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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

	1 P	or une	20 to Calefidar year, or tax year beginning and	enaing		
E	Cr ap	eck if plicable	C Name of organization THE COMMUNITY ACTION AGENCY OF		D Employer identific	cation number
		Address change				
		Name change	Doing business as		, 06-0	813725
		Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
		Final return/	66 NORTH STREET		203-	744-4700
		termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,856,121.
	_	Amende return	DANBORT, CT 000TO	H(a) is this a group re		
	<u> </u>	Applica tion pending	? Yes X No			
_			SAME AS C ABOVE		H(b) Are all subordinates in	
-			mpt status: X 501(c)(3) 501(c) () (Insert no.) 4947(a)(1) o e: ► HTTP: //WWW.CAAWC.ORG	or 527	1,	list. (see instructions)
			organization: X Corporation Trust Association Other	I. Voor	H(c) Group exemption	State of legal domicile; CT
			Summary	IL Tear	or tormation. 1909 N	State of legal dofficile, C.1
_	Ť	- 4	Briefly describe the organization's mission or most significant activities. TO P	ROVIDE	SERVICES TO	O COMBAT
	Governance	·	POVERTY AND PROMOTE SELF SUFFICIENCY AMO	NG THE	RESIDENTS	OF WESTERN
	E	-	Check this box if the organization discontinued its operations or dispose			
\	S		Number of voting members of the governing body (Part VI, line 1a)		3	13
		4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	13
-	Activities &	5 1	Fotal number of individuals employed in calendar year 2016 (Part V, line 2a)		5	80
NON NON	₹	6 1	Total number of volunteers (estimate if necessary)	~-,	6	142
z	Ş		Total unrelated business revenue from Part VIII, column (Chine 12 VED	1	7a	0.
⊋ -		<u>b</u> !	Net unrelated business taxable income from Form 190-T, line 34	<u>الإ</u>	7b	0.
SCARRED.	1		181 ULI 27 2017 IC		Prior Year 5,347,927.	Current Year 6,315,554.
	2		Contributions and grants (Part VIII, line 1h)	21 -	426,081.	535,848.
Š	Revenue		Program service revenue (Part VIII, line 2g) Nestment income (Part VIII, column (A), lines 3, 4, and 78) OGDEN, UT	1 ⊢	3.	75.
Y)	۳		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	J -	39,898.	4,644.
			Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u> </u>	5,813,909.	6,856,121.
-		-	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,864,578.	3,388,824.
	l		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	8	15 9	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,257,766.	2,492,673.
	Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
	훘	b٦	Total fundraising expenses (Part IX, column (D), line 25)	<u> 0. [</u>	· * * *	· 1 0 3 3 1
	۳ ۱	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		689,332.	907,707.
			Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	5,811,676.	6,789,204.
-	_ o		Revenue less expenses. Subtract line 18 from line 12		2,233.	66,917.
1	ances	00 -	Tabel and A (Dark V. burn 40)	Re	eginning of Current Year 1,572,227.	End of Year 1,878,223.
	d Bal		Total assets (Part X, line 16) Fotal liabilities (Part X, line 26)	-	1,132,607.	1,371,686.
1	Tell left		Net assets or fund balances Subtract line 21 from line 20	-	439,620.	506,537.
Ī	_=_	rt II	Signature Block		203 / 020 .	30073370
Ì			ties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	knowledge and belief, it is
			t, and complete. Declaration of preparer (other than officer) is based on all information of wh			
			mulelle H same		9/20	117
;	Sign	,	Signature of officer		Date	
1	Here	•	MICHELLE JAMES, EXECUTIVE DIRECTOR			
-			Type or print name and title		Data I. I.	II DTIN
	D-:-		Print/Type preparer's name Peparer's surfactor	00	Date Check t	PTIN
	Paid Pren		LESLIE ZOLL Furm's name BLUM, SHAPIRO & COMPANY, P.	CPA'S	Self-employe	P01373079 06-1009205
	-		Firm's address 29 S. MAIN STREET, P.O. BOX 272		Firm's EIN	00-1009203
		,	WEST HARTFORD, CT 06127-2000		Phone no.86	0 561-4000
7	Mav	the IF	S discuss this return with the preparer shown above? (see instructions)		1. 10110 110,0 0	X Yes No
-		31 11-1		ons.		Form 990 (2016)

Par	t III. Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	THE COMMUNITY ACTION AGENCY OF WESTERN CONNECTICUT IS A PRIVATE
	NON-PROFIT CORPORATION SERVING WESTERN CONNECTICUT. IT'S PRIMARY
	PURPOSE IS TO OPERATE A MULTI-PURPOSE ORGANIZATION TO COMBAT POVERTY
	AND PROMOTE SELF SUFFICIENCY AMONG LOW INCOME INDIVIDUALS.
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 \$ 3,779,610 · including grants of \$ 3,388,824 ·) (Revenue \$
	FUEL ASSISTANCE - PAID A PORTION OF HEATING COSTS FOR 5,001 INDIVIDUALS
	WHO QUALIFIED UNDER THE FEDERALLY FUNDED PROGRAM
4b	(Code) (Expenses \$ 991,949 · including grants of \$) (Revenue \$
	COMMUNITY SERVICES - PROVIDED HOUSING MEDIATION NEIGHBORHOOD SERVICES,
	COUNSELING AND EMERGENCY FOOD DISTRIBUTION AND OTHER SERVICES TO ASSIST
	THE NEEDY INDIVIDUALS OF THE COMMUNITY.
	1 245 262
4c	(Code) (Expenses \$ 1,245,362. Including grants of \$) (Revenue \$ 535,848. DAYCARE - PROVIDED EDUCATIONAL SERVICES FOR CHILDREN BETWEEN THE AGES
	OF THREE AND FIVE IN STATE LICENSED FACILITIES. SERVED 125 CLIENTS IN
	2016.
	2010.
	
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 70,463 · including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 6,087,384.
	Form 990 (2016

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	in the second		
	as applicable.	Ē.	Mar.	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			١,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
đ	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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
	Schedule D, Parts XI and XII	12a	<u> </u>	_
Ø	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	101		x
10	Is the organization arswered in Section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?		\vdash	X
14a b		14a	 	 ^
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140	_	 -
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10	\vdash	 ^
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	47		x
40	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	\vdash	 ^
18	1c and 8a? If "Yes," complete Schedule G, Part II	40		x
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18_	 	 ^
19	complete Schedule G, Part III	19		x
	complete contedute of t with		990	(2016)
		1 01111	550	(2010)

Form 990 (2016) WESTERN CONNECTICUT, INC.

Part IV Checklist of Required Schedules (continued)

			103	170
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	i		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	,		
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
ь	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b	i	х
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,"			l
	complete Schedule L, Part.II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	-		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		1	*
	instructions for applicable filing thresholds, conditions, and exceptions):	1		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		א "
	and the second of the second o	28b		$\overline{\mathbf{x}}$
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
_	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
-		Form	990	(2016)

	THE COMMUNITY ACTION AGENCY OF			
orm	1990 (2016) WESTERN CONNECTICUT, INC. 06-0	813725	Р	age 5
	rt 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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	46	4 1	ř.
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0, 1	, j	110 X
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		~ × ×	2.78
	(gambling) winnings to prize winners?	1c		gamaillein . 1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	37	# S.	, š
	filed for the calendar year ending with or within the year covered by this return	80	G i	Z.X
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	Allika ark
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	, j	~	å.
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	2 m mark 2	X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		_
	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)?	4a		X
b	If "Yes," enter the name of the foreign country	. 4	- 4	Ę. /
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	: 🤻	1) "
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b		5b		X
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solic	:nt 🗀		
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	of "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	ļ	ļ
7	Organizations that may receive deductible contributions under section 170(c).	8	1. Š.	4
а	D. L. C.	ł		X
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С				
	to file Form 8282?	7c	1	Х
d	I if "Yes," indicate the number of Forms 8282 filed during the year	_	, 5	
е		7e	1	·
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g		d? 7g		
h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	* .	24	- 3
	sponsoring organization have excess business holdings at any time during the year?	_8	Ĺ"	
9	Sponsoring organizations maintaining donor advised funds.	*4	6	, in the second
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	'.A.	430	ە ئەرۋ
а	Initiation fees and capital contributions included on Part VIII, line 12			ره ر د
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1 6	£
11	Section 501(c)(12) organizations. Enter:			•
а	Gross income from members or shareholders		g	
b	Gross income from other sources (Do not net amounts due or paid to other sources against		ļ	Į.
	amounts due or received from them)		l	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	Ľ	<u> </u>
	of "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		.]
а	is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			

Form 990 (2016)

b Enter the amount of reserves the organization is required to maintain by the states in which the

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

Form 990 (2016) WESTERN CONNECTICUT, INC. 06-0813725 Page
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

Section A. Governing Body and Management 1 a Enter the number of voting membors of the governing body at the end of the tax year if there are material differences in voting network problems of the governing body, or if the governing body deligated thread sutherly to an executive committee or samilar committee, epilan in Schedule 0. b Enter the number of voting membors included in in the 1st, above, who have membered the committee or samilar committee, epilan in Schedule 0. b Enter the number of voting membors included in in the 1st, above, who have membered the chief supervision of officer, director, nucles, or key employees to a management of under the chief supervision of officers, directors, or inussees, or key employees to a management company or other person? 4 Did the organization have samy significant changes to its governing documents since the prior Form 990 was filled? 5 Did the organization become aware during the year of a significant changes to the prior Form 990 was filled? 6 Did the organization become aware during the year of a significant changes to the prior Form 990 was filled? 7 Did the organization become aware during the year of a significant changes to the prior Form 990 was filled? 8 Did the organization become aware during the year of a significant changes of the prior of the		Check if Schedule O contains a response or note to any line in this Part VI			X					
the at managed differences in worting gribts among members of the governming body, or file governming body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. b criter the number of voting members with budged in line 1a, above, who are independent 13 b criter the number of voting members with budged in line 1a, above, who are independent 14 Did any officient, director, instacles, or key employee? Did the organization delegate control over management duttee customarily performed by or under the direct supervision of officers, director, instacles, or key employees to a management company or other person? Did the organization become aware during the year of a significant diversion of the organization was siled? Did the organization have members, attackholders? Did the organization oxidenty praisation reserved to (or aubject to approval by) members, stockholders, or persons other than the governing body? Did the organization oxidenty praisation reserved to (or aubject to approval by) members, stockholders, or persons other than the governing body? Did the organization oxidenty praisation growing the advantagement during the year by the followarg: The governing body? Section B. Policies (7his Section B requirest information about policies not required by the Internal Revenue Code) Section B. Policies (7his Section B requirest information about policies not required by the Internal Revenue Code) Ves No. 10a Did the organization have boal chapters, branches, or affiliates? A Has the organization have boal chapters, branches, or affiliates? A Has the organization have boal chapters, branches, or affiliates? A Has the organization have been always the process, if any, used by the organization for exempt by the process of the organization have a winten conf	Sec	tion A. Governing Body and Management								
the there are material differences in velocing rights among members of the governing body delegated broad authority to an executive committee or similar committee, uplain in Schedule 0. b Enter the number of voting members included in line 1a, above, who are independent of the presence of the organization delegate control over management duties customarily performed by or under the direct direct, ricerctor, trustee, or key employees to a management company or other person? Did the organization make any significant changes to its governing bodinering or the presence of the direct direct, and the organization have members or stockholders? Did the organization have members, stockholders? Did the organization have members of the governing body? The proventing body? Did the organization the proventing body? Did the organization contemporaneously document the meetings held or written actions suddraker during the year by the following; The proventing body? Did the organization thave written by the standard during the year by the following; Did the organization thave to an oberial of the governing body? Did the organization thave local chapters, branches, or affiliates? Did the organization have local chapters, branches, or affiliates? Did the organization have local chapters, branches, or affiliates? Did the process or any used to the organization to reward the				Yes	No					
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and branches-to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 13c Did the organization have a written whistleblower policy? 14d Did the organization have a written document retention and destruction policy? 15d Did the organization have a written document retention and destruction policy? 16b Unite organization have a written document retention and destruction policy? 17c Did the organization have a written document retention and destruction policy? 18c The organization's CEO, Executive Director, or top management official 19c Other officers or key employees of the organization of the deliberation and decision? 19c The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 19d If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 19d Did the organization indicate how you made these available. Check all that apply. 19d Did 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. 19d Did requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	10a	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>					
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If *No,* go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If *Yes,* describe in Schedule O how this was done 12b Id the organization have a written written document retention and destruction policy? 13 Id the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If *Yes* to line 15a or 15b, describe the process in Schedule O (see instructions) 15a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If *Yes,* did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ CT 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 IX Upon request □ Other (explain in S	b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			1					
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12a	11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		<u> </u>					
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Page 7

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.

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

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 organiz (A)	(B)			(0	C) _			(D)	(E)	(F)
Name and Title	Average	(do	not c	Posi	nore	than i	one	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)			ıs boti	h an	compensation	compensation	amount of
	week	—	T		* 60.10	Ara us	(66)	from	from related	other
	(list any hours for	rect]		l	_ '		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	98 05.0	stee			sated		(W-2/1099-MISC)	(***271099*****150)	organization
	organizations	ndividual trustee or director	institutional trustee) hee	шре	İ	(,		and related
	below	vidual	tution	je.	Key employee	est co loyee	Ę			organizations
	line)	ig i	luste	Officer	Key	Highest compensated employee	Former			
(1) MARY KORIN	1.00									_
SECRETARY		X		X	<u> </u>			0.	0.	0
(2) CREIGHTON LEE	1.00	ļ ˈ			1			_	_	_
CHAIRMAN		X	_	X	_	_		0.	0.	0
(3) JOHN CHERRY	1.00	<u>ا</u> ــــــــــــــــــــــــــــــــــــ				ļ	1	}		_
VICE CHAIR		X		X		_	_	0.	0.	0
(4) RICHARD MATZINGER	1.00	ا ا								
TREASURER		X	L_	X			_	0.	0.	0
(5) ELLA FRASER	1.00]								
DIRECTOR		Х	_	_	Щ.	_		0.	0.	0
(6) ANN PICCINI	1.00		١.							
DIRECTOR		X	_		_	ļ	_	0.	0.	0
(7) JULY MILIANO	1.00	ļ.,	l			[.	l			
DIRECTOR		X	_	<u> </u>	⊢	-	_	0.	0.	0
(8) JOSE AGOSTO	1.00	X						0.	0.	_
DIRECTOR (9) CYNTHIA WHITAKER	1.00	1	├─	<u> </u>	├	-	<u> </u>	0.	0.	0
DIRECTOR	1.00	x]]	1	1		0.	0.	0
(10) GLENDA ARMSTRONG	1.00	 ^	├-	-	├─	-	-			
DIRECTOR	1.00	\mathbf{x}	{		}	ſ .		0.	0.	0
(11) TERRENCE JONES	1.00	 ^	╁╌	-	┝	+-	├─	· · · · · ·		
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(12) BARBARA FAST	1.00	 	┢		\vdash	┢╌	┢╌	 		
DIRECTOR		x		l	i			0.	0.	0
(13) CLAY COPE	1.00		┢		┝	╁╌	-	 	<u> </u>	
DIRECTOR	1-200	x	ł		1	}		0.	0.	0
(14) MICHELLE JAMES	35.00	۳	┢	┢	┢	╁╌	┝╌	<u>-</u>	<u>_</u>	<u> </u>
EXECUTIVE DIRECTOR	1 33.00	1	ļ	X	1		1	113,639.	0.	13,721
(15) GARY DELVECCHIO	35.00	\vdash	┢		-	+-	\vdash		<u>_</u>	20,721
DIRECTOR OF FINANCE		1		x			l	87,269.	0.	13,652
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Form 990 (2016)

C) C) C Reportable Re	Part VII Section A Officers Directors True	stees Key Fm	nlov	1000	an	d Hi	cho	et C	companyated Employe	es (continued)		23 Fage 0
Name and title Average Pour per very P		Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)									$\overline{}$	(E)
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Sub-total Sub	Name and title	· ·		not c	heck	more	than		1 '	,	1	
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5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶		•		•					•	the organization	13	
bild any person listed on line I receive on active complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation 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 \$\infty\$	and related organizations greater than \$1	50,000? If "Yes,	, ° cc	mpl	ete S	Sch	edule	e J f	for such individual		Ł	
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \$\infty\$	5 Did any person listed on line 1a receive or	accrue compe	nsat	tion 1	from	any	y unr	elat	ed organization or indiv	idual for services		
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Name and business address. NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.	rendered to the organization? If "Yes," coi	mplete Schedul	le J	for s	uch	<u>p</u> ers	son					5 X
the organization Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Posscription of services Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization												
the organization Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Posscription of services Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	Complete this table for your five highest or	ompensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of con	npensat	ion from
(A) Name and business address NONE Description of services Compensation 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	-										,	
Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization O								1		,		(C)
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 ▶ 0		s address	N	ONI	₹.			ĺ		ervices	Cor	
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\$100,000 of compensation from the organization 0								_ i		}		
\$100,000 of compensation from the organization 0	2 Total number of independent contractors	(including but r	not l	ımıte	d to	tho	se lu	stec	d above) who received in	nore than		
Violen of sombonism non-montane organization					_		_		,	·		
											F	orm 990 (2016)

Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (C) Unrelated ş.'. Revenue excluded from tax under Total revenue , , exempt function business sections 512 - 514 revenue revenue 1 a Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d 6,290,032 e Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above <u>25</u>,522 Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f .554 Business Code 535,848 PROGRAM FEES 624410 Program Service Revenue 535,848 All other program service revenue Total. Add lines 2a-2f 535,848. Investment income (including dividends, interest, and other similar amounts) 75 75. Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less direct expenses Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code OTHER INCOME 900099 4,644 4,644 All other revenue Total. Add lines 11a-11d 4,644.Total revenue. See instructions. 12 856,121 535,848 0. 4,719. 632009 11-11-16 Form 990 (2016)

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 (B) Program service Do not include amounts reported on lines 6b, Management and Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 3,388,824. 3,388,824 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 228,281. 189,473. 38,808. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,504,852. 1,249,027. 255,825 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 94,781. 557,535. 462,754. Other employee benefits 34,341. 202,005. 167,664. 10 Payroll taxes Fees for services (non-employees) Management 390. 390. Legal 30,000. 30,000. c Accounting d Lobbyina e Professional fundraising services. See Part IV, line 17 investment management fees Other. (If line 11g amount exceeds 10% of line 25, 60,982. 10,762. 71,744. column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion Office expenses 13 94,759. 94,759. Information technology 14 Royalties 15 185,339. 157,538. 27,801. Occupancy 16 14,605. 14,605. Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 19,798. 3,960. 15,838. Conferences, conventions, and meetings 19 16,347. 16,347. Interest 20 Payments to affiliates 21 52,719. 44,811. 7,908. Depreciation, depletion, and amortization 22 23 Insurance 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.) 32,273. 15,253. MATERIALS AND SUPPLIES 215,152. 182,879. 101,684. 86,431. REPAIRS AND MAINTENANCE 28,476 105,170 76,694 e All other expenses 6,789,204. 6,087,384. 701,820. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

art.X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	430,243.	1	607,744
2	Savings and temporary cash investments	33,407.	2	33,482
3	Pledges and grants receivable, net	323,688.	3	451,460
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,		a	4 ' 1
] -	trustees, key employees, and highest compensated employees. Complete		(作品	
1	Part II of Schedule L	ana ang Sun an petuki ag Shina a a dilakana wikikikana sa	5	d william and and commenced the determination to
6	Loans and other receivables from other disqualified persons (as defined under		13, 14	2 7
1	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		i A gr	
	employers and sponsoring organizations of section 501(c)(9) voluntary		<u>. 7</u>	
	employees' beneficiary organizations (see instr) Complete Part II of Sch L	white countries and the second states. The countries are an extensive to the countries of the countries are considered to the countries of the countries are considered to the countries of the countries are considered to the countries of the countries are considered to the countries of the countries are considered to the countries of the countries are considered to the countries of the countries are considered to the countries of the countries o	6	- 14
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	28,109.	9	47,088
	Land, buildings, and equipment: cost or other		. A' ''.	() A ().
Į.	basis. Complete Part VI of Schedule D 10a 1,535,619			
lь	Less accumulated depreciation 10b 797,170.	756,780.	10c	738,449
11	Investments - publicly traded securities		11	
12	Investments - other securities See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,572,227.	16	1,878,22
17	Accounts payable and accrued expenses	125,411.	17	177,580
18	Grants payable		18	
19	Deferred revenue	631,044.	19	861,04
20	Tax-exempt bond liabilities	350,000.	20	325,000
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,		, X	
	key employees, highest compensated employees, and disqualified persons		L. 4	المن الأعلاد
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties	ļ	24	
25	Other liabilities (including federal income tax, payables to related third		ľ	
1	parties, and other liabilities not included on lines 17-24) Complete Part X of	26 152	}	9 06
	Schedule D		25	8,063 1,371,680
26	Total liabilities. Add lines 17 through 25	1,132,607.	26	1,3/1,00
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	* * *		•
	complete lines 27 through 29, and lines 33 and 34.	419,075.	27	476,70
27	Unrestricted net assets		28	29,83
28	Temporarily restricted net assets	20,343.		27,05
27 28 29 30 31 32	Permanently restricted net assets		29	
-	Organizations that do not follow SFAS 117 (ASC 958), check here	1	- {	
1	and complete lines 30 through 34.		30	enderstand American Anggreen orang or
30	Capital stock or trust principal, or current funds		31	
31	Paid-in or capital surplus, or land, building, or equipment fund		32	
32	Retained earnings, endowment, accumulated income, or other funds	439,620.	33	506,53
33	Total net assets or fund balances	1,572,227.	34	1,878,22
! 34	Total liabilities and net assets/fund balances	1 2,2,4,44,0	5+	Form 990 (20

THE COMMUNITY ACTION AGENCY OF WESTERN CONNECTICUT, INC.

Form	990 (2016) WESTERN CONNECTICUT, INC.	06-081	.3725	Page 12
	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,856	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,204.
3	Revenue less expenses Subtract line 2 from line 1	3		,917.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	439	,620.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	506	5,537.
Pa	rt XIII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			`	Yes No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			\$ J
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	3	P- 8. 1
	separate basis, consolidated basis, or both:			4 4 .
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis		8	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,	1 🖏	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.	7	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	x

Form **990** (2016)

SCHEDULE A

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

2016
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

THE COMMUNITY ACTION AGENCY OF Emplo

Employer identification number

WESTERN CONNECTICUT. INC. 06-0813725 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 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. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (i) Name of supported (ii) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)

Schedule A (Form 990 or 990-EZ) 2016 WESTERN CONNECTICUT, INC. 06-08137 Part III Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support	_					
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not				i	[
	include any "unusual grants.")	4,892,715.	5,312,817.	5,165,892.	5,347,927.	6,297,636.	27,016,987.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to]	
	or expended on its behalf						
3	The value of services or facilities			·			
	furnished by a governmental unit to					1	
	the organization without charge						
4	Total. Add lines 1 through 3	4,892,715.	5,312,817.	5,165,892.	5,347,927.	6,297,636.	27,016,987.
5	The portion of total contributions						
	by each person (other than a	"88" 3" - AL				53 65 30 5	
	governmental unit or publicly						
	supported organization) included		1' \$				
	on line 1 that exceeds 2% of the			<i>y</i>			
	amount shown on line 11,						
	column (f)	<u> </u>				* * * *	
	Public support. Subtract line 5 from line 4		* 1, 4		() (m² (()) ×	* *	27,016,987.
	tion B. Total Support				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in)	(a) 2012 4,892,715.	(b) 2013 5,312,817.	(c) 2014 5, 165, 892.	(d) 2015 5,347,927.	(e) 2016 6, 297, 636.	(f) Total 27,016,987.
	Amounts from line 4	4,892,715.	5,312,617.	5,165,892.	5,347,927.	0,297,636.	27,016,987.
8	Gross income from interest,					ļ	
	dividends, payments received on					ļ	
	securities loans, rents, royalties	3.	3.	3.	3.	75.	87.
_	and income from similar sources	ļ		٠.			07.
9	Net income from unrelated business						
	activities, whether or not the					}	
40	business is regularly carried on					 	
10	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI)	40,899.	60,292.	32,810.	39,898.	4 644	178,543.
11	Total support. Add lines 7 through 10			3 7 7	* * * .	3	27,195,617.
	Gross receipts from related activities,		<u> </u>	<u></u>	<u> </u>	12	
	First five years. If the Form 990 is for		· <u>·</u> ·	d fourth or fifth ta	ax vear as a sectio		
	organization, check this box and stop	•		-,			ightharpoons
Sec	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2016 (line 6, column (f) d	ivided by line 11, o	column (f))		14	99.34 %
	Public support percentage from 2015					15	99.36 %
16a	33 1/3% support test - 2016. If the	organization did no	ot check the box o	n line 13, ånd line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	1			$\triangleright [X]$
b	33 1/3% support test - 2015. If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly	supported organiz	ation			▶∟
17a	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not d	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check t	his box and stop h	i ere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supported	d organization		▶□
t	10% -facts-and-circumstances tes	-					
	more, and if the organization meets to						
	organization meets the "facts-and-cire		-	•			▶⊨
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17l			
					Sche	edule A (Form 990	or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 WESTERN CONNECTICUT, INC.

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)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")				<u> </u>		
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ				į į	
	organization's tax-exempt purpose						
3	Gross receipts from activities that						-
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-					-	
	ızatıon's benefit and either paid to			ļ			
	or expended on its behalf				<u> </u>	<u> </u>	
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			İ	<u> </u>		
t	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the])	1		
	amount on line 13 for the year						<u> </u>
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)	, N	· 100 / 100	A 1. W		₹ 🔝 🥇	
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						L
ı	Unrelated business taxable income	Ì	}	Ì]	Ì	
	(less section 511 taxes) from businesses						Í
	acquired after June 30, 1975	<u></u>		<u> </u>			<u> </u>
	Add lines 10a and 10b	<u></u>	L		<u></u>		L
11			1		1		
	activities not included in line 10b, whether or not the business is						
	regularly carned on			<u> </u>		<u> </u>	Ĺ
12	Other income Do not include gain or loss from the sale of capital			ļ	ļ		
	assets (Explain in Part VI)			<u> </u>	<u> </u>	ļ	
13	Total support. (Add lines 9, 10c, 11, and 12)	<u></u>	l	L.,	L	L	L
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thii	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
_	check this box and stop here						
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	rcentage			, , , , , , , , , , , , , , , , , , , 	
15	Public support percentage for 2016 (•	column (f))		15	%
16] 16]	%
<u>Se</u>	ction D. Computation of Inve	stment Incom	e Percentage	·			
17	Investment income percentage for 20)16 (line 10c, colui	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2015 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2016. If the	organization did r	not check the box	on line 14, and line	e 15 is more than :	33 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box a	ind stop here. The	e organization qua	lifies as a publicly	supported organiz	ation	
-	b 33 1/3% support tests - 2015. If the	organization did i	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and s	top here. The org	anızatıon qualıfies	as a publicly supp	orted organization	▶□
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check ti	his box and see in	structions	
6320	023 09-21-16				Sch	edule A (Form 990	0 or 990-EZ) 2016

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?
- 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)

	Yes	No
	Yes	
1	*	
2		
3a		
3b	grape total	
3c	_\$	دعشد
4a	-1, ^ 4, -1854	<u></u>
4b	%, 's _ '88%	
	₩ 4	\$ 100 miles
4c		
5a	Ža	4
5b 5c		
4c 5a 5b 5c		
6		* 1
7		,
8		
9a	~~~	
9b		
9c		
10a	= Maryana ar	
10b	et ar Phasen	
200 01 00	M E71	

Sche	edule A (Form 990 or 990-EZ) 2016 WESTERN CONNECTICUT, INC.	06-081372	5 Pa	age 5
7	rt IV Supporting Organizations (continued)			.,,
			Yes	No
- 11	Has the organization accepted a gift or contribution from any of the following persons?	* 1	, ¥*	٠,
а	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?	11a	440	
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	P. J.		
	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		1	2. 32.
	controlled the organization's activities. If the organization had more than one supported organization,		1	8
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			Í
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	*********	
2	Did the organization operate for the benefit of any supported organization other than the supported	- 4	1 1	Ž.
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	÷ 4	1	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		2.	
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			L
	<u> </u>		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1.0	. 4	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	(*, *)	W.	, ,
	or management of the supporting organization was vested in the same persons that controlled or managed	4 2	*	
	the supported organization(s).	1	*** ***	
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	. ;	<i>"</i> ,	¥.
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		3	-*
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	*	K.	, vi
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	3.	<u></u> .	
	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)	2	. * -	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	3 -	4%	Ä
	significant voice in the organization's investment policies and in directing the use of the organization's		ء , و د	
	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	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instr	uctions).		
а	The organization satisfied the Activities Test Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity	/ (see instructions))	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			İ
	those supported organizations and explain how these activities directly furthered their exempt purposes,	Į į		Į .
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a	-	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	g* 4		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		,	
	reasons for the organization's position that its supported organization(s) would have engaged in these	· · · · .	*	
	activities but for the organization's involvement	2b		·
3	Parent of Supported Organizations Answer (a) and (b) below.		 	\vdash
а		^		
a	trustees of each of the supported organizations? Provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u> </u>		\vdash
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		-
_		\ (Earm 900 or 00		

Schedule A (Form 990 or 990-EZ) 2016 WESTERN CONNECTICUT, INC. 06-0813725 Page 6

Pà				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust d	on Nov. 20, 1970 (explain in l	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1_	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	- [
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	1, 8		
	instructions for short tax year or assets held for part of year);			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	- *		
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	. 5		
6	Multiply line 5 by 035	6		
7	Recovenes of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	В		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	* * * *. *.	
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	ic in the same in	
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5	and the state of the	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly intear	ated Type III supporting orga	anization (see
-),	• • •

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 WESTERN CONNECTICUT, INC. 06-0813725 Page 7 Part V: Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) (iii) Underdistributions Distributable **Excess Distributions** Pre-2016 Amount for 2016 Section E - Distribution Allocations (see instructions) Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2016: A -3 10 ₩. c From 2013 d From 2014 e From 2015 Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount Carryover from 2011 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2016 from Section D, a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions Excess distributions carryover to 2017. Add lines 3j and 4c Breakdown of line 7 b Excess from 2013 c Excess from 2014 d Excess from 2015

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

THE COMMUNITY ACTION AGENCY OF 1990 or 990-FZ 2016 WESTERN CONNECTICUT, INC.

Part V	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)
···	
	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

Open to Public Inspection 3

OMB No 1545-0047

Name of the organization

THE COMMUNITY ACTION AGENCY OF WESTERN CONNECTICUT,

Employer identification number 06-0813725

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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? 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? Part II. Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. 2a Total number of conservation easements Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation 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)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016

632051 08-29-16

THE COMMUNITY ACTION AGENCY OF WESTERN CONNECTICUT, INC.

Sche		CONNECTIC						-0813		
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, or C	Other:	Similar A	ssets	continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, checi	k any of the	following that are	e a sign	ficant use	of its coll	lection it	ems
	(check all that apply):		_							
а	Public exhibition	d		Loan or exc	hange programs					
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co							n Part XI	II.	
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or other si	mılar as	sets			
	to be sold to raise funds rather than to be m								es l	No_
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "Yes	on Fo	rm 990, Pa	ırt IV, lıne	9, or	
	reported an amount on Form 990, Pa				<u> </u>					
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	s or other assets	not inc	luded			
	on Form 990, Part X?							L Y	es l	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing 1	table [.]						
								<u>Ar</u>	nount	
C	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on F						?	Y	es l	No
	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete							т.		
		(a) Current year	(b) P	rior year	(c) Two years ba	ck (d)	Three years	back (e) Four ye	ars back
	Beginning of year balance							<u></u>		
	Contributions									
С	Net investment earnings, gains, and losses						· · · · · · · · · · · · · · · · · · ·	_		
d	Grants or scholarships									
е	Other expenditures for facilities							1		
	and programs									
f	Administrative expenses									
g	End of year balance				L					
2	Provide the estimated percentage of the cur	rent year end baland		g, column (a	a)) held as [.]					
a	Board designated or quasi-endowment		%							
þ	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages on lines 2a, 2b, and 2c sho	•								
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administered	for the	organizatio	n	F	
	by:									s No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations		C	Sala aluia DA				1	Ba(ii)	
	If "Yes" on line 3a(ii), are the related organiza							L	3b	
Pai	Describe in Part XIII the intended uses of the		wment	iunas					_	
	Complete if the organization answere) Part I	/ line 11a S	See Form 990 Pa	urt Y Inn	0.10			
	Description of property	(a) Cost or o						()	Book va	alua
	bescription of property	basis (investr			or other (other)	•	imulated ciation	^(a)	OUOK V	aiue
10	Land	333.5 (11110511	,		.=,	depre		+		
	Buildings	1,305,	111				4,430		670	681.
	Leasehold improvements						_,	+	<u> </u>	3011
	Equipment	230,	508.			16	2,740		67	768.
	Other						_,,_	+	_ _ _,,	
	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	(Oc.)			+-	738.	449.

Schedule D (Form 990) 2016

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	aluation Cost or en	d-of-year market value
) Financial derivatives				
Closely-held equity interests				
Other				
(A)				
(B)		<u> </u>		
(C)				
(D)				
(E)				
(F)		1		
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	·		* * * * * * * * * * * * * * * * * * * *	K 6 % 4 4 4
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, li	ne 11c See Form 990, l	Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of va	aluation. Cost or en	d-of-year market value
(1)				
(2)				· · · · · · · · · · · · · · · · · · ·
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
		V " V " A " 30		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		* ***		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► [Part IX] Other Assets.		* * *		
	on Form 990, Part IV, II			
Part IX. Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, I			(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) I				
Part IX Other Assets. Complete if the organization answered "Yes" (a) I				
Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2)				
Part IX. Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3)				
Part IX. Other Assets. Complete if the organization answered "Yes" (a) [(1) (2)				
Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4)				
Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5)				
Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7)				
Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7)				
Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8)	Description			
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) lines	Description			
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) lines	Description	ne 11d See Form 990,	Part X, line 15	(b) Book value
Part IX. Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description	ne 11d See Form 990,	Part X, line 15	(b) Book value
Part IX. Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	ne 11d See Form 990,	Part X, line 15	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) lines Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description	ne 11d See Form 990,	Part X, line 15	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) INTEREST PAYABLE	Description	ne 11d See Form 990, ne 11e or 11f. See Form (b) Book value	Part X, line 15	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) INTEREST PAYABLE (3)	Description	ne 11d See Form 990, ne 11e or 11f. See Form (b) Book value	Part X, line 15	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) INTEREST PAYABLE (3) (4)	Description	ne 11d See Form 990, ne 11e or 11f. See Form (b) Book value	Part X, line 15	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) INTEREST PAYABLE (3) (4) (5)	Description	ne 11d See Form 990, ne 11e or 11f. See Form (b) Book value	Part X, line 15	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) INTEREST PAYABLE (3) (4) (5) (6)	Description	ne 11d See Form 990, ne 11e or 11f. See Form (b) Book value	Part X, line 15	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) INTEREST PAYABLE (3) (4) (5) (6) (7)	Description	ne 11d See Form 990, ne 11e or 11f. See Form (b) Book value	Part X, line 15	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) INTEREST PAYABLE (3) (4) (5) (6) (7) (8)	Description	ne 11d See Form 990, ne 11e or 11f. See Form (b) Book value	Part X, line 15	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) [9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) INTEREST PAYABLE (3) (4) (5) (6) (7) (8) (9)	Description 15) on Form 990, Part IV, I	ne 11d See Form 990, ne 11e or 11f. See Form (b) Book value 8,063.	Part X, line 15	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) INTEREST PAYABLE (3) (4) (5) (6) (7) (8)	Description e 15) on Form 990, Part IV, II	ne 11d See Form 990, ne 11e or 11f. See Form (b) Book value 8,063.	Part X, line 15	(b) Book value

WESTERN CONNECTICUT, INC. 06-0813725 Page 4 Schedule D (Form 990) 2016 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 6,876,121. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 2a 20,000. b Donated services and use of facilities 2b c Recovenes of pnor year grants 2c d Other (Describe in Part XIII.) 2d 20,000. e Add lines 2a through 2d 2e 6,856,121. 3 Subtract line 2e from line 1 3 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 XIII.) c Add lines 4a and 4b 4c 6,856,121. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 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. 6,809,204.Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25. 20,000. Donated services and use of facilities 2a **b** Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d 20,000. e Add lines 2a through 2d 6,789,204. Subtract line 2e from line 1 3 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 XIII) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 6,789,204. 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 XI, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information.

SCHEDULE

Department of the Treasury (Form 990)

Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

² [] Schedule I (Form 990) (2016) Employer identification number 06-0813725 (h) Purpose of grant or assistance X Yes 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 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 (g) Description of noncash assistance ► Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. THE COMMUNITY ACTION AGENCY OF (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. INC. Enter total number of other organizations listed in the line 1 table WESTERN CONNECTICUT General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Part Part II

Page 2

06-0813725

THE COMMUNITY ACTION AGENCY OF

(Form 990) (2016) WESTERN CONNECTICUT, INC.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2016)

Part III Grants and Other

Part III can be duplicated if additional space is needed.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
•					
FUEL AND RENTAL ASSISTANCE	5001	3,388,824.	0.		
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	quired in Part I, line	e 2, Part III, column	(b), and any other ad	ditional information	
PART I, LINE 2:					
NO MONITORING NECESSARY BECAUSE PA	PARTICIPANT'S	FUEL	BILLS ARE BI	BEING PAID	
DIRECTLY BY THE ORGANIZATION IN AC	IN ACCORDANCE	WITH FEDERAL		PROGRAM GUIDELINES.	

Schedule I (Form 990) (2016)

Department of the Treasury Internal Revenue Service SCHEDULEK (Form 990)

OMB No 1545-0047 2016 Open to Public Inspection

Employer identification number 06-0813725Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990. ▶ Information about Schedule K (Form 990) and its instructions is at www.lrs.gov/form990. THE COMMUNITY ACTION AGENCY OF WESTERN CONNECTICUT, INC. Name of the organization

Part Bond Issues										
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price		(f) Description of purpose		(g) Defeased (h) On behalf of issuer) On behalf of issuer	(i) Pooled financing
							Yes	No Yes	s No	Yes No
A CHEFA		NONE	08/19/11	460,	460,000.CAR	RENOVATE CHILD CARE FACILITY		×	Х	×
В										
ပ										
O										
Part II Proceeds										
			A		В	C			۵	
1 Amount of bonds retired										
2 Amount of bonds legally defeased										
3 Total proceeds of issue			46	460,000.						
4 Gross proceeds in reserve funds										
5 Capitalized interest from proceeds										
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds										
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds			46	460,000.						
11 Other spent proceeds										
12 Other unspent proceeds										
13 Year of substantial completion			2	2011						
			Yes	No	Yes	No Yes	No	Yes		No
14 Were the bonds issued as part of a current refunding issue?	funding issue?			×						
15 Were the bonds issued as part of an advance refunding issue?	refunding issue?			X						
16 Has the final allocation of proceeds been made?	Je?		x							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	to support the final allocation	on of proceeds?	X						_	
Part III Private Business Use										
			4		В	O			۵	
1 Was the organization a partner in a partnership, or a member of an LLC	ip, or a member of ar	, LLC,	Yes	S.	Yes	No Yes	N _o	Yes		Se .
			_	-	_	_		_	_	

Schedule K (Form 990) 2016

632121 10-19-16 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 31

Are there any lease arrangements that may result in private business use of

bond-financed property?

N

which owned property financed by tax-exempt bonds?

Page 2

06-0813725 Schedule K (Form 990) 2016 WESTERN CONNECTICUT, INC.

Part III Private Business Use (Continued)

	~ -		ı	2	1	ا ا		 - -
3a Are there any management or service contracts that may result in private	Yes	ŝ	Yes	S.	Yes	QZ	Yes	02
business use of bond-financed property?		×						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
counsel to review any research agreements relating to the financed property?					į			
4 Enter the percentage of financed property used in a private business use by								
entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another								
section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?	X							
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		×	į					
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections			:					
1 141-12 and 1 145-2?								
9 Has the organization established written procedures to ensure that all nonqualified								
bonds of the issue are remediated in accordance with the requirements under		-						
Regulations sections 1.141-12 and 1 145-2?	×							
Part IV Arbitrage								
	Y		E	В		C	ו	D
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed	İ							
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified								
hedge with respect to the bond issue?		×						
b Name of provider								
c Term of hedge				!				
d Was the hedge superintegrated?								
в Was the hedge terminated?					!			
632122 10-19-16						Sch	Schedule K (Form 990) 2016	m 990) 2016

OF	
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ACTION	Etto FEE
COMMUNITY	BILL THE DISTRICT THE CHILD
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THE	100

ž Š Yes Yes Ŷ ŝ Yes Yes 06-0813725 ŝ ŝ æ 8 Yes Yes ŝ ŝ × Yes Yes d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Has the organization established written procedures to monitor the requirements of INC Has the organization established written procedures to ensure that violations of 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? 6 Were any gross proceeds invested beyond an available temporary period? WESTERN CONNECTICUT, Part V Procedures To Undertake Corrective Action Part IV Arbitrage (Continued) Schedule K (Form 990) 2016 b Name of provider section 1487 c Term of GIC

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

federal tax requirements are timely identified and corrected through the voluntary

closing agreement program if self-remediation isn't available under applicable

regulations?

×

Schedule K (Form 990) 2016

632123 10-19-16

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

2016 Openito Public

OMB No 1545-0047

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

THE COMMUNITY ACTION AGENCY OF

rm990. Simple Employer identification number

WESTERN CONNECTICUT, 06-0813725 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CONNECTICUT. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: ELDERLY SERVICES - PROVIDED SERVICES FOR THE ELDERLY FOR WORK RELATED PROJECTS. INCLUDING GRANTS OF \$ 0. EXPENSES \$ 70,463. REVENUE \$ 0. HISPANIC PROGRAMS - PROVIDED ADVOCACY AND INTERPRETIVE SERVICES IN THE AREAS OF HOUSING, LEGAL AND HEALTH AS WELL AS PROVIDING BILINGUAL VOCATIONAL TRAINING. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS REVIEWED BY MANAGEMENT PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE EXECUTIVE DIRECTOR REVIEWS THE CODE OF CONDUCT AND CONFLICT OF INTEREST STATEMENTS ANNUALLY. FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION INFORMATION FOR EXECUTIVE DIRECTORS FROM ALL OF THE COMMUNITY ACTION COMMITTEES IN CONNECTICUT IS REVIEWED. IN ADDITION THE CONNECTICUT ASSOCIATION OF NONPROFIT ORGANIZATIONS ANNUAL SURVEY OF COMPENSATION IS ALSO REVIEWED. THE EXECUTIVE DIRECTOR'S SALARY IS DETERMINED BY A REVIEW BY THE BOARD OF DIRECTORS SALARIES PAID BY OTHER NONPROFIT ORGANIZATIONS IN THE GREATER DANBURY AREA. IN ADDITION LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization THE COMMUNITY ACTION AGENCY OF	Employer identification number
WESTERN CONNECTICUT, INC.	06-0813725
LONGEVITY, AGENCY PERFORMANCE AND THE ABILITY TO PAY ARE	ALSO CONSIDERED IN
DETERMINING COMPENSATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST	
	
	
	
	
	
	