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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

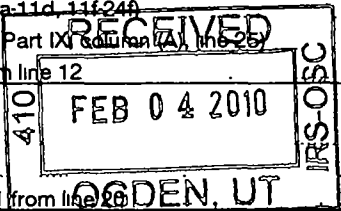
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning **APR 1, 2008** and ending **MAR 31, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization KENNEBEC VALLEY YMCA		D Employer identification number 01-0211811	
		Doing Business As		E Telephone number 207-626-3488	
		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 2,500,440.	
		31 UNION STREET		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City or town, state or country, and ZIP + 4 AUGUSTA, ME 04330		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
F Name and address of principal officer: MARK YERRICK		H(c) Group exemption number ▶			
SAME AS C ABOVE		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.KVYMCA.ORG				L Year of formation 1914 M State of legal domicile ME	
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶					

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE THE COMMUNITY WITH AN INSPIRATIONAL ENVIRONMENT FOR THE ENRICHMENT OF ALL PEOPLE, THROUGH		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of employees (Part V, line 2a)	5	232
	6 Total number of volunteers (estimate if necessary)	6	450
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	1,155.
b Net unrelated business taxable income from Form 990-T, line 34	7b	84.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 670,452.	Current Year 576,187.
	9 Program service revenue (Part VIII, line 2g)	1,724,073.	1,769,720.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	24,855.	19,826.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	64,877.	111,622.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,484,257.	2,477,355.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,206,649.	1,316,692.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,911.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,598,570.	1,430,477.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,805,219.	2,747,169.	
19 Revenue less expenses. Subtract line 18 from line 12	-320,962.	-269,814.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 12,751,654.	End of Year 11,729,224.
	21 Total liabilities (Part X, line 26)	4,789,383.	4,194,142.
	22 Net assets or fund balances. Subtract line 21 from line 20	7,962,271.	7,535,082.



Part II Signature Block

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

Sign Here
 Signature of officer: *[Signature]* Date: **1/25/10**
 Type or print name and title: **MARK YERRICK, CHIEF EXECUTIVE OFFICER**

Paid Preparer's Use Only
 Preparer's signature: *[Signature]* Date: **1-19-10** Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: **GIBSON LECLAIR, LLC**
150 CAPITOL STREET, SUITE 3
AUGUSTA, ME 04330 EIN ▶ Phone no ▶ **(207) 623-8401**

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

SCANNED FEB 25 2010

914 4

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION THE PURPOSE OF THE KENNEBEC VALLEY YMCA IS TO IMPROVE THE SPIRITUAL, MENTAL, EMOTIONAL, SOCIAL AND PHYSICAL CONDITION OF ITS MEMBERS AND OTHERS TO WHOM ITS INFLUENCE EXTENDS. OUR MISSION IS TO PROVIDE THE COMMUNITY WITH AN INSPIRATIONAL ENVIRONMENT FOR THE ENRICHMENT OF ALL

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 2,427,645. including grants of \$) (Revenue \$) THE KENNEBEC VALLEY YMCA IS OPEN TO ALL PEOPLE. WE OFFER VARIOUS HEALTH, FITNESS AND PERSONAL DEVELOPMENT PROGRAMS WITH A PRIMARY EMPHASIS ON SERVICES TO YOUTHS. OUR PROGRAMS INCLUDE OPEN GYM, GROUP EXERCISE, AQUATICS FOR PRE-SCHOOL, YOUTH & ADULT, INCLUDING AQUATIC FITNESS & CERTIFICATION, & DANCE CLASSES FOR AGES 2-ADULT. OUR YMCA ALSO PROVIDES HIGH QUALITY CHILD CARE TO RELIEVE THE BURDEN OF BALANCING WORK AND FAMILY AND TO MAKE IT POSSIBLE FOR PARENTS OF CHILDREN IN OUR CARE TO REMAIN GAINFULLY EMPLOYED, KNOWING THAT THEIR CHILDREN ARE THRIVING IN A SAFE, DEVELOPMENTALLY SOUND ENVIRONMENT. OUR CHILD WATCH PROGRAM PROVIDES QUALITY STAFF TO TAKE CARE OF OUR MEMBER'S CHILDREN WHILE THEY WORK OUT & IS FREE FOR ALL FAMILY MEMBERSHIPS. WE ALSO OFFER SPECIALTY FITNESS PROGRAMS TO HELP PEOPLE CREATE

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 2,427,645. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
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).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		X
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter: N/A		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter: N/A		
11a	Gross income from members or shareholders		
11b	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?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
15a	a The organization's CEO, Executive Director, or top management official?	X	
15b	b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **DIANE STANEWICK - 207-626-3488**
31 UNION STREET, AUGUSTA, ME 04330

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
NORMAN ELVIN PRESIDENT	1.00	X					0.	0.	0.	
GARY PEACHEY VICE PRESIDENT	1.00	X					0.	0.	0.	
GEORGE WOODS TREASURER	1.00	X					0.	0.	0.	
KAY RAND SECRETARY	1.00	X					0.	0.	0.	
KAREN BOSTON DIRECTOR	0.50	X					0.	0.	0.	
BILL BRIDGEO DIRECTOR	0.50	X					0.	0.	0.	
CAROLYN BURNS DIRECTOR	0.50	X					0.	0.	0.	
DAVID W. CHAPMAN DIRECTOR	0.50	X					0.	0.	0.	
JACQUI CLARK DIRECTOR	0.50	X					0.	0.	0.	
BARBARA CROWLEY DIRECTOR	0.50	X					0.	0.	0.	
LINDA GAGNE DIRECTOR	0.50	X					0.	0.	0.	
MARY HAMMOND DIRECTOR	0.50	X					0.	0.	0.	
HARRY LANPHEAR DIRECTOR	0.50	X					0.	0.	0.	
TONY LOIKO DIRECTOR	0.50	X					0.	0.	0.	
MICHELE MACLEAN DIRECTOR	0.50	X					0.	0.	0.	
MICHAEL SEITZINGER DIRECTOR	0.50	X					0.	0.	0.	
ANNE SITES DIRECTOR	0.50	X					0.	0.	0.	

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a	70,449.					
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	505,738.					
	g Noncash contributions included in lines 1a-1f \$							
	h Total. Add lines 1a-1f			576,187.				
Program Service Revenue	2 a MEMBERSHIP DUES	Business Code	900099	989,471.	989,471.			
	b YOUTH & ADULT PROGRAMS	Business Code	900099	698,650.	698,650.			
	c THERAPY POOL RENTAL	Business Code	900099	81,599.	81,599.			
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			1769720.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			19,826.			19,826.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross Rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a		88,821.				
		b Less: direct expenses	b	23,085.				
		c Net income or (loss) from fundraising events			65,736.			65,736.
	9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses		b						
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory			3,497.			3,497.	
Miscellaneous Revenue			Business Code					
11 a RENTAL OF FACILITIES		900099	17,947.	17,947.				
b MISCELLANEOUS INCOME		900099	17,342.	17,342.				
c RENTAL OF LOCKERS		900099	4,790.	4,790.				
d All other revenue		541800	2,310.	1,155.	1,155.			
e Total. Add lines 11a-11d			42,389.					
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			2477355.	1810954.	1,155.	89,059.		

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	61,906.		61,906.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,056,308.	980,337.	75,971.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	198,478.	174,005.	24,473.	
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	5,970.	5,134.	597.	239.
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	63,219.	48,468.	14,367.	384.
12 Advertising and promotion				
13 Office expenses	21,803.	19,623.	2,180.	
14 Information technology				
15 Royalties				
16 Occupancy	444,131.	399,335.	44,413.	383.
17 Travel	148.	148.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,760.	4,880.	4,880.	
20 Interest	271,237.	244,113.	27,124.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	388,693.	349,824.	38,869.	
23 Insurance	36,582.	32,924.	3,658.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SUPPLIES	104,006.	89,034.	14,067.	905.
b NATIONAL DUES	34,067.	34,067.		
c MISCELLANEOUS	26,045.	23,419.	2,626.	
d MINOR EQUIPMENT & EQUIP	24,816.	22,334.	2,482.	
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	2,747,169.	2,427,645.	317,613.	1,911.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008
Open to Public Inspection

Name of the organization **KENNEBEC VALLEY YMCA** Employer identification number **01-0211811**

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 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.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 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)(vii). (Complete Part II.)
- 9 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 the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ... ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,605,508.	3,377,944.	1,606,492.	670,452.	576,187.	10,836,583.
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	1,316,215.	1,176,488.	1,479,376.	1,770,475.	1,879,380.	7,621,934.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5	5,921,723.	4,554,432.	3,085,868.	2,440,927.	2,455,567.	18,458,517.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						18,458,517.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	5,921,723.	4,554,432.	3,085,868.	2,440,927.	2,455,567.	18,458,517.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	102,558.	138,297.	53,397.	36,184.	44,873.	375,309.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	102,558.	138,297.	53,397.	36,184.	44,873.	375,309.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	4,514.	3,274.				7,788.
13 Total support (Add lines 9, 10c, 11, and 12)						18,841,614.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	97.97 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	96.68 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	1.99 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	3.15 %

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. 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 D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization **KENNEBEC VALLEY YMCA** Employer identification number **01-0211811**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No
- Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____
- 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
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.
- If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- 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 relating to these items:

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

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

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or 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 year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) unrelated organizations
 - (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		198,500.		198,500.
b Buildings		10,051,228.	1,036,756.	9,014,472.
c Leasehold improvements				
d Equipment		385,996.	216,002.	169,994.
e Other		19,491.		19,491.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				9,402,457.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	2,477,355.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2,747,169.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-269,814.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	-157,375.
9	Total adjustments (net). Add lines 4-8	-157,375.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	-427,189.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	2,343,065.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV)	-134,290.
e	Add lines 2a through 2d	-134,290.
3	Subtract line 2e from line 1	2,477,355.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV)	
c	Add lines 4a and 4b	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	2,477,355.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	2,770,254.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	
b	Prior year adjustments	
c	Losses reported on Form 990, Part IX, line 25	
d	Other (Describe in Part XIV)	23,085.
e	Add lines 2a through 2d	23,085.
3	Subtract line 2e from line 1	2,747,169.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV)	
c	Add lines 4a and 4b	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	2,747,169.

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN MARKET VALUE OF BENEFICIAL INTERESTS IN TRUSTS: -157375.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES NETTED AGAINST REVENUE ON FORM 990: 23085.

CHANGE IN MARKET VALUE OF BENEFICIAL INTERESTS IN TRUST: -157375.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		GOLF TOURNAMENT (event type)	AUTUMN AUCTION (event type)	1 (total number)	(Add col. (a) through col. (c))	
Revenue	1	Gross receipts	27,723.	57,858.	3,240.	88,821.
	2	Less: Charitable contributions				
	3	Gross revenue (line 1 minus line 2)	27,723.	57,858.	3,240.	88,821.
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses	11,843.	11,242.		23,085.
	8	Direct expense summary. Add lines 4 through 7 in column (d)				(23,085)
	9	Net income summary. Combine lines 3 and 8 in column (d)				65,736.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				()
8	Net gaming income summary. Combine lines 1 and 7 in column (d)				

- 9 Enter the state(s) in which the organization operates gaming activities: _____
- a Is the organization licensed to operate gaming activities in each of these states?
b If "No," Explain: _____
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
b If "Yes," Explain: _____
- 11 Does the organization operate gaming activities with nonmembers?
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008
Open to Public
Inspection

Name of the organization

KENNEBEC VALLEY YMCA

Employer identification number

01-0211811

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

SOCIAL RECREATION AND LEARNING ACTIVITIES. CARING, HONESTY, RESPECT AND RESPONSIBILITY ARE THE BASIS FOR ALL THAT WE DO.

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

PEOPLE, THROUGH SOCIAL RECREATION AND LEARNING ACTIVITIES. CARING, HONESTY, RESPECT AND RESPONSIBILITY ARE THE BASIS FOR ALL THAT WE DO. WE ARE ALL ABOUT BUILDING STRONG KIDS, STRONG FAMILIES AND STRONG COMMUNITIES. WE WELCOME EVERYONE, REGARDLESS OF AGE, RACE, SEX, FAITH, ETHNICITY, ABILITY OR RELIGION. KVYMCA MEMBERSHIP ACTIVITIES CREATE SUPPORTIVE COMMUNITIES OF MEMBERS WHO ARE INVOLVED IN A VARIETY OF ENRICHING ACTIVITIES, RECREATIONAL AND SUPPORTIVE SOCIAL NETWORKS, AND A SENSE OF BELONGING. THE KVYMCA ENCOURAGES VOLUNTEERISM IN OUR PROGRAMS. DUES ARE BASED ON COMMUNITY AFFORDABILITY, AND FINANCIAL ASSISTANCE IS AVAILABLE FOR THOSE WHO CANNOT AFFORD TO PAY THE FULL COST OF MEMBERSHIP.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

REALISTIC GOALS FOR SELF-IMPROVEMENT AND EMPHASIZE DISEASE PREVENTION THROUGH REGULAR EXERCISE, PROPER NUTRITION, STRESS MANAGEMENT, AND HEALTH EDUCATION. PROGRAMS INCLUDE GROUP CYCLING, CARDIO CYCLE & HARD CORE FLOOR, PILATES, POST-NATAL FITNESS, PRE-NATAL FITNESS, STYLIZED STEP, TAI CHI, YOGA & KARATE.

OUR YMCA LEARNING CENTER PROGRAMS ARE LOCATED AT THE AUGUSTA & MANCHESTER CAMPUSES. OUR LEARNING CENTER PROGRAMS ARE DEDICATED TO ENHANCING THE LIVES OF CHILDREN. WE FOSTER SUPPORTIVE RELATIONSHIPS,

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

KENNEBEC VALLEY YMCA

Employer identification number

01-0211811

CREATE DEVELOPMENTALLY APPROPRIATE EXPERIENCES & ENCOURAGE THE UNIQUE QUALITIES OF ALL CHILDREN. WE WELCOME FAMILIES WHO VALUE CHILDREN AND APPRECIATE THE CARING, EDUCATIONAL & PROFESSIONAL ENVIRONMENT WE PROVIDE. THE PLANNING & PROVISION OF ACTIVITIES AT THE KVYMCA LEARNING CENTERS ARE BASED ON THE DEVELOPMENTAL NEEDS OF CHILDREN. OUR THEME-BASED CURRICULUM INCORPORATES THE FOUR YMCA CORE VALUES OF CARING, HONESTY, RESPECT & RESPONSIBILITY. THE AUGUSTA YMCA LEARNING CENTER SERVES MEALS WHICH MEET THE REQUIREMENTS OF USDA/CACFP. OUR GOAL IS TO PROVIDE CHILDREN WITH EXPERIENCES THAT STIMULATE PHYSICAL, SOCIAL, INTELLECTUAL & EMOTIONAL GROWTH.

FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 AND ATTACHMENTS ARE REVIEWED BY THE EXECUTIVE DIRECTOR AND THE BOARD TREASURER PRIOR TO FILING. ADDITIONALLY, BOARD MEMBERS ARE MADE AWARE OF THE AVAILABILITY OF THE FORM 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: PERIODIC REVIEWS ARE CONDUCTED BY THE EXECUTIVE COMMITTEE OR BY A SPECIAL OR AD HOC COMMITTEE APPOINTED FOR THAT PURPOSE.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS DETERMINES THE COMPENSATION FOR THE EXECUTIVE DIRECTOR BY USING COMPARABLE DATA AND OTHER SOURCES OF INFORMATION.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE

2008 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	COMPUTER EQUIPMENT											
	MACHINERY & EQUIPMENT											
20	LASER PRINTER	091592SL		5.00	16	1,810.			1,810.	1,810.		0.
33	COMPUTER	110194SL		5.00	16	4,661.			4,661.	4,661.		0.
35	COMPUTER	120294SL		5.00	16	3,068.			3,068.	3,068.		0.
36	486 COMPUTER	032896SL		5.00	16	3,948.			3,948.	3,948.		0.
37	HP LASERJET PRINTER	061296SL		5.00	16	1,322.			1,322.	1,322.		0.
38	486 COMPUTER	022797SL		5.00	16	1,200.			1,200.	1,080.		0.
49	COMPUTERS	111599SL		5.00	16	2,750.			2,750.	2,750.		0.
50	IBM COMPUTERS	013100SL		5.00	16	4,965.			4,965.	4,965.		0.
56	COMPUTERS	080701SL		5.00	16	9,979.			9,979.	9,647.		0.
62	COMPUTERS	011303SL		5.00	16	897.			897.	897.		0.
65	COMPUTER	123102SL		5.00	16	1,500.			1,500.	1,500.		0.
79	DAXKO	042805SL		3.00	16	9,920.			9,920.	9,645.		275.
80	COMPUTER E5933	060105SL		5.00	16	1,753.			1,753.	994.		351.
119	COMPUTER	102406SL		3.00	16	1,723.			1,723.	813.		574.
122	NETWORK	021308SL		5.00	16	7,756.			7,756.	259.		1,551.
131	DAXKO SOFTWARE	011509SL		5.00	16	2,341.			2,341.			117.

828102 04-25-08

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2008 DEPRECIATION AND AMORTIZATION REPORT
 FORM 990 PAGE 10
 990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
132	COMPUTER	061908SL		5.00	16	1,274.			1,274.			191.
133	LAPTOP * 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT * 990 PAGE 10 TOTAL -- COMPUTER EQUIPMENT	030609SL		5.00	16	1,551.			1,551.			26.
	MANCHESTER CAMPUS BUILDINGS					62,418.		0.	62,418.	47,359.	0.	3,085.
	MANCHESTER CAMPUS BUILDINGS					62,418.		0.	62,418.	47,359.	0.	3,085.
54	MANCHESTER CAMPUS BLDG IMPROVEMENTS **	122200SL		30.00	16	427,842.			427,842.	103,202.		14,261.
58	MANCHESTER AIR CONDITIONERS	070101SL		30.00	16	535,539.			535,539.	116,032.		17,851.
63	AIR CONDITIONERS	071502SL		5.00	16	1,159.			1,159.	1,159.		0.
64	AIR CONDITIONERS	050702SL		5.00	16	1,100.			1,100.	1,100.		0.
123	SIDING	053107SL		22.00	16	19,900.			19,900.	754.		905.
125	FLOORING	020108SL		7.00	16	21,676.			21,676.	516.		3,097.
128	IMPROVEMENTS	012408SL		15.00	16	4,560.			4,560.	51.		304.
129	BLDG IMPROVEMENTS * 990 PAGE 10 TOTAL BUILDINGS MACHINERY & EQUIPMENT	122908SL		28.00	16	4,419.			4,419.			39.
59	EQUIPMENT - MANCHESTER	070101SL		7.00	16	48,194.			48,194.	44,165.		1,721.
67	EQUIPMENT - MANCHESTER	071602SL		5.00	16	1,925.		0.	1,925.	222,814.	0.	36,457.

828102
04-25-08
 (D) - Asset disposed
 * ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone
 30.2

2008 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
136	LIFEFITNESS SUMMIT TRAINER * 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT	1211108SL		5.00	16	1,900.		0.	1,900.		0.	127.
	LAND					52,019.			52,019.	46,090.		1,848.
53	LAND - MANCHESTER * 990 PAGE 10 TOTAL	122200L				12,500.			12,500.			0.
	LAND					12,500.		0.	12,500.	0.	0.	0.
	OTHER CLOSING COSTS -											
69	MANCHESTER * 990 PAGE 10 TOTAL	VARIES		.000	16	11,748.			11,748.			0.
	OTHER					11,748.		0.	11,748.	0.	0.	0.
	* 990 PAGE 10 TOTAL - MANCHESTER CAMPUS AUGUSTA CAMPUS - NEW YMCA					1,092,462.		0.	1,092,462.	268,904.	0.	38,305.
	BUILDINGS											
117	NEW Y BUILDING	091506SL		30.00	16	9,002,355.			9,002,355.	475,125.		300,079.
126	BLDG IMPROVEMENTS	102207SL		28.00	16	21,182.			21,182.	315.		757.
127	SECURITY SYSTEM	12 07SL		10.00	16	8,446.			8,446.	282.		845.
137	HALF WALL * 990 PAGE 10 TOTAL BUILDINGS	061908SL		28.00	16	3,049.			3,049.			82.
	MACHINERY & EQUIPMENT CHILD CARE LOFT (PAINTED HORSE)	071805SL		7.00	16	9,035,033.		0.	9,035,033.	475,722.	0.	301,763.
77						2,050.			2,050.	781.		293.

2008 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
83	SCOREBOARD	091506SL		5.00	16	23,035.			23,035.	7,294.		4,607.
84	LAWN MOWER	091506SL		5.00	16	314.			314.	100.		63.
85	POOL VACUUM	091506SL		5.00	16	3,299.			3,299.	1,045.		660.
86	4 TREADMILLS, 4 RECLUMBANT, 4 BIKES	091506SL		5.00	16	59,750.			59,750.	18,921.		11,950.
87	BODYMASTER STRENGTH EQUIPMENT	091506SL		7.00	16	56,888.			56,888.	12,868.		8,127.
88	ENTRY SIGN	091506SL		15.00	16	4,600.			4,600.	486.		307.
89	2 STAIRMASTERS 2 STEP MILLS	091506SL		5.00	16	14,726.			14,726.	4,663.		2,945.
90	SOFTWARE	091506SL		3.00	16	720.			720.	380.		240.
91	2 ROWING MACHINES	091506SL		5.00	16	1,680.			1,680.	532.		336.
92	2 KINDERVANS, 2 TEACHER CHAIRS, CHANGING	091506SL		5.00	16	4,319.			4,319.	1,368.		864.
93	DUMBELLS, WEIGHTS, BALLS	091506SL		10.00	16	16,533.			16,533.	2,617.		1,653.
94	VOLLEYBALL NETS, POLES, GYM EQUIPMENT	091506SL		7.00	16	5,860.			5,860.	1,325.		837.
95	FITNESS MATS, PUNCHING BAGS	091506SL		7.00	16	1,768.			1,768.	400.		253.
96	BANNERS	091506SL		7.00	16	2,047.			2,047.	463.		292.
97	3 TELEVISIONS	091506SL		7.00	16	2,691.			2,691.	608.		384.
98	ACCORDION DOOR	091506SL		10.00	16	1,755.			1,755.	278.		176.
99	AMPLIFIER	091506SL		5.00	16	359.			359.	114.		72.
100	INFORMATION SIGNS	091506SL		3.00	16	300.			300.	158.		100.

2008 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
101	GLIDERS	091506SL		7.00	16	820.			820.	185.		117.
102	CHILDCARE CUBBIES	091506SL		7.00	16	2,650.			2,650.	600.		379.
103	DONOR PLAQUES	091506SL		15.00	16	1,320.			1,320.	139.		88.
104	SOFTWARE	091506SL		3.00	16	2,750.			2,750.	1,452.		917.
105	8 COMPUTERS	091506SL		3.00	16	11,242.			11,242.	5,933.		3,747.
106	POOL RECORD BOARDS	091506SL		7.00	16	1,525.			1,525.	345.		218.
107	WASHER & DRYER	091506SL		7.00	16	750.			750.	170.		107.
108	YOUTH & FAMILY	091506SL		7.00	16	11,024.			11,024.	2,494.		1,575.
109	LEADERSHIP SIGN	091506SL		10.00	16	6,650.			6,650.	1,053.		665.
110	DONOR ROOM SIGNS	091506SL		10.00	16	2,820.			2,820.	447.		282.
111	BLEACHERS	091506SL		15.00	16	2,125.			2,125.	225.		142.
112	GENIE LIFT	091506SL		7.00	16	4,400.			4,400.	996.		629.
113	HANDRAIL	091506SL		15.00	16	1,500.			1,500.	158.		100.
114	BLINDS	091506SL		15.00	16	3,818.			3,818.	403.		255.
115	STEREO	091506SL		3.00	16	4,044.			4,044.	2,134.		1,348.
120	FLOOR BUFFER	061207SL		5.00	16	925.			925.	154.		185.
121	SIGNAGE	122807SL		10.00	16	4,912.			4,912.	123.		491.
134	EQUIPMENT - AUGUSTA	041808SL		5.00	16	3,690.			3,690.			677.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2008 DEPRECIATION AND AMORTIZATION REPORT
FORM 990 PAGE 10

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
135	LIFEFITNESS SUMMIT TRAINER * 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT	121108SL		5.00	16	1,900.		0.	1,900.	71,412.	0.	127.
116	LAND LAND - UNION ST * 990 PAGE 10 TOTAL	091506LL				186,000.		0.	186,000.	0.	0.	46,208.
118	OTHER CLOSING COSTS - NEW Y CONSTRUCTION LOAN CLOSING COSTS - NEW Y	VARIES		.000	16	7,286.		0.	7,286.	0.	0.	0.
130	LOC * 990 PAGE 10 TOTAL OTHER * 990 PAGE 10 TOTAL AUGUSTA CAMPUS - NEW Y * GRAND TOTAL 990 PAGE 10 DEPR	VARIES		.000	16	457.		0.	457.	547,134.	0.	347,971.
						10,655,215.		0.	10,655,215.	863,397.	0.	389,361.

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(D) - Asset disposed

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II		Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization	COPY	Employer identification number
	KENNEBEC VALLEY YMCA		01-0211811
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	31 UNION STREET		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	AUGUSTA, ME 04330		

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

- Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870
- Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069

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

DIANE STANEWICK

• The books are in the care of ▶ 31 UNION STREET - AUGUSTA, ME 04330

Telephone No. ▶ 207-626-3488

FAX No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until FEBRUARY 15, 2010.

5 For calendar year _____, or other tax year beginning APR 1, 2008, and ending MAR 31, 2009.

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

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

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

Signature and Verification

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

Signature ▶ *Diane Stanewick*

Title ▶ CPA

Date ▶ 11-16-09

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

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

COPY

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

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

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

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

Type or print	Name of Exempt Organization KENNEBEC VALLEY YMCA	Employer identification number 01-0211811
	Number, street, and room or suite no. If a P.O. box, see instructions. 31 UNION STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. AUGUSTA, ME 04330	

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

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

DIANE STANEWICK, FINANCIAL DIRECTOR

• The books are in the care of ▶ **31 UNION STREET, AUGUSTA, ME - 04330**
Telephone No. ▶ **207-626-3488** FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **NOVEMBER 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning **APR 1, 2008**, and ending **MAR 31, 2009**.

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

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

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