Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization For calendar year 2018, or fiscal year beginning OCT 1 , 2018, and ending SEP 30 , 2019 Do not send to the IRS. Keep for your records.

Department of the Treasury			S. Keep for your records.		
Internal Revenue Service Name of exempt organ		Go to www.irs.gov/Form88	79EO for the latest information.	Employer	l identification number
ivanio oi oxompt organ	ization			Lilipioyei	
AROOSTOOK	COUNTY ACTION	PROGRAM, INC.		01-0	315849
Name and title of office					<u> </u>
JASON PARE					
EXECUTIVE					
Part I Typ	e of Return and Retu	urn Information (Whole	Dollars Only)		
Check the box for th	ne return for which you are	using this Form 8879-EO and	l enter the applicable amount, if any, fro	m the retu	rn. If you check the box
	ble, blank (do not enter -0-)		rn being filed with this form was blank, t e return, then enter -0- on the applicable		
1a Form 990 check	there 🕨 🗓 b Tot	tal revenue, if any (Form 990	, Part VIII, column (A), line 12)	1b	13,544,048.
2a Form 990-EZ ch	eck here b		990-EZ, line 9)		
3a Form 1120-POL	·——		OL, line 22)		
4a Form 990-PF ch			ncome (Form 990-PF, Part VI, line 5)		
5a Form 8868 chec	ck here b Ba	lance Due (Form 8868, line 3	3c)	5b	
Part II Dec	laration and Signatu	re Authorization of Of	ficer		
the date of any refur debit) entry to the fir return, and the finan 1-888-353-4537 no I processing of the ele payment. I have sele	nd. If applicable, I authorized nancial institution account incial institution to debit the ater than 2 business days pectronic payment of taxes the acted a personal identification to electronic funds with	e the U.S. Treasury and its de indicated in the tax preparation entry to this account. To revolution to the payment (settlement to receive confidential information number (PIN) as my signa	n, (b) the reason for any delay in processignated Financial Agent to initiate an elem software for payment of the organizations a payment, I must contact the U.S. Tent) date. I also authorize the financial in ation necessary to answer inquiries and ture for the organization's electronic reti	lectronic fu tion's fede Treasury Fi stitutions i resolve iss	unds withdrawal (direct ral taxes owed on this inancial Agent at nvolved in the sues related to the
Officer's Pin: chec	k one box only				
I authorize	e			to enter m	,
		ERO firm name			Enter five numbers, b do not enter all zeros
is being fil	•	regulating charities as part o	filed return. If I have indicated within thi If the IRS Fed/State program, I also auth		. ,
indicated	within this return that a cor		re on the organization's tax year 2018 e with a state agency(ies) regulating charit reen.		
Officer's signature 🕨			Date >		
Part III Cer	tification and Auther	ntication			
	nter your six-digit electronic ved by your five-digit self-se	-	39015554403 Do not enter all zeros		
•	bmitting this return in acco		e 2018 electronically filed return for the s of Pub. 4163, Modernized e-File (MeF)	-	
ERO's signature ▶ <u>J</u>	OHN HEMMING		Date ▶ <u>06</u> /	29/20	
			Form - See Instructions IRS Unless Requested To Do S		
LHA For Paperwo	rk Reduction Act Notice,	see instructions.			Form 8879-EO (2018)

LHA For Paperwork Reduction Act Notice, see instructions.

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.

OMB No. 1545-0047

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

Open to Public Inspection

A F	or the	2018 calendar year, or tax year beginning $OCT 1$, 2018 and	ending S	EP 30, 2019	
B (Check if applicable:	C Name of organization		D Employer identific	cation number
	Address	AROOSTOOK COUNTY ACTION PROGRAM, INC.			
	Name change	Doing business as		01-0	315849
F	□Initial □return □Final	Number and street (or P.O. box if mail is not delivered to street address) 771 MAIN STREET	Room/suite	E Telephone numbe	r 764-3721
	☐return/ termin- ated				13,544,048.
	Amende	City or town, state or province, country, and ZIP or foreign postal code PRESQUE ISLE, ME 04769		G Gross receipts \$	
	☑return ☑Applica- ☑tion			H(a) Is this a group re	
	⊥tiòn pending			for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		mpt status: X 501(c)(3)	or 527	1	list. (see instructions)
		E ► WWW.ACAP-ME.ORG	1	H(c) Group exemptio	
		organization: X Corporation Trust Association Other Summary	L Year	of formation: 19/1 N	1 State of legal domicile: ME
1 6		Briefly describe the organization's mission or most significant activities: PROV	TDE CE	DVITCEC C DEC	COLLDCEC
ė	1 E	riferly describe the organization's mission or most significant activities: <u>FROV.</u> PHAT HELP INDIVIDUALS & FAMILIES ACHIEVE			
Governance	_ =				
ern	2 0	Check this box if the organization discontinued its operations or dispos			21
90	3 1			<u>3</u>	21
	1	lumber of independent voting members of the governing body (Part VI, line 1b)			237
<u>ie</u> s	1	otal number of individuals employed in calendar year 2018 (Part V, line 2a)			529
Activities &	1	otal number of volunteers (estimate if necessary)			0.
Ac		otal unrelated business revenue from Part VIII, column (C), line 12			0.
_	ו מ	let unrelated business taxable income from Form 990-T, line 38			
	•	Contributions and grants (Dort VIII line 1h)		Prior Year 10,198,810.	Current Year 12,485,192.
ne	8 0	Contributions and grants (Part VIII, line 1h)		891,116.	987,856.
Revenue	9 F	Program service revenue (Part VIII, line 2g)		28,204.	43,225.
Be	10 lr	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		4,833.	27,775.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11,122,963.	13,544,048.
_		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,122,627.	2,421,455.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	denefits paid to or for members (Part IX, column (A), line 4)		6,814,560.	7,246,175.
ses	15 S	salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0,014,500.	7,240,173.
Expenses	10a F	rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25)	21	<u> </u>	0.
ΑX	1 0 1			2,185,777.	3,296,023.
_	"	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		11,122,964.	12,963,653.
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-1.	580,395.
		revenue less expenses. Subtract line 16 from line 12			· · · · · · · · · · · · · · · · · · ·
Assets or	20 T	otal assets (Part X, line 16)	DE	ginning of Current Year 5,998,493.	End of Year 6,693,212.
SSE	20 1	otal liabilities (Part X, line 26)		1,681,766.	1,811,076.
Net /	1	let assets or fund balances. Subtract line 21 from line 20		4,316,727.	4,882,136.
	art II	Signature Block		4,510,7274	4,002,130.
		ies of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the hest of my	knowledge and helief it is
		and complete. Declaration of preparer (other than officer) is based on all information of wh			intowiougo una bolloi, it lo
truo	, 0011001,	and complete. Decidation of property (office than officer) to become of all information of wi	non propuror	nas any knowledge.	
Sig	,	Signature of officer		Date	
Her		JASON PARENT, EXECUTIVE DIRECTOR			
1101	١	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		TOHN HEMMING JOHN HEMMING	ln	6/29/20 if self-employ	
	-	Firm's name WIPFLI LLP		Firm's EIN	39-0758449
-		Firm's address PO BOX 8700		Tilli o Liiv	
	,	MADISON, WI 53708-8700		Phone no 60	8.274.1980
May	the IR!	S discuss this return with the preparer shown above? (see instructions)		11 Holle Ho. 5 0	X Yes No
u					

Page 2

Pai	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: AROOSTOOK COUNTY ACTION PROGRAM, INC. (ACAP) PROVIDES THE PEOPLE OF
	AROOSTOOK COUNTY WITH SERVICES AND RESOURCES THAT HELP INDIVIDUALS AND
	FAMILIES ACHIEVE GREATER ECONOMIC INDEPENDENCE. AS A LEADER, OR IN
	PARTNERSHIP WITH OTHERS, ACAP PROVIDES GUIDANCE TO THE COMMUNITY IN
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 X No
2	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	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.
4	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.
	(Code:) (Expenses \$ 5,835,602 · including grants of \$ 506,462 ·) (Revenue \$ 726,823 ·)
та	EARLY CARE AND EDUCATION -EARLY CARE AND EDUCATION PROVIDES HEAD START,
	CHILD CARE, EARLY INTERVENTION, & CHILD CARE FOOD PROGRAMS.
	ACCOMPLISHMENTS: THROUGH AN AGREEMENT WITH MAINE DEPARTMENT OF
	EDUCATION, SAD#1 AND ACAP CONTINUED PARTNERSHIP TO EXPAND THE
	ENROLLMENT OF THE SAD#1 PRESCHOOL PROGRAM BY CLASSROOMS OPERATED BY
	ACAP AND SERVING DISTRICT STUDENTS. TWO OF THESE SAD#1 CLASSROOMS
	OPERATE 6 HOURS A DAY/5 DAYS A WEEK ON THE SCHOOL SCHEDULE. IN
	ADDITION TO THIS PARTNERSHIP, ACAP HAS BEEN IN CONVERSATION WITH OTHER
	SCHOOL DISTRICTS TO DISCUSS FUTURE PARTNERSHIP AND COLLABORATIONS.
	THE CARIBOU EARLY CARE FACILITY UNDERWENT A RENOVATION THIS YEAR,
	RESULTING IN ADDITIONAL CLASSROOM SPACE, EQUIPMENT, AND A MORE MODERN
	LEARNING ENVIRONMENT FOR THE CHILDREN ENROLLED AT THAT CENTER.
4b	(Code:) (Expenses \$ 2,572,810 . including grants of \$ 830,251 .) (Revenue \$ 203,315 .)
	ENERGY AND HOUSING SERVICES - ENERGY AND HOUSING SERVICES INCLUDE
	ENERGY ASSISTANCE, SUCH AS LOW-INCOME HOME ENERGY ASSISTANCE (LIHEAP),
	ENERGY CRISIS INTERVENTION (ECIP), AFFORDABLE HOUSING REPAIR AND
	REPLACEMENT PROGRAM, LEAD HAZARD CONTROL PROGRAM, HOME OWNERSHIP
	EDUCATION, WEATHERIZATION, AND HOME OWNERSHIP SUPPORT COUNSELING,
	FAMILY DEVELOPMENT ACCOUNTS, MICRO BUSINESS LOANS, ABOVE GROUND STORAGE
	TANK AND CENTRAL HEATING IMPROVEMENT PROGRAMS. ACCOMPLISHMENTS:
	ENERGY AND HOUSING DEPARTMENT FUNDING REMAINED STABLE. MORE THAN 5,200
	APPLICATIONS WERE TAKEN IN FY 2019 FOR THE HOME ENERGY ASSISTANCE
	PROGRAM WITH AN AVERAGE HOUSEHOLD BENEFIT OF \$878.00.
	ADDITIONALLY, PROGRAMS PROVIDED AGENCY CUSTOMERS WITH CENTRAL HEATING
	IMPROVEMENTS AND SYSTEM REPLACEMENTS, HOMEOWNERSHIP FORECLOSURE
4c	(Code:) (Expenses \$ 2,044,745. including grants of \$ 948,501.) (Revenue \$ 57,718.)
	COMMUNITY HEALTH SERVICES - COMMUNITY HEALTH SERVICES OPERATES THE
	SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS, AND CHILDREN (WIC); AND
	PROVIDES COMMUNITY ORAL HEALTH EDUCATION AND DENTAL SERVICES.
	ACCOMPLISHMENTS: WIC PROVIDED SERVICES TO OVER 1,910 INDIVIDUALS IN
	1,127 FAMILIES IN AROOSTOOK COUNTY.
	THE ORAL HEALTH TEAM PROVIDED OVER 556 SEALANTS, 2,321 FLOURIDE
	VARNISHES, AND 798 ORAL HEALTH SCREENINGS LAST YEAR.
	THE SECOND ANNUAL YOUTH PREVENTION DAY FOR A SECOND YEAR IN A ROW,
	BROUGHT TOGETHER MORE THAN 400 MIDDLE SCHOOL STUDENTS FROM ACROSS OUR
	REGION TO LEARN ABOUT AND DISCUSS RISK REDUCTION AWARENESS.
	Otherwood and the Appendix of Ochestella O
4d	Other program services (Describe in Schedule O.) (Expenses \$ 1,504,858. including grants of \$ 136,241.) (Revenue \$ 0.)
4 -	
40	Total program service expenses ► 11,958,015.

2

832002 12-31-18

			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	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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	3		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	4		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	5		Х
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	6		Х
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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
•	Schedule D, Part III	8		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?			
		9		X
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	-		1
10		10		x
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	ا مدا	Х	
	Part VI	11a		\vdash
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	l	v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	_
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	l		3,7
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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			3,7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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	14b		<u> </u>
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	15		<u> </u>
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	16		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	17		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	18		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	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes." complete Schedule I, Parts I and II	21	X	

Form 990 (2018) AROOSTOOK COUNTY ACTION PROGRAM, INC. 01-0315849 Page 4

Part IV Checklist of Required Schedules (continued)

			Yes	No
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? If "Yes," complete Schedule I, Parts I and III	22	Х	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		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? If "Yes,"			
	complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		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	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 107	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	•	
832004	¥ 12-31-18	Form	990	(2018)

Form 990 (2018) AROOSTOOK COUNTY ACTION PROGRAM, INC.
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Continued)				Vaa	Na
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	I			Yes	No
Za	filed for the calendar year ending with or within the year covered by this return	2a	237			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	х	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions					
За	Did the constitution have a state of the sta			За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		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 Ad	ccoun	s (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		gifts			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	vione n	ravided to the naver0	7-		Х
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			<u>7a</u> 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			70		
·	to file Form 8282?			7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		70		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion fil	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	1	ı			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	44-				
a L	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	11a				
IJ	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		<u>, </u>	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	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	13b				
С	Enter the amount of reserves on hand	13c				
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					77
	excess parachute payment(s) during the year?			15		X
40	If "Yes," see instructions and file Form 4720, Schedule N.		0	40		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	ıncon	ie?	16		
	If "Yes," complete Form 4720, Schedule O.			_	000	(0010)

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					X
Sec	tion 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	1a	2:	L		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	2:	L		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with a	ny other			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	e 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 9	990 was	s filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	opoint o	one or			
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			
			,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters	, 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 bod	y befor	e filing the form?	11a	Х	
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conf	licts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? # "Y	Yes," de	escribe			
	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	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by ind	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	<u> </u>
b	Other officers or key employees of the organization			15b	Х	<u></u>
	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 arranger	ment w	ith 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	te its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nization	's			
_	exempt status with respect to such arrangements?			16b		<u> </u>
Sec	tion 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 (1024 or 1024-A if applicable), 990, and	nd 990-	T (Section 501(c)(3)	s only) a	availab	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	n in Sch	nedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	nflict of	interest policy, and	d financ	ial	
	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 boundary of the parameters of the person who possesses the organization's boundary of the person of the	oks and	records			
	771 MAIN STREET, PRESQUE ISLE, ME 04769					

Form **990** (2018)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average			(C Pos	C) ition	1		(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	, unle	ss per	rson i	than of s both or/trus	n an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer D		Highest compensated smployee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JEFF ASHBY	1.00									
DIRECTOR		Х						0.	0.	0.
(2) CHRISTINE BROWN	1.00									
DIRECTOR	1	Х						0.	0.	0.
(3) DECON AL BURLEIGH DIRECTOR	1.00	x						0.	0.	0.
(4) DENISE DUPERRE	1.00									
DIRECTOR (THRU NOVEMBER)		Х						0.	0.	0.
(5) BONNIE FOSTER	1.00									
DIRECTOR		Х						0.	0.	0.
(6) ANDY GRASS	1.00									
DIRECTOR		Х						0.	0.	0.
(7) RUTH HANSON	1.00									
DIRECTOR		Х						0.	0.	0.
(8) SENATOR TROY JACKSON	1.00									
DIRECTOR		Х						0.	0.	0.
(9) DAVE KEATON	1.00									
DIRECTOR		Х						0.	0.	0.
(10) CAROLYN KIMBALL	1.00									
DIRECTOR		Х						0.	0.	0.
(11) JOSSELYN LANGWORTHY	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(12) RYAN PELLETIER	1.00	1								_
DIRECTOR		Х						0.	0.	0.
(13) SUZANNE SENECHAL-JANDREAU	1.00	ļ								
DIRECTOR	1	Х						0.	0.	0.
(14) REPRESENTATIVE TREY STEWART	1.00	ļ								•
DIRECTOR	1 00	Х						0.	0.	0.
(15) PATRICIA SUTHERLAND	1.00	.,								0
DIRECTOR	1 00	Х						0.	0.	0.
(16) ERIK VAUGHN	1.00	٠,							_	^
DIRECTOR (17) VALEDIE HALDEMARCON	1 00	Х			<u> </u>	-		0.	0.	0.
(17) VALERIE WALDEMARSON DIRECTOR (THRU JANUARY)	1.00	v						0.	0.	0.
DIRECTOR (IRRO UNIVARI)		X	L	l	<u> </u>	<u> </u>		1 0.	U •	Form 990 (2018)

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Dort VIII									11 0010	<u> </u>
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unle: cer ar	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	ia a a	irecto	r/trus	tee)	from	from related	other
	(list any hours for	recto						the	organizations	compensation
	related	or di	e e			ated		organization	(W-2/1099-MISC)	from the
	organizations	ustee	trust		9	suedu		(W-2/1099-MISC)		organization and related
	below	ual tr	ional		ploye	t con	١.			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(18) STEPHEN RICHARD	1.00				_					
CHAIRPERSON		Х		Х				0.	0.	0.
(19) WILLIAM EGELER	1.00									
VICE CHAIRPERSON		Х		Х				0.	0.	0.
(20) TRUDY GORNEAULT	1.00									
SECRETARY		Х		X				0.	0.	0.
(21) PAULA SPERREY	1.00									
TREASURER		Х		Х				0.	0.	0.
(22) DAN MACDONALD	1.00									
PARLIAMENTARIAN		Х		X				0.	0.	0.
(23) GARY SANFACON	1.00									
MEMBER-AT-LARGE		Х		Х				0.	0.	0.
(24) JASON PARENT	40.00									
EXECUTIVE DIRECTOR				Х				104,710.	0.	3,536.
(25) ELLEN BEMIS	40.00									
FINANCE DIRECTOR/CFO (THRU DECEMBER)				Х				85,100.	0.	29,651.
(26) ROBYN LOCKE	40.00									
FINANCE DIRECTOR/CFO (BEG DECEMBER)				Х				5,538.		0.
1b Sub-total								195,348.		33,187.
c Total from continuation sheets to Part VI	I, Section A						ightharpoons	0.	0.	0.
d Total (add lines 1b and 1c)							<u> </u>	195,348.	0.	33,187.
2 Total number of individuals (including but n	at limited to th		lioto	ط مه		طيدا	0 -0	soived more than \$100	000 of roportable	

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

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
HOGAN PROPERTY MANAGEMENT LLC	WEATHERIZATION &	
P.O. BOX 14, NEW LIMERICK, ME 04761	REPAIR SERVICES	226,964.
PNM CONSTRUCTION INC.	EARLY CHILDHOOD	
104 EDGEMONT DRIVE, PRESQUE ISLE, ME 04769	EDUCATION RENOVATION	199,500.
SCOTT MICHAUD	WEATHERIZATION &	
P.O. BOX 161, VAN BUREN, ME 04785	REPAIR SERVICES	139,588.
ADAMS HEATING	WEATHERIZATION &	
196 HIGH STREET, CARIBOU, ME 04736	REPAIR SERVICES	134,111.
CRAIG NEILANDER	WEATHERIZATION &	
P.O. BOX 641, MARS HILL, ME 04758	REPAIR SERVICES	100,506.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of compensation from the organization		
		200

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Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (**D)** Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue 94,779 1 a Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts **b** Membership dues c Fundraising events 1c d Related organizations 1d 12,032,987. e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 357,426. g Noncash contributions included in lines 1a-1f: \$ 12,485,192. h Total. Add lines 1a-1f **Business Code** 2 a FAMILY SERVICES REVENUE 726,823 624100 726,823 Program Service Revenue 624200 203,315 203,315 ENERGY & HOUSING SERVICES REVENUE COMMUNITY HEALTH SERVICES REVENUE 624200 57,718. 57,718. d f All other program service revenue 987,856. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 43,225 43,225. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) **d** Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b 27,775. d All other revenue 27,775. 27,775 e Total. Add lines 11a-11d

71,000.

13,544,048.

Total revenue. See instructions

987,856.

04		-l-tlll All -th-		(A)	
Secti	on 501(c)(3) and 501(c)(4) organizations must comp			npiete column (A).	
_	Check if Schedule O contains a respon	(A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	19,187.	19,187.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	2,402,268.	2,402,268.		
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	230,127.		230,127.	
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	5,399,051.	5,107,470.	256,780.	34,801.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	146,691.	130,650.	14,778.	1,263. 8,021.
9	Other employee benefits	931,815.	827,101.	96,693.	8,021.
10	Payroll taxes	538,491.	469,721.	64,134.	4,636.
11	Fees for services (non-employees):				
а	Management				
b	Legal	662.		662.	
С	Accounting	47,325.		47,325.	
d	Lobbying				
е	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 Sch O.)	967,827.	864,656.	103,171.	
12	Advertising and promotion	10,817.	7,817.	3,000.	
13	Office expenses	329,639.	295,109.	34,530.	
14	Information technology	41,890.	41,890.		
15	Royalties	2.1.1			
16	Occupancy	841,473.	816,069.	25,404.	
17	Travel	479,426.	451,489.	27,937.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.50	0.560		
19	Conferences, conventions, and meetings	2,560.	2,560.		
20	Interest				
21	Payments to affiliates	107.000	107.060		
22	Depreciation, depletion, and amortization	127,069.	127,069.	40 040	
23	Insurance	62,577.	22,529.	40,048.	
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.)				
а	DUES & SUBSCRIPTIONS	18,313.	12,455.	5,858.	
b	Boll & Bobbonill I Tonib		,	2,3000	
c					
d					
	All other expenses	366,445.	359,975.	6,470.	
25	Total functional expenses. Add lines 1 through 24e	12,963,653.	11,958,015.	956,917.	48,721.
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 if following SOP 98-2 (ASC 958-720)				000

Form **990** (2018)

Pan	נא	Dalance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,390,999.	1	1,231,050.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			802,415.	3	1,345,088
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ated emp	oloyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c)	(3)(B), and contributing			
		employers and sponsoring organizations of sect					
_s		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net			14,717.	7	11,296
As	8	Inventories for sale or use			·	8	•
	9	B			42,530.	9	41,789
	10a	Land, buildings, and equipment: cost or other			·		
		basis. Complete Part VI of Schedule D	10a	5,362,348.			
	b	Less: accumulated depreciation		2,825,765.	2,234,780.	10c	2,536,583
	11	Investments - publicly traded securities			1,048,199.	11	1,065,102
	12	Investments - other securities. See Part IV, line 1			457,563.	12	453,159
	13	Investments - program-related. See Part IV, line			,	13	,
	14	Intangible assets		l l		14	
	15	Other assets. See Part IV, line 11		7,290.	15	9,145	
	16	Total assets. Add lines 1 through 15 (must equ			5,998,493.	16	6,693,212
	17	Accounts payable and accrued expenses			761,127.	17	880,211
	18	Grants payable			·	18	•
	19	Deferred revenue		l l	920,639.	19	930,865
	20	Tax-exempt bond liabilities			·	20	•
	21	Escrow or custodial account liability. Complete		l l		21	
<u>"</u>	22	Loans and other payables to current and former					
Ĕ		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
≝	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		Schedule D	,	·		25	
	26	-			1,681,766.	26	1,811,076
		Organizations that follow SFAS 117 (ASC 958					
ا ي		complete lines 27 through 29, and lines 33 an					
ğ	27	Unrestricted net assets			4,097,021.	27	4,656,016
alar	28	Temporarily restricted net assets	219,706.	28	226,120.		
ĕ	29	D				29	
ב		Organizations that do not follow SFAS 117 (A					
Net Assets or Fund Balances		and complete lines 30 through 34.	,	· -			
ts (30	Capital stock or trust principal, or current funds				30	
Sse	31	Paid-in or capital surplus, or land, building, or ed				31	
ا ټ	32	Retained earnings, endowment, accumulated in				32	
§	33	Total net assets or fund balances			4,316,727.	33	4,882,136
	34	Total liabilities and net assets/fund balances			5,998,493.	34	6,693,212.

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га	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,54		
2	Total expenses (must equal Part IX, column (A), line 25)	2	12	,96		
3	Revenue less expenses. Subtract line 2 from line 1	3		58	0,39	95 <u>.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	,31	6,72	<u>27.</u>
5	Net unrealized gains (losses) on investments	5		-1	4,98	86.
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				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	4	,88	2,1	36.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b						
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	it			
	Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require		it			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	Х	
				Form	990 (2018)

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.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **Employer identification number** AROOSTOOK COUNTY ACTION PROGRAM, 01-0315849 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2018 AROOSTOOK COUNTY ACTION PROGRAM, INC. 01-0315849 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8762157.	9908946.	10310465.	10198810.	12485192.	51665570.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	8762157.	9908946.	10310465.	10198810.	12485192.	51665570.
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.						51665570.
	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	8762157.	9908946.	10310465.	10198810.	12485192.	51665570.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	10,163.	17,472.	25,098.	28,204.	43,225.	124,162.
9	Net income from unrelated business	, , , , , , , , , , , , , , , , , , , ,	<i>,</i>	,	,	,	,
_	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						51789732.
	Gross receipts from related activities,	etc (see instruction	ins)			12 4	,786,967.
	First five years. If the Form 990 is for	· ·	,				7
	organization, check this box and stor	•			•	. , . ,	
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	99.76 %
	Public support percentage from 2017					15	99.81 %
	33 1/3% support test - 2018. If the o					ore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the o						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			▶ □
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstand	es" test, check th	is box and stop h	nere. Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"				•	_	
b	10% -facts-and-circumstances test						
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ		•		•		▶ □
18	Private foundation. If the organization		· ·	•	,		s
	<u>,</u>		,				or 990-EZ) 2018

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		T	T			
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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	-			•		
check this box and stop here	- Compart Day					>
Section C. Computation of Publi					T T	
15 Public support percentage for 2018 (li					15	<u>%</u>
16 Public support percentage from 2017					16	<u>%</u>
Section D. Computation of Inves					T T	
17 Investment income percentage for 20						<u>%</u>
18 Investment income percentage from 2					18	<u>%</u>
19a 33 1/3% support tests - 2018. If the						
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2017. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organizatio	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

Т..

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

- 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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.)

	Yes	No
1		
•		
2		
За		
3b		
3c		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		_
6		
7		
8		
9a		
Oh		
9b		
9с		
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10a		
.00		
10b		
	00 EZ	

832025 10-11-18

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.*

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

Schedule A (Form 990 or 990-EZ) 2018

instructions).

01-0315849 Page 7 Schedule A (Form 990 or 990-EZ) 2018 AROOSTOOK COUNTY ACTION PROGRAM, INC. 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 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 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. Distributable amount for 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2018 **a** From 2013 **b** From 2014 **c** From 2015 **d** From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2018 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2018 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2019. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2014 **b** Excess from 2015 c Excess from 2016 d Excess from 2017

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

INC.

OMB No. 1545-0047

2018

Name of the organization

AROOSTOOK COUNTY ACTION PROGRAM,

Employer identification number

01-0315849

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

AROOSTOOK COUNTY ACTION PROGRAM, INC.

01-0315849

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	U.S. DEPARTMENT OF AGRICULTURE 1400 INDEPENDENCE AVE., S.W. WASHINGTON, DC 20250	\$ <u>1,672,465</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVE., S.W. WASHINGTON, DC 20201	\$ 6,129,539.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	U.S. DEPARTMENT OF ENERGY 1000 INDEPENDENCE AVE., S.W. WASHINGTON, DC 20585	\$ 281,741.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4 U.S. DEPARTMENT OF LABOR 200 CONSTITUTION AVE., N.W. WASHINGTON, DC 20210	\$ 633,020.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

AROOSTOOK COUNTY ACTION PROGRAM, INC.

01-0315849

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			990 990-F7 or 990-PF) (2018)

Name of organization **Employer identification number** AROOSTOOK COUNTY ACTION PROGRAM, INC. 01-0315849 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

AROOSTOOK COUNTY ACTION PROGRAM, INC. **Employer identification number** 01-0315849

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		(le) Finada and athen assemble
		(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 w	_	
_	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	, , , ,	
Pai		enization analysis of "Vee" on Ferm 200. I	Port IV line 7
			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	·	anicelly income to the least area.
	Preservation of land for public use (e.g., recreation or ec		corically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
•	Preservation of open space		-f
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form of	
_	day of the tax year.		Held at the End of the Tax Year 2a
	Total paragraphic roots and by consequents		
	Total acreage restricted by conservation easements Number of conservation easements on a certified historic stru-	cture included in (a)	
	Number of conservation easements included in (c) acquired af		
u	., .	•	
3	listed in the National Register Number of conservation easements modified, transferred, rele		
J	year	asea, extinguished, or terminated by the	organization during the tax
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	•	
_	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
	>	, ,	Ç ,
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conservat	tion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservatio		
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes t	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her 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	C 958), not to report in its revenue statem	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhi	bition, education, or research in furtherar	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	2 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pub	olic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			'
2	If the organization received or held works of art, historical trea		I gain, provide
	the following amounts required to be reported under SFAS 11	-	
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2018

832051 10-29-18

▶ 2,536,583. Schedule D (Form 990) 2018

1,991,956.

5,404.

53,100.

221,068.

e Other

3,845,929.

170,481.

485,447.

595,436.

b Buildings

d Equipment

Leasehold improvements

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

1,853,973.

165,077.

432,347.

374,368.

Schedule D (Form 990) 2018 AROUSTOOK Corport VIII Investments - Other Securities.	OUNTI ACTIO	N PROGRAM, I	INC. UI	0315849 Page
Complete if the organization answered "Yes"	on Form 990 Part IV I	ine 11h See Form 990	Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value			d-of-year market value
(1) Financial derivatives	(,	(2)		
(2) Closely-held equity interests				
(3) Other				
(A) CERTIFICATES OF DEPOSIT	335,03	1. END-OF-Y	EAR MARKET	VALUE
(B) INVESTMENT IN MOM CAP,	,			
(C) LLC	118,12	8. END-OF-Y	EAR MARKET	VALUE
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	453,15	9.		
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"			· · · · · · · · · · · · · · · · · · ·	
(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or en	d-of-year market value
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
Total (Col. (b) must squal Form 000, Port V, sol. (P) line 12.)				
Total. (Col. (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 I	ine 11d See Form 990	Part X line 15	
	Description	<u> </u>	Tarry, into to.	(b) Book value
(1)	·			<u> </u>
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990. Part X. col. (B) line	e 15.)		>	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, I		m 990, Part X, line 25	i
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				

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

^{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

Schedule D (Form 990) 2018

AROOSTOOK COUNTY ACTION PROGRAM, INC. (ACAP) IS REOUIRED TO ASSESS WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION ON THE TECHNICAL MERITS OF THE POSITION ASSUMING THE TAXING AUTHORITY HAS FULL KNOWLEDGE OF ALL INFORMATION. IF THE TAX POSITION DOES NOT MEET THE MORE LIKELY THAN NOT RECOGNITION THRESHOLD, THE BENEFIT OF THAT POSITION IS NOT RECOGNIZED IN THE FINANCIAL STATEMENTS. ACAP HAS DETERMINED THERE ARE NO AMOUNTS TO RECORD AS ASSETS OR LIABILITIES RELATED TO UNCERTAIN TAX POSITIONS.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 Part XIII Supplemental Inform	AROOSTOOK	COUNTY	ACTION	PROGRAM,	INC.	01-0315849	Page 5
Part XIII Supplemental Infor	mation _{(continued})					
_							
							_
_							

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number						
		CTION PROGRA	AM, INC.				01-0315849
Does the organization maintain records							
criteria used to award the grants or ass	sistance?						X Yes No
2 Describe in Part IV the organization's p						· "	
	-				anization answered "Y	res" on Form 990, Pan	t IV, line 21, for any
recipient that received more than		1	1		(f) Method of	(m) Description of	(h) Durage of great
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	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PENOBSCOT NATION							
23 WABANAKI WAY							
INDIAN ISLAND, ME 04468	01-0327623	PENOBSCOT NATION	19,187.	0.			EDUCATIONAL ASSISTANCE
	1	<u> </u>					1
2 Enter total number of section 501(c)(3)	•	•	e line 1 table				
3 Enter total number of other organizatio LHA For Paperwork Reduction Act Notic							Schedule I (Form 990) (2018)
LITA FOI Fapel WOLK NEULCHOLL ACTIVOLIC	e, see ille illsii uci	10115 101 F01111 330.					3CHEGGIE I (FOLIH 990) (20 10)

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 non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ENERGY AND HOUSING SERVICES - ENERGY ASSISTANCE					
INCLUDING LIHEAP, ECIP, LIAP PROGRAMS, CASE					
MANAGEMENT, EMERGENCY FOOD ASSISTANCE, HOUSING					
REPAIR AND REPLACEMENT, LEAD HAZARD CONTROL, HOME	8661	830,251.	0.		
WORKFORCE DEVELOPMENT - JOB TRAINING OPPORTUNITIES					
AND PROGRAMS	441	136,241.	0.		
COMMUNITY HEALTH SERVICES - FOOD PROGRAMS AND					
HEALTH PROGRAMS	20906	929,314.	0.		
FAMILY SERVICES - HEAD START, CHILD CARE, AND FOOD					
PROGRAMS	1125	506,462.	0.		
Part IV Complemental Information Dravide the information yes					

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:

THE ORGANIZATION COMPLIES WITH FEDERAL REGULATIONS OF GRANT FUNDS IN

AWARDING GRANTS OR ASSISTANCE.

PART III, COLUMN (A):

(A) TYPE OF GRANT OR ASSISTANCE: ENERGY AND HOUSING SERVICES - ENERGY

ASSISTANCE INCLUDING LIHEAP, ECIP, LIAP PROGRAMS, CASE MANAGEMENT,

EMERGENCY FOOD ASSISTANCE, HOUSING REPAIR AND REPLACEMENT, LEAD HAZARD

CONTROL, HOME OWNERSHIP EDUCATION, WEATHERIZATION, HOME OWNERSHIP SUPPORT

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

AROOSTOOK COUNTY ACTION PROGRAM, INC.

Employer identification number 01-0315849

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESPONDING TO EMERGING HUMAN NEEDS IN THE AREAS OF COMMUNITY, FAMILY,

ENERGY AND HOUSING AND WORKFORCE DEVELOPMENT SERVICES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: IN SUPPORT OF AGENCY TRANSITION TO WHOLE FAMILY/TWO-GEN SERVICE ECE HIRED AN ADDITIONAL FAMILY COACH TO WORK WITH FAMILIES INTERESTED IN TAKING STEPS TO MOVE THEIR FAMILY INTO ECONOMIC STABILITY. THE FAMILY COACH ROLE CONTINUES TO BE A CRITICAL PIECE TO BRING NECESSARY SUPPORT TO THE PROCESS OF MOVING THE FAMILY FORWARD IN TRAINING, EDUCATION, EMPLOYMENT AND FINANCIAL WELL-BEING. HEAD START PROGRAM DESIGN HAS SUPPORTED A WHOLE FAMILY APPROACH SINCE ITS INCEPTION. ACAP'S MOVE TO COMPREHENSIVE SERVICE DELIVERY WILL LESSEN THE GAP BETWEEN COACHING SERVICES ACROSS THE AGENCY. BRAIDING HEAD START FAMILY COACHING TO INCLUDE A-16 ENERGY COACHING ADDS ANOTHER MUCH NEEDED EDUCATIONAL COMPONENT TO WHOLE FAMILY COACHING. THIS YEAR OUT THE 31 FAMILIES THAT RECIEVED FAMILY COACHING FOR THE ENTIRE YEAR 41% IMPROVED THEIR HOUSING STATUS, AND MORE THAN 25% OF FAMILIES SAW IMPROVEMENTS IN COMMUNITY INVOLVEMENT, FAMILY RELATIONSHIPS, ENGAGEMENT IN THEIR CHILD'S DEVELOPMENT, OR FAMILY SAFETY. FAMILY COACHES WORK SPECIFICALLY WITH FAMILIES IN THESE AREAS. THROUGH PRIVATE FOUNDATION FUNDING, WE WERE ABLE TO PURCHASE STATE-OF-THE-ART VISION AND HEARING SCREENERS TO CONDUCT SCREENINGS ON OUR VERY YOUNG CHILDREN. THE ACCURACY OF THESE SCREENERS HAS REDUCED THE TIME STAFF SPEND COLLECTING DATA AND MORE IMPORTANTLY IMPROVED THE ACCURACY OF THE SCREENING RESULTS. WE HAVE 100% ACCURACY FROM REFERRALS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018) 832211 10-10-18

Employer identification number Name of the organization AROOSTOOK COUNTY ACTION PROGRAM, INC. 01-0315849 TO PROFESSIONALS BASED ON THE SCREENING RESULTS AS WELL AS FIVE TIMES MORE REFERRALS THAN IN PREVIOUS YEARS. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: COUNSELING, ASSISTANCE WITH REPLACING ABOVE GROUND STORAGE TANKS, LEAD ABATEMENT, HOME REPAIR, AND WEATHERIZATION. WE ARE ESPECIALLY PROUD TO REPORT WE HAD 154 INDIVIDUAL PARTICIPANTS IN OUR HOMEBUYER EDUCATION COURSES IN FY19. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: WORKFORCE DEVELOPMENT - WORKFORCE DEVELOPMENT OFFERS SERVICES TO ASSIST PEOPLE WHO ARE SEEKING EMPLOYMENT AS WELL AS BUSINESSES SEEKING EMPLOYEES. SERVICES OFFERED INCLUDE WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) SERVICES AS WELL AS OTHER JOB TRAINING OPPORTUNITIES AND PROGRAMS. ACCOMPLISHMENTS: THROUGH A WOMEN IN APPRENTICESHIP AND NON-TRADITIONAL OCCUPATIONS (WANTO) GRANT FROM THE US DEPARTMENT OF LABOR, ACAP SUPPORTED COHORTS IN FOUR COMMUNITIES IN NORTHERN AND EASTERN MAINE. PARTICIPATING WOMEN WERE PLACED WITH SEVERAL LOCAL EMPLOYERS. WE SERVED 177 INDIVIDUALS THROUGH WORKFORCE PROGRAMS. THROUGH OUR STATEWIDE PARTNERSHIP IN THE AFFORDABLE CARE ACT NAVIGATOR GRANT, WE WERE ABLE TO ENROLL NEARLY 230 AROOSTOOK COUNTY RESIDENTS IN THE HEALTH INSURANCE MARKETPLACE. OUR JUVENILE DETENTION ALTERNATIVE INITIATIVE PROGRAM SAW OVER 30 YOUTH HAVING NO RECIDIVATING EVENTS AFTER SIX MONTHS IN THE PROGRAM. EXPENSES \$ 1,504,858. INCLUDING GRANTS OF \$ 136,241. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

Name of the organization

AROOSTOOK COUNTY ACTION PROGRAM, INC.

Employer identification number 01-0315849

THE BOARD OF DIRECTORS IS PROVIDED WITH A COPY OF THE FORM 990 FOR THEIR REVIEW AND APPROVAL BEFORE BEING FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY ALL BOARD MEMBERS AND EMPLOYEES REVIEW, DISCLOSE AND SIGN A

CONFLICT OF INTEREST POLICY. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE

CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE AND

NATURE OF THEIR INTEREST, AND MUST DISCLOSE ALL MATERIAL FACTS TO THE BOARD

OF DIRECTORS AT THE NEXT SCHEDULED BOARD MEETING. AT THE MEETING, AFTER

DISCLOSING ALL MATERIAL FACTS, THE INTERESTED PERSON SHALL LEAVE THE BOARD

MEETING WHILE THE DETERMINATION OF A CONFLICT IS DECIDED UPON.

FORM 990, PART VI, SECTION B, LINE 15:

AROOSTOOK COUNTY ACTION PROGRAM, INC. USES A VARIETY OF PROCESSES IN ORDER

TO DETERMINE COMPENSATION. THE ORGANIZATION USES AN EXTERNAL SALARY

SURVEY, ESTABLISHES LABOR MARKET SALARY RANGES, CONDUCTS PERFORMANCE

REVIEWS ESTABLISHING GOALS AND OBJECTIVES, MEASURES ACHIEVEMENT ON GOALS

AND OBJECTIVES, AND CONSIDERS AGENCY FINANCIAL ABILITY TO ESTABLISH FAIR

COMPENSATION. THE ORGANIZATION LAST CONDUCTED A WAGE STUDY IN FALL 2017

AND THE NEXT ONE IS DUE IN 2020.

FORM 990, PART VI, SECTION C, LINE 19:

AROOSTOOK COUNTY ACTION PROGRAM, INC. MAKES ITS GOVERNING DOCUMENTS,

CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE

PUBLIC UPON REQUEST. THE ORGANIZATION'S ANNUAL REPORT CAN BE FOUND ON THE

ORGANIZATION'S WEBSITE.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

AROOSTOOK COUNTY ACTION PROGRAM, INC.										
Part I	Identification of Disregarded Entities. Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.						
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity					Direct o	(f) controlling ntity	9	
	Identification of Related Tax-Exempt Organiza	tions Complete if the evacuiration	angulared "Ves" on Form 000	Port IV line 24			related toy eye			
Part II	organizations during the tax year.	tions. Complete il the organization	answered tes on Form 990	, Part IV, III le 34, I	Decause it riad one	or more	related tax-exel	прі		
	(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	Direc	(f) ct controlling entity	cont	g) 512(b)(13) rolled tity?	
					501(c)(3))			Yes	No	

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	lo
	SOFTWARE										
MOM CAP, LLC - 26-4430349	SUPPORT										
771 MAIN STREET	SERVICES &										
PRESQUE ISLE, ME 04769	MAINTENANCE	ME	N/A	RELATED				X	N/A	X	50.00%
]										
	1										
	1										
	1										

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i Sec	i) :tion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	ent	
		country)		,				Yes	No
									ĺ
									1
									<u> </u>
									ĺ
									ĺ
									ĺ
									1
									ĺ
									1
	1								1
	1								1
	l					l			

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

Yes No

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

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 ent	tity			. 1a	X
b Gift, grant, or capital contribution to related organization(s)					X
c Gift, grant, or capital contribution from related organization(s)				1c	X
d Loans or loan guarantees to or for related organization(s)					X
e Loans or loan guarantees by related organization(s)					X
f Dividends from related organization(s)				1f	X
g Sale of assets to related organization(s)					<u> </u>
h Purchase of assets from related organization(s)				1h	X
i Exchange of assets with related organization(s)				1i	X
j Lease of facilities, equipment, or other assets to related organization(s)				. 1 j	X
k Lease of facilities, equipment, or other assets from related organization(s)				1k	Х
Performance of services or membership or fundraising solicitations for related organization.					X
m Performance of services or membership or fundraising solicitations by related org					X
n Sharing of facilities, equipment, mailing lists, or other assets with related organizations by related organizations.					X
					X
Orialing of paid employees with related organization(s)				10	
p Reimbursement paid to related organization(s) for expenses				1p	х
q Reimbursement paid by related organization(s) for expenses					X
r Other transfer of cash or property to related organization(s)				1r	X
				. 1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on	who must complete th	nis line, including covered rel	ationships 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)					
1-7					
(4)					
(5)					
(6)					
332163 10-02-18			Schedu	le R (Form 9	90) 2018
	38				

Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partne	(k) Percentage ownership
									000) 0040

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	PROGRAM SERVICES														
11	LAND	VARIOUS	L				206,560.				206,560.			0.	
12	BUILDINGS	VARIOUS	SL	.000	1	16:	.,435,719.				1,435,719.	422,095.		0.	422,095.
23	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	.000	1	16	197,854.				197,854.	66,468.		0.	66,468.
24	VEHICLES	VARIOUS	SL	.000	1	16	600,503.				600,503.	600,503.		0.	600,503.
25	EQUIPMENT AND FIXTURES * 990 PAGE 10 TOTAL PROGRAM	VARIOUS	SL	.000	1	16	477,933.				477,933.	457,910.		0.	457,910.
	SERVICES					1	2,918,569.				2,918,569.1	,546,976.		0.1	L,546,976.
	* GRAND TOTAL 990 PAGE 10 DEPR					1	2,918,569.				2,918,569.1	,546,976.		0.	L,546,976.

828111 04-01-18

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Continued to the continued of the continued to the con	Form	990-T	E	-	OMB No. 1545-0687					
December of the Instance December of the Ins				_				D 20 201	, I	2010
Note that the properties of			For cal						9 .	ZU 10
March Print Prin			•	Do not enter SSN number	ers on this form as it may	be ma	de public if your organiz	ation is a 501(c)(3).		501(c)(3) Organizations Only
Signature Sig	A L			Name of organization (Check box if name c	hanged	and see instructions.)		Empl	oyees' trust, see
Section Part			Print	AROOSTOOK C	OUNTY ACTION	N PF	ROGRAM, INC.	•		
December 1 December 2 December 3 December 4 December 3 December 4 De	X		I _			k, see in	structions.		(See in	ated business activity code estructions.)
© Book-value of all series F. Group exemption number (See instructions.)		` ` '				_	n postal code		900	099
Triest inclinate or the influence of the operation of successions in the label in space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts I will write the complete Parts I will be subjected to the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts I will be subjected to the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business that the complete Parts I will be subjected to the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business that the complete Parts I will be subjected to the previous sentence or the previous sentences or th	C Boo	k value of all assets		Croup overnation num	har (Can instructions)	>				
Triest inclinate or the influence of the operation of successions in the label in space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts I will write the complete Parts I will be subjected to the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts I will be subjected to the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business that the complete Parts I will be subjected to the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business that the complete Parts I will be subjected to the previous sentence or the previous sentences or th		6,693,2	12.	G Check organization type	oe 🕨 🗓 501(c) corp	oration	501(c) trust	401(a)	trust	Other trust
describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. 1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	H Ent	er the number of the o	organiza	tion's unrelated trades or	businesses. 🕨	1	Describe	the only (or first) uni	related	
Dusings, then complete Parts III-V								•		
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes	des	cribe the first in the b	lank spa	ce at the end of the previo	us sentence, complete Pa	rts I an	d II, complete a Schedule	M for each additiona	ıl trade	or
Tree books are in care of JASON PARENT Telephone number 207-764-3721										
The books are in care of						nt-subsi	diary controlled group?	> L	Ye	s X No
1 a Gross receipts or sales							Teleph	one number > 2	07-	764-3721
Description Comparison Co	Par	t I Unrelated	d Trac	de or Business Ind	come		(A) Income	(B) Expenses		(C) Net
2 Cost of goods sold (Schedule A, line 7)	1 a	Gross receipts or sale	S							
3 Gross profit. Subtract line 2 from line 1c	b	Less returns and allow	vances		c Balance ▶	1c				
4a 4a 4a 4a 4a 4a 4a 4a	2	Cost of goods sold (S	chedule	A, line 7)		-				
b Net pain (loss) Form 4797, Part II, line 17) (attach Form 4797) 46 46 46 46 46 46 46 4		•								
C Capital loss deduction for trusts 4c										
5 Rent income (Schedule C) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule F) 11 Advertising income (Schedule I) 12 Other income (See instructions; attach schedule I) 13 Total. Combine lines 3 through 12 13 0 Part II Deductions Not Taken Elsewhere (See instructions or limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 15 15 16 Repairs and maintenance 16 17 8ad debts 17 17 18 18 Interest (attach schedule) (see instructions) 18 18 18 18 18 18 18 1										
6 Rent income (Schedule C) 6 7 7 Tunelated debt-financed income (Schedule E) 7 7 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 8 9 Investment income of a section 501(c)/7), (9), or (17) organization (Schedule G) 9 9 10 Exploited exempt activity income (Schedule J) 10 11 11 Advertising income (See instructions; attach schedule) 12 12 Other income (See instructions; attach schedule) 12 13 Total. Combine lines 3 through 12 13 0 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 14 15 Salaries and wages 15 16 Repairs and mainterance 16 17 Bad debts 17 18 Interest (attach schedule) (see instructions for limitation rules) 20 20 Charitable contri										
7										
8						-				
Solution Supplementation						-				
10 Exploited exempt activity income (Schedule 1) 11 Advertising income (Schedule J) 12 Other income (See instructions, attach schedule) 13 Total. Combine lines 3 through 12 15 Total. Combine lines 3 through 12 16 Compensation of officers, directors, and trustees (Schedule K) 16 Salaries and wages 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 19 Depreciation (attach Form 4562) 20 Charitable contributions (See instructions for limitation rules) 20 Charitable contributions (See instructions) 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Employee benefit programs 23 Depletion 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule J) 27 Excess readership costs (Schedule J) 28 Other deductions (attach schedule) 29 Total deductions. Add lines 14 through 28 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 32 Original Programs 30 Original Programs 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 32 Original Programs 32 Original Programs 33 Original Programs 34 Original Programs 35 Original Programs 36 Original Programs 37 Original Programs 38 Original Programs 39 Original Program		•			-					
11										
12										
Total. Combine lines 3 through 12										
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K)	12	Total Combine lines	2 throu	ah 12			0			
(Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 16 Repairs and maintenance 17 Bad debts 17 Interest (attach schedule) (see instructions) 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 19 Depreciation (attach Form 4562) 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation schedule A and elsewhere on return 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule A and elsewhere on return 23 Less depreciation claimed on Schedule A and elsewhere on return 24 Less depreciation claimed on Schedule A and elsewhere on return 25 Less depreciation claimed on Schedule A and elsewhere on return 26 Less depreciation claimed on Schedule A and elsewhere on return 27 Less depreciation claimed on Sch	Par	t II Deductio	าร No	ot Taken Elsewhei	re (See instructions fo	r limits				
15 Salaries and wages 15 16 Repairs and maintenance 16 17 Bad debts 17 18 Interest (attach schedule) (see instructions) 18 19 Taxes and licenses 19 20 Charitable contributions (See instructions for limitation rules) 20 21 Depreciation (attach Form 4562) 21 22 Less depreciation claimed on Schedule A and elsewhere on return 23 23 Depletion 23 24 Contributions to deferred compensation plans 24 25 Employee benefit programs 25 26 Excess exempt expenses (Schedule I) 26 27 Excess readership costs (Schedule J) 27 28 29 O.* 30 Unrelated ductions. Add lines 14 through 28 29 O.* 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 O.* 32 Unrelated business taxable income. Subtract line 31 from line 30 O.*								income.)		
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16 Repairs and maintenance 16 17 Bad debts 17 18 Interest (attach schedule) (see instructions) 18 19 Taxes and licenses 19 20 Charitable contributions (See instructions for limitation rules) 20 21 Depreciation (attach Form 4562) 21 22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b 23 Depletion 23 24 Contributions to deferred compensation plans 24 25 Employee benefit programs 25 26 Excess exempt expenses (Schedule I) 26 27 Excess readership costs (Schedule J) 27 28 Other deductions (attach schedule) 28 29 Total deductions. Add lines 14 through 28 29 0 • 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 0 • 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 32 Unrelated business taxable income. Subtract line 31 from line 30 0 •	15	Salaries and wages							15	
18 Interest (attach schedule) (see instructions) 18 19 Taxes and licenses 19 20 Charitable contributions (See instructions for limitation rules) 20 21 Depreciation (attach Form 4562) 21 22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b 23 Depletion 23 24 24 Contributions to deferred compensation plans 24 24 25 Employee benefit programs 25 25 26 Excess exempt expenses (Schedule I) 26 27 28 Other deductions (attach schedule) 28 29 0.* 29 0.* 0.* 0.* 0.* 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 0.* 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 0.* 32 Unrelated business taxable income. Subtract line 31 from line 30 0.* 0.*	16								16	
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Charitable contributions (See instructions for limitation rules) 20 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Depletion 23 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule J) 28 Other deductions (attach schedule) 29 Other deductions. Add lines 14 through 28 10 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 20 Lurelated business taxable income. Subtract line 31 from line 30 20 Lurelated business taxable income. Subtract line 31 from line 30 20 Lurelated business taxable income. Subtract line 31 from line 30 21 Lurelated business taxable income. Subtract line 31 from line 30 20 Lurelated business taxable income. Subtract line 31 from line 30 20 Lurelated business taxable income. Subtract line 31 from line 30 20 Lurelated business taxable income. Subtract line 31 from line 30 20 Lurelated business taxable income. Subtract line 31 from line 30	18								18	
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32 Unrelated business taxable income. Subtract line 31 from line 30 32 0.				•	=					U •
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Part I	Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instru	ctions)	33	0.
34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34		36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			
	enter the smaller of zero or line 36		38	0.
Part I	V Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	>	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 3			
	Tax rate schedule or Schedule D (Form 1041)	>	40	
41	Proxy tax. See instructions		41	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income. See instructions		43	
44	Total . Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
Part V	Tax and Payments			
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b	Other credits (see instructions) 45b			
C	General business credit. Attach Form 3800 45c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 45d			
	Total credits. Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)		48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
50 a	Payments: A 2017 overpayment credited to 2018 50a			
b	2018 estimated tax payments 50b			
C	Tax deposited with Form 8868 50c			
	Foreign organizations: Tax paid or withheld at source (see instructions)			
е	Backup withholding (see instructions) 50e			
f	Credit for small employer health insurance premiums (attach Form 8941)			
g	Other credits, adjustments, and payments: Form 2439			
	\overline{X} Form 4136 2, 107. Other Total \blacktriangleright 50g	2,107		
51	Total payments. Add lines 50a through 50g		51	2,107.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	>	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54	2,107.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	Refunded	55	2,107.
Part V	Statements Regarding Certain Activities and Other Information (se	e instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other $\frac{1}{2}$	authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign	country		
	here			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transfero	r to, a foreign trust? \dots		Х Х
	If "Yes," see instructions for other forms the organization may have to file.			
58	Enter the amount of tax-exempt interest received or accrued during the tax year \(\bigs\)\$			
Sian	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any		edge and belief	, it is true,
Sign Here		T ₁	May the IRS dis	cuss this return with
пеге	EXECUTIVE :	DIRECTOR t	he preparer sho	own below (see
	Signature of officer Date Title		_	X Yes No
	Print/Type preparer's name Preparer's signature Date		if PTIN	
Paid		self- employed	I	056005
Prepa	rer JOHN HEMMING JOHN HEMMING 06/29			856805
Use C	only Firm's name ► WIPFLI LLP	Firm's EIN	39-	0758449
	PO BOX 8700		-	4 1000
	Firm's address ► MADISON, WI 53708-8700	Phone no.		4.1980
823711 01-	09-19		F	orm 990-T (2018)

Schedule A - Cost of Goods	s Sold. Enter	method of inve	ntory v	aluation ► N/A					
1 Inventory at beginning of year				Inventory at end of yea	r		6		
2 Purchases	2			Cost of goods sold. Su					
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,			
4 a Additional section 263A costs				line 2			7	<u> </u>	
(attach schedule)			8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)				property produced or a		,			
5 Total. Add lines 1 through 4b	5			the organization?		111111 D 1 D	<u></u>		
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Per	sonal Property L	ease	d With Real Prop	erty	")	
Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	` ' of rent for	personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) a	y conne ind 2(b)	ected with the income in (attach schedule)	1
(1)				,					
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	▶			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	. ▶		0.
Schedule E - Unrelated Dek	ot-Financed	Income (see	instru	ctions)					
				2. Gross income from		3. Deductions directly cor to debt-finan			
1. Description of debt-fit	nanced property		'	or allocable to debt- financed property	(a)	Straight line depreciation	1	(b) Other deduction	
				maneed property		(attach schedule)		` (attach schedule)	
(1)							-		
<u>(1)</u> (2)							_		
(3)							\dashv		
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)				%			+		
(2)				%					
(3)				%					
(4)				%					
			•			Enter here and on page 1, Part I, line 7, column (A).		Enter here and on pag Part I, line 7, column	
Totals						0			0.
Total dividends-received deductions in	ncluded in columi	 n 8					Ť		0.

Form **990-T** (2018)

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)												
				Exempt (Controlled O	rganizati	ons					
1. Name of controlled organizat	tion	2. Em identifi num	cation		related income e instructions)		al of specified nents made	includ	t of column 4 ed in the contr ation's gross i	rolling	conne	ductions directly cted with income n column 5
(2)										$\overline{}$		
(3)												
(4)												
Nonexempt Controlled Organi	zations			1								
7. Taxable Income		nrelated incom	ie (loss)	0 Total	of specified payr	nente	10. Part of colu	mn 0 that	is included	11 5) oduotions	directly connected
7. Taxable income		see instructions		9. 10tal	made	nents	in the controlli	ing organ	ization's	wi	th income	in column 10
(1)												
(2)												
(3)												
(4)												
(4)				l			Add colun	one E one	1 10	,	\dd oolum	ung 6 and 11
							Enter here and		1, Part I,		here and	ns 6 and 11. on page 1, Part I, olumn (B).
Totals						•			0.			0.
Schedule G - Investme	nt Incon	ne of a S	ection	501(c)(7	7). (9). or (17) Orc	anization			l		
(see inst		0. 4.	000.011	001(0)(1	,, (0), 0. (, ৩.૬	,amzation					
	cription of inco	me			2. Amount of	income	3. Deductio directly conne (attach scheo	cted	4. Set-	asides schedule)	5	Total deductions and set-asides (col. 3 plus col. 4)
(1)							,	,				
(2)												
(3)												
(4)												
(' '					Enter here and	on page 1,					Ente	r here and on page 1,
Totals				_	Part I, line 9, co	lumn (A).					Part	I, line 9, column (B).
Schedule I - Exploited	Evemnt	Activity	Incom	n Other	Than Adv		a Income					<u> </u>
(see instru	_	Activity	IIICOIII	e, Other	man Au	ei tisiii	g income					
Description of exploited activity	2. G	e from	directly of with pro of uni	penses connected oduction related as income	4. Net incon from unrelated business (co minus colum gain, comput	I trade or Ilumn 2 n 3). If a e cols. 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut colui	able to	6	Excess exempt expenses (column minus column 5, but not more than column 4).
(4)					through	<i>'</i> .					_	
(1)											_	
(2)												
(3)												
(4)												
	Enter her page 1 line 10,	col. (A).	page 1	ere and on 1, Part I, , col. (B).								Enter here and on page 1, Part II, line 26.
Totals	<u> </u>	0.		0.								0.
Schedule J - Advertision			nstruction	,								
Part I Income From	Periodic	als Repo	orted o	n a Cons	solidated	Basis	.					
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (c col. 3). If a g		5. Circulate income		6. Reade		costs	excess readership s (column 6 minus nn 5, but not more han column 4).
(1)												
(2) (3)												
(3)												
(4)												
Totals (carry to Part II, line (5))	>	(0.	0	.						Forr	0 . n 990-T (2018)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form **990-T** (2018)

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print AROOSTOOK COUNTY ACTION PROGRAM, 01-0315849 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filina vour 771 MAIN STREET return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. PRESQUE ISLE, ME 04769 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF Ω4 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 JASON PARENT ullet The books are in the care of llet 771 MAIN STREET - PRESQUE ISLE, ME 04769 Telephone No. ► 207-764-3721 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 🦳 and attach a list with the names and EINs of all members the extension is for. I request an automatic 6-month extension of time until AUGUST 15, 2020 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or ► X tax year beginning OCT 1, 2018 $\underline{\hspace{0.5cm}}$, and ending $\underline{\hspace{0.5cm}}$ SEP $\phantom{\hspace{0.5cm}}$ 30 , $\phantom{\hspace{0.5cm}}$ 2019

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by
using EFTPS (Electronic Federal Tax Payment System). See instructions.

3c \$ 0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

Initial return

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

If the tax year entered in line 1 is for less than 12 months, check reason:

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

Change in accounting period

any nonrefundable credits. See instructions.

Form **8868** (Rev. 1-2019)

0.

instructions

Final return

3b

Presque Isle, Maine

Financial Statements and Supplementary Information

Years Ended September 30, 2019 and 2018

Financial Statements and Supplementary Information Years Ended September 30, 2019 and 2018

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Independent Auditor's Report

Board of Directors Aroostook County Action Program, Inc. Presque Isle, Maine

Report on the Financial Statements

We have audited the accompanying financial statements of Aroostook County Action Program, Inc., which comprise the statements of financial position as of September 30, 2019 and 2018, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Aroostook County Action Program, Inc. as of September 30, 2019 and 2018, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States.

Emphasis of Matter

As discussed in Note 1 to the financial statements, Aroostook County Action Program, Inc. adopted the amendments in Accounting Standards Update (ASU) No. 2016-14, Not-for-Profit Entities – Presentation of Financial Statement for Not-for-Profit Entities, as of and for the year ended September 30, 2019. The amendments have been applied on a retrospective basis with the exception of certain information as permitted by the ASU.

Other Matters

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis, and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Such information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated May 28, 2020, on our consideration of Aroostook County Action Program, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Aroostook County Action Program, Inc.'s internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Aroostook County Action Program, Inc.'s internal control over financial reporting and compliance.

Wipfli LLP

May 28, 2020 Augusta, Maine

Wiggei LLP

Statements of Financial Position

September 30, 2019 and 2018

Assets		2019		2018
Current assets:				
Cash and cash equivalents	\$	1,231,050	\$	1,390,999
Investments		1,400,133		1,377,474
Grants and accounts receivable		1,345,088		802,415
Current portion of revolving loans receivable		3,170		3,170
Weatherization work in progress		9,145		7,290
Prepaid expenses		41,789		42,530
Total current assets		4,030,375		3,623,878
Property and equipment, net		2,536,583		2,234,780
Long-term assets:				
Revolving loans receivable		8,126		11,547
Other long-term assets		118,128		128,288
Total long-term assets		126,254		139,835
TOTAL ASSETS	\$	6,693,212	\$	5,998,493
Liabilities and Net Assets				
Current liabilities:				
Accounts payable	\$	226,935	\$	180,886
Accrued expenses	·	653,276	·	580,241
Grant funds received in advance		930,865		920,639
Total current liabilities		1,811,076		1,681,766
Net assets				
Without donor restrictions		4,656,016		4,094,028
With donor restrictions		226,120		222,699
Total net assets		4,882,136		4,316,727
TOTAL LIABILITIES AND NET ASSETS	\$	6,693,212	\$	5,998,493

Statements of Activities Year Ended September 30, 2019

	Without Donor Restriction	With Donor Restrictions	Total
Revenue:			
Support and revenue:			
Government grants and contracts	\$11,522,232	\$ 0	\$ 11,522,232
Program fees	378,114	0	378,114
Contributions	452,205	0	452,205
Investment income	28,239	0	28,239
Other revenue	634,096	3,421	637,517
In-kind	943,265	0	943,265
Total revenue	13,958,151	3,421	13,961,572
Expenses:			
Program services:			
Workforce development	1,504,858	0	1,504,858
Energy and housing services	2,572,810	0	2,572,810
Community health	2,126,479	0	2,126,479
Early care and education	6,570,064	0	6,570,064
Total program services	12,774,211	0	12,774,211
Supporting services:			
Fund-raising	48,721	0	48,721
Management and general	956,917	0	956,917
Total expenses including grant funded equipment	13,779,849	0	13,779,849
Income from operations	178,302	3,421	181,723
Other revenue (expense) and adjustments:			
Grant funds for equipment/renovations purchased	510,755	0	510,755
Depreciation on assets purchased with grant funds	(127,069)	0	(127,069)
Total other revenue (expense) and adjustments	383,686	0	383,686
	F < 1 000	2 121	7.7 100
Changes in net assets	561,988	3,421	565,409 4 216 727
Net assets - Beginning of the year, restated	4,094,028	222,699	4,316,727
Net assets - End of the year	\$ 4,656,016	\$ 226,120	\$ 4,882,136

Statements of Activities (Continued)

Year Ended September 30, 2018

	Without Donor Restriction Restrictions		Total
Revenue:			
Support and revenue:			
Government grants and contracts	\$ 10,029,057	\$ 0	\$ 10,029,057
Program fees	568,557	0	568,557
Contributions	132,373	0	132,373
Investment income	32,025	0	32,025
Other revenue	324,399	2,993	327,392
In-kind	1,097,203	0	1,097,203
Total revenue	12,183,614	2,993	12,186,607
Expenses:			
Program services:			
Workforce development	1,193,086	0	1,193,086
Energy and housing services	1,972,009	0	1,972,009
Community health	2,058,489	0	2,058,489
Early care and education	5,980,519	0	5,980,519
Total program services	11,204,103	0	11,204,103
Supporting services:			
Fund-raising	48,243	0	48,243
Management and general	847,311	0	847,311
Total expenses including grant funded equipment	12,099,657	0	12,099,657
Income from operations	83,957	2,993	86,950
Other revenue (expense) and adjustments:			
Grant funds for equipment/renovations purchased	37,380	0	37,380
Depreciation on assets purchased with grant funds	(120,510)	0	(120,510)
Total other revenue (expense) and adjustments	(83,130)	0	(83,130)
Changes in net assets	827	2,993	3,820
Net assets - Beginning of the year	4,093,201	219,706	4,312,907
Net assets - End of the year	\$ 4,094,028	\$ 222,699	\$ 4,316,727

Statements of Functional Expenses Year ended September 30, 2019

			PF	ROGI	RAM SERVIC	CES				PPORTING ERVICES	
	Vorkforce evelopment	F	Energy and Housing Services	C	community Health		rly Care and Education	Total Program Services	and	anagement General and nd- Raising	Total
Personnel	\$ 891,846	\$	896,616	\$	743,253	\$	4,003,227	\$ 6,534,942	\$	711,232	\$ 7,246,174
Travel and vehicle operation	219,965		60,413		39,995		131,116	451,489		27,937	479,426
Occupancy costs	53,612		73,821		53,863		634,773	816,069		25,404	841,473
Consumable supplies	51,327		25,323		96,047		90,645	263,342		34,531	297,873
Minor equipment and renovations	0		10,699		21,068		0	31,767		0	31,767
Direct client benefits	136,241		830,251		894,583		506,462	2,367,537		34,731	2,402,268
Consultants and contractual services	92,969		652,379		174,261		40,855	960,464		116,427	1,076,891
In-kind	0		0		81,734		861,531	943,265		0	943,265
Other	58,898		23,308		21,675		301,455	405,336		55,376	460,712
Total expenses including grant funded equipment	\$ 1,504,858	\$	2,572,810	\$	2,126,479	\$	6,570,064	\$ 12,774,211	\$	1,005,638	\$ 13,779,849

Statements of Functional Expenses (Continued)

Year ended September 30, 2018

				PI	ROG	RAM SERVIC	ES					PPORTING ERVICES		
		Vorkforce evelopment]	Energy and Housing Services	(Community Health		rly Care and Education		Total Program Services	and (nagement General and id- Raising		Total
Personnel	\$	845,684	\$	811,230	\$	706,187	\$	3,784,431	\$	6,147,532	\$	667,028	\$	6,814,560
Travel and vehicle operation	Ψ	38,127	Ψ	43,092	Ψ	39,157	Ψ	127,631	Ψ	248,007	Ψ	16,384	Ψ	264,391
Occupancy costs		59,386		69,956		51,264		315,975		496,581		25,119		521,700
Consumable supplies		33,031		29,112		79,890		93,877		235,910		21,943		257,853
Minor equipment and renovations		0		22,170	(14,390)		0		7,780		0		7,780
Direct client benefits		171,215		477,014		916,302		507,462		2,071,993		0		2,071,993
Consultants and contractual services		14,064		496,569		195,535		73,055		779,223		114,191		893,414
In-kind		0		0		71,293		1,025,910		1,097,203		0		1,097,203
Other		31,579		22,866		13,251		52,178		119,874		50,889		170,763
Total expenses including grant funded equipment	\$	1,193,086	\$	1,972,009	\$	2,058,489	\$	5,980,519	\$	11,204,103	\$	895,554	\$	12,099,657

Statements of Cash Flows

Years Ended September 30, 2019 and 2018

		2019		2018
Increase (decrease) in cash and cash equivalents:				
Cash flows from operating activities:				
Changes in net assets	\$	565,409	\$	3,820
Adjustments to reconcile changes in net assets to				
net cash provided by operating activities:				
Depreciation and amortization		208,952		141,957
Change in partnership equity interest		10,160		(11,252)
Unrealized (gain)/loss on investments		14,986	(3,821)
Changes in operating assets and liabilities:				
Grants and accounts receivable	(542,673)		550,183
Weatherization work in progress	(1,855)	(4,296)
Prepaid expenses		741		8,890
Accounts payable		46,049		3,989
Accrued expenses		73,035		30,985
Grant funds received in advance		10,226		132,739
Net cash provided by operating activities		385,030		853,194
Cash flows from investing activities:				
Repayment of revolving loans receivable		3,421		2,993
Purchase of property and equipment	(510,755)	(26,444)
Proceeds from the sale investments	`	0		1,293,891
Purchases of investments	(37,645)	(1,805,161)
Net cash used in investing activities	(544,979)	(534,721)
	· · · · · · · · · · · · · · · · · · ·			
Changes in cash and cash equivalents	(159,949)		318,473
Cash and cash equivalents - Beginning of the year		1,390,999		1,072,526
Cash and cash equivalents - End of the year	\$	1,231,050	\$	1,390,999

Notes to Financial Statements

Note 1: Summary of Significant Accounting Policies

Nature of Operations

Aroostook County Action Program, Inc. ("ACAP") is organized as a nonprofit Maine corporation to enable the people of Aroostook County to achieve greater economic independence and dignity and provide leadership to the community in responding to human needs. The accounting practices of ACAP are designed primarily to demonstrate stewardship of the funds entrusted to it, compliance with prescribed grant conditions, and other special requirements, including the furnishing of certain amounts of cash or noncash contributions to programs from nonfederal sources.

Approximately 85% and 87% of ACAP's support for the years ended September 30, 2019 and 2018, respectively, came from grants, contracts, and fees from the federal and state governments. Of those grants, 28% and 27% of direct federal funding was received from the U.S. Department of Health and Human Services for the Head Start program for the years ended September 30, 2019 and 2018, respectively.

A basic description of the programs is as follows:

Workforce Development – Workforce Development offers services to assist people who are seeking employment as well as businesses seeking employees. Services offered include Workforce Innovation and Opportunity Act (WIOA) services, other jobs training opportunities and programs, as well as Case Management.

Energy and Housing Services - Energy and Housing Services include energy assistance, such as Low-Income Home Energy Assistance (LIHEAP), Energy Crisis Intervention (ECIP), Low-Income Assistance (LIAP), affordable housing repair and replacement program, lead hazard control program, home ownership education, weatherization, home ownership support counseling, family development accounts, micro business loans, above ground storage tank and central heating improvement programs.

Community Health - Community health operates the supplemental food program for Women, Infants, and Children (WIC); and provides community oral health education and dental services.

Early Care and Education – Early Care and Education provides Head Start, Child Care, and Child Care Food programs.

Fund-raising and Management and General – Fund-raising and management and general includes the functions necessary to maintain programs and consists of those activities that are not identifiable with a single program; ensures an adequate working environment; provides coordination and articulation of ACAP's program strategy; secures proper administrative functioning of the Board of Directors; maintains competent legal services for the program administration of ACAP; and manages the financial and budgetary responsibilities of ACAP.

Basis of Presentation

All financial statements are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States.

Notes to Financial Statements

Note 1: Summary of Significant Accounting Policies (Continued)

Classification of Net Assets

Net assets and revenues, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of ACAP and changes therein are classified and reported as follows:

Without Donor Restrictions - Net assets that are not subject to donor-imposed stipulations or where donor-imposed stipulations are met in the year of the contribution.

With Donor Restrictions - Net assets subject to donor-imposed stipulations that may or may not be met, either by actions of ACAP and/or the passage of time. When a restriction expires, net assets with donor restrictions are transferred to net assets without donor restrictions and reported in the statements of activities as net assets released from restrictions.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

Revenue Recognition

Contributions are recognized when the donor makes a promise to give to ACAP that is, in substance, unconditional. Contributions received are recorded as with or without donor restrictions. When a restriction expires, net assets are reclassified as without donor restrictions and reported in the statements of activities as released from restrictions. Contributions that are restricted by the donor are reported as increases in net assets without donor restrictions if the restrictions expire in the fiscal year in which the contributions are recognized.

Conditional promises to give are recognized only when the conditions on which they depend are substantially met and the promises become unconditional.

Program fees and other revenue are recognized when earned.

Grants are either recorded as contributions or exchange transactions based on criteria contained in the grant award.

A. Grant Awards That Are Contributions

Grants that qualify as contributions are recorded as invoiced to the funding sources. Revenue is recognized in the accounting period when the related expenses are incurred. Amounts received in excess of expenses are reflected as grant funds received in advance.

B. Grant Awards That Are Exchange Transactions

Exchange transactions reimburse based on a predetermined rate for services performed. The revenue is recognized in the period the service is performed.

Notes to Financial Statements

Note 1: Summary of Significant Accounting Policies (Continued)

Cash and Cash Equivalents

ACAP considers all highly liquid investments available for current use with an initial maturity of three months or less to be cash equivalents. ACAP includes money market investments as cash and cash equivalents.

Accounts Receivable

Accounts receivable represent amounts due from various entities for services performed. Accounts receivable are stated at the amount management expects to collect on balances outstanding at year-end. Based on history with customers having outstanding balances and current relationships with them, management has concluded that realization losses on balances outstanding at year-end will be immaterial and no allowance has been recorded.

Investments

Investments include certificates of deposit, mutual funds, and common stock and are reported at their fair values as determined in an active market. Investment return is included in the statements of activities in investment income. Any investment income and gains restricted by a donor are reported as increases in net assets without donor restrictions if the restrictions are met either by passage of time or by use in the reporting period in which the income and gains are recognized.

Fair Value Measurements

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an ordinary transaction between market participants at the measurement date. A three-tier hierarchy prioritizes the inputs used in measuring fair value. These tiers include Level 1, defined as observable inputs such as quoted market prices in active markets; Level 2, defined as inputs other than quoted market prices in active markets that are directly or indirectly observable; and Level 3, defined as unobservable inputs in which little or no market data exists, therefore, requiring an entity to develop its own assumptions. The asset's or liability's fair value measurement within the hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Property and Equipment

Property and equipment are capitalized at cost or, if donated, at fair value on the date of donation. Depreciation is provided for using the straight-line method over the estimated useful life of the asset. Leasehold improvements are recorded at cost and amortized using the straight-line method over the shorter of the useful life or the associated lease term. ACAP considers items with a cost greater than \$5,000 and a useful life greater than one year to be property and equipment.

Property and equipment purchased with grant funds are owned by ACAP while used in the program for which they were purchased or in other future authorized programs. However, the various funding sources have a reversionary interest in the property and equipment purchased with grant funds. Its disposition, as well as the ownership of any proceeds therefrom, is subject to funding source regulations. The net book value of grant property and equipment included on the statements of financial position is \$1,530,054 and \$1,146,368 at September 30, 2019 and 2018, respectively.

Notes to Financial Statements

Note 1: Summary of Significant Accounting Policies (Continued)

In-Kind Contributions

In-kind contributions for supplies and professional services are recorded in the statements of activities as revenue and expenses in the period they are received. During the years ended September 30, 2019 and 2018, ACAP received \$943,265 and \$1,097,203 respectively, of such contributions, primarily for its early care and education programs. In addition, ACAP received contributions of nonprofessional volunteer services during the years ended September 30, 2019 and 2018, of \$93,648 and \$73,016, respectively, primarily for its early care and education programs. The nonprofessional volunteer services are not reported in the statements of activities as they do not meet the criteria to be recorded under accounting principles generally accepted in the United States.

Income Taxes

ACAP is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code and has been determined not to be a private foundation within the meaning of Section 509(a)(1) of the code. In addition, contributions to ACAP qualify for the charitable contribution deduction under Section 170(b)(1)(A). ACAP is also exempt from State of Maine income taxes.

ACAP is required to assess whether it is more likely than not that a tax position will be sustained upon examination on the technical merits of the position assuming the taxing authority has full knowledge of all information. If the tax position does not meet the more likely than not recognition threshold, the benefit of that position is not recognized in the financial statements. ACAP has determined there are no amounts to record as assets or liabilities related to uncertain tax positions.

Indirect Cost Rate

Joint costs are allocated to benefiting programs using an indirect cost rate. Joint costs are those incurred for the common benefit of ACAP's programs that cannot be readily identified with a final cost objective. A fixed rate has been approved by the Department of Health and Human Services (DHHS). The fixed rate of 20.0% is based upon direct salaries and wages excluding all fringe benefits was approved and in effect from October 1, 2017 to September 30, 2018. Effective October 1, 2018, ACAP will be using a fixed rate of 14.2% on the basis of direct salaries and wages excluding all fringe benefits.

Functional Allocation of Costs

The costs of program and supporting services activities have been summarized on a functional basis in the statements of activities. The statements of functional expenses presents the natural classification detail of expenses by function. Accordingly, certain costs have been allocated among the programs and supporting services benefited. Personnel costs are allocated based on time and effort reporting. Other operating costs are allocated based on utilization.

Notes to Financial Statements

Note 1: Summary of Significant Accounting Policies (Continued)

Change in Accounting Policy

Not-for-Profit Entities

In 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2016-14, Not-for-Profit Entities (Topic 958). This ASU provides certain improvements in financial reporting for not-for-profit organizations and requires changes to net asset classification, enhancements to liquidity presentation and disclosures, presentation of an analysis of expenses by function and by nature, netting of investment expenses with return, among other changes. The guidance was adopted effective October 1, 2018.

In accordance with the ASU, the temporarily restricted net asset balance at September 30, 2018 of \$219,706 has been reported as net assets with donor restrictions of \$222,699 as of October 1, 2018 in the financial statements.

Recent Accounting Pronouncements

Revenue Recognition

In May 2014, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2014-09, Revenue from Contracts with Customers, to clarify the principles for recognizing revenue and to develop a common revenue standard for U.S. GAAP and International Financial Reporting Standard (IFRS). The core principle of the guidance requires entities to recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The guidance is effective for the fiscal year ending September 30, 2020. ACAP is currently evaluating the impact of the provisions of ASC 606.

Contributions

In June 2018, the FASB issued ASU 2018-08, Not-for-Profit Entities: Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made. This update is to provide guidance for not-for-profit entities in evaluating whether transactions should be accounted for as contributions (nonreciprocal transactions) or exchanges (reciprocal transactions) and determining whether a contribution is conditional. In general, the update is effective for the year ending September 30, 2020. Management is currently evaluating the impact of adoption on its financial statements.

Leasing

In February 2016, FASB issued ASU 2016-02, Leases. This new standard will provide users of the financial statements a more accurate picture of the assets and the long-term financial obligations of entities that lease. The proposal is for a dual-model approach; a lessee would account for most existing capital leases as Type A leases, and most existing operating leases as Type B leases. Both would be reported on the balance sheet of an entity for leases with a term exceeding 12 months. Lessors will see some changes too, largely made to align with the revised lease model. The guidance is effective for the year ending September 30, 2021. The standard requires retroactive

Notes to Financial Statements

application to previously issued financial statements. Management is currently evaluating the impact of adoption on its financial statements.

Note 2: Concentration of Risk

ACAP maintains cash balances, consisting of checking, savings accounts, money market accounts, and certificates of deposits at several financial institutions located in Aroostook County. ACAP's daily cash balances are swept into an overnight repurchase agreement. The repurchase agreement at September 30, 2019, consisted of a government security. All other accounts at each institution are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. At times during the year, balances in these accounts may exceed the insurance limits. Management believes the financial institutions have strong credit ratings and credit risk related to these deposits is minimal.

Note 3: Investments

ACAP's investments at September 30, consist of the following:

	2019	2018
Certificates of deposit	\$ 335,031	\$ 329,275
Mutual funds	842,307	892,435
Common stocks	222,795	155,764
Totals	\$ 1,400,133	\$ 1,377,474

2010

Investment income for ACAP on the above investments is summarized as follows:

	2019	2018
Realized and unrealized gain/(loss)	\$ (14,986)	\$ 3,821
Interest and dividend income	43,225	28,204
Totals	\$ 28,239	\$ 32,025

Note 4: Fair Value Measurements

The following is a description of the valuation methodologies used for assets measured at fair value.

Common stocks and mutual funds are valued at quoted market prices. Certificates of deposit are valued at quoted prices for similar assets in active markets.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair value. Furthermore, while ACAP believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Notes to Financial Statements

Note 4: Fair Value Measurements (Continued)

The following table presents the balances of assets measured at fair value on a recurring basis by level within the fair value hierarchy as of September 30, 2019:

	Fair Value Measurements Using							
		Level 1	Level 2	I	Level 3]	Fair Value	
Certificates of deposit	\$	-	\$ 335,031	\$	-	\$	335,031	
Mutual funds		842,307	-		-		842,307	
Common stock		222,795			-		222,795	
Totals	\$	1,065,102	\$ 335,031	\$		\$	1,400,133	

The following table presents the balances of assets measured at fair value on a recurring basis by level within the fair value hierarchy as of September 30, 2018:

	F	air Valı	Using	_		
	Le	vel 1	Level 2	Le	vel 3	Fair Value
Certificates of deposit	\$	-	\$ 329,275	\$	-	\$ 329,275
Mutual funds	8	92,435	-		-	892,435
Common stock	1	55,764			-	155,764
<u>Totals</u>	\$1,0	48,199	\$ 329,275	\$	-	\$1,377,474

At September 30, 2019 and 2018, ACAP does not have any liabilities that are measured at fair value on a recurring, nor are there assets or liabilities measured on a nonrecurring basis.

Note 5: Grants and Accounts Receivable

The grants and accounts receivable balance at September 30 represent amounts due from the various funding sources and unrelated third parties as follows:

	2019	2018
Federal programs	\$ 880,978	\$ 626,629
State and other programs	464,110	175,786
Totals	\$ 1,345,088	\$ 802,415

Notes to Financial Statements

Note 6: Property and Equipment

ACAP's property and equipment as of September 30, are as follows:

	2019	2018
Land and building	\$ 4,110,984	\$ 3,766,771
Leasehold improvements	170,481	170,481
Vehicles	595,436	434,148
Equipment and fixtures	485,447	480,193
Sub-total property and equipment	5,362,348	4,851,593
Accumulated depreciation and amortization	(2,825,765)	(2,616,813)
Property and equipment, net	\$ 2,536,583	\$ 2,234,780

Note 7: Operating Leases

ACAP leases buildings under the terms of operating leases expiring in October 2019 and December 2031. ACAP is liable for the cost of utilities under the lease agreements. Rent expense paid under these operating leases totaled \$185,898 and \$177,217 for the years ended September 30, 2019 and 2018, respectively.

Future minimum payments under the leases are as follows:

2020	\$ 168,817
2021	168,817
2022	168,817
2023	168,817
2024	168,817
Thereafter	1,223,926
Total	\$ 2,068,011

Note 8: Line of Credit

ACAP has a line-of-credit agreement of \$500,000 with a local bank, which expires June 30, 2020, and is secured by all accounts, contract rights, unrestricted equipment, unrestricted furniture and fixtures, and bears interest at the *Wall Street Journal* Prime Rate (4.75% as of September 30, 2019). There were no outstanding balances at September 30, 2019 and 2018.

Note 9: Employee Benefits

ACAP has established a defined contribution plan for the benefit of its employees under Internal Revenue Code, Sections 403(b)(1) and 403(b)(7). The plan is contributory and covers all employees reaching certain age and length of service requirements. The employer contributions are at various rates depending on the number of years

Notes to Financial Statements

of employment. The employee may contribute any amount to the plan provided that the contribution does not exceed the maximum allowable under the Internal Revenue Code. For the years ended September 30, 2019 and 2018, the employer contributions to the plan amounted to \$149,383 and \$146,407 respectively.

Note 10: Net Assets with Donor Restrictions

Net assets with donor restrictions consist primarily of revolving loan funds available to loan out. The loan funds are restricted by various grantors for the intended purpose of the specific grant.

Note 11: Commitments and Contingencies

ACAP participates in various governmental grant programs, which may be subject to future program compliance audits by grantors or their representatives. Accordingly, ACAP's compliance with applicable program grant requirements may be established at some future date. The amount, if any, of liabilities arising from disallowance of expenditures or ineligibility of grant revenue cannot be determined at this time. At September 30, 2019 and 2018, there was no known unrecorded contingent liabilities relating to compliance with the rules and regulations governing the funds, that management is aware of.

Note 12: Related Parties

MoM CAP, LLC

ACAP is 50% owner in MoM CAP, LLC. The principal purpose of MoM CAP, LLC is to provide access to software support services and maintenance. ACAP has recorded this investment using the equity method. At September 30, 2019 and 2018, the investment in MoM CAP, LLC was \$118,128 and \$128,288, respectively, and is included in other long-term assets on the statements of financial position.

Note 13: Grant Awards

At September 30, 2019, ACAP had received future funding commitments under various grants of approximately \$6,730,000. Additionally, ACAP had commitments for funding under various grant awards to subrecipients at September 30, 2019 of approximately \$115,000. These commitments are not recognized in the accompanying financial statements as they are conditional awards.

Note 14: Liquidity and Availability

Financial assets available for general expenditure, that is, without donor or other restrictions or designations limiting their use, within twelve months of the statement of financial position date, are comprised of the following as of September 30, 2019:

Cash and cash equivalents	\$ 1,220,002
Investments	1,411,181
Accounts and grants receivable, to be collected in less than one year	1,345,088
Subtotal financial assets	3,976,271
Less: Grant funds received in advance, included in cash and cash equivalents	(930,865)
Less: Accounts payable and accrued expenses	(880,211)
Less: Net assets with donor restrictions included in cash or revolving loans receivable	(219,706)
Total financial assets available	\$ 1 945 489

Notes to Financial Statements

Note 14: Liquidity and Availability (Continued)

ACAP does not have a formal liquidity policy but generally maintains financial assets in liquid form such as cash and cash equivalents for approximately 1-2 months of operating expenses. ACAP can rely on a lower cash balance as it is primarily funded with cost reimbursement grants. Under cost reimbursement grants, once expenses are incurred, an organization can request reimbursement from the funding source. In addition, ACAP has grant award commitments at September 30, 2019 of \$6,730,000 (see Note 13).

Note 15: Subsequent Events

Subsequent events have been evaluated through May 28, 2020, which is the date the financial statements were available to be issued.

Business Conditions

On March 11, 2020, the World Health Organization declared the outbreak of a respiratory disease caused by a new coronavirus as a "pandemic". First identified in late 2019 and known now as COVID-19, the outbreak has impacted thousands of individuals worldwide. In response, many countries have implemented measures to combat the outbreak which have impacted global business operations. As of the date of issuance of the financial statements, ACAP's operations have not been significantly impacted, however, ACAP continues to monitor the situation. While ACAP's results of operations, cash flows and financial condition could be negatively impacted, the extent of the impact cannot be reasonably estimated at this time.

Schedule A-1 Schedule of Expenditures of Federal Awards Year Ended September 30, 2019

	CFDA	Pass-Through Entity		Passed Through to	Federal
Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Number	Identifying Number	Program Period	Subrecipients	Expenditures
EPARTMENT OF AGRICULTURE					
Passed-Through Maine Department of Health and Human Services					
Special Supplemental Nutrition Program for	10.557	CD8-19-4651A	10/01/18-09/30/19	0	871,40
Women, Infants, and Children (WIC)					
Special Supplemental Nutrition Program for	10.557	CD8-19-4651A	10/01/18-09/30/19	0	302,77
Women, Infants, and Children (WIC)					
Breastfeeding Peer Counseling	10.557	CD8-19-4651A	10/01/18-09/30/19		12,26
Total Federal Expenditures CFDA #10.557				0	1,186,44
Passed-Through Maine Department of Education					
Child & Adult Care Food Program	10.558	FP-19-405	10/01/18-09/30/19	0	484,024
Total Federal Expenditures CFDA #10.558				0	484,02
Passed-Through Maine Department of Health and Human Services					
WIC - Farmer's Market Nutrition Program	10.572	CD8-19-4651A	10/01/18-09/30/19	0	2,00
Total Federal Expenditures CFDA #10.572				0	2,00
OTAL DEPARTMENT OF AGRICULTURE PROGRAMS				0	1,672,46
CDBG - Entitlement Grants Cluster				0	1,672,46
CDBG - Entitlement Grants Cluster Passed-through Maine Department of Economic and Community Developme	•			·	1,672,46
CDBG - Entitlement Grants Cluster Passed-through Maine Department of Economic and Community Developme Community Development Block Grant	14.218	None	04/01/18-06/01/19	0	58,25
CDBG - Entitlement Grants Cluster Passed-through Maine Department of Economic and Community Development Community Development Block Grant Community Development Block Grant	14.218 14.218		04/01/18-06/01/19 04/01/19-06/30/20	0	58,25 104,43
CDBG - Entitlement Grants Cluster Passed-through Maine Department of Economic and Community Developme Community Development Block Grant	14.218 14.218	None		0	58,25 104,43
CDBG - Entitlement Grants Cluster Passed-through Maine Department of Economic and Community Development Community Development Block Grant Community Development Block Grant Total Federal Expenditures CDBG Entitlement Grants Cluster CFDA #14.2	14.218 14.218	None		0	58,25 104,43
CDBG - Entitlement Grants Cluster Passed-through Maine Department of Economic and Community Development Community Development Block Grant Community Development Block Grant Total Federal Expenditures CDBG Entitlement Grants Cluster CFDA #14.2 Housing Voucher Cluster	14.218 14.218	None		0	1,672,46: 58,25 104,43: 162,68:
CDBG - Entitlement Grants Cluster Passed-through Maine Department of Economic and Community Development Community Development Block Grant Community Development Block Grant Total Federal Expenditures CDBG Entitlement Grants Cluster CFDA #14.2 Housing Voucher Cluster Passed-Through Maine State Housing Authority	14.218 14.218 18	None None	04/01/19-06/30/20	0 0	58,25 104,43; 162,68 (
CDBG - Entitlement Grants Cluster Passed-through Maine Department of Economic and Community Development Community Development Block Grant Community Development Block Grant Total Federal Expenditures CDBG Entitlement Grants Cluster CFDA #14.2 Housing Voucher Cluster Passed-Through Maine State Housing Authority Building Family Futures	14.218 14.218	None		0	58,25 104,43 162,68
CDBG - Entitlement Grants Cluster Passed-through Maine Department of Economic and Community Development Community Development Block Grant Community Development Block Grant Total Federal Expenditures CDBG Entitlement Grants Cluster CFDA #14.2 Housing Voucher Cluster Passed-Through Maine State Housing Authority	14.218 14.218 18	None None	04/01/19-06/30/20	0 0	58,25 104,43: 162,68 (26,08)
CDBG - Entitlement Grants Cluster Passed-through Maine Department of Economic and Community Development Community Development Block Grant Community Development Block Grant Total Federal Expenditures CDBG Entitlement Grants Cluster CFDA #14.2 Housing Voucher Cluster Passed-Through Maine State Housing Authority Building Family Futures	14.218 14.218 18	None None	04/01/19-06/30/20	0 0	58,25 104,43: 162,68 (26,08)
CDBG - Entitlement Grants Cluster Passed-through Maine Department of Economic and Community Development Community Development Block Grant Community Development Block Grant Total Federal Expenditures CDBG Entitlement Grants Cluster CFDA #14.2 Housing Voucher Cluster Passed-Through Maine State Housing Authority Building Family Futures Total Federal Expenditures Housing Voucher Cluster CFDA #14.871	14.218 14.218 18	None None	04/01/19-06/30/20	0 0	58,25 104,43:

Schedule A-2 Schedule of Expenditures of Federal Awards (Continued) Year Ended September 30, 2019

	CFDA	Pass-Through Entity		Passed Through to	Federal
Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Number	Identifying Number	Program Period	Subrecipients	Expenditures
DEPARTMENT OF LABOR					
WIOA Cluster					
Passed-Through Northern Maine Development Commission					
Workforce Innovation and Opportunity Act - Adult	17.258	None	07/01/17-06/30/19	0	74,225
Workforce Innovation and Opportunity Act - Adult	17.258	None	07/01/18-06/30/20	0	34,115
Total Federal Expenditures CFDA #17.258				0	108,340
Workforce Innovation and Opportunity Act - Youth	17.259	None	07/01/17-06/30/19	0	86,010
Workforce Innovation and Opportunity Act - Youth	17.259	None	07/01/18-06/30/20	0	68,619
Total Federal Expenditures CFDA #17.259				0	154,629
Workforce Innovation and Opportunity Act - Dislocated Worker	17.278	None	07/01/17-06/30/19	0	57,891
Workforce Innovation and Opportunity Act - Dislocated Worker	17.278	None	07/01/18-06/30/20	0	24,367
Total Federal Expenditures CFDA #17.278				0	82,258
Total Federal Expenditures WIOA Cluster CFDA #17.258, #17.259, #17.278				0	345,227
Women in Apprenticeship Program	17.261	None	10/01/17-10/31/18	0	24,557
Women in Apprenticeship Program	17.261	None	10/01/18-03/31/20	0	263,236
Total Federal Expenditures CFDA #17.261				0	287,793
TOTAL DEPARTMENT OF LABOR PROGRAMS				0	633,020
DEPARTMENT OF ENERGY					
Passed-Through Maine State Housing Authority					
Weatherization Assistance for Low-Income	81.042	None	04/01/18-03/31/19	0	155,929
Weatherization Assistance for Low-Income	81.042	None	04/01/19-03/31/20	0	125,812
Total Federal Expenditures CFDA #81.042				0	281,741
TOTAL DEPARTMENT OF ENERGY PROGRAMS				0	281,741

Schedule A-3

Schedule of Expenditures of Federal Awards (Continued)

Year Ended September 30, 2019

Federal Court of Deer Thousand Court of December 1941	CFDA Number	Pass-Through Entity Identifying Number	Program Period	Passed Through to	Federal Expenditures
Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Number	Identifying Number	Program Period	Subrecipients	Expenditures
DEPARTMENT OF HEALTH AND HUMAN SERVICES		•			
Passed-Through Maine Department of Health & Human Services and Univer Substance Abuse and Mental Health Services			11/01/17-09/30/19	0	13,475
	93.243	CDC-19-4425	11/01/17-09/30/19	0	
Total Federal Expenditures CFDA #93.243				0	13,475
Direct Award					
Drug-Free Communities Support Program	93.276	5H79SP020986-04	09/30/18-09/29/19	0	110,747
Total Federal Expenditures CFDA #93,276		511,751 020700 0.		0	110,74
•					,
Passed-Through Western Maine Community Action					
Cooperative Agreement to Support Navigators	93.332	None	09/03/19-12/31/20	0	7,15
in Exchanges					
Total Federal Expenditures CFDA #93.332				0	7,15
TANK CL. (
TANF Cluster					
Passed-Through Maine Department of Health & Human Services	02.550	CES 10 2106	07/01/10 06/20/20		07.40
Temporary Assistance to Needy Families	93.558	CFS-19-2106	07/01/18-06/30/20	0	97,43
Passed-Through Opportunity Alliance					
Temporary Assistance to Needy Families	93.558	CDC-17-4416	11/01/17-09/30/19	0	33,020
Total Federal Expenditures TANF Cluster CFDA #93.558				0	130,458
Passed-Through Maine State Housing Authority	00.740		07/01/10 00/20/10		252.40
LIHEAP/Other Benefits & Administration	93.568	None	07/01/18-09/30/19	0	352,18
LIHEAP/Other Benefits & Administration	93.568	None	07/01/19-09/30/20	0	1,04
LIHEAP Weatherization Program	93.568	None	10/01/16-03/31/20	0	307,42
LIHEAP Weatherization Program	93.568	None	10/01/17-03/31/20	0	189
LIHEAP/CHIP	93.568	None	10/01/16-03/31/20	0	323,79
LIHEAP/CHIP	93.568	None	10/01/18-03/31/20	0	204,89
Assurance 16	93.568	None	10/01/17-03/31/19	0	114,14
Assurance 16	93.568	None	04/01/19-03/31/20	0	118,35
LIHEAP	93.568	None	11/01/17-04/30/19	0	3,607,43
Total Federal Expenditures CFDA #93.568				0	5,029,47
D LTL LM D AT M AT					
Passed-Through Maine Department of Health & Human Services Community Services Block Grant (CSBG)	93.569	CFS-19-7000	10/01/18-09/30/19	0	289,189
Total Federal Expenditures CFDA #93.569	93.309	CFS-19-7000	10/01/16-09/30/19	0	289,189 289,189

Schedule A-4

Schedule of Expenditures of Federal Awards (Continued)

Year Ended September 30, 2019

	CFDA	Pass-Through Entity		Passed Through to	Federal
Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Number	Identifying Number	Program Period	Subrecipients	Expenditures
DEPARTMENT OF HEALTH AND HUMAN SERVICES (Continued)				_	
Direct Awards					
Head Start	93.600	01CH2409-05-01	06/01/18-05/31/19	0	2,931,480
Head Start	93.600	01CH01092401	06/01/19-05/31/20	0	998,614
Total Federal Expenditures CFDA #93.600				0	3,930,094
Passed-Through Maine Department of Health & Human Services and Univer	sity of New Engla	nd			
Opioid STR	93.788	CDC-19-4425	10/01/18-09/30/19	0	10,608
Total Federal Expenditures CFDA #93.788				0	10,608
Direct Award					
Rural Health Care Services Outreach	93.912	D04RH31769-01-01	05/01/18-04/30/19	13,460	120,700
Rural Health Care Services Outreach	93.912	D04RH31769-02-01	05/01/19-04/30/20	5,727	79,425
Total Federal Expenditures CFDA #93.912				19,187	200,125
Passed-Through Maine Department of Health & Human Services and Univer	sity of New Engla	nd			
Substance Abuse Prevention Services	93.959	CDC-19-4425	10/01/18-09/30/19	0	15,652
Total Federal Expenditures CFDA #93.959				0	15,652
OTAL DEPARTMENT OF HEALTH AND HUMAN SERVICES PROGRAM	IS			19,187	9,736,973
			TOTAL FEDERAL EXPENDITURES	\$ 19,187	\$ 12,548,861

Notes to the Schedule of Expenditures of Federal Awards

Note 1 - Basis of Presentation

The accompanying schedule of expenditures of federal awards (the "Schedule") includes the federal award activity of Aroostook County Action Program, Inc. under programs of the federal government for the year ended September 30, 2019. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of Aroostook County Action Program, Inc., it is not intended to and does not present the financial position, changes in net assets or cash flows of Aroostook County Action Program, Inc.

Note 2 - Summary of Significant Accounting Policies

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

Note 3 - Program Operations

Included in CFDA #93.568 are client benefits paid by the State of Maine of \$3,607,434. This amount is not included in the statement of activities.

Note 4 - Indirect Cost Rate

Aroostook County Action Program, Inc. has elected not to use the 10% de minimis rate and has an agreed upon rate of 14.20% of direct salaries and wages excluding fringe benefits for the year ended September 30, 2019.





Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters

Board of Directors Aroostook County Action Program, Inc. Presque Isle, Maine

We have audited, in accordance with the auditing standards generally accepted in the United States and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of Aroostook County Action Program, Inc. which comprise the statement of financial position as of September 30, 2019, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated May 28, 2020.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered Aroostook County Action Program, Inc.'s internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Aroostook County Action Program, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of Aroostook County Action Program, Inc.'s internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Aroostook County Action Program, Inc.'s financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

Wigger LLP

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Aroostook County Action Program, Inc.'s internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Aroostook County Action Program, Inc.'s internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Wipfli LLP

May 28, 2020 Augusta, Maine



Independent Auditor's Report on Compliance for Each Major Federal Program and on Internal Control Over Compliance

Board of Directors Aroostook County Action Program, Inc. Presque Isle, Maine

Report on Compliance for Each Major Federal Program

We have audited Aroostook County Action Program, Inc.'s compliance with the types of compliance requirements described in the *U.S. Office of Management and Budget (OMB) Compliance Supplement* that could have a direct and material effect on its major federal program for the year ended September 30, 2019. Aroostook County Action Program, Inc.'s major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for Aroostook County Action Program, Inc.'s major federal program based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States; the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States; the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Aroostook County Action Program, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for the major federal program. However, our audit does not provide a legal determination on Aroostook County Action Program, Inc.'s compliance.

Opinion

In our opinion, Aroostook County Action Program, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended September 30, 2019.

Report on Internal Control Over Compliance

Management of Aroostook County Action Program, Inc.'s is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered Aroostook County Action Program, Inc.'s internal control over compliance with the types of requirements that could have a direct and material effect on the major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for the major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Aroostook County Action Program, Inc.'s internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Wipfli LLP

May 28, 2020 Augusta, Maine

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Schedule of Findings and Questioned Costs

Section I - Summary of Auditor's Results

Financial Statements

Type of auditor's report issued?

Unmodified

Internal control over financial reporting:

Material weaknesses identified? No Significant deficiencies identified? No

Noncompliance material to financial statements noted?

Federal Awards

Internal control over major federal programs:

Material weaknesses identified? No Significant deficiencies identified? No

Type of auditor's report issued on compliance for the major program

Unmodified

Any audit findings disclosed that are required to be reported in accordance with the Uniform Guidance [2 CFR 200.516(a)]?

Identification of major federal programs:

Name of Federal Major Program or Cluster CFDA No.

Head Start 93.600

Dollar threshold used to distinguish between Type A and Type B programs:

Federal \$750,000

Auditee qualified as low-risk auditee? Yes

Section II - Financial Statement Finding

None

Section III – Federal Award Findings and Questioned Costs

None

Section IV - Summary Schedule of Prior Year Findings

None

No