

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

A For the 2020 calendar year, or tax year beginning 01/02/20 , **and ending** 12/31/20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization KENNEBUNKPORT CLIMATE INITIATIVE	D Employer identification number 84-4244790
	Doing business as PO BOX 7004	E Telephone number 402-871-4070
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite City or town, state or province, country, and ZIP or foreign postal code CAPE PORPOISE ME 04014	G Gross receipts \$ 1,445,594

F Name and address of principal officer:
TOM BRADBURY
PO BOX 7004
CAPE PORPOISE ME 04014

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.KPORTCLIMATE.ORG

H(c) Group exemption number

K Form of organization: Corporation Trust Association Other

L Year of formation: 2020

M State of legal domicile: ME

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: EMPOWER YOUTH VOICES FOR CLIMATE ACTION.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	10	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	10	
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	
	6 Total number of volunteers (estimate if necessary)	240	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0	
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	0		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		1,283,265
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,178
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		407
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,285,850
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		286,859
	b Total fundraising expenses (Part IX, column (D), line 25)	22,345	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		837,293
19 Revenue less expenses. Subtract line 18 from line 12		1,124,152	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	0	168,963
	22 Net assets or fund balances. Subtract line 21 from line 20	0	7,073

Part II Signature Block

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

Sign Here

Signature of officer: *Jono Anzalone* Date: 10/26/21

Type or print name and title: JONO ANZALONE EXECUTIVE DIRECTOR

Paid Preparer Use Only

Print/Type preparer's name: ERIK NADEAU, CPA Preparer's signature: [Signature] Date: 10/26/21 Check if self-employed PTIN: P00959193

Firm's name: NICHOLSON, MICHAUD & NADEAU, CPAS Firm's EIN: 01-0511973

Firm's address: 76 SILVER ST WATERVILLE, ME 04901-6528 Phone no.: 207-872-7077

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.