE ARE EVALUATED ANNUALLY BY THE CEO. A MERIT INCREASE OF BETWEEN 2% AND 4% IS RECEIVED BASED ON THE PERFORMANCE EVALUATION AND AS APPROVED BY THE BOARD EFFECTIVE APRIL 1, 2015.

FORM 990, PART VI, LINE 18 - NO PUBLIC DISCLOSURE EXPLANATION
COPIES OF THE ORGANIZATION'S FORM 990 ARE AVAILABLE UPON REQUEST IN THE FINANCE OFFICE LOCATED ON THE WATERVILLE CAMPUS, OR ON THE AGENCY WEBSITE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
ALL GOVERNING DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AT THE AGENCY'S MAIN OFFICE IN WATERVILLE, MAINE. OUR AUDITED FINANCIAL STATEMENTS ARE ALSO AVAILABLE AT OUR FINANCE OFFICE ON THE WATERVILLE CAMPUS AND ON OUR AGENCY WEBSITE.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

FUNDRAISING EXPENSES NETTED WITH REVENUE	\$	4,136
CLOSING COSTS 58 VILLAGE CIRCLE	\$	14,120
FUNDRAISING EXPENSES NETTED WITH REVENUES	\$	-4,136
CLOSING COSTS 58 VILLAGE CIRCLE	\$	-14,120

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

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

Department of the Treasury
Internal Revenue Service

Name of the organization

KENNEBEC VALLEY COMMUNITY ACTION
PROGRAM

Employer identification number

01-0277678

OMB No. 1545-0047
2016

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Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1)							Yes No
(2)							
(3)							
(4)							
(5)							

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispro- portionate alloc.?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CONY VILLAGE, LLC 97 WATER STREET WATERVILLE ME 04901 20-2711918	DEVELOP	ME	N/A	EXCLUDED	-22,464	1,218,891		X	N/A		X	100.00
(2)												
(3)												
(4)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) KVCAP REAL ESTATE DEVELOPMENT, INC. 97 WATER STREET WATERVILLE ME 04901 45-3713911	REAL EST	ME	N/A	C		-179	100.000000		X
(2)									
(3)									
(4)									

Part V

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

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

- b Gift, grant, or capital contribution to related organization(s)**

- c Gift, grant, or capital contribution from related organization(s)

- d Loans or loan guarantees to or for related organization(s)**

- e Loans or loan guarantees by related organization(s)

- f Dividends from related organization(s)**

- g Sale of assets to related organization(s)

- #### h Purchase of assets from related organization(s)

- | i | Exchange of assets with related organization(s) |
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- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)

- I Performance of services or membership or fundraising solicitations for related organization(s)

- m Performance of services or membership or fundraising solicitations by related organization(s)

- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

- o Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses

- q** Reimbursement paid by related organization(s) for expenses

- r Other transfer of cash or property to related organization(s)

- s Other transfer of cash or property from related organization(s)

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

Supplemental Information

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

Form **990****Two Year Comparison Report****2015 & 2016**For calendar year 2016, or tax year beginning **10/01/16**, ending **09/30/17**

Name

**KENNEBEC VALLEY COMMUNITY ACTION
PROGRAM**

Taxpayer Identification Number

01-0277678

		2015	2016	Differences
Revenue	1. Contributions, gifts, grants	1. 409,432	462,509	53,077
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 13,293,893	14,095,796	801,903
	4. Program service revenue	4. 9,214,571	9,619,907	405,336
	5. Investment income	5. 5,121	3,611	-1,510
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7. -11,524	11,305	22,829
	8. Net income or (loss) from fundraising events	8. 241	-181	-422
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 12,600	13,650	1,050
	12. Total revenue. Add lines 1 through 11	12. 22,924,334	24,206,597	1,282,263
Expenses	13. Grants and similar amounts paid	13. 7,782,969	7,811,839	28,870
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 356,028	375,642	19,614
	16. Salaries, other compensation, and employee benefits	16. 10,834,506	11,607,632	773,126
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 1,191,821	1,464,532	272,711
	19. Occupancy, rent, utilities, and maintenance	19. 435,958	476,249	40,291
	20. Depreciation and Depletion	20. 235,988	327,801	91,813
	21. Other expenses	21. 2,424,489	2,424,312	-177
	22. Total expenses. Add lines 13 through 21	22. 23,261,759	24,488,007	1,226,248
	23. Excess or (Deficit). Subtract line 22 from line 12	23. -337,425	-281,410	56,015
	24. Total exempt revenue	24. 22,924,334	24,206,597	1,282,263
Other Information	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 9,220,768	9,648,473	427,705
	27. Total assets	27. 17,547,306	18,219,117	671,811
	28. Total liabilities	28. 15,098,641	16,051,862	953,221
	29. Retained earnings	29. 2,448,665	2,167,255	-281,410
	30. Number of voting members of governing body	30. 16	16	
	31. Number of independent voting members of governing body	31. 16	16	
	32. Number of employees	32. 328	355	
	33. Number of volunteers	33. 1411	1065	

Form	990	Tax Return History				2016
Name	KENNEBEC VALLEY COMMUNITY ACTION PROGRAM					Employer Identification Number 01-0277678

	2012	2013	2014	2015	2016	2017
Contributions, gifts, grants				13,703,325	14,558,305	
Membership dues						
Program service revenue				9,214,571	9,619,907	
Capital gain or loss				-11,524	11,305	
Investment income				5,121	3,611	
Fundraising revenue (income/loss)				241	-181	
Gaming revenue (income/loss)						
Other revenue				12,600	13,650	
Total revenue				22,924,334	24,206,597	
Grants and similar amounts paid				7,782,969	7,811,839	
Benefits paid to or for members						
Compensation of officers, etc.				356,028	375,642	
Other compensation				10,834,506	11,607,632	
Professional fees				1,191,821	1,464,532	
Occupancy costs				435,958	476,249	
Depreciation and depletion				235,988	327,801	
Other expenses				2,424,489	2,424,312	
Total expenses				23,261,759	24,488,007	
Excess or (Deficit)				-337,425	-281,410	
Total exempt revenue				22,924,334	24,206,597	
Total unrelated revenue						
Total excludable revenue				9,220,768	9,648,473	
Total Assets				17,547,306	18,219,117	
Total Liabilities				15,098,641	16,051,862	
Net Fund Balances				2,448,665	2,167,255	

Tax-Exempt 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>InState Muni (\$ or %)</u>
	\$	3,611		14			
TOTAL	\$	<u>3,611</u>					

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONTRACTED SERVICES	\$ 1,379,536	\$ 1,315,833	\$ 63,703	\$
TOTAL	\$ 1,379,536	\$ 1,315,833	\$ 63,703	\$ 0

Federal Statements**Schedule A, Part II, Line 1(e)**

Description	Amount
FEDERATED CAMPAIGNS	\$ 89,796
GOVERNMENT GRANTS OR CONTRIBUTIONS	14,088,296
OTHER	48,112
BILL & JOAN ALFOND FOUNDATION	99,726
544 SHARES BERSHIRE HATHAWAY INC	
EDUCARE CENTRAL MAINE	95,058
CASH CONTRIBUTION	
UNIVERSITY OF MAINE AT AUGUSTA	7,500
CASH CONTRIBUTION	
MAINE GENERAL HEALTH	100,000
CASH CONTRIBUTION	
BURGER-ROY FAMILY CHARITABLE TRUST	8,000
CASH CONTRIBUTION	
GOLF TOURNAMENT	18,125
CASH CONTRIBUTION	3,692
NONCASH CONTRIBUTION	
TOTAL	\$ 14,558,305

Schedule A, Part II, Line 8(e)

Description	Amount
TOTAL	\$ 3,611
	\$ 3,611

Federal Statements

Schedule A, Part II, Line 12 - Current year

Description	Amount
COMMUNITY SERVICES	\$ 8,170,420
CHILD & FAMILY SERVICES	1,352,566
ENERGY AND HOUSING	96,921
GOLF TOURNAMENT	3,955
	13,650
TOTAL	\$ 9,637,512