Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to page size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "PageScalling" selection box in the Adobe "Print" dialog.
Name of exempt organization: AROOSTOOK COUNTY ACTION PROGRAM, INC.
Employer identification number: 01-0315849

Name and title of officer:
JASON PARENT
EXECUTIVE DIRECTOR

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

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

1a Form 990 check here ▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .................. 1b 11,122,963.
2a Form 990-EZ check here ▶ □ b Total revenue, if any (Form 990-EZ, line 9) ........................................ 2b
3a Form 1120-POL check here ▶ □ b Total tax (Form 1120-POL, line 22) ........................................ 3b
4a Form 990-PF check here ▶ □ b Tax based on investment income (Form 990-PF, Part VI, line 5) .......... 4b
5a Form 8868 check here ▶ □ b Balance Due (Form 8868, line 3c) ........................................ 5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization’s 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization’s electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization’s return to the IRS and to receive from the IRS an acknowledgement of receipt or reason for rejection of the transmission, the reason for any delay in processing the return or refund, and the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization’s federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization’s electronic return and, if applicable, the organization’s consent to electronic funds withdrawal.

Officer’s PIN: check one box only

☐ I authorize ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization’s tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return’s disclosure consent screen.

☒ As an officer of the organization, I will enter my PIN as my signature on the organization’s tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return’s disclosure consent screen.

Officer’s signature ▶ Date ▶

Part III Certification and Authentication

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

39015554403

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO’s signature ▶ JOHN HEMMING Date ▶ 06/13/19

ER0 Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879EO for the latest information.

For calendar year 2017, or fiscal year beginning OCT 1, 2017, and ending SEP 30, 2018

Form 8879-EO (2017)
**Return of Organization Exempt From Income Tax**

Under section 501(c), (3) or 501(c)(4) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public.
- Go to www.irs.gov/Form990 for instructions and the latest information.

**Part I: Summary**

<table>
<thead>
<tr>
<th>1</th>
<th>Briefly describe the organization’s mission or most significant activities: PROVIDE SERVICES &amp; RESOURCES THAT HELP INDIVIDUALS &amp; FAMILIES ACHIEVE MORE ECONOMIC INDEPENDENCE.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.</td>
</tr>
<tr>
<td>3</td>
<td>Number of voting members of the governing body (Part VI, line 1a)</td>
</tr>
<tr>
<td>4</td>
<td>Number of independent voting members of the governing body (Part VI, line 1b)</td>
</tr>
<tr>
<td>5</td>
<td>Total number of individuals employed in calendar year 2017 (Part V, line 2a)</td>
</tr>
<tr>
<td>6</td>
<td>Total number of volunteers (estimate if necessary)</td>
</tr>
<tr>
<td>7</td>
<td>Total unrelated business revenue from Part VIII, column (C), line 12</td>
</tr>
<tr>
<td>8</td>
<td>Net unrelated business taxable income from Form 990-T, line 34</td>
</tr>
</tbody>
</table>

**Revenue**

<table>
<thead>
<tr>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions and grants (Part VIII, line 1h)</td>
<td>10,310,465</td>
</tr>
<tr>
<td>Program service revenue (Part VIII, line 2g)</td>
<td>1,121,910</td>
</tr>
<tr>
<td>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td>
<td>-37,146</td>
</tr>
<tr>
<td>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td>
<td>17,979</td>
</tr>
<tr>
<td>Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td>
<td>11,413,208</td>
</tr>
</tbody>
</table>

**Expenses**

<table>
<thead>
<tr>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td>
<td>2,263,574</td>
</tr>
<tr>
<td>Benefits paid to or for members (Part IX, column (A), line 4)</td>
<td>0</td>
</tr>
<tr>
<td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td>
<td>6,577,065</td>
</tr>
<tr>
<td>Professional fundraising fees (Part IX, column (A), line 11e)</td>
<td>0</td>
</tr>
<tr>
<td>Total fundraising expenses (Part IX, column (D), line 25)</td>
<td>48,243</td>
</tr>
<tr>
<td>Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td>
<td>2,523,269</td>
</tr>
<tr>
<td>Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td>
<td>11,363,908</td>
</tr>
<tr>
<td>Revenue less expenses. Subtract line 18 from line 12</td>
<td>49,300</td>
</tr>
</tbody>
</table>

**Net Assets or Fund Balances**

<table>
<thead>
<tr>
<th>Beginning of Current Year</th>
<th>End of Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total assets (Part X, line 16)</td>
<td>5,826,960</td>
</tr>
<tr>
<td>Total liabilities (Part X, line 26)</td>
<td>1,514,053</td>
</tr>
<tr>
<td>Net assets or fund balances. Subtract line 21 from line 20</td>
<td>4,312,907</td>
</tr>
</tbody>
</table>

**Part II: Signature Block**

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

**Signature Block**

- **Signature of officer**
  - JASON PARENT, EXECUTIVE DIRECTOR
- **Date**
- **Type or print name and title**
  - Preparer's signature
  - JOHN HEMMING
  - Date
  - 06/13/19
  - Check (if self-employed)
  - No
  - PTIN
  - 00856805

**Preparer**

- **Firm's name**
  - WIPFLI LLP
- **Firm's EIN**
  - 39-0758449
- **Phone no.**
  - 608.274.1980

**Use Only**

- **Firm's address**
  - PO BOX 8700
  - MADISON, WI 53708-8700

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

- **Yes**
  - X
  - No
Part III Statement of Program Service Accomplishments

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

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?

If “Yes,” describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If “Yes,” describe these changes on Schedule O.

4 Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
revenue, if any, for each program service reported.

4a (Code: ) (Expenses $ 5,075,119. including grants of $ 507,462. ) (Revenue $ 771,118. )
FAMILY SERVICES - FAMILY SERVICES PROVIDES HEAD START, CHILD CARE,
CHILD CARE FOOD PROGRAMS. ACCOMPLISHMENTS: THROUGH AN AGREEMENT WITH
MAINE DEPARTMENT OF EDUCATION, SAD#1 AND ACAP JOINED PARTNERSHIP TO
EXPAND THE ENROLLMENT OF THE SAD#1 PRESCHOOL PROGRAM BY ADDING THREE
PRE SCHOOL 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 SUPPORT OF AGENCY TRANSITION TO WHOLE FAMILY/TWO-GEN SERVICE
DELIVERY, ECE HIRED THREE FAMILY COACHES TO WORK WITH FAMILIES
INTERESTED IN TAKING STEPS TO MOVE THEIR FAMILY INTO ECONOMIC
STABILITY. THE FAMILY COACH ROLE HAS BEEN IDENTIFIED AS CRITICAL TO
BRING NECESSARY SUPPORT TO THE PROCESS OF MOVING THE FAMILY FORWARD IN

4b (Code: ) (Expenses $ 1,987,197. including grants of $ 966,936. ) (Revenue $ 73,574. )
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: THE LET'S GO! PROGRAM RECEIVED ETERNAL GRANT FUNDING
TO SUPPORT THE PURCHASE OF EXERCISE EQUIPMENT FOR SEVERAL AREA
RECREATION DEPARTMENTS AND FOR THE INSTALLATION OF WATER-STATIONS IN
SEVERAL AREA SCHOOLS.

A YOUTH PREVENTION DAY BROUGHT TOGETHER MORE THAN 400 MIDDLE SCHOOL
STUDENTS FROM ACROSS OUR REGION TO LEARN ABOUT AND DISCUSS RISK
REDUCTION AWARENESS. THE SUCCESSFUL EVENT WAS A RESULT OF A SUCCESSFUL
PARTNERSHIP WITH THE MICMAC TRIBAL GOVERNMENT AND SEVERAL OTHER
REGIONAL PARTNERS.

4c (Code: ) (Expenses $ 1,972,008. including grants of $ 477,014. ) (Revenue $ 46,424. )
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 4,200
APPLICATIONS WERE TAKEN IN FY 2018 FOR THE HOME ENERGY ASSISTANCE
PROGRAM AND MORE THAN 2800 HOUSEHOLDS WERE PROVIDED A UTILITY DISCOUNT
THROUGH THE LOW-INCOME ASSISTANCE PROGRAM.
ADDITIONALLY, PROGRAMS PROVIDED AGENCY CUSTOMERS WITH CENTRAL HEATING

4d Other program services (Describe in Schedule O.)
(Expenses $ 1,193,086. including grants of $ 171,215. ) (Revenue $ 0. )

4e Total program service expenses $ 10,227,410.

SEE SCHEDULE O FOR CONTINUATION(S)
<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Is the organization required to complete Schedule B, Schedule of Contributors?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Did the organization maintain collections of works of art, historical treasures, or other similar assets?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Did the organization obtain separate, independent audited financial statements for the tax year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Did the organization receive or hold an insurance policy with a cash value of $100,000 or more?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Did the organization maintain an office, employees, or agents outside of the United States?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Did the organization report the amount of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Did the organization report the amount of more than $15,000 of fundraising event gross income and contributions on Part VIII, lines 1c and 8a?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Did the organization obtain separate, independent audited financial statements for the tax year?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

21 Did the organization report more than $5,000 of grants or other assistance to any domestic organization or
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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 II

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

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

24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease
any tax-exempt bonds?

24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

25b 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

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

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

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV
instructions for applicable filing thresholds, conditions, and exceptions):

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,
director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation
contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete
Schedule N, Part II

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

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

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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

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

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

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
Part V
Statements Regarding Other IRS Filings and Tax Compliance

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

1a Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable
b Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?

Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)
3a Did the organization have unrelated business gross income of $1,000 or more during the year?
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

Note. If "Yes," enter the name of the foreign country:  ►
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?

6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?

Note. If at least one is reported on line 2a, did the organization file all required federal employment tax returns?
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

7 Organizations that may receive deductible contributions under section 170(c).
a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?
b If "Yes," did the organization notify the donor of the value of the goods or services provided?
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

d If "Yes," indicate the number of Forms 8282 filed during the year

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

9 Sponsoring organizations maintaining donor advised funds.
a Did the sponsoring organization make any taxable distributions under section 4966?
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

10 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on Part VIII, line 12
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

11 Section 501(c)(12) organizations. Enter:
a Gross income from members or shareholders
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

13 Section 501(c)(29) qualified nonprofit health insurance issuers.
a Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O.
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans
c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
### Part VI | Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

#### Section A. Governing Body and Management

1. Enter the number of voting members of the governing body at the end of the tax year: 21

#### Section B. Policies

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Did the organization have local chapters, branches, or affiliates?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b. If &quot;Yes,&quot; did the organization have written policies and procedures governing the activities of such chapters, branches, and members to ensure their operations are consistent with the organization's exempt purposes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11a. Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b. Describe in Schedule O the process, if any, used by the organization to review this Form 990.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12a. Did the organization have a written conflict of interest policy?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c. Did the organization regularly and consistently monitor and enforce compliance with the policy?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>13. Did the organization have a written whistleblower policy?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>14. Did the organization have a written document retention and destruction policy?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>15. Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. The organization's CEO, Executive Director, or top management official</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b. Other officers or key employees of the organization</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes&quot; to line 15a or 15b, describe the process in Schedule O (see instructions).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Disclosure

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. List the states with which a copy of this Form 990 is required to be filed</td>
<td>NONE</td>
<td></td>
</tr>
</tbody>
</table>

18. Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

- [ ] Own website
- [ ] Another's website
- [X] Upon request
- [ ] Other (explain in Schedule O)

19. Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20. State the name, address, and telephone number of the person who possesses the organization's books and records:

JASON PARENT - 207-764-3721
771 MAIN STREET, PRESQUE ISLE, ME 04769
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>JEFF ASHBY</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR (THRU AUGUST)</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>CHRISTINE BROWN</td>
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<td></td>
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<tr>
<td>DIRECTOR</td>
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<td></td>
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<tr>
<td>DECON AL BURLEIGH</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIANNE COLLINS</td>
<td>1.00</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR (THRU NOVEMBER)</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DENISE DUPERRE</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MATT DYER</td>
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<tr>
<td>DIRECTOR (THRU MAY)</td>
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<td>X</td>
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<tr>
<td>BONNIE FOSTER</td>
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<tr>
<td>DIRECTOR</td>
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<td>X</td>
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<tr>
<td>THERESA FOWLER</td>
<td>1.00</td>
<td></td>
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<tr>
<td>DIRECTOR (THRU AUGUST)</td>
<td></td>
<td>X</td>
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<tr>
<td>ANDY GRASS</td>
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<td></td>
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<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
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</tr>
<tr>
<td>RUTH HANSON</td>
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</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>SENATOR TROY JACKSON</td>
<td></td>
<td>X</td>
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<td></td>
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</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>DAVE KEATON</td>
<td>1.00</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>CAROLYN KIMBALL</td>
<td>1.00</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JOSSelyn LANGWORTHY</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROSA MCNALLY</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR (THRU NOVEMBER)</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANDY MICHALKA</td>
<td>1.00</td>
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<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>RYAN PELLETIER</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

#### Form 990 (2017)

**AROOSTOOK COUNTY ACTION PROGRAM, INC.** 01-0315849  Page 8

**Part VII**

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

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(18) SUZANNE SENECHAL-JANDREAU</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(19) REPRESENTATIVE TREY STEWART</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(20) PATRICIA SUTHERLAND</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(21) STEPHEN RICHARD</td>
<td>1.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>CHAIRPERSON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(22) WILLIAM EGELE</td>
<td>1.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>VICE CHAIRPERSON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(23) TRUDY GORNEAULT</td>
<td>1.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>SECRETARY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(24) PAULA SPERREY</td>
<td>1.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TREASURER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(25) DAN MACDONALD</td>
<td>1.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>PARLIAMENTARIAN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(26) GARY SANFACON</td>
<td>1.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MEMBER-AT-LARGE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**1b Sub-total** | 0. | 0. | 0. | 0. | 0. |

**c Total from continuation sheets to Part VII, Section A** | 182,379. | 0. | 29,152. |

**d Total (add lines 1b and 1c)** | 182,379. | 0. | 29,152. |

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOGAN PROPERTY MANAGEMENT LLC</td>
<td>WEATHERIZATION &amp; REPAIR SERVICES</td>
<td>120,086.</td>
</tr>
<tr>
<td>P.O. BOX 14, NEW LIMERICK, ME 04761</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADAMS HEATING</td>
<td>WEATHERIZATION &amp; REPAIR SERVICES</td>
<td>109,427.</td>
</tr>
<tr>
<td>196 HIGH STREET, CARIBOU, ME 04736</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NJC CARPENTRY</td>
<td>WEATHERIZATION &amp; REPAIR SERVICES</td>
<td>100,321.</td>
</tr>
<tr>
<td>204 ST. JOHN ROAD, FORT KENT, ME 04743</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization** | 3 |

**SEE PART VII, SECTION A CONTINUATION SHEETS**

---

**Form 990 (2017)**

732008 11-28-17
<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(27) JASON PARENT</td>
<td>40.00</td>
<td>X</td>
<td>102,736.</td>
<td>0.</td>
<td>2,593.</td>
</tr>
<tr>
<td>EXECUTIVE DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(28) ELLEN BEMIS</td>
<td>40.00</td>
<td>X</td>
<td>79,643.</td>
<td>0.</td>
<td>26,559.</td>
</tr>
<tr>
<td>FINANCE DIRECTOR/CFO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total to Part VII, Section A, line 1c: 182,379. 29,152.
### Part VIII: Statement of Revenue

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a Federated campaigns</td>
<td>1a 25,828.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Membership dues</td>
<td>1b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Fundraising events</td>
<td>1c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Related organizations</td>
<td>1d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Government grants (contributions)</td>
<td>1e 10,066,437.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>1f 106,545.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Noncash contributions included in lines 1a-1f. $</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total, Add lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td>10,198,810.</td>
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<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>2 a FAMILY SERVICES REVENUE</td>
<td>624100</td>
<td>771,118.</td>
<td>771,118.</td>
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<tr>
<td>b COMMUNITY HEALTH SERVICES REVENUE</td>
<td>624200</td>
<td>73,574.</td>
<td>73,574.</td>
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<tr>
<td>c ENERGY &amp; HOUSING SERVICES REVENUE</td>
<td>624200</td>
<td>46,424.</td>
<td>46,424.</td>
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</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other program service revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Total, Add lines 2a-2f</td>
<td></td>
<td>891,116.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Revenue</th>
<th>Business Code</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Investment income (including dividends, interest, and other similar amounts)</td>
<td></td>
<td>28,204.</td>
<td>28,204.</td>
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<tr>
<td>4 Income from investment of tax-exempt bond proceeds</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5 Royalties</td>
<td>(i) Real</td>
<td>(ii) Personal</td>
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<tr>
<td>6 a Gross rents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: rental expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Net rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 a Gross amount from sales of assets other than inventory</td>
<td>(i) Securities</td>
<td>(ii) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: cost or other basis and sales expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Gain or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Net gain or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>8 a Gross income from fundraising events (not including $ contributions reported on line 1c). See Part IV, line 18</td>
<td>a</td>
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<tr>
<td>b Less: direct expenses</td>
<td>b</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from fundraising events</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 a Gross income from gaming activities. See Part IV, line 19</td>
<td>a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: direct expenses</td>
<td>b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from gaming activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 a Gross sales of inventory, less returns and allowances</td>
<td>a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: cost of goods sold</td>
<td>b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from sales of inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Miscellaneous Revenue

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>Business Code</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11 a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d All other revenue</td>
<td>900099</td>
<td>4,833.</td>
<td></td>
<td>4,833.</td>
</tr>
<tr>
<td>e Total, Add lines 11a-11d</td>
<td></td>
<td>4,833.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Total revenue, See instructions.</td>
<td></td>
<td>11,122,963.</td>
<td>891,116.</td>
<td>0. 33,037.</td>
</tr>
</tbody>
</table>
### Form 990 (2017)

**AROOSTOOK COUNTY ACTION PROGRAM, INC.**

**Page 10**

**Part IX Statement of Functional Expenses**

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

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

<table>
<thead>
<tr>
<th>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>50,634.</td>
<td>50,634.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td>2,071,993.</td>
<td>2,071,993.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Benefits paid to or for members</td>
<td>206,795.</td>
<td>206,795.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Compensation of current officers, directors, trustees, and key employees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Other salaries and wages</td>
<td>5,151,030.</td>
<td>4,850,971.</td>
<td>265,600.</td>
<td>34,459.</td>
</tr>
<tr>
<td>8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>146,407.</td>
<td>130,163.</td>
<td>14,859.</td>
<td>1,385.</td>
</tr>
<tr>
<td>9 Other employee benefits</td>
<td>798,432.</td>
<td>709,844.</td>
<td>81,033.</td>
<td>7,555.</td>
</tr>
<tr>
<td>10 Payroll taxes</td>
<td>511,896.</td>
<td>455,099.</td>
<td>51,953.</td>
<td>4,844.</td>
</tr>
<tr>
<td>11 Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Accounting</td>
<td>45,000.</td>
<td>45,000.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Lobbying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Investment management fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
<td>783,264.</td>
<td>721,663.</td>
<td>61,601.</td>
<td></td>
</tr>
<tr>
<td>12 Advertising and promotion</td>
<td>12,666.</td>
<td>12,392.</td>
<td>274.</td>
<td></td>
</tr>
<tr>
<td>13 Office expenses</td>
<td>265,634.</td>
<td>218,495.</td>
<td>47,139.</td>
<td></td>
</tr>
<tr>
<td>14 Information technology</td>
<td>13,976.</td>
<td>13,976.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Occupancy</td>
<td>521,700.</td>
<td>521,700.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Travel</td>
<td>264,391.</td>
<td>248,007.</td>
<td>16,384.</td>
<td></td>
</tr>
<tr>
<td>18 Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Conferences, conventions, and meetings</td>
<td>4,777.</td>
<td>4,057.</td>
<td>720.</td>
<td></td>
</tr>
<tr>
<td>20 Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Depreciation, depletion, and amortization</td>
<td>120,510.</td>
<td>120,510.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Insurance</td>
<td>56,667.</td>
<td>19,407.</td>
<td>37,260.</td>
<td></td>
</tr>
<tr>
<td>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.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a DUES &amp; SUBSCRIPTIONS</td>
<td>16,099.</td>
<td>5,970.</td>
<td>10,129.</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e All other expenses</td>
<td>80,553.</td>
<td>72,327.</td>
<td>8,226.</td>
<td></td>
</tr>
<tr>
<td>25 Total functional expenses. Add lines 1 through 24e</td>
<td>11,122,964.</td>
<td>10,227,410.</td>
<td>847,311.</td>
<td>48,243.</td>
</tr>
<tr>
<td>26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Balance Sheet

**Assets**

- **Cash - non-interest-bearing**
- **Savings and temporary cash investments**
- **Pledges and grants receivable, net**
- **Accounts receivable, net**
- **Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L**
- **Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees’ beneficiary organizations (see instr). Complete Part II of Sch L**
- **Notes and loans receivable, net**
- **Inventories for sale or use**
- **Prepaid expenses and deferred charges**
- **Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D**
- **Less: accumulated depreciation**
- **Investments - publicly traded securities**
- **Investments - other securities. See Part IV, line 11**
- **Investments - program-related. See Part IV, line 11**
- **Intangible assets**
- **Other assets (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D**

**Liabilities**

- **Accounts payable and accrued expenses**
- **Grants payable**
- **Deferred revenue**
- **Tax-exempt bond liabilities**
- **Escrow or custodial account liability. Complete Part IV of Schedule D**
- **Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L**
- **Secured mortgages and notes payable to unrelated third parties**
- **Unsecured notes and loans payable to unrelated third parties**
- **Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D**

**Net Assets or Fund Balances**

- **Unrestricted net assets**
- **Temporarily restricted net assets**
- **Permanently restricted net assets**
- **Capital stock or trust principal, or current funds**
- **Paid-in or capital surplus, or land, building, or equipment fund**
- **Retained earnings, endowment, accumulated income, or other funds**
- **Total net assets or fund balances**

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1,072,526.</td>
<td>1,390,999.</td>
</tr>
<tr>
<td>2</td>
<td>1,352,598.</td>
<td>802,415.</td>
</tr>
<tr>
<td>3</td>
<td>17,710.</td>
<td>14,717.</td>
</tr>
<tr>
<td>4</td>
<td>51,420.</td>
<td>42,530.</td>
</tr>
<tr>
<td>5</td>
<td>2,339,357.</td>
<td>2,234,780.</td>
</tr>
<tr>
<td>6</td>
<td>4,851,593.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>2,616,813.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>548,609.</td>
<td>1,048,199.</td>
</tr>
<tr>
<td>9</td>
<td>441,746.</td>
<td>457,563.</td>
</tr>
<tr>
<td>10</td>
<td>2,616,813.</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>2,994.</td>
<td>7,290.</td>
</tr>
<tr>
<td>12</td>
<td>5,826,960.</td>
<td>5,998,493.</td>
</tr>
<tr>
<td>13</td>
<td>726,153.</td>
<td>761,127.</td>
</tr>
<tr>
<td>14</td>
<td>787,900.</td>
<td>920,639.</td>
</tr>
<tr>
<td>15</td>
<td>1,514,053.</td>
<td>1,681,766.</td>
</tr>
<tr>
<td>16</td>
<td>4,093,201.</td>
<td>4,097,021.</td>
</tr>
<tr>
<td>17</td>
<td>219,706.</td>
<td>219,706.</td>
</tr>
<tr>
<td>18</td>
<td>4,312,907.</td>
<td>4,316,727.</td>
</tr>
<tr>
<td>19</td>
<td>5,826,960.</td>
<td>5,998,493.</td>
</tr>
</tbody>
</table>
### Part XI: Reconciliation of Net Assets

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>11,122,963.</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>11,122,964.</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>-1.</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>4,312,907.</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>3,821.</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>0.</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td>4,316,727.</td>
</tr>
</tbody>
</table>

### Part XII: Financial Statements and Reporting

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Accounting method used to prepare the Form 990:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Cash&lt;br&gt; X Accrual&lt;br&gt;☐ Other&lt;br&gt; If the organization changed its method of accounting from a prior year or checked &quot;Other,&quot; explain in Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a Were the organization’s financial statements compiled or reviewed by an independent accountant?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>□ Separate basis&lt;br&gt;☐ Consolidated basis&lt;br&gt;☐ Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b Were the organization’s financial statements audited by an independent accountant?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>□ Separate basis&lt;br&gt;☐ Consolidated basis&lt;br&gt;☐ Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3b If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
## Part I: Reason for Public Charity Status

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

1. A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2. A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
3. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:

5. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6. A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7. An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8. A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9. An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10. An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

12. An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

### a. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

### b. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

### c. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

### d. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

### e. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

### f. Enter the number of supported organizations .................................................................

### g. Provide the following information about the supported organization(s).

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

**Total**

---

*Notes:*

- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>8345145</td>
<td>8762157</td>
<td>9908946</td>
<td>10310465</td>
<td>10198810</td>
<td>47525523</td>
</tr>
<tr>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total.</strong> Add lines 1 through 3</td>
<td>8345145</td>
<td>8762157</td>
<td>9908946</td>
<td>10310465</td>
<td>10198810</td>
<td>47525523</td>
</tr>
</tbody>
</table>

**Public support.** Subtract line 5 from line 4.  

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amounts from line 4</td>
<td>10,842</td>
<td>10,163</td>
<td>17,472</td>
<td>25,098</td>
<td>28,204</td>
<td>91,779</td>
</tr>
<tr>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total support.</strong> Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>47617302</td>
</tr>
<tr>
<td>Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>First five years.</strong> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>Year</th>
<th>Public support percentage from line 6, column (f) divided by line 11, column (f)</th>
<th>14</th>
<th>15</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>99.81%</td>
<td>99.83%</td>
<td></td>
</tr>
</tbody>
</table>

**16a 33 1/3% support test - 2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  

**b 33 1/3% support test - 2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  

**17a 10% -facts-and-circumstances test - 2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  

**b 10% -facts-and-circumstances test - 2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  

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

Schedule A (Form 990 or 990-EZ) 2017
### 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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization’s tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support. (Subtract line 7c from line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11, and 12.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 First five years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>%</td>
</tr>
<tr>
<td>16 Public support percentage from 2016 Schedule A, Part III, line 15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>%</td>
</tr>
</tbody>
</table>

#### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2017</th>
<th>(b) 2018</th>
<th>(c) 2019</th>
<th>(d) 2020</th>
<th>(e) 2021</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>%</td>
</tr>
<tr>
<td>18 Investment income percentage from 2016 Schedule A, Part III, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>%</td>
</tr>
</tbody>
</table>

19a **33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization |

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

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions
Schedule A (Form 990 or 990-EZ) 2017  AROOSTOOK COUNTY ACTION PROGRAM, INC.  01-0315849  Page 4

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

8  Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  If “Yes,” complete Part I of Schedule L (Form 990 or 990-EZ).

9a  Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?  If “Yes,” provide detail in Part VI.

   b  Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest?  If “Yes,” provide detail in Part VI.

   c  Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest?  If “Yes,” provide detail in Part VI.

10a  Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)?  If “Yes,” answer 10b below.

   b  Did the organization have any excess business holdings in the tax year?  (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)
### Part IV: Supporting Organizations (continued)

<table>
<thead>
<tr>
<th>11</th>
<th>Has the organization accepted a gift or contribution from any of the following persons?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?</td>
</tr>
<tr>
<td>b</td>
<td>A family member of a person described in (a) above?</td>
</tr>
<tr>
<td>c</td>
<td>A 35% controlled entity of a person described in (a) or (b) above? If &quot;Yes&quot; to a, b, or c, provide detail in Part VI.</td>
</tr>
</tbody>
</table>

#### Section B. Type I Supporting Organizations

| 1  | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization’s directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization’s activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |

#### Section C. Type II Supporting Organizations

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

#### Section D. All Type III Supporting Organizations

| 1  | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization’s tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization’s governing documents in effect on the date of notification, to the extent not previously provided? |

| 2  | Were any of the organization’s officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). |

| 3  | By reason of the relationship described in (2), did the organization’s supported organizations have a significant voice in the organization’s investment policies and in directing the use of the organization’s income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization’s supported organizations played in this regard. |

#### Section E. Type III Functionally Integrated Supporting Organizations

<table>
<thead>
<tr>
<th>1</th>
<th>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>The organization satisfied the Activities Test. Complete line 2 below.</td>
</tr>
<tr>
<td>b</td>
<td>The organization is the parent of each of its supported organizations. Complete line 3 below.</td>
</tr>
<tr>
<td>c</td>
<td>The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2</th>
<th>Activities Test. Answer (a) and (b) below.</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If &quot;Yes,&quot; then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</td>
</tr>
<tr>
<td>b</td>
<td>Did the activities described in (a) constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have been engaged in? If &quot;Yes,&quot; explain in Part VI the reasons for the organization’s position that its supported organization(s) would have engaged in these activities but for the organization’s involvement.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3</th>
<th>Parent of Supported Organizations. Answer (a) and (b) below.</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.</td>
</tr>
<tr>
<td>b</td>
<td>Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If &quot;Yes,&quot; describe in Part VI the role played by the organization in this regard.</td>
</tr>
</tbody>
</table>
### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

#### Section A - Adjusted Net Income

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

#### Section B - Minimum Asset Amount

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

#### Section C - Distributable Amount

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

7 | Check here if the current year is the organization’s first as a non-functionally integrated Type III supporting organization (see instructions). |
### Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

#### Section D - Distributions

<table>
<thead>
<tr>
<th>Current Year</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2.</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3.</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4.</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5.</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>6.</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
</tr>
<tr>
<td>7.</td>
<td>Total annual distributions. Add lines 1 through 6.</td>
</tr>
<tr>
<td>8.</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
</tr>
<tr>
<td>9.</td>
<td>Distributable amount for 2017 from Section C, line 6</td>
</tr>
<tr>
<td>10.</td>
<td>Line 8 amount divided by line 9 amount</td>
</tr>
</tbody>
</table>

#### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2017</th>
<th>(iii) Distributable Amount for 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Distributable amount for 2017 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Excess distributions carryover, if any, to 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. From 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. From 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. From 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. From 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Total of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Applied to 2017 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Carryover from 2012 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Distributions for 2017 from Section D, line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Applied to 2017 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Excess distributions carryover to 2018. Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Excess from 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Excess from 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Excess from 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Excess from 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Excess from 2017</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.

(See instructions.)
Schedule B
(Form 990, 990-EZ, or 990-PF)

Name of the organization

AROOSTOOK COUNTY ACTION PROGRAM, INC.

Employer identification number

01-0315849

Organization type (check one):

Filers of: Sections:

Form 990 or 990-EZ

X 501(c)(3) (enter number) organization

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.
<table>
<thead>
<tr>
<th>No.</th>
<th>(a) Name, address, and ZIP + 4</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>U.S. DEPARTMENT OF AGRICULTURE</td>
<td>1400 INDEPENDENCE AVE., S.W.</td>
<td>$1,728,533</td>
<td>Payroll X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>WASHINGTON, DC 20250</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES</td>
<td>200 INDEPENDENCE AVE., S.W.</td>
<td>$5,184,769</td>
<td>Payroll X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>WASHINGTON, DC 20201</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT</td>
<td>451 7TH STREET S.W.</td>
<td>$304,432</td>
<td>Payroll X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>WASHINGTON, DC 20410</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>U.S. DEPARTMENT OF LABOR</td>
<td>200 CONSTITUTION AVE., N.W.</td>
<td>$530,494</td>
<td>Payroll X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>WASHINGTON, DC 20210</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)
## Noncash Property

(see instructions). Use duplicate copies of Part II if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>
For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year.

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.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Transferee’s name, address, and ZIP + 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Use duplicate copies of Part III if additional space is needed.

AROOSTOOK COUNTY ACTION PROGRAM, INC. 01-0315849

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)
### Part I  Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

#### 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization’s property, subject to the organization’s exclusive legal control? □ Yes □ No

#### 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? □ Yes □ No

### Part II  Conservation Easements.

1. Purpose(s) of conservation easements held by the organization (check all that apply).
   - Preservation of land for public use (e.g., recreation or education)
   - Protection of natural habitat
   - Preservation of open space
   - Preservation of a historically important land area
   - Preservation of a certified historic structure

2. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
   - a Total number of conservation easements
   - b Total acreage restricted by conservation easements
   - c Number of conservation easements on a certified historic structure included in (a)
   - d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

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

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

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

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

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

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

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

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

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

1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
   - (i) Revenue included on Form 990, Part VIII, line 1
   - (ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
   - a Revenue included on Form 990, Part VIII, line 1
   - b Assets included in Form 990, Part X
Schedule D (Form 990) 2017

AROOSTOOK COUNTY ACTION PROGRAM, INC.  01-0315849 Page 2

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

3  Using the organization’s acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
   a  Public exhibition
   b  Scholarly research
   c  Preservation for future generations

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

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

Part IV  Escrow and Custodial Arrangements. Complete if the organization answered “Yes” on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

<table>
<thead>
<tr>
<th>c</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td></td>
</tr>
</tbody>
</table>

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

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

Part V  Endowment Funds. Complete if the organization answered “Yes” on Form 990, Part IV, line 10.

1a  Beginning of year balance

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b  Contributions

c  Net investment earnings, gains, and losses

d  Grants or scholarships

e  Other expenditures for facilities and programs

f  Administrative expenses

g  End of year balance

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

a  Board designated or quasi-endowment  %

b  Permanent endowment  %

c  Temporarily restricted endowment  %

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

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

(i) unrelated organizations

(ii) related organizations

3a(i)  Yes  No

3a(ii)  Yes  No

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

3b  Yes  No

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

Part VI  Land, Buildings, and Equipment.

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

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a  Land</td>
<td></td>
<td></td>
<td></td>
<td>265,055</td>
</tr>
<tr>
<td>b  Buildings</td>
<td>3,501,716.</td>
<td>1,691,877.</td>
<td>1,809,839.</td>
<td></td>
</tr>
<tr>
<td>c  Leasehold improvements</td>
<td>170,481.</td>
<td>159,853.</td>
<td>10,628.</td>
<td></td>
</tr>
<tr>
<td>d  Equipment</td>
<td>480,193.</td>
<td>423,258.</td>
<td>56,935.</td>
<td></td>
</tr>
<tr>
<td>e  Other</td>
<td>434,148.</td>
<td>341,825.</td>
<td>92,323.</td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  2,234,780.0

Schedule D (Form 990) 2017
**Part VII  Investments - Other Securities.**

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

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) CERTIFICATES OF DEPOSIT</td>
<td>329,275</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
<tr>
<td>(B) INVESTMENT IN MOM CAP,</td>
<td>128,288</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(I)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ➤ 457,563.

**Part VIII  Investments - Program Related.**

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

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
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<tr>
<td>(5)</td>
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<td>(6)</td>
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<td>(7)</td>
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<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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, line 11d. See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ➤

**Part X  Other Liabilities.**

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

1. (a) Description of liability | (b) Book value |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
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<td>(7)</td>
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<tr>
<td>(8)</td>
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<tr>
<td>(9)</td>
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</tr>
</tbody>
</table>

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. [X]

Schedule D (Form 990) 2017
### Part XI: Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>12,223,987</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Net unrealized gains (losses) on investments</td>
<td>3,821</td>
</tr>
<tr>
<td></td>
<td>b. Donated services and use of facilities</td>
<td>1,097,203</td>
</tr>
<tr>
<td></td>
<td>c. Recoveries of prior year grants</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e. Add lines 2a through 2d</td>
<td>1,101,024</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>11,122,963</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>b. Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c. Add lines 4a and 4b</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)</td>
<td>11,122,963</td>
</tr>
</tbody>
</table>

### Part XII: Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>12,220,167</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Donated services and use of facilities</td>
<td>1,097,203</td>
</tr>
<tr>
<td></td>
<td>b. Prior year adjustments</td>
<td>2b</td>
</tr>
<tr>
<td></td>
<td>c. Other losses</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>d. Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td></td>
<td>e. Add lines 2a through 2d</td>
<td>1,097,203</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>11,122,964</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>b. Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c. Add lines 4a and 4b</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</td>
<td>11,122,964</td>
</tr>
</tbody>
</table>

### Part XIII: Supplemental Information

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

---

**PART X, LINE 2:**

AROOSTOOK COUNTY ACTION PROGRAM, INC. (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.
**SCHEDULE I**  
(Form 990)

**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.

Name of the organization: AROOSTOOK COUNTY ACTION PROGRAM, INC.  
Employer identification number: 01-0315849

### Part I  
General Information on Grants and Assistance

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees’ eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
   - X Yes  
   - No

2. Describe in Part IV the organization’s procedures for monitoring the use of grant funds in the United States.

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

<table>
<thead>
<tr>
<th>1 (a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>PENOBSCOT NATION</td>
<td>01-0327623</td>
<td>PENOBSCOT NATION</td>
<td>50,634.</td>
<td>0.</td>
<td>EDUCATIONAL ASSISTANCE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 WABANAKI WAY</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>INDIAN ISLAND, ME 04468</td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation</th>
<th>(f) Description of noncash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENERGY AND HOUSING SERVICES - ENERGY ASSISTANCE INCLUDING LIHEAP, ECIP, LIAP PROGRAMS, CASE MANAGEMENT, EMERGENCY FOOD ASSISTANCE, HOUSING REPAIR AND REPLACEMENT, LEAD HAZARD CONTROL, HOME</td>
<td>4715</td>
<td>477,014</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WORKFORCE DEVELOPMENT - JOB TRAINING OPPORTUNITIES AND PROGRAMS</td>
<td>1665</td>
<td>171,215</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMUNITY HEALTH SERVICES - FOOD PROGRAMS AND HEALTH PROGRAMS</td>
<td>18815</td>
<td>916,302</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FAMILY SERVICES - HEAD START, CHILD CARE, AND FOOD PROGRAMS</td>
<td>2410</td>
<td>507,462</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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

SEE PART IV FOR COLUMN (A) DESCRIPTIONS
COUNSELING, FAMILY DEVELOPMENT ACCOUNTS, MICRO BUSINESS LOANS, HEATING IMPROVEMENT
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.

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:

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.

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 TO PROFESSIONALS BASED ON THE SCREENING RESULTS AS WELL AS FIVE TIMES MORE REFERRALS THAN IN PREVIOUS YEARS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

IMPROVEMENTS AND SYSTEM REPLACEMENTS, HOMEOWNER EDUCATION COURSES, HOMEOWNERSHIP FORECLOSURE COUNSELING, ASSISTANCE WITH REPLACING ABOVE GROUND STORAGE TANKS, LEAD ABATEMENT, HOME REPAIR, AND WEATHERIZATION.

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.

THROUGH OUR STATEWIDE PARTNERSHIP IN THE AFFORDABLE CARE ACT NAVIGATOR GRANT, WE WERE ABLE TO ENROLL NEARLY 300 AROOSTOOK COUNTY RESIDENTS IN THE HEALTH INSURANCE MARKETPLACE.

OUR JUVENILE DETENTION ALTERNATIVE INITIATIVE GRANT WAS AWARDED FOR A THIRD CONSECUTIVE YEAR BY THE MAINE DEPARTMENT OF CORRECTIONS. THE GRANT IS DESIGNED TO ADDRESS THE SPECIFIC IDENTIFIED BARRIERS AND UNMET NEEDS OF YOUTH IN AROOSTOOK COUNTY DIRECTLY CONTRIBUTING TO SECURE CONFINEMENT AND RECIDIVISM.

A NEW PARTNERSHIP WITH MAINEHOUSING BROUGHT THE BUILDING FAMILY FUTURES PROGRAM TO NORTHERN MAINE. THE INITIATIVE TARGETS WORKING FAMILIES OF DEPENDENT CHILDREN FOR INTENSIVE FAMILY COACHING SERVICES, DELIVERING A RENT SMART COURSE, ASSISTANCE WITH HOUSING SEARCH, AND A RENT VOUCHER TO STABILIZE FAMILIES WHILE THEY ARE WORKING TOWARD HIGH-WAGE, HIGH DEMAND EMPLOYMENT.

EXPENSES $ 1,193,086. INCLUDING GRANTS OF $ 171,215. REVENUE $ 0.

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

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.

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

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN (if applicable) of disregarded entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
</tr>
</thead>
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</table>

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

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>(g) Section 512(b)(13) controlled entity?</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Yes</td>
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</tbody>
</table>

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
## Part III: Identification of Related Organizations Taxable as a Partnership

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

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOM CAP, LLC - 26-4430349</td>
<td>SOFTWARE</td>
<td>ME</td>
<td>N/A</td>
<td>RELATED</td>
<td>X</td>
<td>N/A</td>
<td>X</td>
<td>Yes</td>
<td>No</td>
<td>50.00%</td>
</tr>
<tr>
<td>771 MAIN STREET</td>
<td>SUPPORT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FRESQUE ISLE, ME 04769</td>
<td>MAINTENANCE</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

## 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.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Type of entity (C corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
<th>(i) Section 512(b)(13) controlled entity?</th>
<th>(j) Yes No</th>
</tr>
</thead>
<tbody>
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</table>

Schedule R (Form 990) 2017
Part V  Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
   a. Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
   b. Gift, grant, or capital contribution to related organization(s)
   c. Gift, grant, or capital contribution from related organization(s)
   d. Loans or loan guarantees to or for related organization(s)
   e. Loans or loan guarantees by related organization(s)
   f. Dividends from related organization(s)
   g. Sale of assets to related organization(s)
   h. Purchase of assets from related organization(s)
   i. Exchange of assets with related organization(s)
   j. Lease of facilities, equipment, or other assets to related organization(s)
   k. Lease of facilities, equipment, or other assets from related organization(s)
   l. Performance of services or membership or fundraising solicitations for related organization(s)
   m. Performance of services or membership or fundraising solicitations by related organization(s)
   n. Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
   o. Sharing of paid employees with related organization(s)
   p. Reimbursement paid to related organization(s) for expenses
   q. Reimbursement paid by related organization(s) for expenses
   r. Other transfer of cash or property to related organization(s)
   s. Other transfer of cash or property from related organization(s)

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

<table>
<thead>
<tr>
<th>(a) Name of related organization</th>
<th>(b) Transaction type (a-s)</th>
<th>(c) Amount involved</th>
<th>(d) Method of determining amount involved</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
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<tr>
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<tr>
<td>4</td>
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<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**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.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(e) Are all partners sec. 501(c)(3) orgs.?</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
## 2017 DEPRECIATION AND AMORTIZATION REPORT

### FORM 990 PAGE 10

<table>
<thead>
<tr>
<th>Asset No.</th>
<th>Description</th>
<th>Date Acquired</th>
<th>Method</th>
<th>Life</th>
<th>Unadjusted Cost Or Basis</th>
<th>Bus % Excl</th>
<th>Section 179 Expense</th>
<th>Reduction In Basis</th>
<th>Basis For Depreciation</th>
<th>Beginning Accumulated Depreciation</th>
<th>Current Sec 179 Expense</th>
<th>Current Year Deduction</th>
<th>Ending Accumulated Depreciation</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>LAND</td>
<td></td>
<td>VARIOUS</td>
<td>L</td>
<td>206,560</td>
<td></td>
<td></td>
<td></td>
<td>206,560</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>BUILDINGS</td>
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<td>VARIOUS</td>
<td>SL</td>
<td>1,435,719</td>
<td></td>
<td></td>
<td>1,435,719</td>
<td>422,095</td>
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<td>422,095</td>
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<td>23</td>
<td>LEASEHOLD IMPROVEMENTS</td>
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<td>VARIOUS</td>
<td>SL</td>
<td>197,854</td>
<td></td>
<td></td>
<td>197,854</td>
<td>66,468</td>
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<td>66,468</td>
<td></td>
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</tr>
<tr>
<td>24</td>
<td>VEHICLES</td>
<td></td>
<td>VARIOUS</td>
<td>SL</td>
<td>600,503</td>
<td></td>
<td></td>
<td>600,503</td>
<td>600,503</td>
<td>0</td>
<td>600,503</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>EQUIPMENT AND FIXTURES</td>
<td></td>
<td>VARIOUS</td>
<td>SL</td>
<td>477,933</td>
<td></td>
<td></td>
<td>477,933</td>
<td>457,910</td>
<td>0</td>
<td>457,910</td>
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<td></td>
</tr>
<tr>
<td></td>
<td><strong>990 PAGE 10 TOTAL PROGRAM SERVICES</strong></td>
<td></td>
<td></td>
<td></td>
<td>2,918,569</td>
<td></td>
<td></td>
<td>2,918,569</td>
<td>1,546,976</td>
<td>0</td>
<td>1,546,976</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>GRAND TOTAL 990 PAGE 10 DEPR</strong></td>
<td></td>
<td></td>
<td></td>
<td>2,918,569</td>
<td></td>
<td></td>
<td>2,918,569</td>
<td>1,546,976</td>
<td>0</td>
<td>1,546,976</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

Form 990-T

For calendar year 2017 or other tax year beginning OCT 1, 2017, and ending SEP 30, 2018.

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

aroostook county action program, inc.
771 main street
presque isle, me 04769

<table>
<thead>
<tr>
<th>Print or type</th>
<th>Name of organization (Check box if name changed and see instructions.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AROOSTOOK COUNTY ACTION PROGRAM, INC. 01-0315849</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exempt under section</th>
<th>Print or type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>501(c)(3)</td>
</tr>
<tr>
<td></td>
<td>400(e)</td>
</tr>
<tr>
<td></td>
<td>408a</td>
</tr>
<tr>
<td></td>
<td>529(a)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Book value of all assets</th>
<th>Number, street, and room or suite no. If a P.O. box, see instructions.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>771 MAIN STREET</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group exemption number (See instructions.)</th>
<th>Telephone number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>207-764-3721</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes                                                                  X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The books are in care of</th>
<th>Telephone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>JASON PARENT</td>
<td>207-764-3721</td>
</tr>
</tbody>
</table>

**Part I Unrelated Trade or Business Income**

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A) Income</td>
<td>(B) Expenses</td>
<td>(C) Net</td>
</tr>
<tr>
<td>---------------</td>
<td>---------------</td>
<td>-----------</td>
</tr>
<tr>
<td>(1a) Gross receipts or sales</td>
<td>1c</td>
<td>2</td>
</tr>
<tr>
<td>(1b) Less returns and allowances</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>(2) Cost of goods sold (Schedule A, line 7)</td>
<td>4a</td>
<td></td>
</tr>
<tr>
<td>(3) Gross profit. Subtract line 2 from line 1c</td>
<td>4b</td>
<td></td>
</tr>
<tr>
<td>(4a) Capital gain net income (attach Schedule D)</td>
<td>4c</td>
<td></td>
</tr>
<tr>
<td>(4b) Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>(5) Income (loss) from partnerships and S corporations (attach statement)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>(6) Rent income (Schedule C)</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>(7) Unrelated debt-financed income (Schedule E)</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>(8) Interest, annuities, royalties, and rents from controlled organizations (Sch. F)</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>(9) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>(10) Exploited exempt activity income (Schedule I)</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>(11) Advertising income (Schedule J)</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>(12) Other income (See instructions; attach schedule)</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>(13) Total, Combine lines 3 through 12</td>
<td>14</td>
<td></td>
</tr>
</tbody>
</table>

**Part II Deductions Not Taken Elsewhere**

(Except for contributions, deductions must be directly connected with the unrelated business income.)

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>(14) Compensation of officers, directors, and trustees (Schedule K)</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>(15) Salaries and wages</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>(16) Repairs and maintenance</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>(18) Interest (attach schedule)</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>(19) Taxes and licenses</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>(20) Charitable contributions (See instructions for limitation rules)</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>(21) Depreciation (attach Form 4662)</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>(22) Less depreciation claimed on Schedule A and elsewhere on return</td>
<td>22b</td>
<td></td>
</tr>
<tr>
<td>(23) Depletion</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>(24) Contributions to deferred compensation plans</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>(25) Employee benefit programs</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>(26) Excess exempt expenses (Schedule I)</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>(27) Excess readership costs (Schedule J)</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>(28) Other deductions (attach schedule)</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>(29) Total deductions. Add lines 14 through 28</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>(30) Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>(31) Net operating loss deduction (limited to the amount on line 30)</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>(32) Unrelated business taxable income before specific deduction. Subtract line 31 from line 30</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>(33) Specific deduction (Generally $1,000, but see line 33 instructions for exceptions)</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>(34) Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32</td>
<td>34</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(35) Total</th>
<th>36</th>
</tr>
</thead>
<tbody>
<tr>
<td>9,868.</td>
<td>37</td>
</tr>
<tr>
<td>9,868.</td>
<td>38</td>
</tr>
<tr>
<td>9,868.</td>
<td>39</td>
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<tr>
<td>9,868.</td>
<td>40</td>
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<tr>
<td>9,868.</td>
<td>41</td>
</tr>
<tr>
<td>9,868.</td>
<td>42</td>
</tr>
<tr>
<td>9,868.</td>
<td>43</td>
</tr>
</tbody>
</table>
Part III  Tax Computation

35  Organizations Taxable as Corporations. See instructions for tax computation.
   Controlled group members (sections 1561 and 1563) check here [ ] See instructions and:
   a Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order):
      (1) $ [ ] (2) $ [ ] (3) $ [ ]
   b Enter organization’s share of: (1) Additional 5% tax (not more than $11,750) $ [ ]
      (2) Additional 3% tax (not more than $100,000) $ [ ]
   c Income tax on the amount on line 34 SEE STATEMENT 2 $ 1,728.  

36  Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
   [ ] Tax rate schedule or [ ] Schedule D (Form 1041) $ 36  

37  Proxy tax. See instructions $ 37  

38  Alternative minimum tax $ 38  

39  Tax on Non-Compliant Facility Income. See instructions $ 39  

40  Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies $ 1,728.  

Part IV  Tax and Payments

41a  Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) $ 41a  

41b  Other credits (see instructions) $ 41b  

41c  General business credit. Attach Form 3800 $ 41c  

41d  Credit for prior year minimum tax (attach Form 8801 or 8827) $ 41d  

41e  Total credits. Add lines 41a through 41d $ 41e  

42  Subtract line 41e from line 40 $ 1,728.  

43  Other taxes. Check if from: [ ] Form 4255 [ ] Form 8611 [ ] Form 8697 [ ] Form 8866 [ ] Other (attach schedule) $ 43  

44  Total tax. Add lines 42 and 43 $ 1,728.  

45a  Payments: A 2016 overpayment credited to 2017 $ 45a  

45b  2017 estimated tax payments $ 45b  

45c  Tax deposited with Form 8868 $ 45c  

45d  Foreign organizations; Tax paid or withheld at source (see instructions) $ 45d  

45e  Backup withholding (see instructions) $ 45e  

45f  Credit for small employer health insurance premiums (Attach Form 8941) $ 45f  

45g  Other credits and payments; [ ] Form 4136 $ 45g  

46  Total payments. Add lines 45a through 45g $ 3,005.  

47  Estimated tax penalty (see instructions). Check if Form 2220 is attached $ 47  

48  Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed $ 48  

49  Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid $ 1,277.  

50  Enter the amount of line 49 you want: Credited to 2018 estimated tax $ 1,277.  

Part V  Statements Regarding Certain Activities and Other Information (see instructions)

51  At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here $ 51  

52  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. $ 52  

Sign Here

Signature of officer Date Title

EXECUTIVE DIRECTOR

May the IRS discuss this return with the preparer shown below (see instructions)? [ ] Yes [ ] No

Paid Preparer Use Only

Print/Type preparer’s name Preparer’s signature Date Check if self-employed PTIN

JOHN HEMMING JOHN HEMMING 06/13/19 [ ]  P00856805

Firm’s name [ ] WIPFLI LLP Firm’s EIN [ ] 39-0758449

PO BOX 8700 Firm’s address [ ] MADISON, WI 53708-8700 Phone no. 608.274.1980

Form 990-T (2017)
### Schedule A - Cost of Goods Sold

Enter method of inventory valuation:  ▶ N/A

<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Inventory at beginning of year</td>
</tr>
<tr>
<td>2</td>
<td>Purchases</td>
</tr>
<tr>
<td>3</td>
<td>Cost of labor</td>
</tr>
<tr>
<td>4a</td>
<td>Additional section 263A costs (attach schedule)</td>
</tr>
<tr>
<td>4b</td>
<td>Other costs (attach schedule)</td>
</tr>
<tr>
<td>5</td>
<td>Total. Add lines 1 through 4b</td>
</tr>
</tbody>
</table>

#### 2. Rent received or accrued

<table>
<thead>
<tr>
<th>(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)</th>
<th>(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(1)</td>
</tr>
<tr>
<td>(2)</td>
<td>(2)</td>
</tr>
<tr>
<td>(3)</td>
<td>(3)</td>
</tr>
<tr>
<td>(4)</td>
<td>(4)</td>
</tr>
</tbody>
</table>

Total: 0. Total: 0.

#### Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A): 0.

#### Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)  
(2)  
(3)  
(4)  

2. Rent received or accrued

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(1)</td>
</tr>
<tr>
<td>(2)</td>
<td>(2)</td>
</tr>
<tr>
<td>(3)</td>
<td>(3)</td>
</tr>
<tr>
<td>(4)</td>
<td>(4)</td>
</tr>
</tbody>
</table>

Total: 0. Total: 0.

#### Total. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A): 0.

#### Schedule E - Unrelated Debt-Financed Income

(see instructions)

1. Description of debt-financed property

2. Gross income from or allocable to debt-financed property

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(1)</td>
</tr>
<tr>
<td>(2)</td>
<td>(2)</td>
</tr>
<tr>
<td>(3)</td>
<td>(3)</td>
</tr>
<tr>
<td>(4)</td>
<td>(4)</td>
</tr>
</tbody>
</table>

#### 3. Deductions directly connected with or allocable to debt-financed property

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(1)</td>
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<tr>
<td>(2)</td>
<td>(2)</td>
</tr>
<tr>
<td>(3)</td>
<td>(3)</td>
</tr>
<tr>
<td>(4)</td>
<td>(4)</td>
</tr>
</tbody>
</table>

#### Totals

Total dividends-received deductions included in column 8: 0.
Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations

<table>
<thead>
<tr>
<th>1. Name of controlled organization</th>
<th>2. Employer identification number</th>
<th>3. Net unrelated income (loss) (see instructions)</th>
<th>4. Total of specified payments made</th>
<th>5. Part of column 4 that is included in the controlling organization’s gross income</th>
<th>6. Deductions directly connected with income in column 5</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Nonexempt Controlled Organizations

<table>
<thead>
<tr>
<th>7. Taxable Income</th>
<th>8. Net unrelated income (loss) (see instructions)</th>
<th>9. Total of specified payments made</th>
<th>10. Part of column 9 that is included in the controlling organization’s gross income</th>
<th>11. Deductions directly connected with income in column 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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</tbody>
</table>

Totals

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

<table>
<thead>
<tr>
<th>1. Description of income</th>
<th>2. Amount of income</th>
<th>3. Deductions directly connected with production of unrelated business income</th>
<th>4. Set-asides (attach schedule)</th>
<th>5. Total deductions and set-asides (col. 3 plus col. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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</tbody>
</table>

Totals

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

<table>
<thead>
<tr>
<th>1. Description of exploited activity</th>
<th>2. Gross unrelated business income from trade or business</th>
<th>3. Expenses directly connected with production of unrelated business income</th>
<th>4. Net income (loss) from unrelated trade or business (column 2 minus column 3), If a gain, compute cols. 5 through 7.</th>
<th>5. Gross income from activity that is not unrelated business income</th>
<th>6. Expenses attributable to column 5</th>
<th>7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Totals

Schedule J - Advertising Income

Part I Income From Periodicals Reported on a Consolidated Basis

<table>
<thead>
<tr>
<th>1. Name of periodical</th>
<th>2. Gross advertising income</th>
<th>3. Direct advertising costs</th>
<th>4. Advertising gain or (loss) (col. 2 minus col. 3), If a gain, compute cols. 5 through 7.</th>
<th>5. Circulation income</th>
<th>6. Readership costs</th>
<th>7. Excess readership costs (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
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<td>(4)</td>
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</tr>
</tbody>
</table>

Totals (carry to Part II, line (5))
**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.)

<table>
<thead>
<tr>
<th></th>
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<th></th>
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</thead>
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</tr>
</tbody>
</table>

Totals from Part I  
0. 0. 0.

Totals, Part II (lines 1-5)  
0. 0. 0.

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

<table>
<thead>
<tr>
<th></th>
<th>1. Name</th>
<th>2. Title</th>
<th>3. Percent of time devoted to business</th>
<th>4. Compensation attributable to unrelated business</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td>%</td>
<td></td>
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<tr>
<td>(2)</td>
<td></td>
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<td>%</td>
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</tr>
<tr>
<td>(3)</td>
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<td>%</td>
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<tr>
<td>(4)</td>
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<td></td>
<td>%</td>
<td></td>
</tr>
</tbody>
</table>

Total. Enter here and on page 1, Part II, line 14  
0.

Form 990-T (2017)
STATEMENT 1

FORM 990-T          OTHER INCOME       STATEMENT 1

DESCRIPTION                        AMOUNT

QUALIFIED TRANSPORTATION FRINGE     9,868.

TOTAL TO FORM 990-T, PAGE 1, LINE 12 9,868.
<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>TAXABLE INCOME</td>
<td>8,868</td>
</tr>
<tr>
<td>2.</td>
<td>LESSER OF LINE 1 OR FIRST BRACKET AMOUNT</td>
<td>8,868</td>
</tr>
<tr>
<td>3.</td>
<td>LINE 1 LESS LINE 2</td>
<td>0</td>
</tr>
<tr>
<td>4.</td>
<td>LESSER OF LINE 3 OR SECOND BRACKET AMOUNT</td>
<td>0</td>
</tr>
<tr>
<td>5.</td>
<td>LINE 3 LESS LINE 4</td>
<td>0</td>
</tr>
<tr>
<td>6.</td>
<td>INCOME SUBJECT TO 34% TAX RATE</td>
<td>0</td>
</tr>
<tr>
<td>7.</td>
<td>INCOME SUBJECT TO 35% TAX RATE</td>
<td>0</td>
</tr>
<tr>
<td>8.</td>
<td>15 PERCENT OF LINE 2</td>
<td>1,330</td>
</tr>
<tr>
<td>9.</td>
<td>25 PERCENT OF LINE 4</td>
<td>0</td>
</tr>
<tr>
<td>10.</td>
<td>34 PERCENT OF LINE 6</td>
<td>0</td>
</tr>
<tr>
<td>11.</td>
<td>35 PERCENT OF LINE 7</td>
<td>0</td>
</tr>
<tr>
<td>12.</td>
<td>ADDITIONAL 5% SURTAX</td>
<td>0</td>
</tr>
<tr>
<td>13.</td>
<td>ADDITIONAL 3% SURTAX</td>
<td>0</td>
</tr>
<tr>
<td>14.</td>
<td>TOTAL INCOME TAX</td>
<td>1,330</td>
</tr>
<tr>
<td>15.</td>
<td>TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017</td>
<td>1,862</td>
</tr>
<tr>
<td>16.</td>
<td>TAX PRORATED FOR NUMBER OF DAYS IN 2017</td>
<td>92</td>
</tr>
<tr>
<td>17.</td>
<td>TAX PRORATED FOR NUMBER OF DAYS IN 2018</td>
<td>273</td>
</tr>
<tr>
<td>18.</td>
<td>TOTAL TAX PRORATED</td>
<td>365</td>
</tr>
</tbody>
</table>
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/efile, click on Charities & Non-Profits, and click on 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.

Type or print

Name of exempt organization or other filer, see instructions.

AROOSTOOK COUNTY ACTION PROGRAM, INC.

Employer identification number (EIN) or

01-0315849

Social security number (SSN)

Number, street, and room or suite no. If a P.O. box, see instructions.

771 MAIN STREET

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)

07

Application Is For

Return Code

01 Form 990-T (corporation)

Form 990 or Form 990-EZ

02 Form 1041-A

Form 990-BL

03 Form 4720 (other than individual)

Form 4720 (individual)

04 Form 5227

Form 990-PF

05 Form 6069

Form 990-T (sec. 401(a) or 408(a) trust)

06 Form 8870

Form 990-T (trust other than above)

I request an automatic 6-month extension of time until AUGUST 15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization’s return for:

AUGUST 15, 2019

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

Initial return

Final return

Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

3b 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.

3c 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.

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 instructions.

MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045

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