

# Town of Raymond

## 2020/2021

### Budget

### Presentation



**Town of Raymond 2020/2021 Budget Presentation  
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## THE TOWN OF RAYMOND



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February 13, 2020

To the Board of Selectmen and the Members of the Budget-Finance Committee:

I am pleased to transmit the Town Manager's proposed Municipal Budget for the fiscal year July 1, 2020 to June 30, 2021.

The attached budget contains several initiatives for the coming fiscal year, and full year budgets for those that commenced during the current fiscal year. Ongoing new programs include the "Raymond RoadRunner" newsletter, the creation of a municipal Recreation Department and a full-time Recreation Director as well as several increases in the Public Works Department to support additional in-house work and related costs. There is a new part-time code enforcement position, three new Firefighter/EMT full-time positions in the Public Safety Department, and a revised retirement contribution schedule to promote employee recruitment and retention competitiveness. I had planned to include a town owned solar array as discussed with the Board of Selectmen to be located on the Central Building Safety Building, but uncertain Central Maine Power development costs for this proposed project made getting a reliable overall project budget impossible at this time.

This draft shows a 2.64% increase and does not include any contribution from undesignated fund balance (surplus) at this juncture.

New property valuation growth continues to be strong. The budget does factor an estimated \$8 million increase in new taxable property valuation that will reduce the impact of any increased spending.

I would like to thank you all in advance for your review and consideration of this budget and to express my appreciation to our team of dedicated Department Heads and other staff members in the preparation of this document.

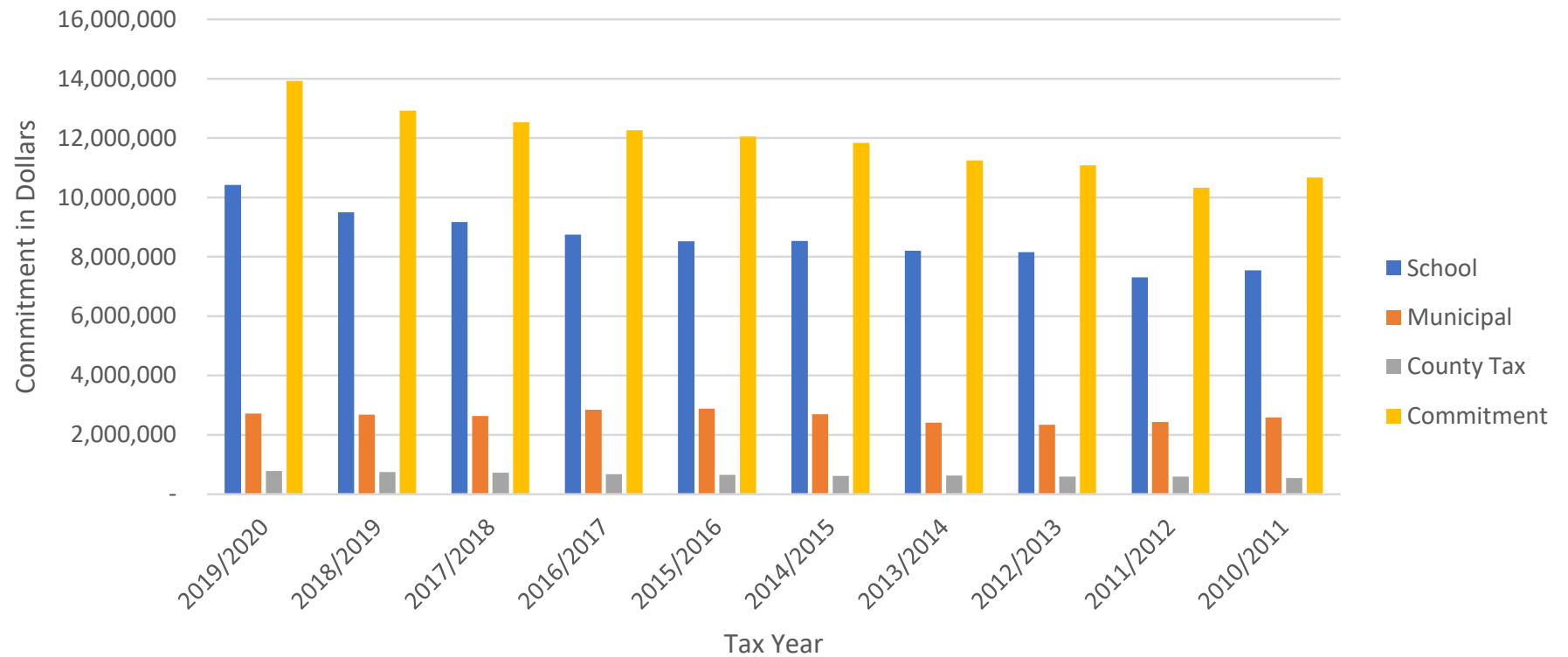
During the first budget review session, scheduled at the Broadcast Studio on Tuesday March 3, 2020 at 6:30 PM, I will discuss the elements contained within this budget in more detail.

Respectfully submitted,

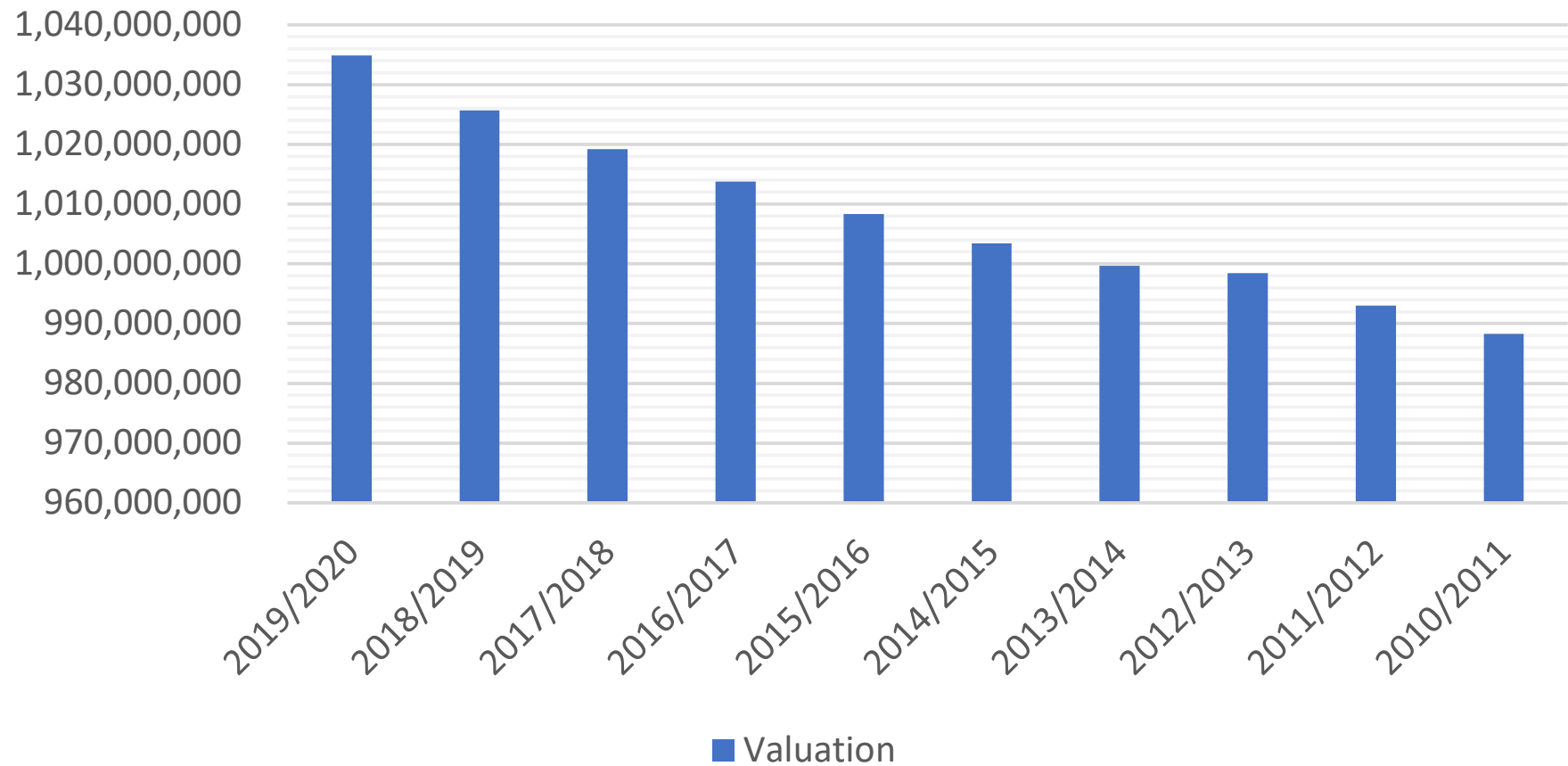
A handwritten signature in dark ink that reads "Don Willard". The signature is fluid and cursive, with a large loop at the end.

Don Willard  
Town Manager

## Mill Rate Breakdown



## Local Valuation



Town of Raymond  
Mil Rate Estimate  
2020/2021 Budget

	2020/2021 estimate		2019/2020 actual	2018/2019 actual	2017/2018 actual	2016/2017 actual	2015/2016 actual
Valuation	1,042,855,500	***	1,034,855,500	1,025,691,800	1,019,162,300	1,013,793,200	1,008,340,200
<b>Assessments:</b>							
County Tax	788,378	***	788,378	741,881	727,076	676,263	647,964
Municipal Appropriation	5,102,174		4,639,780	4,323,424	4,427,586	4,219,817	4,135,194
TIF District	241,232	***	241,232	217,694	195,939	206,512	224,335
School/ Education	10,418,235	***	10,418,235	9,495,469	9,172,708	8,746,622	8,523,010
Overlay		***	8,831	6,000	1,613	33,879	16,790
Total Assessment	16,550,019		16,096,457	14,784,468	14,524,922	13,883,093	13,547,293
<b>Deductions:</b>							
State Revenue Sharing	200,000	***	197,336	137,626	132,494	134,579	130,470
Homestead/BETE Exemptions	210,578	***	210,578	196,529	159,447	109,342	79,997
Revenue	1,743,035		1,769,728	1,526,596	1,697,284	1,380,000	1,287,150
Total Deductions	2,153,613		2,177,642	1,860,751	1,989,225	1,623,921	1,497,617
Net Assessment	14,396,406		13,918,815	12,923,717	12,535,696	12,259,172	12,049,676
Mill Rate	13.80		13.45	12.60	12.30	12.09	11.95
Tax \$150,000 Home	2,071		2,018	1,890	1,845	1,814	1,793
Tax \$250,000 Home	3,451		3,363	3,150	3,075	3,023	2,988
Tax \$350,000 Home	4,832		4,708	4,410	4,305	4,232	4,183
<b>Est. Mill Rate:</b>							
County	0.76		0.76	0.72	0.71	0.67	0.64
Town	3.06		2.62	2.62	2.59	2.80	2.85
School	9.99		10.07	9.26	9.00	8.63	8.45
	13.80		13.45	12.60	12.30	12.09	11.95
Percentage increase from prior year	2.64%		6.75%	2.44%	1.72%	1.19%	1.27%
<b>Value of one mill</b>			<b>1,034,856</b>				

\*\*\* ESTIMATE ONLY

Town of Raymond  
2020/2021 Budget Summary  
Expenses

	Change %	Change \$	20/21 Budget	19/20 Budget	18/19 Budget	18/19 Actual	17/18 Budget	17/18 Actual
1000 ADMINISTRATION	4.42%	22,148	522,945	500,797	527,541	486,085	504,064	500,494
1100 EMPLOYEE COMP & TRAINING	23.45%	9,117	48,000	38,883	43,325	266	39,081	7,670
1250 ASSESSING	0.01%	7	59,733	59,726	74,031	71,401	58,333	52,779
1500 CODE ENFORCEMENT	20.85%	20,277	117,514	97,237	94,937	90,505	109,152	97,669
2000 TOWN BUILDINGS	10.82%	3,550	36,350	32,800	21,820	23,060	23,615	20,617
5500 TECHNOLOGY	-1.49%	(2,600)	172,165	174,765	189,591	174,465	184,271	173,668
6000 FIRE DEPARTMENT	13.25%	107,896	921,955	814,059	793,460	791,912	762,585	739,680
6100 ANIMAL CONTROL	8.06%	2,603	34,915	32,312	19,229	20,143	19,322	19,881
8100 PUBLIC WORKS	9.10%	70,649	847,113	776,464	768,472	766,718	690,077	703,873
8200 SOLID WASTE	-0.33%	(1,112)	337,346	338,458	332,008	329,422	323,762	320,598
1200 CEMETERIES	22.45%	8,002	43,645	35,643	43,345	42,751	39,393	27,137
1210 RECREATION With Tassel Top	677.95%	133,556	153,256	19,700	19,000	93,574	16,921	76,571
1215 PROVIDER AGENCIES	0.00%	-	2,000	2,000	-	-	-	-
1220 REGIONAL TRANSPORTATION	750.00%	7,500	8,500	1,000	1,000	1,000	7,000	7,000
1275 RAYMOND VILLAGE LIBRARY	10.00%	6,000	66,000	60,000	60,500	60,480	60,500	60,000
5500 GENERAL ASSISTANCE	0.00%	-	8,000	8,000	8,000	5,156	6,000	6,800
4000 EMPLOYEE BENEFITS	23.02%	116,644	623,437	506,793	456,866	404,406	421,180	373,198
4100 INSURANCE	10.36%	7,839	83,500	75,661	68,191	76,261	61,977	64,137
1550 DEBT SERVICE	-1.79%	(5,800)	317,800	323,600	329,400	329,400	441,881	441,881
1500 CIP	-19.12%	(165,000)	698,000	863,000	1,470,515	1,057,550	1,117,000	831,333
	7.17%	341,276	5,102,174	4,760,898	5,321,231	4,824,553	4,886,114	4,524,985
9000 TIF	13.49%	33,667	283,164	249,497	251,521	231,885	258,774	243,910
9100 COUNTY TAX	0.00%	-	788,378	788,378	741,881	741,881	727,076	727,076
6000 EDUCATION	0.00%	-	10,418,235	10,418,235	9,495,469	9,479,579	9,172,708	9,159,915

**Town of Raymond Initial Budget Requests**

	Revenue						
	2018	2018	2019	2019	2020	2020	2021
	Budget	Actual	Budget	Actual	Budget	YTD	Initial
Dept: 10 General Government							
3110 Property Taxes	0.00	12,651,462.18	0.00	12,683,876.73	0.00	-7,479.73	0.00
3121 Auto Excise Taxes	910,000.00	1,034,245.73	980,000.00	1,082,124.71	1,030,000.00	559,589.91	1,080,000.00
3122 Boat Excise Taxes	0.00	26,305.30	0.00	29,901.00	27,000.00	4,807.00	30,000.00
3123 Airplane Excise	0.00	10.00	0.00	0.00	0.00	10.00	100.00
3131 Interest on Taxes	35,000.00	60,467.95	40,000.00	27,860.26	40,000.00	16,048.63	30,000.00
3132 Lien Charges	11,000.00	9,016.23	9,000.00	8,794.04	9,000.00	4,713.24	9,000.00
3133 Payment in lieu of tax	0.00	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00
3202 Local Road Assistance	51,368.00	52,188.00	51,000.00	51,860.00	52,188.00	53,180.00	51,860.00
3203 Tree Growth Reim	8,745.00	8,254.87	8,200.00	7,185.67	7,200.00	6,724.09	6,700.00
3204 Veterans Exemption	3,000.00	3240.00	3,000.00	3173.00	3,240.00	0.00	3,200.00
3205 Snowmobile reimburse	2,200.00	2,105.16	2,100.00	2,065.44	2,100.00	0.00	2,100.00
3206 General Assistance R	0.00	4,612.89	5,600.00	2,454.69	4,600.00	1161.06	5,600.00
3209 FEMA Grants	0.00	0.00	0.00	54,425.70	0.00	0.00	0.00
3310 CEO/Planning Fees	85,000.00	88,444.05	72,000.00	87,507.75	85,000.00	46,562.70	88,000.00
3311 Municipal Fees	20,000.00	20,148.65	20,000.00	21,408.93	20,000.00	11,086.61	21,500.00
3312 Vital Statistic Fees	3,500.00	3,149.20	3,500.00	3,303.80	3,100.00	1,603.00	3,300.00
3313 Cable Franchise Fees	37,000.00	40,893.27	38,000.00	41,195.14	41,000.00	0.00	41,200.00
3316 Parking Tickets	0.00	320.00	500.00	0.00	500.00	60.00	500.00
3461 Public Safety Income	15,000.00	15,000.00	15,000.00	15,000.00	15,000.00	0.00	15,000.00
3462 Rescue/Fire Collection	150,000.00	148,708.72	170,000.00	145,946.81	150,000.00	93,111.80	150,000.00
3463 Animal Control Rever	4,000.00	3,493.81	2,000.00	1,088.00	1,600.00	231.00	1,100.00
3470 Public Works Revenue	0.00	0.00	0.00	0.00	0.00	0.00	34,000.00
3491 Solid Waste/Baq Taq	100.00	214.00	200.00	157.00	200.00	38.00	200.00
3501 Investment Income	5,000.00	15,355.82	10,000.00	26,227.24	15,000.00	11,358.99	26,000.00
3601 Miscellaneous Income	33,000.00	106,953.47	33,000.00	8,589.26	25,000.00	31,687.70	33,000.00
4101 Perpetual Care Incom	4,000.00	4000.00	4,000.00	4,000.00	4,000.00	0.00	4,000.00
4102 Luther Gulick Contrib	3,000.00	3000.00	2,000.00	2,000.00	1,000.00	0.00	0.00
4103 Use of Fund Balance	270,000.00	0.00	0.00	0.00	278,000.00	0.00	0.00
4104 Use of TIF Reserve	9,790.00	11732.21	56,563.00	0.00	0.00	0.00	0.00
4105 Health Insurance Res	20,000.00	0.00	52,496.00	0.00	28,000.00	0.00	0.00
4106 Sign Reserve	14,371.00	14370.51	0.00	0.00	0.00	0.00	0.00
4107 Sign Donations	12,000.00	12,000.00	0.00	0.00	0.00	0.00	0.00
Dept: 41 Tassel Top							
5101 Snack Shack	0.00	5,286.12	0.00	5,405.15	0.00	4,453.31	6,000.00
5102 Gate Admissions	0.00	61,301.05	0.00	71,268.09	0.00	51,960.14	80,375.00
5103 Cabin Rentals	0.00	11,895.98	0.00	12,050.00	0.00	11,000.00	15,300.00
	1,707,074.00	14,423,175.17	1,583,159.00	14,403,868.41	1,847,728.00	906,907.45	1,743,035.00



# Calculation of excess unassigned fund balance

Balance June 30, 2019	\$	2,494,953.00
15% of 2018/2019 Commitment		(1,938,557.55)
Used to reduce 2019/2020 commitment		(200,000.00)
Used for LED Streetlights		(78,000.00)
Selectmen's Contingent for FD HVAC		(21,850.00)
Excess	\$	<u>256,545.45</u>

Available TIF Funds.

TIF fund balance 06/30/2019	\$ 50,494
TIF allocation per commitment	241,232
Appropriated 2019/2020	(249,497)
TIF fund balance available	42,229
Estimate 2020/2021 allocation	241,232
available for 2020/2021 budget	<u>\$ 283,461</u>

Excise Taxes year over year

	2019-2020	2018-2019	2017-2018	2016-2017	2015-2016	2014-2015	2013-2014	2012-2013	2011-2012	2010-2011	2009-2010
July	102,321	92,769	84,580	76,162	88,287	78,258	70,586	71,669	68,874	73,103	69,387
August	106,115	110,256	100,901	86,742	66,647	82,349	74,463	74,373	60,213	67,222	71,976
September	92,909	93,326	91,495	95,377	84,659	68,350	66,227	61,634	64,902	71,588	69,323
October	109,219	92,078	77,515	81,325	83,698	79,533	83,127	67,598	62,774	66,988	62,588
November	71,161	76,086	86,974	65,078	58,701	48,657	44,875	51,259	57,789	40,323	37,634
December	77,865	70,365	76,769	64,728	63,912	57,016	51,227	43,302	41,048	42,171	49,072
January	82,120	80,960	62,965	67,725	60,304	55,273	53,053	57,447	47,817	45,784	47,709
February		57,349	59,952	57,106	47,251	48,572	52,997	45,345	53,353	35,568	38,061
March		85,366	80,080	76,189	82,623	65,726	53,328	72,206	57,267	60,501	57,242
April		103,840	78,919	92,215	99,014	86,426	82,898	71,400	68,112	71,243	70,124
May		126,814	121,237	114,435	99,932	89,935	100,253	96,882	91,543	78,209	75,294
June		92,916	112,858	111,265	83,412	94,362	76,769	78,822	63,640	69,892	65,260
Total	641,710	1,082,125	1,034,246	988,346	918,438	854,457	809,802	791,938	737,332	722,593	713,670
Budget	1,030,000	980,000	910,000	840,000	780,000	780,000	740,000	720,000	720,000	730,000	780,000
% of Budget	62%	110%	114%	118%	118%	110%	109%	110%	102%	99%	91%
chg fr last yr		47,879	45,900	69,908	63,981	44,654	17,865	54,606	14,739	8,923	-15,898
% chg last yr		5%	5%	8%	7%	6%	2%	7%	2%	1%	-2%
Monthly Average	91,673	90,177	86,187	82,362	76,537	71,205	67,484	65,995	61,444	60,216	59,473

### Town of Raymond Initial Budget Requests

		Expense						
		2018 Budget	2018 Actual	2019 Budget	2019 Actual	2020 Budget	2020 Dec 31st	2021 Initial
Dept/Div: 10-1000 General Government / Administration								
1000	Salaries	360,134	359,904	366,823	364,983	382,420	176,269	389,571
3005	Contract Fees & Services	49,775	49,157	18,220	19,037	19,000	13,535	31,600
3120	Legal/Audit	36,200	43,901	36,200	35,401	36,200	9,383	36,200
3121	RSU Withdraw	0	0	50,000	14,816	0	3,993	0
3135	Rescue Billing	12,000	12,661	14,000	11,586	12,000	6,285	12,000
3205	Registry of Deeds	5,700	2,544	5,000	3,807	5,000	3,221	4,000
3230	Travel & Training	11,000	9,502	11,500	10,760	11,500	7,942	11,500
3235	Dues & Publications	1,516	564	1,500	1,041	9,200	4,394	9,600
3240	Advertising	5,000	3,018	5,000	5,050	5,000	1,701	5,100
6005	Supplies General	4,000	4,000	4,600	3,841	4,600	1,528	4,600
6030	Elections	4,839	4,307	4,698	3,979	5,377	988	5,774
6031	Postage	6,000	5,126	6,000	6,878	6,000	2,816	7,000
6032	Printing	2,800	2,593	2,000	2,733	2,300	0	3,000
7015	Phone	4,500	2,659	2,000	2,172	2,200	1,167	3,000
9005	Equipment	600	559	0	0	0	0	0
1000 -	Administration	504,064	500,494	527,541	486,085	500,797	233,219	522,945
Dept/Div: 10-1100 General Government / Compensation & Training								
1000	Salaries	29,081	0	33,325	0	28,883	7,526	38,000
3230	Travel & Training	10,000	7,670	10,000	266	10,000	282	10,000
1100 -	Compensation & Training	39,081	7,670	43,325	266	38,883	7,808	48,000

Changes include 10 hours per week of wages for Roadrunner & \$800 per month printing fee  
 Budget for merit pool is increased due to fire department pay study.

### Town of Raymond Initial Budget Requests

	Expense						
	2018 Budget	2018 Actual	2019 Budget	2019 Actual	2020 Budget	2020 Dec 31st	2021 Initial
Dept/Div: 10-1250 General Government / Assessors							
1000 Salaries	14,768	10,922	15,051	14,429	15,676	7,115	15,451
3101 Assessing	30,000	32,000	31,150	31,150	31,500	11,550	31,500
3205 Registry of Deeds	1,200	738	1,200	740	1,000	328	1,000
3210 Software General	10,665	8,445	24,930	23,770	9,700	8,889	9,932
3230 Travel & Training	600	212	600	600	750	450	750
6005 Supplies General	1,100	462	1,100	713	1,100	387	1,100
1250 - Assessors	58,333	52,779	74,031	71,401	59,726	28,719	59,733

### Town of Raymond Initial Budget Requests

		Expense						
		2018	2018	2019	2019	2020	2020	2021
		Budget	Actual	Budget	Actual	Budget	Dec 31st	Initial
Dept/Div: 10-1500 General Government / Code Enforcement								
1000 Salaries		95,252	93,716	81,237	81,134	83,437	38,614	103,714
3210 Software General		5,000	0	5,000	4,620	5,000	4,800	5,000
3230 Travel & Training		2,500	313	1,500	431	1,500	20	1,500
6005 Supplies General		1,000	1,004	1,800	1,516	1,800	994	1,800
6020 Gas/Diesel		4,000	1,390	4,000	1,652	4,000	550	4,000
7015 Phone		1,400	1,247	1,400	1,152	1,500	483	1,500
1500 - Code	Enforcement	109,152	97,669	94,937	90,505	97,237	45,460	117,514

Adding one 16 hour per week position that will be under the direction of Code Enforcement Officer and duties will include both administrative and code enforcement field work

### Town of Raymond Initial Budget Requests

		Expense						
		2018	2018	2019	2019	2020	2020	2021
		Budget	Actual	Budget	Actual	Budget	Dec 31st	Initial
Dept/Div:	10-2000 General Government / Town Buildings							
	1000 Salaries	0	0	7,000	7,500	7,800	3,425	8,100
	3005 Contract Fees & Services	1,075	8,276	1,200	1,550	3,000	1,561	5,300
	4005 Building Maintenance	9,020	942	2,000	1,795	4,000	0	4,000
	5005 Equipment Rental	1,900	475	0	0	0	0	0
	6005 Supplies General	1,200	1,111	1,200	1,071	1,500	405	1,500
	7005 Heating	1,920	2,458	1,920	3,546	3,500	905	4,450
	7025 Utilities	8,500	7,354	8,500	7,598	13,000	5,190	13,000
	2000 - Town Buildings	23,615	20,617	21,820	23,060	32,800	11,485	36,350

### Town of Raymond Initial Budget Requests

	Expense						
	2018	2018	2019	2019	2020	2020	2021
	Budget	Actual	Budget	Actual	Budget	Dec 31st	Initial
Dept/Div: 10-5500 General Government / Technology							
1000 Salaries	15,506	5,186	20,826	4,871	10,000	720	7,500
3005 Contract Fees & Services	13,400	11,322	13,400	13,542	13,400	5,500	13,400
3115 IT Management	80,000	79,997	80,000	79,997	80,000	46,665	80,000
3211 Software Departments	10,600	10,582	10,600	10,511	10,600	1,490	10,500
3215 Software Network	5,200	4,874	5,200	5,393	5,200	0	5,200
3220 Software Servers	16,365	15,285	16,365	16,305	18,365	2,535	18,365
3225 Department Network	600	147	600	349	600	190	600
6050 Broadcasting expenses	19,000	21,897	19,000	21,228	13,000	4,069	13,000
9050 Hardware Department	9,600	9,525	9,600	8,375	9,600	5,158	9,600
9051 Hardware Network	2,000	3,024	2,000	1,926	2,000	1,400	2,000
9052 Hardware Server	12,000	11,830	12,000	11,968	12,000	2,310	12,000
5500 - Technology Development	184,271	173,668	189,591	174,465	174,765	70,036	172,165



### Town of Raymond Initial Budget Requests

	Expense						
	2018 Budget	2018 Actual	2019 Budget	2019 Actual	2020 Budget	2020 Dec 31st	2021 Initial
Dept/Div: 20-6000 Public Safety / Fire Department							
1000 Salaries	514,300	490,953	533,657	550,709	555,414	267,027	659,154
3005 Contract Fees & Services	6,350	8,176	9,000	6,752	9,000	3,259	11,000
3105 Dispatch Services	33,741	30,391	34,753	31,894	35,795	32,605	33,581
3175 Health & Safety	10,000	5,224	11,500	9,852	9,000	1,713	9,000
3230 Travel & Training	14,000	7,177	14,000	14,500	17,500	5,468	17,500
3235 Dues & Publications	1,600	2,339	1,500	1,863	3,000	1,525	3,000
4005 Building Maintenance	21,400	17,039	21,400	10,507	18,400	6,999	15,000
4020 Vehicle Maintenance	36,000	41,608	37,000	39,303	37,000	13,076	37,000
4060 FF Equip R&M	5,550	12,446	5,550	6,343	5,550	1,871	5,500
4065 Radio Repair & Replacement	10,709	17,359	10,700	9,829	11,700	5,256	11,800
6015 Uniforms/Clothing	5,200	12,776	5,500	4,764	5,500	1,268	6,500
6020 Gas/Diesel	12,450	11,842	13,000	13,873	13,000	6,725	14,000
6061 SCBA/Air Packs	4,800	3,391	4,800	5,959	5,800	692	6,000
6062 Fire Prevention	1,300	1,514	1,600	1,623	1,600	1,735	1,600
6063 Supplies-Operations	17,000	11,918	17,000	10,417	13,000	2,179	13,000
6064 Supplies-RX	15,000	13,715	15,000	14,647	15,000	5,827	16,000
6065 Turnout Gear/Equipment	10,200	9,432	12,000	14,716	13,500	7,456	15,520
7005 Heating	9,975	6,940	10,500	11,327	9,500	1,897	12,000
7025 Utilities	25,010	29,268	27,000	29,710	28,000	12,255	28,000
9005 Equipment	8,000	6,174	8,000	3,323	6,800	615	6,800
6000 - Fire Department	762,585	739,680	793,460	791,912	814,059	379,445	921,955

See Chief's Letter

### Town of Raymond Initial Budget Requests

	Expense						
	2018	2018	2019	2019	2020	2020	2021
	Budget	Actual	Budget	Actual	Budget	Dec 31st	Initial
Dept/Div: 20-6100 Public Safety / Animal Control							
1000 Salaries	7,900	10,150	10,998	11,911	0	0	0
3005 Contract Fees & Services	6,211	6,210	6,210	6,290	0	0	0
3050 Animal Welfare	0	0	0	0	6,544	4,758	6,544
3200 Assessment	0	0	0	0	22,855	3,773	25,995
3230 Travel & Training	5,211	3,521	2,021	1,942	637	192	433
4020 Vehicle Maintenance	0	0	0	0	933	23	500
6005 Supplies General	0	0	0	0	667	18	667
6020 Gas/Diesel	0	0	0	0	400	187	500
7015 Phone	0	0	0	0	276	47	276
6100 - Animal Control	19,322	19,881	19,229	20,143	32,312	8,997	34,915

Second year of joint Casco, Raymond, Naples ACO.

### Town of Raymond Initial Budget Requests

	Expense						
	2018	2018	2019	2019	2020	2020	2021
	Budget	Actual	Budget	Actual	Budget	Dec 31st	Initial
Dept/Div: 30-8100 Public Works / PW							
1000 Salaries	268,793	268,560	319,453	317,092	405,064	180,498	492,533
3005 Contract Fees & Services	6,000	32,137	6,000	12,578	6,000	2,768	6,000
3145 Road Striping	19,554	19,429	19,554	20,101	21,000	22,364	25,000
3150 Roadside Mowing	4,300	1,650	4,900	2,435	5,000	728	2,500
3155 Snow Plowing	179,200	179,200	184,000	144,613	0	0	0
3210 Software General	0	0	0	0	0	0	5,000
3230 Travel & Training	400	159	1,000	725	1,000	0	1,000
4005 Building Maintenance	7,100	1,639	7,100	1,176	7,100	464	2,500
4015 Equipment Maintenance	39,625	38,672	39,625	77,530	65,000	21,041	65,000
4080 District 1 Building Maintenance	5,000	6,459	5,000	5,116	5,000	836	5,000
5005 Equipment Rental	2,500	2,590	2,500	3,050	3,000	718	3,000
6005 Supplies General	3,500	4,190	3,500	3,546	4,000	4,613	5,000
6010 Supplies Materials	15,000	14,950	15,000	26,685	15,000	974	15,000
6015 Uniforms/Clothing	0	0	0	0	0	0	7,380
6020 Gas/Diesel	23,905	24,678	30,000	36,238	72,500	17,511	72,500
6081 Shop/Safety Equip	4,500	2,243	4,500	6,164	4,500	6,367	8,000
6082 Street Signs	5,500	469	5,500	2,093	5,500	980	2,500
6083 Road Salt	60,000	66,436	71,640	62,139	98,600	28,197	71,000
6084 Winter Sand	41,200	31,713	41,200	34,009	41,200	6,460	41,200
7025 Utilities	4,000	8,700	8,000	11,428	17,000	4,540	17,000
8100 - PW	690,077	703,873	768,472	766,718	776,464	299,059	847,113

Additional full time position added during 2019/2020 year, adjusting expenses for in house mechanic and increased staff

### Town of Raymond Initial Budget Requests

	Expense						
	2018 Budget	2018 Actual	2019 Budget	2019 Actual	2020 Budget	2020 Dec 31st	2021 Initial
Dept/Div: 30-8200 Public Works / Solid Waste							
3140 Recycling Pick up & Hauling	131,131	127,592	133,754	129,927	136,429	55,449	135,173
3160 Trash Pickup	131,131	127,592	133,754	129,927	136,429	55,449	135,173
3170 Trash Tipping	61,500	65,413	64,500	69,567	65,600	33,211	67,000
8200 - Solid Wast	323,762	320,598	332,008	329,422	338,458	144,109	337,346

Final year of contract limited to CPI used 2%, tipping fees unchanged at 41.00

### Town of Raymond Initial Budget Requests

	Expense						
	2018 Budget	2018 Actual	2019 Budget	2019 Actual	2020 Budget	2020 Dec 31st	2021 Initial
Dept/Div: 40-1200 Public Services / Cemeteries							
3005 Contract Fees & Services	22,308	22,414	29,800	29,967	30,098	10,286	38,500
3210 Software General	4,385	405	845	405	845	0	845
4010 Repairs & Maintenance	2,700	2,319	4,700	4,379	4,700	51	4,300
9070 Land Improvements	10,000	2,000	8,000	8,000	0	0	0
1200 - Cemetery	39,393	27,137	43,345	42,751	35,643	10,337	43,645

Increase in mowing for Raymond Hill expansion and also Mountain Hill custodian retired.  
CIP will contain 10,000 for future land improvements

### Town of Raymond Initial Budget Requests

	Expense								
	2018 Budget	2018 Actual	2019 Budget	2019 Actual	2020 Budget	2020 Dec 31st	2021 Initial	Rec Depart	Tassel Top
Dept/Div: 40-1210 Public Services / Recreation									
1000 Salaries	0	42,410	0	45,994	0	27,325	87,192	60,000	27,192
2050 Social Security & Medicare	0	3,241	0	3,135	0	1,918	1,850	0	1,850
3005 Contract Fees & Services	8,821	9,262	10,500	17,453	9,200	12,111	16,000	13,500	2,500
3120 Legal	0	0	0	0	0	700	0	0	0
3210 Software General	0	0	0	0	0	0	3,000	3,000	0
3230 Travel & Training	0	0	0	0	0	0	1,500	1,500	0
3235 Dues & Publications	0	0	0	0	0	0	800	800	0
3315 Raymond Baseball	2,000	2,000	2,000	2,000	2,000	0	2,000	2,000	0
3320 Raymond Rattlers	1,600	1,600	2,000	2,000	2,000	0	2,000	2,000	0
3345 Raymond Recreation	2,000	2,000	2,000	2,000	4,000	4,000	4,000	4,000	0
4020 Vehicle Maintenance	0	1,576	0	0	0	0	1,000	1,000	0
4070 Cabin Repairs	0	62	0	116	0	134	500	0	500
4075 Structure Repairs	0	0	0	343	0	24,800	500	0	500
4095 Groundskeeping	0	3,617	0	2,553	0	0	2,000	0	2,000
5015 Rent	0	0	0	0	0	0	15,000	15,000	0
6005 Supplies General	2,500	6,150	2,500	5,796	2,500	1,332	5,500	2,500	3,000
6020 Gas/Diesel	0	501	0	524	0	393	1,230	1,080	150
6031 Postage	0	15	0	25	0	0	2,050	2,000	50
6070 Snack Bar & Retail Items	0	2,940	0	3,305	0	1,239	4,000	0	4,000
7015 Phone	0	0	0	0	0	0	934	934	0
7025 Utilities	0	1,198	0	1,371	0	672	1,400	0	1,400
9005 Equipment	0	0	0	6,958	0	0	800	0	800
1210 - Recreation	16,921	76,571	19,000	93,574	19,700	74,624	153,256	109,314	43,942

### Town of Raymond Initial Budget Requests

	Expense						
	2018 Budget	2018 Actual	2019 Budget	2019 Actual	2020 Budget	2020 Dec 31st	2021 Initial
Dept/Div: 40-1215 Public Services / Provider Agencies							
3355 Provider Agencies	0	0	0	0	2,000	500	2,000
1215 - Provider Agencies	0	0	0	0	2,000	500	2,000

### Town of Raymond Initial Budget Requests

		Expense						
		2018 Budget	2018 Actual	2019 Budget	2019 Actual	2020 Budget	2020 Dec 31st	2021 Initial
Dept/Div: 40-1220 Public Services / Regional Transportation Prog								
3325 Lake Region Bus		7,000	7,000	1,000	1,000	1,000	1,000	8,500
1220 - Regional Transportation Prog		7,000	7,000	1,000	1,000	1,000	1,000	8,500



### Town of Raymond Initial Budget Requests

	Expense						
	2018 Budget	2018 Actual	2019 Budget	2019 Actual	2020 Budget	2020 Dec 31st	2021 Initial
Dept/Div: 40-1275 Public Services / Raymond Village Library							
3310 Raymond Village Library	60,000	60,000	60,000	60,000	60,000	30,000	66,000
4005 Building Maintenance	500	0	500	480	0	0	0
1275 - Raymond Village Library	60,500	60,000	60,500	60,480	60,000	30,000	66,000

**Town of Raymond Initial Budget Requests**

	<b>Expense</b>						
	2018 Budget	2018 Actual	2019 Budget	2019 Actual	2020 Budget	2020 Dec 31st	2021 Initial
Dept/Div: 50-5500 General Assistance / GA							
3500 Client Benefits/Services	6,000	6,800	8,000	5,156	8,000	2,047	8,000
5500 - GA	6,000	6,800	8,000	5,156	8,000	2,047	8,000

### Town of Raymond Initial Budget Requests

	Expense						
	2018 Budget	2018 Actual	2019 Budget	2019 Actual	2020 Budget	2020 Dec 31st	2021 Initial
Dept/Div: 70-4000 Employee Benefits / Employee Benefits							
2020 Health Insurance	270,000	226,597	301,677	240,873	339,793	187,343	409,000
2030 Life insurance	4,300	4,312	4,987	4,858	5,000	3,831	7,400
2040 Retirement	45,000	42,812	45,216	49,950	45,000	23,961	67,037
2050 Social Security & Medicare	101,880	99,476	104,986	108,725	117,000	53,924	140,000
4000 - Employee Benefits	421,180	373,198	456,866	404,406	506,793	269,059	623,437

Health insurance 19 participants in 2019/2020. 25 participants in 2020/2021.

Increasing the town retirement contribution schedule from 1%-5% to 2%-6%

### Town of Raymond Initial Budget Requests

	Expense						
	2018 Budget	2018 Actual	2019 Budget	2019 Actual	2020 Budget	2020 Dec 31st	2021 Initial
Dept/Div: 71-4100 Insurance / Insurance							
3410 Liability/Vehicle Insurance	37,521	36,908	39,161	40,090	39,161	38,067	45,000
3420 Unemployment Insurance	1,000	0	1,000	238	500	100	500
3425 Workers Comp	23,456	27,229	28,030	35,932	36,000	27,567	38,000
4100 - Insurance	61,977	64,137	68,191	76,261	75,661	65,734	83,500

Increased loss ratio percentage on regular insurance, workers comp increase from higher wages.

### Town of Raymond Initial Budget Requests

	Expense						
	2018 Budget	2018 Actual	2019 Budget	2019 Actual	2020 Budget	2020 Dec 31st	2021 Initial
Dept/Div: 80-1300 Debt Service / Debt Service							
8030 2013 Bond Principal	200,000	200,000	200,000	200,000	200,000	200,000	200,000
8035 2013 Bond Interest	32,000	32,000	28,000	28,000	24,000	13,000	20,000
8040 2015 Bond Principal	90,000	90,000	90,000	90,000	90,000	90,000	90,000
8045 2015 Bond Interest	13,200	13,200	11,400	11,400	9,600	5,250	7,800
8050 PSB Bond Principal	106,356	106,356	0	0	0	0	0
8055 PSB Bond Interest	325	325	0	0	0	0	0
1300 - Debt Servi	441,881	441,881	329,400	329,400	323,600	308,250	317,800

### Town of Raymond Initial Budget Requests

	Expense						
	2018 Budget	2018 Actual	2019 Budget	2019 Actual	2020 Budget	2020 Dec 31st	2021 Initial
Dept/Div: 91-1501 Capital Improvements / Capital Improvements							
9005 Equipment	90,000	129,156	218,507	218,507	215,000	191,067	215,000
9010 Snow Equipment	470,000	199,725	270,275	233,777	0	6,873	0
9030 Municipal Facilities	35,000	(74,279)	146,490	129,432	35,000	18,779	35,000
9035 Paving/Roads	300,000	388,502	315,290	215,153	320,000	249,820	260,000
9040 Signs	92,000	83,207	8,793	4,858	0	0	0
9045 Technology	20,000	30,917	0	0	105,000	0	68,000
9055 Sidewalks	0	14,094	65,227	5,817	0	850	0
9060 Fire CIP	110,000	60,011	445,934	250,005	75,000	37,337	75,000
9065 Playground Improvements	0	0	0	0	35,000	10,792	35,000
9070 Land Improvements	0	0	0	0	0	0	10,000
9075 LED Streetlights	0	0	0	0	78,000	61,093	0
9080 Solar project PSB	0	0	0	0	0	0	0
1501 - Capital Improvements	1,117,000	831,333	1,470,515	1,057,550	863,000	576,611	698,000

Adding Cemetery CIP, Tech is Tuff Books & the remaining amount for fiber extention  
Paving remains at 320,000. \$260,000 here; \$60,000 is in the TIF

### Town of Raymond Initial Budget Requests

	Expense						
	2018 Budget	2018 Actual	2019 Budget	2019 Actual	2020 Budget	2020 Dec 31st	2021 Initial
Dept/Div: 43-1320 Special Revenue Funds / Tax Increment Financing							
1000 Salaries	7,072	7,280	7,389	7,426	6,825	3,468	7,700
3110 Mapping & GIS	25,000	18,703	15,000	8,289	15,000	0	15,000
3125 Ordinance Updates	5,000	0	5,000	0	5,000	0	0
3130 Planning Services	26,500	26,691	26,500	18,890	26,500	10,741	26,500
3180 Revaluation	0	0	0	0	100,000	0	100,000
3185 Street Light Fixtures	0	0	0	0	6,000	0	0
3190 Cable Negotiations	0	0	0	0	5,200	0	0
3240 Advertising	2,000	1,596	2,000	4,044	2,000	912	4,100
3305 Historical Society	1,800	1,800	1,800	1,800	1,800	0	1,800
3330 RWPA Milfoil	20,000	20,000	17,000	17,000	16,000	16,000	16,000
3335 Street Flag Replacement	1,000	1,157	1,000	985	1,000	1,003	1,100
3340 GPCOG	4,436	4,436	0	0	0	0	0
3346 Hawthorne House	1,000	1,000	1,000	1,000	1,000	0	1,000
3347 Vitalization Committee	5,000	255	0	0	0	0	0
3350 Naple Casco Raymond 155	400	400	0	0	0	0	0
4090 Rte 302 Maintenance	30,000	31,555	35,000	36,169	35,000	8,236	37,000
5010 Hydrant Rental	6,332	6,204	6,332	6,439	6,672	2,780	6,864
6005 Supplies General	500	272	500	676	500	392	1,000
7020 Street Lights	23,000	22,828	23,000	20,676	21,000	8,677	5,100
8010 302 Bond Principal	40,400	40,400	0	0	0	0	0
8015 302 Bond Interest	124	123	0	0	0	0	0
8020 Waterline Bond Principal	59,030	59,030	0	0	0	0	0
8025 Waterline Bond Interest	180	180	0	0	0	0	0
9035 Paving/Roads	0	0	75,000	75,000	0	0	60,000
9065 Playground Improvements	0	0	35,000	33,491	0	0	0
9070 Solar Panels Public Safety Bu	0	0	0	0	0	0	0
1320 - Tax Increment Financing	258,774	243,910	251,521	231,885	249,497	52,209	283,164

### Town of Raymond Initial Budget Requests

		Expense					
		2018	2018	2019	2019	2020	2020
		Budget	Actual	Budget	Actual	Budget	Dec 31st
Dept/Div: 72-9100	County Tax / County Tax						
	3200 Assessment	727,076	727,076	741,881	741,881	788,378	788,378
	9100 - County Ta	727,076	727,076	741,881	741,881	788,378	788,378

### Town of Raymond Initial Budget Requests

		Expense					
		2018	2018	2019	2019	2020	2020
		Budget	Actual	Budget	Actual	Budget	Dec 31st
Dept/Div: 60-6000	Education / RSU						
	3200 Assessment	9,172,708	9,159,915	9,495,469	9,479,579	10,418,235	5,209,118
	6000 - RSU	9,172,708	9,159,915	9,495,469	9,479,579	10,418,235	5,209,118





*Susan L Look  
Raymond Town Clerk  
401 Webbs Mills Road  
Raymond, Maine 04071  
207.655.4742 x121*

January 22, 2020

TO: Don Willard – Town Manager

FROM: Sue Look – Town Clerk/Registrar

RE: **FY 2020-21 Budget Proposal for Elections, Cemeteries, and Front Office**

Attached please find budget details for Elections and Cemeteries for FY 2020-21.

**Elections Budget:**

- The budget is different than last year for the following reasons:
  - The wages for Election Workers continue to go up as Minimum Wage increases.
  - The November Presidential 2020 Election will mean a bigger turnout.

**Cemetery Budget:**

- I am requesting to continue investing \$3,500 per year for the repair of old stones. In 2019-20 I have begun the process of fixing the broken and leaning old stones in Mountain Road and Raymond Village Cemetery. This work will continue in FY 2020-21.

**Records Conservation:**

- I am also requesting \$3,000 to continue the conservation and deacidification of our oldest permanent record books. They are hand-written in beautiful old script and by statute must be kept permanently. The ink has faded significantly, and most are printed on paper that has become very brittle (the oldest is over 250 years old and printed on parchment!).

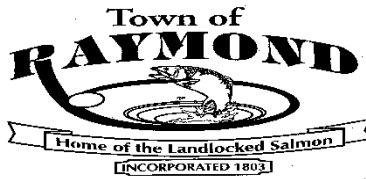
<b>Elections</b>	<b>FY2016-17 Presidential</b>		<b>FY2017-18 Referendum</b>		<b>FY2018-19 Gubernatorial</b>		<b>FY2019-20 Referendum</b>		<b>FY2020-21 Presidential</b>		<b>Comments</b>
	<b>Budget</b>	<b>Actual</b>	<b>Budget</b>	<b>Actual</b>	<b>Budget</b>	<b>Actual</b>	<b>Budget</b>	<b>As of 1/7/2020</b>	<b>Budget</b>	<b>Actual</b>	
<u>Conferences/Training</u>	\$400.00	\$206.70	\$400.00	\$425.52	\$300.00	\$133.88	\$450.00		\$450.00		
<u>Lease 2<sup>nd</sup> Voting Machine</u>	\$745.00	\$745.00	\$745.00	\$745.00	\$745.00	\$745.00	\$745.00		\$745.00		
<u>Election Supplies</u>											
Pens, paper, toner, voter cards, etc.	\$100.00	\$219.60	\$200.00	\$221.26	\$225.00	\$116.95	\$225.00	\$52.50	\$225.00		
<u>Registrar</u>											
Postage & Supplies	\$35.00	\$136.76	\$35.00	\$8.12	\$100.00	\$154.58	\$135.00	\$348.90	\$100.00		In 2019-20 we did mailings to attempt to clean up the voter list
<u>November Election</u>											
Training, Election Workers, Ballot Counters	\$1,338.75	\$633.78	\$697.50	\$544.50	\$1,060.00	\$1,017.50	\$1,023.00	\$398.75	\$1,458.00		
Voting Machine Programming (municipal only if needed)											
Print color ballots (municipal only if needed)				\$6.72							
Absentee Ballot Postage	\$284.00	\$198.31	\$142.00	\$69.09	\$142.00	\$187.31	\$71.00	\$42.90	\$225.00		
Advertising	\$320.00	\$721.00	\$320.00	\$589.00	\$600.00	\$445.00	\$600.00		\$600.00		
Election Worker Meals	\$120.00	\$114.15	\$120.00	\$95.60	\$120.00	\$199.50	\$120.00	\$144.83	\$175.00		
<u>June Town Meeting &amp; Election</u>											
Training, Election Workers, Ballot Counters	\$992.50	\$540.00	\$992.50	\$757.50	\$1,070.00	\$448.25	\$1,852.00		\$1,348.00		FY2019-20 Budget increased for potential 2020 Primary for Presidential
Voting Machine Programming (half reimbursed by RSU #14)	\$800.00	\$400.12	\$800.00	\$418.33	\$400.00		\$800.00		\$400.00		
Print color ballots (half reimbursed by RSU #14)	\$500.00	\$556.44	\$500.00	\$535.22	\$500.00		\$500.00		\$500.00		
Absentee Ballot Postage	\$142.00	\$35.47	\$142.00	\$17.14	\$142.00		\$142.00		\$142.00		
Advertising	\$320.00	\$865.00	\$320.00	\$908.00	\$450.00	\$661.00	\$320.00		\$600.00		
Election Worker Meals	\$120.00	\$103.65	\$120.00	\$99.75	\$120.00	\$108.00	\$120.00		\$120.00		
<u>RSU 14 Budget</u>											
Reimbursement by RSU 14 for Budget Ballot Question	-\$695.00	-\$1,034.10	-\$695.00	-\$1,158.08	-\$1,276.00		-\$1,626.00		-\$1,314.00		
<u>Unanticipated Election</u>											
Training, Election Workers, Ballot Counters					\$0.00	\$580.00	\$0.00	\$0.00			FY2019-20 - 1 worker who did not want pay
Voting Machine Programming (only if needed, possibly hand count ballots)											
Print color ballots (only if needed)											
Absentee Ballot Postage											
Advertising					\$0.00	\$252.00	\$0.00	\$253.00			
Election Worker Meals					\$0.00	\$137.05					
<b>Total</b>	<b>\$5,522.25</b>	<b>\$4,441.88</b>	<b>\$4,839.00</b>	<b>\$4,282.67</b>	<b>\$4,698.00</b>	<b>\$5,186.02</b>	<b>\$5,477.00</b>	<b>\$1,240.88</b>	<b>\$5,774.00</b>	<b>\$0.00</b>	

## Cemetery Budget

	FY 2015-16					FY 2016-17					FY 2017-18			
	Budget	Actual	Difference	Notes		Budget	Actual	Difference	Notes		Budget	Actual	Difference	Notes
<b>Maintenance</b>	\$4,000.00		\$3,418.65											
- Elaine Walston		\$311.93				\$400.00	\$135.00	\$265.00			\$400.00	\$601.01	-\$201.01	
- Richard Sanborn		\$245.00				\$300.00		\$300.00			\$300.00	\$105.00	\$195.00	
- Stone Repair		\$0.00				\$2,000.00	\$1,631.00	\$369.00	Stone Repair & Cleaning for Riverside		\$2,000.00	\$1,800.00	\$200.00	Stone Repair for Raymond Hill
- American Legion for Veteran's Flags						\$400.00	\$400.00	\$0.00			\$400.00		\$400.00	Paid from Community Development
- Supplies		\$24.42		Measuring Tape		\$100.00		\$100.00			\$100.00		\$100.00	
Mowing (Contract Services – IDS)	\$16,048.00	\$16,048.00	\$0.00	\$1,804.50 per month (new 3 year contract)		\$21,978.84	\$21,978.96	-\$0.12	\$1,831.58 per month		\$22,308.48	\$22,308.96	-\$0.48	\$1,859.04 per month
Pontem Software		\$405.00	-\$405.00			\$585.00	\$405.00	\$180.00	Annual Maintenance		\$4,385.00	\$405.00	\$3,980.00	Annual Maintenance (did not buy GIS software)
Raymond Hill Cemetery – New Section		\$2,980.00	-\$2,980.00			\$1,400.00		\$1,400.00	Excavating, Stumping & Cleanup		\$10,000.00	\$2,000.00	\$8,000.00	Grading, loam, seed, etc
<b>Total</b>	<b>\$20,048.00</b>	<b>\$20,014.35</b>	<b>\$33.65</b>			<b>\$27,163.84</b>	<b>\$24,549.96</b>	<b>\$2,613.88</b>			<b>\$39,893.48</b>	<b>\$27,219.97</b>	<b>\$12,673.51</b>	

	FY 2018-19					FY 2019-20 - As of 1/7/2020					FY 2020-21			
	Budget	Actual	Difference	Notes		Budget	Actual	Difference	Notes		Budget	Actual	Difference	Notes
<b>Maintenance</b>														
- Elaine Walston	\$400.00	\$294.18	\$105.82			\$400.00	\$45.00	\$355.00						
- Richard Sanborn	\$300.00	\$0.00	\$300.00			\$300.00	\$200.00	\$100.00			\$300.00		\$300.00	
- Stone Repair	\$3,500.00	\$3,690.00	-\$190.00	Stone Cleaning for Raymond Hill old section		\$3,500.00		\$3,500.00	Mountain Road & Begin Stone Repair in Raymond Village (Spring 2020)		\$3,500.00		\$3,500.00	Raymond Village Stone Repair
- American Legion for Veteran's Flags	\$400.00	\$400.00	\$0.00			\$400.00		\$400.00			\$400.00		\$400.00	
- Supplies	\$100.00	\$245.00	-\$145.00	Sign		\$100.00	\$5.93	\$94.07			\$100.00		\$100.00	
Mowing (Contract Services – IDS)	\$29,800.00	\$29,716.54	\$83.46	\$2,437.06 per month (new 3 year contract)		\$30,098.00	\$10,085.72	\$20,012.28	\$2,461.43 per month (1% increase per contract)				\$0.00	New Contract
Pontem Software	\$845.00	\$405.00	\$440.00	Annual Maintenance		\$845.00		\$845.00	Annual Maintenance		\$845.00		\$845.00	Annual Maintenance
Raymond Hill Cemetery – New Section	\$8,000.00	\$8,000.00	\$0.00	Carried forward from previous year										
<b>Total</b>	<b>\$43,345.00</b>	<b>\$42,750.72</b>	<b>\$594.28</b>			<b>\$35,643.00</b>	<b>\$10,336.65</b>	<b>\$25,306.35</b>			<b>\$5,145.00</b>	<b>\$0.00</b>	<b>\$5,145.00</b>	

**Bruce D Tupper**  
*Chief*



**Cathy Gosselin**  
*Deputy Chief*

## **FIRE/RESCUE**

*1443Roosevelt Trail  
Raymond, Maine 04071*

---

*Emergency 9-1-1*

*Chief's Office 655-1187*

*All Other Business 655-7851*

Mr. Willard, Budget Finance Committee, and Board of Selectmen.

We want to begin by thanking you all for the completion of the pay study and recruitment retention plan. We are implementing the recommendations to attract new and retain current members.

The Fire Rescue budget is enclosed and includes noticeable changes which we feel are needed. Much like our surrounding departments we have a challenge filling scheduled on call shifts to maintain minimum response capabilities, we too have many shifts vacant.

We need to provide coverage and safety to the public and our personnel. To correct the issue, we have included the cost for three full time EMT Firefighters. This will achieve the goal of providing 24 / 7 coverage with a crew of two responding from the station. The advantages to the change are:

- The safety having two rescuers arrive at the same time as a team.
- Crew continuity.
- Improved response times.
- Controls the issue of too many working hours.

There are many times when a medic responds alone or waits for the call members to respond from home. While this system does work, it is slower, it creates safety concerns for our staff who should not be entering a strange location alone. Waiting for personnel at the station before responding often consumes valuable time when seconds count. Often, we deal with the unexpected. We have encountered weapons, mobile meth lab, assaultive persons, domestic and drug issues, these issues prompted the need to provide safer environment for our staff. We have members who work Per Diem and on call and their full-time jobs. Some are working 100 plus hours weekly. This is a safety concern which this plan will help us mitigate.

There are additional adjustments in the pay line to reflect reduced on call and per diem time as well as increased retirement separation pay, and vacation coverage pay.

In our capital plan we are requesting the annual appropriation of \$75,000.

We continue to find methods of cost control through alternate funding. We have just awarded a grant which will provide needed forestry equipment. We are applying for grants to provide automatic compression (CPR) devices, a major regional radio. The radio upgrade would require 5% matching funds which we could take out of our radio line.

Thank you for your continued support.

Sincerely

The Management Team of Raymond Fire Rescue

## CIP RAYMOND FIRE RESCUE

Apparatus	Make / Year	Expected Replacement	Purchased from:	Price Paid	Replacement	2020-21	2021-22	2022-23	2023-24	2024-25
		Date			Cost- Today					
Rescue 1	2014 Ford E450	2021-22	PL Custom New	170,000.00	225,000.00		X			
Rescue 2	2018 Braun	2024	PL Custom New	223,758.00	223,758.00					
Engine 1	2004 E-1 Typhoon	2024	Demo used	375,000.00	500,000.00					
Engine 2	2015 Pierce	2035	Pierce New	324,000.00	500,000.00					
Tank 1	1997 International	2022	Demo- Used	220,000.00	320,000.00					
Tank 2	2018 Freightliner	2043	MetalFab Grant	300,000.00	320,000.00					
Utility 7	2003 Ford 550	2023 See note below	Demo	112,813.00	200,000.00			X		
Squad 8	1999 Freightliner	22-23 Combine with U-7 into 1 unit	EVI Rescue Used	46,000.00	225,000.00			X		
Marine 1	28' Ambar	2033	State Surplus Used	14,132.00	250,000.00					
Marine 2	19" Whaler- 70 HP		State Surplus Used	600.00	15,000.00					
Service Truck 2	2015 Chevy 1/2 ton	2030	Quirk New	29,000.00	34,000.00					
Unit 10	2015 Chevy Tahoe	2030	Quirk Augusta New	34,000.00	40,000.00					
Utility 5 (ST1)	2016 Chevy	TBD	Public Works Used	30,000.00	38,000.00					
ATV	2013 Polaris		Rochester Motor New	7,475.00	7,500.00					
Forestry Trailer	2012 Tailwind		Lee's Family, Used	5,000.00	12,000.00					

# ACO Budget 20-21 Draft

	2019-2020 Budget	Casco's Actual Expend. a/f 1.20	Proposed Amounts	Difference	One third	
<b>Wages</b>						
FT	29,432.00	16,074.41	35,360.00	5,928.00	11,786.67	
OT hours 30 hours/yr	636.60		765.00	128.40	255.00	
	<b>30,068.60</b>	<b>16,074.41</b>	<b>36,125.00</b>	<b>6,056.40</b>		
						-
Health Insurance	26,574.44	14,427.70	27,845.86	1,271.42	9,281.95	
Fica/Med	2,300.27	1,229.69	2,705.04	404.77	901.68	
Retirement 3% (not budgeted, 882.96)	-	441.48	1,060.80	1,060.80	353.60	
	<b>28,874.71</b>	<b>15,657.39</b>	<b>31,611.70</b>	<b>1,676.19</b>		
PT Coverage						-
100/week plus 13/hr after 8 hours	5,200.00	4,237.25	5,200.00	-	1,733.33	
est. 5 hours a week	3,380.00		3,900.00	(520.00)	1,300.00	
Fica/Med	656.37	324.15	696.15	(39.78)	232.05	
	<b>9,236.37</b>	<b>4,561.40</b>	<b>9,796.15</b>	<b>559.78</b>		
						-
Est. Workers Comp @ 1%	386.49		452.25	65.76	150.75	25,995.03
						-
<b>Equipment/conting./uniforms/consumables</b>	2,000.00	324.96	2,000.00	-	666.67	666.67
						-
<b>Vehicle Costs est. \$500 month</b>	4,000.00	328.96	3,000.00	(1,000.00)	1,000.00	1,000.00
						-
<b>Phone allowance @69/mo</b>	828.00		828.00	-	276.00	276.00
						-
<b>Training</b>	750.00	-	500.00	(250.00)	166.67	166.67
						-
<b>Mileage</b>	1,160.00	274.74	800.00	(360.00)	266.67	266.67
<b>TOTAL</b>	<b>77,304.17</b>	<b>37,221.86</b>	<b>85,113.10</b>	<b>6,748.13</b>		
<b>Total per Town</b>	<b>25,768.06</b>	<b>12,407.29</b>	<b>28,371.03</b>	<b>2,602.98</b>	<b>28,371.03</b>	<b>28,371.03</b>



December 10, 2019

Mr. Don Willard, Town Manager  
401 Webbs Mills Rd.  
Raymond, ME 04071

Dear Don:

**Re: Funding Request for Lakes Region Explorer FY 7/1/2020 - 6/30/2021**

I am writing to request financial support in the amount of \$8,500 from each of the five towns along Route 302 served by RTP's Lakes Region Explorer, namely: Bridgton, Naples, Casco, Raymond and Windham. I have included a generic overview of our bus service including ridership figures and an operating budget.

**Please consider this proposal separate from RTP's annual funding request to supplement our demand/response and shopper shuttle transportation to your communities.**

Thank you for helping us serve your town and region.

Sincerely,

Jack De Beradinis  
Executive Director

To: Town Managers: Robert Peabody, Bridgton; John Hawley, Naples;  
Courtney O'Donnell, Casco; Don Willard, Raymond; Don Gerrish, Windham  
From: Jack De Beradinis, Executive Director, Regional Transportation Program (RTP)  
Date: December 6, 2019

**Re: Funding Request for Lakes Region Explorer Fiscal Year 7/1/2020 - 6/30/2021**

I am writing to request financial support in the amount of \$8,500 from each of the five towns along Route 302 served by RTP's Lakes Region Explorer, namely: Bridgton, Naples, Casco, Raymond and Windham. I hope you will notice that the requested amount this year remains \$1,156 less than the previous annual requests of \$9,656 charged prior to FY 2018. We recognize that every dollar in a town's budget is precious, and we believe we can continue to provide the same level of service with the reduced amount. When each town's contributions are combined, the \$42,500 in local match accounts for roughly 27% of the service's annual expenses and leverages \$91,375 in federal funding.



During RTP's past fiscal year ended 9/30/2019, our overall ridership remained steady at nearly 10,500 trips as compared to 6,300 trips in 2015. The Lakes Region bus service continues to provide a smart phone app and a website ([www.lakesregionexplorer.org](http://www.lakesregionexplorer.org)) that enables real-time tracking for timing and location of the Explorer. This lift-equipped bus is equipped with a wi-fi connection, a bike rack and two placements for wheelchairs. Each year we provide free transportation for residents and tourists to the Maine Blues Festival.

With long anticipation for the new Explorer replacement, RTP has been notified that MaineDOT technicians are now inspecting the bus that should be delivered to RTP shortly. The replacement bus will have similar attributes and conveniences as the original along with an additional six seats to accommodate increased seasonal ridership.

Finally, based on requests from town officials and riders, RTP will add 'seasonal' Saturday service between Memorial Day and Labor Day. We will update our schedules in the coming months to include this new service.



## Background

Since December 2013, this public bus service has been made possible through the efforts and support of many individuals, businesses, and governmental entities working closely with RTP. Our key partners in this endeavor include the five towns named above, the Federal Transit Administration, the Department of Energy, MaineDOT, GPCOG, the Opportunity Alliance, Cumberland County, the Community Transportation Association of America, the Bridgton and Sebago Lakes Region Chambers of Commerce, the Bridgton News and the Lakes Region Weekly. The Lakes Region Explorer provides four round trips from 6:00 AM to 10:15 PM between Bridgton and Portland each weekday with connections to the Metro bus system. In addition to scheduled stops in each town, the drivers make a few extra pickups and drop-offs along the way if it is safe and does not cause the bus to run behind schedule. Our bus has a lift to accommodate people using wheelchairs, it has a front mounted bike rack with space for two bikes, and a free Wi-Fi connection.

The Lakes Region Explorer provides low-cost public transportation to and from many key destinations between Bridgton and Portland, and serves to enhance aspects of the region's economic and community development. Connectivity in rural areas is key for those who need access to essential services or other life pursuits but are dependent on public transportation for reasons of cost, age, or disability. For those who cannot afford the fare, RTP provides a limited number of free passes through its RTP Cares program.

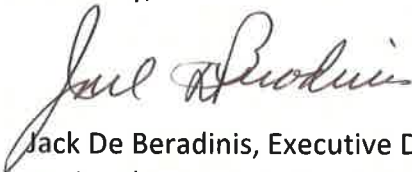
## Budget

This year's budget (presented below) indicates total revenues of \$158,875, with 27% (or \$42,500) coming from the five towns served. RTP will apply the difference of \$116,375 from a federal grant and fare revenues. Total expenses amounting to \$158,875 relate to staffing and the operation of the Explorer and its backup bus.

As indicated in last year's funding request, RTP is a small, nonprofit agency that continues to struggle with its own financial issues to provide transportation to the disabled, elderly, and low-income residents of Cumberland County. We remain dependent on the five towns served by the Explorer to make their individual contribution of \$8,500.

Thank you for helping us serve your town and region.

Sincerely,



Jack De Beradinis, Executive Director  
Regional Transportation Program  
127 St. John Street  
Portland, Maine 04102

Tel: 207-774-2666 ext. 7513

Email: [jackd@rtprides.org](mailto:jackd@rtprides.org)



## Real-Time Tracking

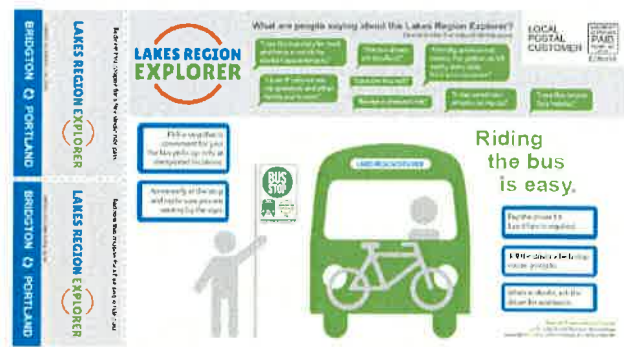
Recently, RTP began working with GPCOG and the software company RideSystems to add real-time GPS tracking technology to the bus. The system is now up and running, and for the first time ever riders can open an app on their smart phone to locate exactly where the bus is on the route and receive an accurate estimate for arrival at each stop.

Since the bus makes four daily roundtrips along Route 302, where weather conditions, accidents, construction, and general congestion are a frequent occurrence, we feel this service will be useful and reassuring for our riders. For those who do not have smart phones, we are still using the Text Alert service as well. (Whenever the bus is running over 15 minutes late, those who have subscribed to the service receive a text notification). Together, these technologies will substantially enhance convenience and usability of the service.

## Direct Mailer Advertising Campaign

With help from GPCOG staff, RTP embarked on an ambitious direct mailer advertising campaign in the fall of 2018. The mailer, shown to the right, included basic information on how to ride the bus, a map of stop locations, the timetable, and two free passes.

The advertisement was mailed to over 10,000 households in the Lakes Region communities served by the bus. Anecdotally, we have heard it was a big success in raising awareness for the service, as well as attracting new riders.



Front Page



Back Page

### **Maine Blues Festival**

For the last several years, RTP has provided free rides on the Lakes Region Explorer to and from the Maine Blues Festival in Naples. To bring more people to the event, RTP operates two vehicles on this day – a van that circulates between Bridgton and Naples every half hour, and the Lakes Region Explorer bus which makes several longer trips from Portland to Naples and back.

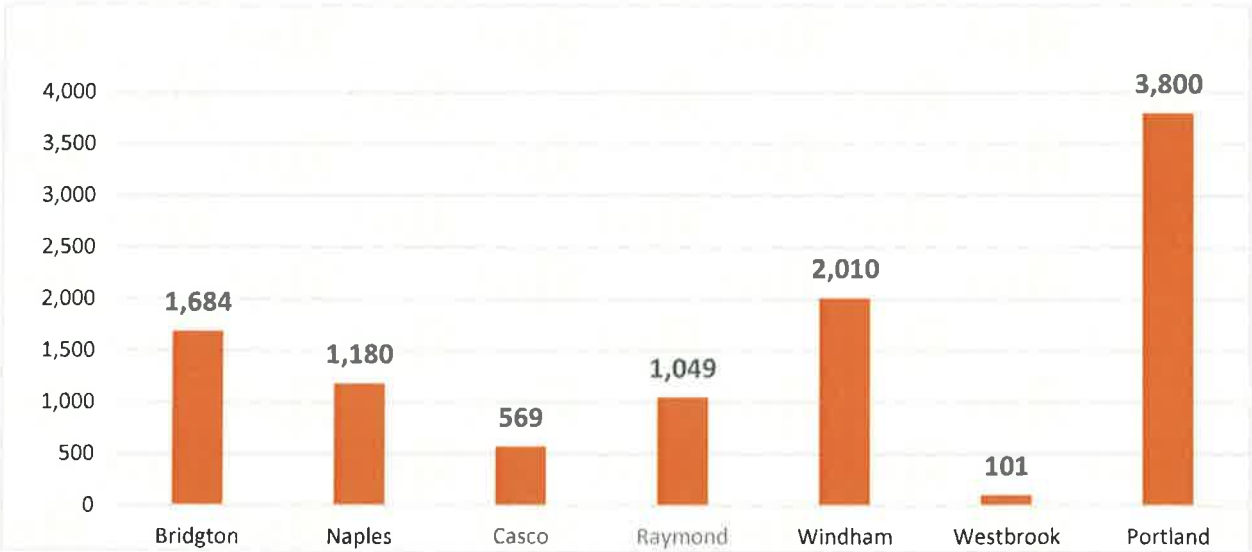
RTP operates these runs on the Saturday of the festival between 3pm and 11pm. The service is provided at no charge to the event organizers or the Town of Naples. We feel free transportation to the Blues Festival can attract more people to the event and the region, help with congestion on its busiest day, and reduce the prevalence of drinking and driving.



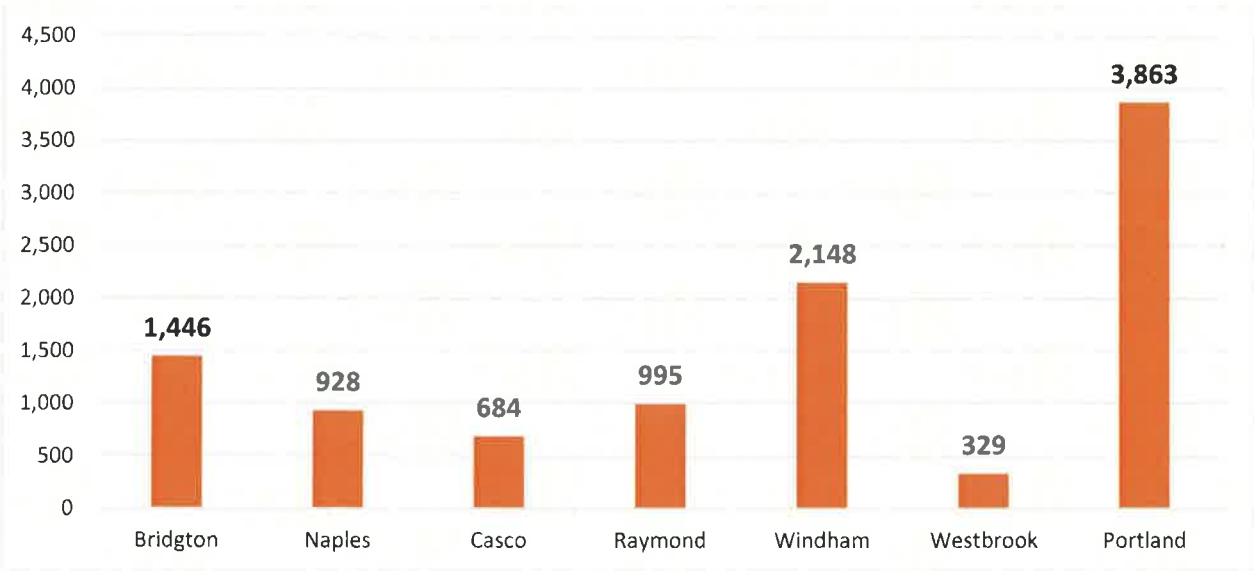
Maine Blues Fest, Naples © EMImages

**Ridership Figures**

**Boardings by Town  
(October – 2018 to September - 2019)**



**Returns by Town  
(October – 2018 to September - 2019)**



## Ridership Figures

### Total Boardings by Town (October – 2018 to September – 2019)

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
Bridgton	169	84	101	95	108	126	151	131	120	242	168	189	1,684
Naples	100	69	68	53	35	62	82	90	96	212	216	97	1,180
Casco	38	29	46	52	40	53	31	47	47	68	55	63	569
Raymond	89	62	72	73	69	72	99	93	104	119	118	79	1,049
Windham	188	140	130	127	116	143	147	167	161	249	249	193	2,010
Westbrook	9	2	8	9	5	4	6	0	7	11	15	25	101
Portland	387	269	288	253	267	301	301	267	266	481	363	357	3,800
<b>Total</b>	<b>980</b>	<b>655</b>	<b>713</b>	<b>662</b>	<b>640</b>	<b>761</b>	<b>817</b>	<b>795</b>	<b>801</b>	<b>1382</b>	<b>1184</b>	<b>1003</b>	<b>10,393</b>

### Total Returns by Town (October – 2018 to September - 2019)

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Totals
Bridgton	139	93	95	87	91	129	119	101	108	205	131	148	1,446
Naples	92	63	64	48	32	39	61	85	81	133	142	88	928
Casco	43	32	45	47	53	46	43	58	67	110	72	68	684
Raymond	100	64	67	60	62	60	77	76	93	124	123	89	995
Windham	162	142	135	123	126	183	190	176	167	297	249	198	2,148
Westbrook	29	22	30	24	10	19	18	25	17	26	72	37	329
Portland	415	239	277	273	266	285	309	274	268	487	395	375	3,863
<b>Total</b>	<b>980</b>	<b>655</b>	<b>713</b>	<b>662</b>	<b>640</b>	<b>761</b>	<b>817</b>	<b>795</b>	<b>801</b>	<b>1382</b>	<b>1184</b>	<b>1003</b>	<b>10,393</b>



## Lakes Region Explorer Budget (7/1/2020 - 6/30/2021)

### Operational Support and Revenue

RTP applies FTA 5311 rural funds	91,375
<b>Contribution from 5 towns (\$8,500 per town)</b>	<b>42,500</b>
Farebox revenues	25,000
<b>Total Operational Support and Revenue</b>	<b>158,875</b>

### Operational Expense

LRE Driver hours per week	78
Weeks per year	52
Total Annual Hours	4,056
Drivers Rate of Pay	17.77
Total Driver Wages	72,070

Administrative Wages (3% of 222,558)	6,677
Dispatch Wages (3% of 272,098)	8,163
Maintenance Wages (3% of 96,697)	2,901
Fica (7.65%)	6,870
Uniforms (3 drivers)	750
Workers' Comp - (72,070/ 100 x \$5.16)	3,719
Unemployment	810
Bus WIFI	480
Real-time GPS and text alerts	3,200
Advertising/Publications	4,000

Miles Weekly (40 miles x 8 trips x 5 days)	1,600
Weeks per year	52
Total miles per year	83,200

Total Miles (discounted to 95% for holidays/weather)	79,040
Average Miles per gallon	8.5
Gallons Required	9,299
Diesel Price per Gallon (Net of fuel tax)	2.66
Total Fuel Expense	24,735

Estimated Vehicle Maintenance (parts/towing)	6,500
Greater Portland Council of Governments (on site support for program development, presentations, etc.)	18,000
<b>Total Operational Expense</b>	<b>158,875</b>



January 28, 2020

Town of Raymond  
401 Webbs Mills Rd  
Raymond, ME 04071

Attn: Cathy Ricker

Dear Cathy,

Raymond Baseball/Softball would like to request consideration for \$2,000.00 funding from for the 2020 budget year. I have also attached a copy of our annual operating budget

If you have any questions, I can be reached at 207-891-7681

Thank You,

Raymond Baseball/Softball

A handwritten signature in dark ink, appearing to read "Joe Troiano".

Joe Troiano  
President of Raymond Baseball/Softball

Raymond Little League 2019 Season Budget				
			Proposed 2019 Budget	Actual 2019 Expenditure
Income				
	Player Registration		\$6,000	\$5,723
	Team Sponsors - Local Businesses		\$2,000	\$5,410
	Concession Stand Net Income		\$1,000	\$890
	Fund Raising Events		\$6,000	\$6,260
	Town of Raymond Appropriation		\$2,000	\$2,000
	Fence Sign Renewal Fees		\$700	\$540
	Donations		\$400	
	Picture Sale Income		-	-
Total Income			\$18,100	\$20,823
Expenses				
	Uniforms & Hats		\$7,000	\$6,100
	Equipment		\$7,000	\$6,500
	Field Improvements & Maintenance		\$1,000	\$2,040
	League Fees & Insurance		\$900	\$990
	Umpire Fees			
	Training		\$200	\$200
	Sponsor Plaques			
	Fence Signs			\$965
	Electricity		\$500	\$400
	Administrative Costs		\$1,000	\$970
	Bank Fees			
	Gym Rental Fees		\$500	\$490
	Tournament Travel Costs			
	Contingency			
Total Expenses			\$18,100	\$18,655
Net Income			0.00	2,168.00



Raymond Rattlers Snowmobile Club  
PO Box 994  
Raymond, Me 04071  
207-776-5489

Below is a list of information you require for the 2019/2020 fiscal year budget. We are requesting \$2,000.00.

Liability/ collision insurance	\$400	Starting balance: \$5,103
Groomer Service and Repair	\$700	
Postage	\$300	
Trail Maintenance	\$4,000	
Charity Donation	\$250+	
Ranger Business Loan	\$3,000 yr	
Taxes on Land	\$350 yr	
Gorham Savings- paid off	\$1,100	
- line of credit		Ending balance: \$6,672

Income:

Town Registrations	\$1,600
Bureau of Parks and Lands	\$5,400
- Maintenance Grant	
Memberships and Donations	\$2,000+
Fundraisers - cookout	\$700

If you have any questions, please contact me at 776-5489.

Sincerely,

Larry Wood  
Treasurer

January 2, 2020

Don Willard  
Town of Raymond  
401 Webbs Mills Road  
Raymond, ME 04071

Dear Mr. Willard,

Raymond Recreation Association respectfully requests funding of \$4000 in the 2020-2021 town budget to cover the costs of mowing the Agawam fields (\$2000.00) for the 2020 Fall soccer program and to help supplement our Insurance costs (\$2000.00) for 2020 programs.

As you know, the mission of Raymond Rec is to provide recreational programs for the students of Raymond. While our goal is to make all our programs revenue neutral (our costs and revenue match exactly), there are some years when one program might run a profit and others at a loss depending on the numbers of participants and costs for facility use.

Raymond Rec is a volunteer organization with the exception of our certified swim instructor and the life guard for the swim program and therefore is able to provide these rec programs at reasonable costs. We are so thankful for our partnership with the town. Your funding for the mowing of the Agawam fields helps to manage our costs which benefits the town as well as the residents of Raymond. Funding for part of our overall Insurance costs would benefit the town and its residents as well by helping to keep our program fees affordable for all. Thank you for your past funding and we hope you will continue to do so this year.

Respectfully submitted,



Amanda M. Buxton  
Treasurer, Raymond Recreational Association

**Raymond Recreation**  
**Balance Sheet**  
As of January 11, 2020

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	Jan 11, 20
<b>ASSETS</b>	
Current Assets	
Checking/Savings	
Gorham Savings Checking	6,946.07
Gorham Savings, Savings Account	9,988.68
Total Checking/Savings	16,934.75
Total Current Assets	16,934.75
<b>TOTAL ASSETS</b>	<b>16,934.75</b>
<b>LIABILITIES &amp; EQUITY</b>	
Equity	16,934.75
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>16,934.75</b>

**Raymond Recreation**  
**Statement of Financial Income and Expense**  
**April 2018 through March 2019**

	<u>Apr - Jun 18</u>	<u>Jul - Sep 18</u>	<u>Oct - Dec 18</u>	<u>Jan - Mar 19</u>	<u>TOTAL</u>
<b>Ordinary Income/Expense</b>					
<b>Income</b>					
<b>Program Fees</b>	<u>1,779.72</u>	<u>7,485.48</u>	<u>7,137.36</u>	<u>6,396.00</u>	<u>22,798.56</u>
<b>Total Income</b>	<u>1,779.72</u>	<u>7,485.48</u>	<u>7,137.36</u>	<u>6,396.00</u>	<u>22,798.56</u>
<b>Gross Profit</b>	<u>1,779.72</u>	<u>7,485.48</u>	<u>7,137.36</u>	<u>6,396.00</u>	<u>22,798.56</u>
<b>Expense</b>					
<b>Insurance</b>	<u>863.00</u>	<u>0.00</u>	<u>3,758.00</u>	<u>-1,329.00</u>	<u>3,292.00</u>
<b>Postage and Delivery</b>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>92.00</u>	<u>92.00</u>
<b>Program Expense</b>	<u>0.00</u>	<u>3,187.83</u>	<u>8,476.04</u>	<u>6,189.08</u>	<u>17,852.95</u>
<b>Total Expense</b>	<u>863.00</u>	<u>3,187.83</u>	<u>12,234.04</u>	<u>4,952.08</u>	<u>21,236.95</u>
<b>Net Ordinary Income</b>	<u>916.72</u>	<u>4,297.65</u>	<u>-5,096.68</u>	<u>1,443.92</u>	<u>1,561.61</u>
<b>Other Income/Expense</b>					
<b>Other Income</b>					
<b>Interest Income</b>	<u>6.21</u>	<u>0.00</u>	<u>0.84</u>	<u>2.17</u>	<u>9.22</u>
<b>Total Other Income</b>	<u>6.21</u>	<u>0.00</u>	<u>0.84</u>	<u>2.17</u>	<u>9.22</u>
<b>Net Other Income</b>	<u>6.21</u>	<u>0.00</u>	<u>0.84</u>	<u>2.17</u>	<u>9.22</u>
<b>Net Income</b>	<u><u>922.93</u></u>	<u><u>4,297.65</u></u>	<u><u>-5,095.84</u></u>	<u><u>1,446.09</u></u>	<u><u>1,570.83</u></u>



January 17, 2020

**Library Director**  
*Allison Griffin*

Mr. Don Willard  
Raymond Town Manager  
401 Webbs Mills Road  
Raymond, ME 04071

**Board of Trustees**

*Sheila Bourque*  
President

Dear Don,

*Deborah Hutchinson*  
Vice-President

Enclosed please find a copy of our proposed budget for the 2020-2021 fiscal year, along with our current financials through December 31st of 2019, and the 2017-2018 and 2018-19 year-end income statements.

*Paul Cullinan*  
Treasurer

2019 continued to bring positive change to the library:

*Janet Walker*  
Secretary

- This year the library operated special hours (Tuesday mornings) for seniors for the entire year, a program that saw significant participation by our older residents.

*Leigh Walker*

- The library board has been enhanced by the active and enthusiastic participation of Select Board member Teresa Sadak as an ex officio member.

*Nick Hardy*

*Mark Jordan*

*Briana Bizier*

- We have strengthened our links with the arts community through our collaboration with the Raymond Arts Alliance. We are looking to bolster arts programming, collaboration and communication between artists of all kinds.

*Mary-Therese Duffy*

*Teresa Sadak, ex-officio*

- Our library saw an addition to our facilities in the form of a gazebo dedicated in memory of our long-time volunteer Betty McDermott. Eagle scout Jamie Louko conceived and built the structure as part of his eagle scout project inspired by his many childhood hours spent enjoying the library.

In our 2019-2020 income statement you will notice a deficit of over \$18,000. It does not show any adjustment we made after not receiving the increased town funds we requested last year. We now expect a smaller deficit for this year largely because we curtailed our planned expansion of hours and services to the community, as well as a higher yield from our annual appeal than the estimate projected in the budget as submitted. Along with other factors, we now expect our deficit to be less than \$8,000 for this budget year.




We are evaluating the feasibility of building an addition to our facility. A multi-purpose room would enable us to expand our programming and services. Currently we have to rearrange furniture, severely restrict participation, or rely on other town or private facilities to house larger groups.

This year we are respectfully requesting \$66,000, a \$6,000 or 10 percent increase from last year. Our funding from the town has been level for the past three budget years. Along with other small businesses in Maine, we are challenged by the increases in the minimum wage. We believe that, despite the continued support from the town, our library supporters, and our fundraisers, we currently expect that, even with the additional funds requested, next year's budget would be in deficit by roughly \$5,000. Because of our current strong reserves, we will be able to absorb that deficit for this year but that is not a sustainable situation for the long run. A large portion of those reserves would be expended if we were to engage in a facilities expansion (see above).

We are grateful for the past financial support from the town and appreciate your consideration of this request.

Sincerely,



Paul R. Cullinan, Treasurer

# Raymond Village Library

Dec 31, 2019

2017-18 Actual    2018-19 Actual    2019-20 Actual    Budget 2019-20    Budget 2020-21

me										
4100 Annual Appeal	\$	26,373.00	\$	35,095.50	\$	31,860.00	\$	30,000.00	\$	35,000.00
4200 Events - Fundraising										
4201 Plant Sale	\$	1,864.50	\$	2,652.38			\$	2,500.00	\$	2,500.00
4202 Garden Tour	\$	10.00	\$	4,930.00	\$	55.00				
4203 Holiday Sale	\$	1,719.25	\$	1,608.46	\$	2,132.25	\$	1,300.00	\$	2,500.00
4204 Other Fundraisers	\$	729.05	\$	661.83	\$	415.68	\$	600.00	\$	600.00
4205 Book Sale	\$	3,699.23	\$	1,960.05	\$	2,485.93	\$	3,000.00	\$	3,000.00
4206 ELR Maine Event	\$	1,188.70								
Total 4200 Fudraising	\$	9,210.73	\$	11,812.72	\$	5,088.86	\$	7,400.00	\$	8,600.00
4302 Memorial Donation			\$	965.00	\$	500.00				
4304 Donation Jar - Not Books	\$	531.20	\$	1,000.30	\$	336.19				
4305 Donations Other	\$	1,482.48	\$	231.37	\$	86.55	\$	1,000.00	\$	1,000.00
4306 Raymond Town Funds	\$	60,000.00	\$	60,000.00	\$	30,000.00	\$	60,000.00	\$	66,000.00
Total 4300 Other Contributions	\$	62,013.68	\$	62,196.67	\$	30,922.74	\$	61,000.00	\$	67,000.00
4402 Interest Income										
4403 Investment Income	\$	2,547.47	\$	3,287.26	\$	2,471.81	\$	500.00	\$	2,000.00
4404 Investment Gains/Losses	\$	3,162.29	\$	3,532.81	\$	5,488.00				
Total 4400 Investment Income	\$	5,709.76	\$	6,820.07	\$	7,959.81	\$	500.00	\$	2,000.00
Total 4000 Unrestricted Income	\$	103,307.17	\$	115,924.96	\$	75,831.41	\$	98,900.00	\$	112,600.00
4600 Grant Funds										
4701 Norway Savings Grant										
4702 PTO Childrens expenses										
4703 Community Garden			\$	195.00	\$	45.00				
4704 King Grant Fire System	\$	638.11								
4705 Special Proj. - Const.	\$	4,304.08								
4706 Designated funds rec'd	\$	60,352.03	\$	7,294.00	\$	3,864.50				
4799 Restricted - other	\$	1,960.89	\$	2,400.00	\$	200.00				
Total 4700 Restricted Income	\$	67,255.11	\$	9,889.00	\$	4,109.50				
Total Revenue	\$	170,562.28	\$	125,813.96	\$	79,940.91	\$	98,900.00	\$	112,600.00
Expenditures										
6000 Operational Expenses										
6100 Fundraising Expense	\$	2,891.13	\$	1,729.35	\$	3,084.17	\$	1,300.00	\$	2,350.00
6300 Restricted Funds	\$	1,649.23	\$	5,238.00	\$	3,945.70				
6400 Books/Media/Magazines	\$	13,191.53	\$	13,260.27	\$	6,036.12	\$	11,000.00	\$	11,000.00
6401 Programs & Supplies	\$	5,490.33	\$	4,957.51	\$	3,877.74	\$	3,000.00	\$	3,000.00
6500 Payroll & Expenses	\$	67,399.53	\$	75,402.54	\$	38,850.08	\$	85,616.00	\$	84,816.54
6600 Professional Exp	\$	650.00	\$	525.00	\$	540.00	\$	550.00	\$	550.00
6700 Building & Maintenance	\$	5,328.68	\$	5,870.30	\$	2,901.86	\$	7,636.00	\$	7,836.00
6800 General Expenses	\$	7,020.93	\$	7,187.82	\$	4,773.59	\$	8,400.00	\$	8,050.00
Total Expenditures	\$	103,621.36	\$	114,170.79	\$	64,009.26	\$	117,502.00	\$	117,602.54
Other Expenditures-Depreciation	\$	(4,762.00)	\$	(5,669.00)						
Net Revenue	\$	62,178.92	\$	5,974.17	\$	15,931.65	\$	(18,602.00)	\$	(5,002.54)

# Raymond Village Library

## STATEMENT OF FINANCIAL POSITION

As of January 12, 2020

	TOTAL
<b>ASSETS</b>	
Current Assets	
Bank Accounts	
1000 Capital Fund (Key)	0.00
1501 Capital Fund	132,707.14
<b>Total 1000 Capital Fund (Key)</b>	<b>132,707.14</b>
1010 CU Checking	46,528.71
1020 CU Money Market	0.00
1021 Designated Reconciliation Account	11,514.93
1510 Automation Fund	5,000.00
1520 Book, Audio & Video Fund	8,319.02
1533 Operational Reserve account	25,000.00
1560 Raymond Community Garden	1,067.07
1565 Raymond Arts Alliance	2,858.89
<b>Total 1020 CU Money Market</b>	<b>53,759.91</b>
1030 CU Savings	26.75
<b>Total Bank Accounts</b>	<b>\$233,022.51</b>
Other Current Assets	
12000 Undeposited Funds	30.00
<b>Total Other Current Assets</b>	<b>\$30.00</b>
<b>Total Current Assets</b>	<b>\$233,052.51</b>
Fixed Assets	
1220 Building	133,500.00
1221 Depreciation - Building	-53,057.08
<b>Total 1220 Building</b>	<b>80,442.92</b>
1230 Furniture & Fixtures	38,205.24
1231 Depreciation - Furniture & Fixtures	-33,094.00
<b>Total 1230 Furniture &amp; Fixtures</b>	<b>5,111.24</b>
1240 Land	27,500.00
1250 Capital Improvements	22,690.38
1251 Depreciation - Capital Improvements	-1,091.00
<b>Total 1250 Capital Improvements</b>	<b>21,599.38</b>
<b>Total Fixed Assets</b>	<b>\$134,653.54</b>
<b>TOTAL ASSETS</b>	<b>\$367,706.05</b>
<b>LIABILITIES AND EQUITY</b>	
Liabilities	
<b>Total Liabilities</b>	
Equity	
3900 Net Assets	350,128.83
Net Revenue	17,577.22
<b>Total Equity</b>	<b>\$367,706.05</b>



**FOR TAX YEAR 2018**

RAYMOND VILLAGE LIBRARY

Milliken Perkins & Brunelle

452 Roosevelt Trail

Windham, ME 04062

(207) 892-2234

## Short Form

## Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2018

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/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2018 calendar year, or tax year beginning 07-01, 2018, and ending 06-30, 2019							
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization RAYMOND VILLAGE LIBRARY</td> </tr> <tr> <td style="width:60%;">Number and street (or P.O. box, if mail is not delivered to street address)  PO BOX 297</td> <td style="width:40%;">Room/suite</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code RAYMOND, ME 04071</td> </tr> </table>	<b>C</b> Name of organization RAYMOND VILLAGE LIBRARY		Number and street (or P.O. box, if mail is not delivered to street address)  PO BOX 297	Room/suite	City or town, state or province, country, and ZIP or foreign postal code RAYMOND, ME 04071	
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<b>D</b> Employer identification number 32-0157339							
<b>E</b> Telephone number (207) 655-4283							
<b>F</b> Group Exemption Number ▶							
<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶							
<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).							
<b>I</b> Website: ▶ WWW.RAYMONDVILLAGELIBRARY.ORG							
<b>J</b> Tax-exempt status (check only one) - <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527							
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other							
<b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 122,281							

<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I)																																																																					
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>																																																																					
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">1</td> <td style="width:85%;">Contributions, gifts, grants, and similar amounts received</td> <td style="width:5%; text-align: center;">1</td> <td style="width:5%;">107,121</td> </tr> <tr> <td>2</td> <td>Program service revenue including government fees and contracts</td> <td style="text-align: center;">2</td> <td style="text-align: right;">11,873</td> </tr> <tr> <td>3</td> <td>Membership dues and assessments</td> <td style="text-align: center;">3</td> <td></td> </tr> <tr> <td>4</td> <td>Investment income</td> <td style="text-align: center;">4</td> <td style="text-align: right;">3,287</td> </tr> <tr> <td>5a</td> <td>Gross amount from sale of assets other than inventory</td> <td style="text-align: center;">5a</td> <td></td> </tr> <tr> <td>b</td> <td>Less: cost or other basis and sales expenses</td> <td style="text-align: center;">5b</td> <td></td> </tr> <tr> <td>c</td> <td>Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td> <td style="text-align: center;">5c</td> <td></td> </tr> <tr> <td>6</td> <td>Gaming and fundraising events:</td> <td></td> <td></td> </tr> <tr> <td>a</td> <td>Gross income from gaming (attach Schedule G if greater than \$15,000)</td> <td style="text-align: center;">6a</td> <td></td> </tr> <tr> <td>b</td> <td>Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)</td> <td style="text-align: center;">6b</td> <td></td> </tr> <tr> <td>c</td> <td>Less: direct expenses from gaming and fundraising events</td> <td style="text-align: center;">6c</td> <td></td> </tr> <tr> <td>d</td> <td>Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td> <td style="text-align: center;">6d</td> <td></td> </tr> <tr> <td>7a</td> <td>Gross sales of inventory, less returns and allowances</td> <td style="text-align: center;">7a</td> <td></td> </tr> <tr> <td>b</td> <td>Less: cost of goods sold</td> <td style="text-align: center;">7b</td> <td></td> </tr> <tr> <td>c</td> <td>Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td> <td style="text-align: center;">7c</td> <td></td> </tr> <tr> <td>8</td> <td>Other revenue (describe in Schedule O)</td> <td style="text-align: center;">8</td> <td></td> </tr> <tr> <td>9</td> <td><b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td> <td style="text-align: center;">9</td> <td style="text-align: right;">122,281</td> </tr> </table>	1	Contributions, gifts, grants, and similar amounts received	1	107,121	2	Program service revenue including government fees and contracts	2	11,873	3	Membership dues and assessments	3		4	Investment income	4	3,287	5a	Gross amount from sale of assets other than inventory	5a		b	Less: cost or other basis and sales expenses	5b		c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		6	Gaming and fundraising events:			a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		c	Less: direct expenses from gaming and fundraising events	6c		d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		7a	Gross sales of inventory, less returns and allowances	7a		b	Less: cost of goods sold	7b		c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		8	Other revenue (describe in Schedule O)	8		9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	122,281
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19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	344,154																																																																		
20	Other changes in net assets or fund balances (explain in Schedule O)	20	3,533																																																																		
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	350,128																																																																		

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2018)

☒

**Part V**

**Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		X
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions . . . . .		X
<b>35 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		X
<b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .		
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. . . . .		X
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. . . . .		X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions . . . . . <b>37a</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		X
<b>38 a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved. . . . . <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9. . . . . <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities. . . . . <b>39b</b>		
<b>40 a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. . . . .		X
<b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		X
<b>41</b> List the states with which a copy of this return is filed ▶		
<b>42 a</b> The organization's books are in care of ▶ <b>LEIGH WALKER</b> Telephone no. ▶ <b>207-655-4283</b> Located at ▶ <b>PO BOX 297, RAYMOND, ME</b> ZIP + 4 ▶ <b>04071</b>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		X
If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States? . . . . .		X
If "Yes," enter the name of the foreign country ▶		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -Check here. . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. . . . . ▶ <b>43</b>		
<b>44 a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. . . . .		X
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. . . . .		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .		X
<b>d</b> If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. . . . .		
<b>45 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>b</b> 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions . . . . .		X

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

	Yes	No
46		X

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47 - 49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

- 47 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 . . . . .

	Yes	No
47		X
48		X
49a		X
49b		

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

- 49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

- b If "Yes," was the related organization a section 527 organization? . . . . .

- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

- f Total number of other employees paid over \$100,000 . . . . .

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

- d Total number of other independent contractors each receiving over \$100,000. . . . .

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . .

☒ Yes ☐ No

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.

<b>Sign Here</b>	<b>LEIGH WALKER</b> Signature of officer	11/10/19 Date
	<b>LEIGH WALKER, TREASURER</b> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KEVIN M BRUNELLE CPA</b>	Preparer's signature	Date <b>11-08-2019</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01213384</b>
	Firm's name ▶ <b>Milliken Perkins &amp; Brunelle</b>	Firm's EIN ▶			
	Firm's address ▶ <b>452 Roosevelt Trail Windham ME 04062</b>	Phone no. <b>207-892-2234</b>			

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

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

**RAYMOND VILLAGE LIBRARY**

Employer identification number

**32-0157339**

**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.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: \_\_\_\_\_
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

**Part II****Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	28,815	42,635	62,877	40,542	55,461	230,330
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	40,000	55,000	56,000	60,000	60,000	271,000
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> <b>Total.</b> Add lines 1 through 3. . . . .	68,815	97,635	118,877	100,542	115,461	501,330
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4 . . . . .						501,330

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 . . . . .	68,815	97,635	118,877	100,542	115,461	501,330
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	5,217	1,880	1,561	2,547	3,287	14,492
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						515,822
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)). . . . .	<b>14</b>	97.19	%
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 . . . . .	<b>15</b>	96.10	%
<b>16a</b> <b>33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>			
<b>b</b> <b>33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>			
<b>17a</b> <b>10%-facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>			
<b>b</b> <b>10%-facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>			
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>			

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6</b> <b>Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8</b> <b>Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>		%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 . . . . .	<b>16</b>		%

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

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>		%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 . . . . .	<b>18</b>		%

**19a** **33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. . . . . ☐

**b** **33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. . . . . ☐

**20** **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. . . . . ☐



**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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> 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>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> 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 <b>Part VI</b> 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.		
<b>5a</b> 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 <b>Part VI</b> , 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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 <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).		
<b>8</b> 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).		
<b>9a</b> 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 <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> .		
<b>c</b> 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 <b>Part VI</b> .		
<b>10a</b> 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>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?	<b>11a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	<b>2</b>	

**Section C. Type II Supporting Organizations**

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

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

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	<b>2</b>	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	<b>3</b>	

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> 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 <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .	<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must **complete** Sections A through E.

**Section A - Adjusted Net Income**

		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8</b> <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

**Section B - Minimum Asset Amount**

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

**Section C - Distributable Amount**

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

- 7** ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year	
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes		
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations		
<b>4</b>	Amounts paid to acquire exempt-use assets		
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)		
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.		
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.		
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.		
<b>9</b>	Distributable amount for 2018 from Section C, line 6		
<b>10</b>	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013 . . . . .			
<b>b</b> From 2014 . . . . .			
<b>c</b> From 2015 . . . . .			
<b>d</b> From 2016 . . . . .			
<b>e</b> From 2017 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014 . . . . .			
<b>b</b> Excess from 2015 . . . . .			
<b>c</b> Excess from 2016 . . . . .			
<b>d</b> Excess from 2017 . . . . .			
<b>e</b> Excess from 2018 . . . . .			

**Part VI**

**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.)

Client Copy

**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.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Employer identification number

32-0157339

**RAYMOND VILLAGE LIBRARY**

**01. General explanation attachment**

THE LIBRARY PROVIDES YEAR ROUND FREE SERVICES TO OVER 1,000 FAMILIES IN OUR COMMUNITY.

THIS INCLUDES ANNUAL CIRCULATION OF OVER 23,000 BOOKS, VIDEOS, MAGAZINES AND AUDIO TAPES

AND MUSIC CDS PER YEAR. IN ADDITION, CHILDREN'S STORY TIMES AND A VARIETY OF PROGRAMS AND

OPPORTUNITIES FOR VOLUNTEER SPONSORED EVENTS.

**02. Description of other expenses (Part I, line 16)**

DESCRIPTION	AMOUNT
DEPRECIATION FROM 4562	5,669
OFFICE EXPENSES	4,881
INSURANCE	3,642
PROGRAM EXPENSE	10,196
BOOKS AUDIOS VIDEO	13,260
PAYROLL PROCESSING	1,034

**03. Other changes in net assets or fund balances (Part I, line 20)**

DESCRIPTION	AMOUNT
UNREALIZED GAINS	3,533

**04. Description of other assets (Part II, line 24)**

CATEGORY	BEGINNING OF YEAR	END OF YEAR
PREPAID EXPENSES	1,945	514

# Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

2018

Attachment  
Sequence No. 179Department of the Treasury  
Internal Revenue Service (99)▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

RAYMOND VILLAGE LIBRARY

FORM 990EZ - 1

32-0157339

**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Don't include listed property. See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	5,339
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		1,090	5	HY	200 DB	218
c 7-year property						
d 10-year property						
e 15-year property		2,249	15	HY	150 DB	112
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System**

20a Class life				S/L	
b 12-year			12 yrs.	S/L	
c 30-year			30 yrs.	MM	S/L
d 40-year			40 yrs.	MM	S/L

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	5,669
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**FOR TAX YEAR 2017**

RAYMOND VILLAGE LIBRARY

Milliken Perkins & Brunelle

452 Roosevelt Trail

Windham, ME 04062

(207)892-2234





**Milliken • Perkins • Brunelle**

**Certified Public Accountants**

**Kevin Brunelle, CPA, CVA | Sharon L. Perkins, CPA | Aaron E. Perkins, CPA**

452 Roosevelt Trail | Windham, ME 04062 | ph# (207) 892-2234 | f# (207) 892-2235

15 Washington Street | Sanford, ME 04073 | ph# (207) 324-0086 | f# (207) 324-2904

4 Main Street | Dixfield, ME 04224 | ph # (207) 562-4503 | f# (207) 562-8740

November 07, 2018

Raymond Village Library  
PO Box 297  
Raymond, ME 04071

Raymond Village Library:

Enclosed is the 2017 federal return for a tax-exempt organization, prepared for Raymond Village Library from the information provided. This return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The organization's federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with your tax needs, contact our office at (207)892-2234.

Sincerely,

Kevin M Brunelle CPA  
Milliken Perkins & Brunelle

**Short Form**  
**Return of Organization Exempt From Income Tax**

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.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-1150

**2017****Open to Public  
Inspection****A For the 2017 calendar year, or tax year beginning** 07-01, 2017, and ending 06-30, 2018**B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization**RAYMOND VILLAGE LIBRARY**

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

**PO BOX 297**

City or town, state or province, country, and ZIP or foreign postal code

**RAYMOND, ME 04071****D** Employer identification number**32-0157339****E** Telephone number**(207) 655-4283****F** Group Exemption

Number ▶

**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**I Website:** ▶ **WWW.RAYMONDVILLAGELIBRARY.ORG****J Tax-exempt status** (check only one) - ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **167,400****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

<b>Revenue</b>	<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>155,642</b>
	<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	<b>9,211</b>
	<b>3</b>	Membership dues and assessments	<b>3</b>	
	<b>4</b>	Investment income	<b>4</b>	<b>2,547</b>
	<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>5b</b>	Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b>	Gaming and fundraising events		
	<b>6a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
<b>6b</b>	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>		
<b>6c</b>	Less: direct expenses from gaming and fundraising events	<b>6c</b>		
<b>6d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>		
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>7b</b>	Less: cost of goods sold	<b>7b</b>		
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b>	Other revenue (describe in Schedule O)	<b>8</b>		
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	<b>167,400</b>	
<b>Expenses</b>	<b>10</b>	Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b>	Benefits paid to or for members	<b>11</b>	
	<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	<b>65,822</b>
	<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	<b>625</b>
	<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	<b>6,359</b>
	<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	
	<b>16</b>	Other expenses (describe in Schedule O)	<b>16</b>	<b>35,578</b>
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>108,384</b>	
<b>Net Assets</b>	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>59,016</b>
	<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	<b>281,976</b>
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	<b>3,162</b>
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>344,154</b>

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2017)

Check if the organization used Schedule O to respond to any question in this Part II ☒

Check if the organization used Schedule O to respond to any question in this Part III . . . . . ☐

Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

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**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
<b>35 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
<b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38 a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities		
<b>40 a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
<b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
<b>41</b> List the states with which a copy of this return is filed		
<b>42 a</b> The organization's books are in care of <b>LEIGH WALKER</b> Telephone no. <b>207-655-4283</b> Located at <b>PO BOX 297, RAYMOND, ME</b> ZIP + 4 <b>04071</b>		
<b>b</b> 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)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		X
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:		X
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
<b>44 a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?		X
<b>d</b> If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
<b>45 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47 - 49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No

- 47 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

47		X
----	--	---

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		X
----	--	---

- 49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
-----	--	---

- b If "Yes," was the related organization a section 527 organization?

49b		
-----	--	--

- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

- f Total number of other employees paid over \$100,000

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

- d Total number of other independent contractors each receiving over \$100,000

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

☒ Yes ☐ No

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: LEIGH WALKER Date: 2/14/19  
Type or print name and title: LEIGH WALKER, TREASURER

**Paid Preparer Use Only**  
Print/Type preparer's name: KEVIN M BRUNELLE CPA Preparer's signature: \_\_\_\_\_ Date: 11-07-2018 Check ☐ if self-employed PTIN: P01213384  
Firm's name: Milliken Perkins & Brunelle Firm's EIN: \_\_\_\_\_  
Firm's address: 452 Roosevelt Trail  
Windham ME 04062 Phone no.: 207-892-2234

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☒ No

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

RAYMOND VILLAGE LIBRARY

Employer identification number

32-0157339

**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.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.

Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2017

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	40,266	28,815	42,635	62,877	40,542	215,135
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	37,500	40,000	55,000	56,000	60,000	248,500
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	77,766	68,815	97,635	118,877	100,542	463,635
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4 . . . . .						463,635

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 . . . . .	77,766	68,815	97,635	118,877	100,542	463,635
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	7,634	5,217	1,880	1,561	2,547	18,839
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						482,474
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	96.10	%
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 . . . . .	<b>15</b>	94.80	%
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>			
<b>b 33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>			
<b>17a 10%-facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>			
<b>b 10%-facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>			

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

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

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

- 19a 33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ▶ ☐
- b 33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ▶ ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ▶ ☐



**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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> 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)? <i>If "Yes," explain in <b>Part VI</b> 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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, 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).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>b</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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

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

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> 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 <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>2a</b>			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4).	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section 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	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

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

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required - explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013 . . . . .			
<b>c</b> From 2014 . . . . .			
<b>d</b> From 2015 . . . . .			
<b>e</b> From 2016 . . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013 . . . .			
<b>b</b> Excess from 2014 . . . .			
<b>c</b> Excess from 2015 . . . .			
<b>d</b> Excess from 2016 . . . .			
<b>e</b> Excess from 2017 . . . .			

**Part VI** **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.)

Area for supplemental information with horizontal lines.

Client Copy

# Federal Supporting Statements

2017 PG01

Name(s) as shown on return

FEIN

RAYMOND VILLAGE LIBRARY

32-0157339

FORM 4562 - LINE 19B

Statement #567

BASIS	RP	CV	METHOD	DEDUCTION
1,523	5	HY	200 DB	305
1,216	5	HY	200 DB	243
1,116	5	HY	200 DB	<u>223</u>
<b>TOTAL</b>				<u><u>771</u></u>

FORM 4562 - LINE 19I

PG01  
Statement #568

DATE	COST	DEDUCTION
08-2017	3,040	68
08-2017	19,650	<u>441</u>
<b>TOTAL</b>		<u><u>509</u></u>

**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.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

**RAYMOND VILLAGE LIBRARY**

Employer identification number

**32-0157339**

**01. General explanation attachment**

THE LIBRARY PROVIDES YEAR ROUND FREE SERVICES TO OVER 1,000 FAMILIES IN OUR COMMUNITY.

THIS INCLUDES ANNUAL CIRCULATION OF OVER 23,000 BOOKS, VIDEOS, MAGAZINES AND AUDIO TAPES

AND MUSIC CDS PER YEAR. IN ADDITION, CHILDREN'S STORY TIMES AND A VARIETY OF PROGRAMS AND

OPPORTUNITIES FOR VOLUNTEER SPONSORED EVENTS.

**02. Description of other expenses (Part I, line 16)**

DESCRIPTION	AMOUNT
-------------	--------

DEPRECIATION FROM 4562	4,762
------------------------	-------

OFFICE EXPENSES	6,221
-----------------	-------

INFORMATION TECHNOLOGY	125
------------------------	-----

INSURANCE	3,152
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PROGRAM EXPENSE	7,140
-----------------	-------

BOOKS AUDIOS VIDEO	13,192
--------------------	--------

PAYROLL PROCESSING	986
--------------------	-----

**03. Other changes in net assets or fund balances (Part I, line 20)**

DESCRIPTION	AMOUNT
-------------	--------

UNREALIZED GAINS	3,162
------------------	-------

**04. Description of other assets (Part II, line 24)**

CATEGORY	BEGINNING OF YEAR	END OF YEAR
----------	-------------------	-------------

PREPAID EXPENSES	0	1,945
------------------	---	-------

**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2017**Attachment  
Sequence No. **179**

Name(s) shown on return

RAYMOND VILLAGE LIBRARY

Business or activity to which this form relates

FORM 990EZ - 1

Identifying number

32-0157339

**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12 ▶	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Don't include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	3,423
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property <b>Statement</b>	#567					771
c 7-year property		411	7	HY	200 DB	59
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real <b>Statement</b>	#568		39 yrs.	MM	S/L	509
				MM	S/L	

**Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	4,762
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2017)



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.

Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 07/01/16, and ending 06/30/17

B Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

C Name of organization

RAYMOND VILLAGE LIBRARY

Number and street (or P.O. box, if mail is not delivered to street address)

P. O. BOX 297

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

RAYMOND

ME 04071

D Employer identification number

32-0157339

E Telephone number

207-655-4283

F Group Exemption  
NumberG Accounting Method: ☒ Cash ☐ Accrual Other (specify) \_\_\_\_\_

I Website: WWW.RAYMONDVILLAGELIBRARY.ORG

H Check ☒ if the organization is not  
required to attach Schedule B  
(Form 990, 990-EZ, or 990-PF).J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other \_\_\_\_\_L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets  
(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

\$ 137,616

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	118,877
	2	Program service revenue including government fees and contracts	2	17,178
	3	Membership dues and assessments	3	
	4	Investment income	4	1,561
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	137,616	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	59,642
	13	Professional fees and other payments to independent contractors	13	1,055
	14	Occupancy, rent, utilities, and maintenance	14	14,746
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	28,096
17	Total expenses. Add lines 10 through 16	17	103,539	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	34,077
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	235,397
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	12,502
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	281,976

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2016)

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		X
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	X
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	X
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40b	X
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed	NONE	
42a The organization's books are in care of	DB ACCOUNTING INC.	
133 BRAND ROAD		
Located at	WINDHAM	
ME	ZIP + 4	04062
b 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)? If "Yes," enter the name of the foreign country:	42b	X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X



to candidates for public office? If "Yes," complete Schedule C, Part I

**Part VI**

**Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 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
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
47		X
48		X
49a		X
49b		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

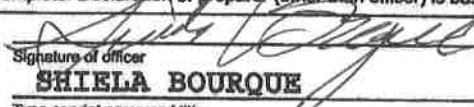
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

☒ Yes ☐ No

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  Date  
SHIELA BOURQUE PRESIDENT  
Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Date  
TABITHA C. SWANSON, CPA 11/15/17  
Firm's name THE SWANSON GROUP, LLC Check ☐ if self-employed PTIN 001436950  
Firm's address 838 MAIN STREET Firm's EIN 46-1374001  
WESTBROOK, ME 04092-2847 Phone no. 207-370-3490

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



2015

Open to Public  
Inspection

**RAYMOND VILLAGE LIBRARY**

Number one street (or P.O. box, if mail is not delivered to street address) Room/suite  
**P. O. BOX 297**

City or town, state or province, country, and ZIP or foreign postal code  
**RAYMOND ME 04071**

**D Employer identification number**  
**32-0157339**

**E Telephone number**  
**207-655-4283**

**F Group Exemption Number** ▶

**G Accounting Method:** ☒ Cash ☐ Accrual Other (specify) ▶

**I Website:** ▶ **WWW.RAYMONDVILLAGELIBRARY.ORG**

**J Tax-exempt status (check only one)** — ☒ 501(c)(3) ☐ 501(c)( ) (Insert no.) ☐ 4947(a)(1) or ☐ 527

**K Form of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ Other

**L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ **110,233**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)**Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	97,635
	2	Program service revenue including government fees and contracts	2	4,575
	3	Membership dues and assessments	3	
	4	Investment income	4	1,880
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
Expenses	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	6c	Less: direct expenses from gaming and fundraising events	6c	
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	6,143
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	110,233
	Net Assets	10	Grants and similar amounts paid (list in Schedule O)	10
11		Benefits paid to or for members	11	
12		Salaries, other compensation, and employee benefits	12	72,156
13		Professional fees and other payments to independent contractors	13	1,500
14		Occupancy, rent, utilities, and maintenance	14	9,520
15		Printing, publications, postage, and shipping	15	
16		Other expenses (describe in Schedule O)	16	40,122
17		Total expenses. Add lines 10 through 16	17	123,298
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-13,065
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	252,894
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-4,432
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	235,397

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2015)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	133,271	22	117,166
23 Land and buildings	121,635	23	118,212
24 Other assets (describe in Schedule O)	0	24	19
25 Total assets	254,906	25	235,397
26 Total liabilities (describe in Schedule O)	2,012	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	252,894	27	235,397

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose?

SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 LIBRARY SERVICES AS STATED IN MISSION.

(Grants \$ ) If this amount includes foreign grants, check here ☐ 28a 121,398

29

(Grants \$ ) If this amount includes foreign grants, check here ☐ 29a

30

(Grants \$ ) If this amount includes foreign grants, check here ☐ 30a

31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here ☐ 31a

32 Total program service expenses (add lines 28a through 31a) 32 121,398

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
EMILY ALLEN PRESIDENT	2.50	0	0	0
KIMBERLY ALLEN VICE PRESIDENT	2.50	0	0	0
SHIELA BOURQUE TREASURER	15.00	0	0	0
LEIGH WALKER SECRETARY	2.50	0	0	0
WHITNEY LUCAS TRUSTEE	1.00	0	0	0
MARGARET THORNTON TRUSTEE	1.00	0	0	0
LOUISE LESTER TRUSTEE	1.00	0	0	0
SALLY SAMBOR-HOLT LIBRARY DIRECTOR	40.00	41,690	0	0
CONSTANCE BOUCHARD LIBRARY ASSISTANT	20.00	11,812	0	0
LISA ANN DAVISON YOUTH SERVICES DIR	8.00	3,864	0	0

	Yes	No
33 Did the organization have any significant activity not previously reported to the IRS? If "Yes," provide a description of such activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents. If they reflect a change to the organization's name, otherwise, explain the change in the instructions		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
37b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
38b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed	NONE	
42a The organization's books are in care of	DB ACCOUNTING INC.	
133 BRAND ROAD		
Located at	WINDHAM	
ME	ZIP + 4	04062
42b 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)? If "Yes," enter the name of the foreign country:	42b	X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
42c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		X
----	--	---

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
-----	--	---

b If "Yes," was the related organization a section 527 organization?

49b		
-----	--	--

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

☒ Yes ☐ No

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

SHIELA BOURQUE

Date

TREASURER

Type or print name and title

Print/Type preparer's name

MICHAEL J. LANSORE, CPA

Preparer's signature

Date

11/14/16

Check ☐ if self-employed

PT00182957

Paid Preparer Use Only

Firm's name THE SWANSON GROUP, LLC

Firm's EIN 46-1374001

Firm's address 869 MAIN ST STE 1000 WESTBROOK, ME 04092-2867

Phone no. 207-370-3490

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☐ No

Form 990-EZ (2015)



Raymond Casco Historical Society

P. O. Box 1055

Raymond, Maine 04071

Raymond Town Manager

401 Webbs Mills Road

Raymond, Maine 04071

Dear Don;

The Raymond Casco Historical Society requests that the town of Raymond again budget \$1800 for the operational support of the society and museum for the year 2020.

The community can be proud of our volunteer membership effort and the preservation both of research material and physical objects of days gone by.

The Raymond Casco Historical Society is a charitable, educational and non-profit organization that devotes its resources to the collection, preservation and interpretation of materials documenting the history of the towns of Raymond and Casco.

We sincerely thank the Town of Raymond for their past and present support.

Sincerely,

Pamela W. Grant

RCHS

9/10/19

Raymond Casco Historical Society  
Financial Balances as of 1/1/2020

Checking	45,573.18
Which includes	
Reserve for Schoolhouse	42,000.00
Furnishings (insurance)	
Reserve for Schoolhouse	2,333.00
Completion (insurance)	
Operating Expenses.	1,240.18

Budget for 1/1/2020 - 12/31/2020

CMP	500.00
State Highway Signs	60.00
P.O. Box Rental	95.00
Dead River heating oil	350.00
Insurance	2300.00
Accountant	100.00
Repairs	1000.00
Archivist (new hire)	1500.00
Total.	5905.00

Income for 1/1/2020 - 12/31/2020

Dues	180.00
Requests from towns of	
Raymond/Casco.	3600.00
Donations at the door	200.00
Operating Expenses	1240.18
Total	5220.18
Needed to raise.	284.82

Jan 16, 2020

Don Willard  
Raymond Town Manager

Dear Don,

Please convey this letter to the Raymond Budget Committee for their consideration of our request for money in this years budget. I have enclosed a summary of our financials as of 01/01/2020. As you can see we have \$42,000 of insurance money set aside to replace materials within the building. As things become available we will be buying them. As you know we lost in excess of \$100,000 of artifacts. Hopefully with donations we will recover most of them. We also have a reserve of \$2,333.00 of insurance money to finish the building this summer. The museum and Schoolhouse will be opening for the season on Memorial weekend. Please invite the members of the committee to visit us this summer to see just what the money is used for.

Frank McDermott

President  
Raymond - Casco Historical Committee



December 26, 2019

To: Don Willard, Cathy Ricker, Members of the Select Board and the Budget Committee

Raymond Waterways Protective Association hereby applies to the Town of Raymond for a grant of \$16,000 for the 2020-2021 budget year.

#### Milfoil Removal Program

During the 2019 work season, RWPA's DASH crew gave initial treatment to the last two remaining dense patches of old-growth milfoil along the Raymond shoreline, thus bringing our entire work area to "maintenance" condition, with the exception of two small areas: we ran out of time to finish treating new growth in a short stretch of the Jordan River (Panther Run) above the Route 302 bridge; and found a few widely scattered plants in Dingley Brook.

It is very satisfying to have finally treated all of the infested areas where we have been working, but we know that we will have to keep returning to those spots, especially the most recently cleared patches in the river and in the Bayview canals. It is unreasonable to think that we got every bit of roots and seeds in the denser stands, so there will undoubtedly be some regrowth there, as with the sites in Port Harbor, Mason Cove, and Turtle Cove.

We don't expect to have large expenses for barrier materials this year, but we will need to train a new DASH crew, and any commercial dive operation has to meet certain minimum standards for crews and equipment, in order to be effective, maintain safety, and comply with OSHA requirements.

#### Courtesy Boat Inspection Program

We continue to cooperate with the individual lake associations to provide CBI inspectors at boat ramps, and continue to develop technological improvements to make the reporting more efficient. Our challenge in 2020, as in recent years, will be to hire enough qualified inspectors in the tight summer job market.

#### Other Programs

We continue to support the individual lake associations with water testing and equipment, and consulting with individual property owners about erosion control problems which impact water quality.

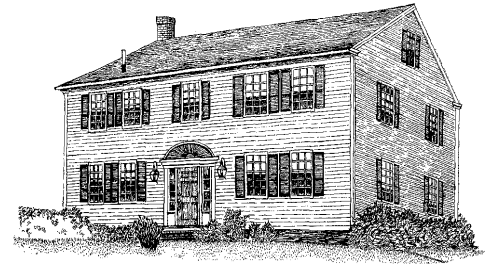
A handwritten signature in black ink, appearing to read 'Neil Jensen'.

Neil Jensen  
President, RWPA

# Hawthorne Community Association

P.O. Box 185, So. Casco, ME 04077

[www.hawthorneassoc.com](http://www.hawthorneassoc.com)



NATHANIEL HAWTHORNE'S BOYHOOD HOME

November 23, 2019

Budget / Finance Committee  
Town of Raymond  
401 Webbs Mills Rd  
Raymond, ME 04071

Dear Committee Members,

Subject: Request for town stipend for 2020. This is a follow-on request for the \$1,000 stipend that the Town of Raymond has granted to the Hawthorne Community Association beginning in 2017. We intend to make this request annually until further notice.

Current Status: I have updated charts on the next page showing our financial picture for the past 4 years. One can clearly see the important impact that the town donation has had since 2017, helping reverse earlier declines in our treasury. Although we did not have a big expense such as painting during 2017-2019, we undertook a major engineering study of the house's structural integrity. The 2019 engineering costs of nearly \$4,000 resulted in a net of minus \$888 year-to-date, compared to positive nets above \$2,000 for the previous two years.

We have begun planning for a major fundraising campaign that will be rolling out in 2020 that will include both requests for grants and community fundraising. The three major structural problems and preliminary estimated costs are:

- Foundation and floor: \$40-50,000
- Roof: \$14,000
- Siding replacement and painting: \$16,000

Our current request is that the Finance/Budget Committee again include our stipend of \$1,000 in the 2020 budget. It is likely we will be in touch with town officials for advice and support during 2020. Our fundraising and grant results will dictate which repairs are eventually accomplished.

On behalf of the Hawthorne membership, accept my sincere thanks for this much needed and appreciated support, 100% of which goes directly to operation and maintenance of the Hawthorne House.

Sincerely,

John Manoush, Secretary and Historian

207-655-7660 or [jmanoush@twc.com](mailto:jmanoush@twc.com)

## Addendum – Financial Information

Income and Expenses – 3 years plus 2019 YTD as of 11/11/19

<u>Income</u>	<u>2016</u>	<u>2017</u>	<u>2018 *</u>	<u>2019 YTD</u>
Dues	605	805	<i>825</i>	735
Donations	665	1075	<i>1485</i>	641
Strawberry Festival	67	325	310	359
Barbecue	100	145	120	175
Yard Sale Proceeds	-	-	230	120
Halloween Party	-	-	-	313
Grant: Acorn Found/BNY Mellon	-	1000	1000	1000
Town of Raymond stipend	-	1000	1000	1000
Total Income	1437	4350	<i>4970</i>	4343
<u>Expenses</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019 YTD</u>
Liability Insurance	400	400	400	400
IRS Filing (One Time Fee)	0	0	0	0
Maine Nonprofit Filing	35	35	35	35
PO Box Rental	58	58	62	64
Lawn Care	240	240	240	320
CMP	624	524	574	508
Misc. Upkeep	2209	850	196	3904
Total Expenses	3566	2107	1507	5231
Income less Expenses	<i>-2129</i>	2243	<i>3463</i>	<i>-888</i>

\* Notes: 2018 income and net shown in *blue italics* are revised (vs. last year's letter) to reflect dues and donations received after last year's request letter was prepared on 12/18/18.

Misc. upkeep expenses may include heating oil (purchased every 3-4 years), painting and septic service. 2019 included a major structural engineering study of \$3,814.

Cash on hand is \$ 2,181

cc: Don Willard, Town Manager



401 Webbs Mills Road  
Raymond, Maine 04071  
(207) 655-4742

## **FY2020/2021 Budget Development Schedule**

**\*\*All meetings are Tuesday evenings at 6:30 PM at the Broadcast Studio unless noted\*\***

**December 10, 2019** Board of Selectmen: Set budget goals and approve calendar

**January 17, 2020** Deadline for Agency Requests to be submitted to Town Manager, Don Willard or Finance Director, Cathy Ricker

**February 25, 2020** Board of Selectmen: Town Manager submits budget to Board of Selectmen and Budget-Finance Committee

**March 3, 2020** Joint Meeting: Department Head Review #1 (CIP Requests will be included in the Department Reviews to which they belong)

County Tax	Technology
Insurance	Assessing
Code Enforcement	Raymond Village Library
Revenues	Provider agencies
Animal Control	Recreation/Tassel Top
General Assistance	TIF

**March 17, 2020** Joint Meeting: Department Head Review #2

Public Works	Public Safety
Solid Waste	Cemeteries
Town Buildings	RSU Withdrawal Update
Solar Project	Administration

**March 31, 2020** Joint Meeting: Budget Workshop

**April 21, 2020** Board of Selectmen: Warrant Article review & approval

**April 28, 2020** Budget-Finance Committee: Vote on recommendations for each budget warrant article.

**June 2, 2020 Tuesday 6:00 PM, Jordan-Small Middle School Annual Town Meeting**