•								20 1016	1		
			Exten	ded to Sep	temb	er 15, 2	2020	293/9/3/6	121	08411 1	
Form	, 990-T	E	Exempt Orga	nization Bเ	ısine	ss Incon	ne T	ax Returr	า	OMB No 1545-0687	
		F	(a llendar year 2018 or other tax ye	nd proxy tax un		•		m 21 201		<i>2</i> 018	
• •	=	Forca		irs.gov/Form990T for					<u>.9</u>	2010	
Depa	rtment of the Treasury nal Revenue Service		Do not enter SSN numbe						. [Open to Public Inspection for 501(c)(3) Organizations Only	
Ā	Check box if address changed		Name of organization (
	xempt under section	Print	York County	Community	Act	ion Corp	ora	tion		1-6020406	
X	501(c() 3)	or Type	Number, street, and room	n or suite no. If a P.O. b	oox, see II	nstructions.				ated business activity code nstructions)	
 -	408(e)		P O Box 72 City or town, state or pro-	unon country and 710	or forcin	n postal code			-		
-			Sanford, ME		or lorely	ii postai code			541	800	
C Bo	pok value of all assets end of year		F Group exemption num								
	7,700,3	<u>71.</u>	G Check organization typ	e 🕨 🗶 501(c) c	orporatioi	n 501(c) trust	401(a)	trust	Other trust	
		-	tion's unrelated trades or t		1			the only (or first) un			
			ee Statement				-	complete Parts I-V.		•	
			ce at the end of the previou	us sentence, complete	Parts I ar	id II, complete a S	Schedule	M for each addition	ial trade	e or	
	isiness, then complete		-v. poration a subsidiary in an :	affiliated group or a pa	rent-subs	idiary controlled (aroun?		Ye	s X No	
	• • •	•	tifying number of the parer		TOTAL SUBS	iolal y controlled t	group			5 (AS) NO	
J TI	ne books are in care of	▶ I	Diane Lauren	deau			Telepho	one number 🕨 2	07	459 2908	
Pa	rt I Unrelate	d Trac	de or Business Inc	ome		(A) Incom	е	(B) Expenses	<u> </u>	(C) Net	
	Gross receipts or sale										
_	Less returns and allow		A.L 7\	c Balance	1c						
2	Cost of goods sold (S Gross profit. Subtract		•		3						
3 4 a	Capital gain net incom				4a						
			art II, line 17) (attach Form	1 4797)	4b	-					
C	Capital loss deduction		· ·	,	4c						
5	Income (loss) from a	partners	ship or an S corporation (a	ttach statement)	5						
6	Rent income (Schedu	le C)			6						
7	Unrelated debt-financ		,		7						
8			and rents from a controlled			/_					
9			on 501(c)(7), (9), or (17) or	rganization (Schedule		/				· · · · · · · · · · · · · · · · · · ·	
10 11	Exploited exempt active Advertising income (5)	-	•		10/	91,3	305.	67,2	42.	24,063.	
12	Other income (See ins		•		12	72/0	,,,,,,		10,	24/0050	
13	Total. Combine lines				13	91,3	305.	67,2	42.	24,063.	
Pa			ot Taken Elsewhei								
			utions, deductions must	,*	ted with	the unrelated b	usiness	income.)	I T		
14		icers, di	rectors, and trustees (Sche	edule K)					14 15	13,165.	
15	Salaries and wages Repairs and mainten	ance			-				16	13,103.	
7027	Bad debts	unicc		REC	EIVE	D			17		
CD18	Interest (attach sche	dule) (s	ee instructions)		ユー	70			18		
<>19	Taxes and licenses	, ,		SEP ((8) 202	RS-OS			19		
A 21			e instructions for limitation	rules)		S			20	 	
₹21	Depreciation (attach		· ·	OGDE	NI	2					
CZ2 23 24 25 26 27	•	aimēd oi	n Schedule A and elsewher	e on return		. 22	a		22b 23		
₩23	Depletion Contributions to defe	orrad ca	mnaneation plane						24		
₹ 25	Employee begefit pro		mponoution plant						25		
₩ 26	Excess exempt expe		chedule I)						26		
O D ₂₇	Excess réadership c							_	27		
28	Other deductions (at					See S	Stat	ement 2	_28	11,461.	
29	Total deductions. A					0.61 - 40			29	<u>24,626.</u>	
30	/		ncome before net operating				one)		30	<u>-563.</u>	
31	•	-	loss arising in tax years be ncome. Subtract line 31 fro		uary 1, 20	O IO (SEE INSTRUCTIO	บแร)		31 32	-563.	
32			work Reduction Act Notice	·						Form 990-T (2018)	

Form 990-		on_	01-6	020406		Page
Part J	Total Unrelated Business Taxable Income			1		
. 33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	e instructio	ons)	-33	_ <u>.</u>	563.
34	Amounts paid for disallowed fringes			34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	uctions)	Stmt 3	35		0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s	•				
	lines 33 and 34			_ 36	_ c	563.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		8	37		000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3	36	4.1	*		<u>, , , , , , , , , , , , , , , , , , , </u>
	enter the smaller of zero or line 36		11	38	_ t	563.
Part I	V Tax Computation			1 00		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21))	▶ 39		0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line 38 f	rom:			
	Tax rate schedule or Schedule D (Form 1041)		ì	▶ 40		
41	Proxy tax See instructions			▶ 41		
42	Alternative minimum tax (trusts only)		-	42		
43	Tax on Noncompliant Facility Income See instructions			43		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44		0.
Part \		<u> </u>	·			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a				
b	Other credits (see instructions)	45b				
	General business credit. Attach Form 3800	45c				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d				
_	Total credits. Add lines 45a through 45d	1 400		45e		
46	Subtract line 45e from line 44			46		0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 889	se [0	ther (attach schedul			<u> </u>
	Total tax Add lines 46 and 47 (see instructions)	00 0	trici (attach schedul	48		0.
48				49		0.
49 50 a	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	50a		49		<u> </u>
	Payments: A 2017 overpayment credited to 2018			-		
	2018 estimated tax payments	50b		\dashv \mid		
	Tax deposited with Form 8868	50c		\dashv \parallel		
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		\dashv \mid		
	Backup withholding (see instructions)	50e		\dashv \vdash		
	Credit for small employer health insurance premiums (attach Form 8941)	50f		[
9	Other credits, adjustments, and payments: Form 2439					
	Form 4136 Other Total ▶	50g		\dashv		
51	Total payments. Add lines 50a through 50g			51		
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲		_	52		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		•	► <u>53</u>		
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	1		54		
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		Refunded	► 55		
Part \						T
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature		-		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization					
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign cou	intry			
	here				_	X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor to,	a foreign trust?		<u> </u>	X
	If "Yes," see instructions for other forms the organization may have to file.					
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$	 				_
C:	Under penalties of perjury, I declare that I have examined his return, including accompanying schedules and s correct, and pemplete. Declaration of which preparer (other than lax payer) is based on all information of which preparer	statements, ar er has any kn	nd to the best of my i lowledge	knowledge and bel	et, it is true,	
Sign	Chief F	inanc	:ial	May the IRS disc		with
Here	Man Jaule 1/17/20 Officer	· 		the preparer show		-
	Signature of officer Date / Title			instructions)?	Yes	No
	Print/Type preparer's name Preparer's signature Dat	te	Check	I If PTIN		
Paid	Stephen L. LeClair,	·/,	self- employ			_
Prepa	rer CPA SUPPLY Oblin 19	15720	ソー		<u>370336</u>	
Use C	Inly Firm's name ► Gibson LeClair, LLC		Firm's EIN	<u>► 45-</u>	051212	28
_	150 Capitol Street, Suite 3					
	Firm's address ► Augusta, ME 04330		Phone no.	(207)	<u> 623-84</u>	01

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory v	valuation N/A			_		
1 Inventory at beginning of year	1		6	Inventory at end of year	_		6		
2 Purchases	2		7	Cost of goods sold. Su	ubtract (ine 6			
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,	ł		
4a Additional section 263A costs				line 2					
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		_	property produced or a	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	pert	ty) 	
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for	personal	sonal property (if the percental property exceeds 50% or if sed on profit or income)	age	3(a) Deductions directl columns 2(a) a		ected with the income in (attach schedule)	n
(1)									
(2)						<u>.</u>			
(3)									
(4)									
Total	0.	Total			0.	1			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Det		Income (see	ınstru	ections)	<u> </u>	T at 1, line 0, column (b)			<u> </u>
		(33)	Γ.	Gross income from		3. Deductions directly conto debt-finan			
1 Description of debt-fir		or allocable to debt- financed property		(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		s	
(1)	. <u>-</u>	····		_			+		
(2)							1		
(3)									
(4)							\		
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property a schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduction (column 6 x total of column 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)		· <u> </u>		%	_				
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (6	
Totals				▶	L	0			0.
Total dividends-received deductions in	cluded in column	18					•		0.
								Form 990-T ((2018)

1 Name of controlled organiz (1) (2) (3) (4)	ation	ıdentıfic	ation	3. Net unr		4. Tot	al of specified	5. Part	of column 4	that is	6. Deductions directly
(2) (3) (4)			arne of controlled organization 2. Employer 3. Net up		related income 4. Total		nents made	5. Part of column 4 that is included in the controlling organization's gross income			connected with income in column 5
(2) (3) (4)											
(3)		<u> </u>						 	_	\dashv	·
(4)						_		<u> </u>			
Nonexempt Controlled Organ	nizations									* 	
7 Taxable Income		related incom e instructions		9. Total	of specified payr made	nents	10. Part of colur in the controlli gross	mn 9 that ing organi income	is included ization's		ductions directly connected in income in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here and line 8, c		1, Part I,)		dd columns 6 and 11 nere and on page 1, Part i, line 8, column (B)
Totals Control of the second o			3	F04/ *	7) (0)	<u> </u>			0.		0.
Schedule G - Investm	ent incon tructions)	ne or a s	section	501(c)(/), (9), or	(17) Or	ganization	1			
· · · · · · · · · · · · · · · · · · ·	cription of incom	10			2. Amount of	income	3. Deduction directly conne (attach sched	cted	4. Set-	asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)											. ,
(2)				-		i					
(3)											
(4)											
					Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals					<u> </u>	0.					0.
Schedule I - Exploited	-	Activity	Incom	e, Othei	r Than Ad	vertisi	ng Income	•			
Description of exploited activity	2. Gri unrelated b income trade or bi	ousiness from	3. Exp directly co with pro of unre business	onnected duction elated	4. Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a n cols 5	5 Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut colur	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)		Ţ									
(4)	Enter here page 1, line 10, c	Part I, ol (A)	Enter her page 1, line 10,	, Part I, col (B)							Enter here and on page 1, Part II, line 26
Totals Schedule J - Advertis	ing Incom	0.	etn iotion	0.	l						0.
Part I Income From					solidated	Basis				· •	
1 Name of periodical		2. Gross advertising income		3. Direct	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, comput	5. Circulat		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)					_						
(4)							ļ				
Totals (carry to Part II, line (5))	.	(<u>) . </u>	0	•			_			0 . Form 990-T (2018)

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Form 990-T (2018) York County Community Action Corporation 01-60204

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

1 Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) Signage display	S	•				
(2) on buses and						
(3) trolleys	91,305.	67,242.	24,063.			
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	91,305.	67,242.				0.

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

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

Form 990-T (2018)

NOL Carryover Available This Year

197.

Form 990-T	Statement	1					
G.							
Signage d	isplays on transp	ortation buses and	trolleys				
To Form 99	0-T, Page 1						
Form 990-T		Other Deducti	ons	Statement	2		
Description	n			Amount			
Occupancy Indirect co	ost allocation			96	64. 97.		
Total to Fo	orm 990-T, Page 1	, line 28		11,40	61.		
Form 990-T	Ne	et Operating Loss D	eduction	Statement	3		
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year			
10/31/18	197.	0.	0. 197.				

197.