# Town of Raymond 2020/2021 Budget Presentation



INCORPORATED 1803

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| Agency submissions<br>Regional Transportation<br>Raymond Baseball and Softball<br>Raymond Rattlers Snowmobile Club<br>Raymond Recreation Association<br>Raymond Village Library<br>Raymond Casco Historical Society<br>Raymond Waterways Protective Association<br>Hawthorne Community Association | 37<br>45<br>47<br>48<br>51<br>95<br>98<br>99 |

# THE TOWN OF RAYMOND



Don Willard, Town Manager 401 Webbs Mills Rd Raymond, ME 04071 207-655-4742 x131 Don.Willard@RaymondMaine.org

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.

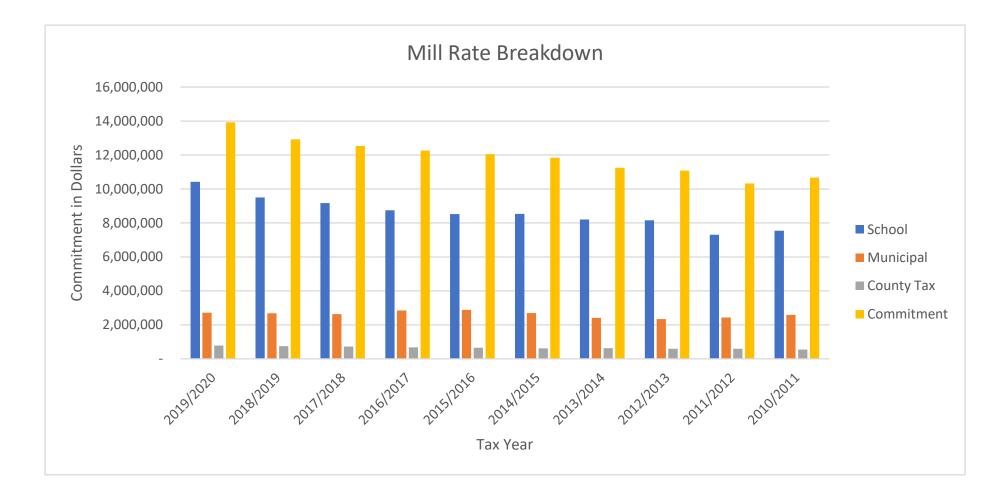
I would like to thank you all in advance for your review and consideration of this budget and to express my appreciation to our team of dedicated Department Heads and other staff members in the preparation of this document.

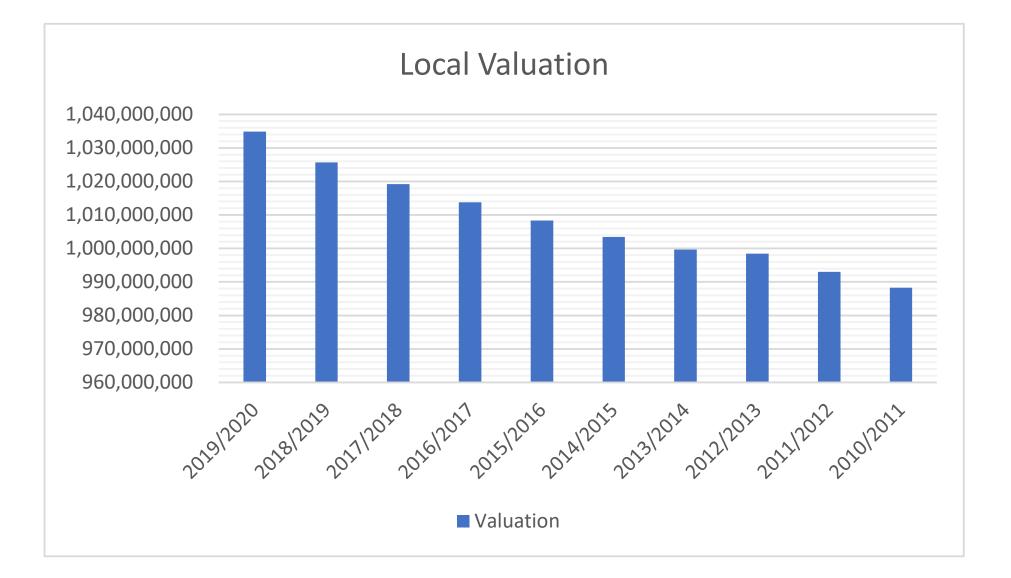
During the first budget review session, scheduled at the Broadcast Studio on Tuesday March 3, 2020 at 6:30 PM, I will discuss the elements contained within this budget in more detail.

Respectfully submitted,

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Don Willard Town Manager





#### Town of Raymond Mil Rate Estimate 2020/2021 Budget

|                                     | 2020/2021<br>estimate | _   | 2019/2020<br>actual | 2018/2019<br>actual | 2017/2018<br>actual | 2016/2017<br>actual | 2015/2016<br>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       |
| Assessments:                        |                       |     |                     |                     |                     |                     |                     |
| 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          |
|                                     |                       |     |                     |                     |                     |                     |                     |
| Deductions:                         |                       |     |                     |                     |                     |                     |                     |
| 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               |
| - / /                               |                       |     |                     |                     |                     |                     |                     |
| Est. Mill Rate:                     |                       |     |                     |                     | o <b>-</b> 4        |                     |                     |
| 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%               |

Value of one mill

1,034,856

\*\*\* 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%  |           | 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%   | - , -     | 623,437      | 506,793      | 456,866      | 404,406      |              | 373,198      |
| 4100 INSURANCE                  | 10.36%   |           | 83,500       | 75,661       | 68,191       | 76,261       | 61,977       | 64,137       |
| 1550 DEBT SERVICE               | -1.79%   | · · · · · |              | 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    |
|                                 |          |           |              |              |              |              |              |              |

| Revenue                     |              |               |              |               |              |            |              |  |  |  |  |
|-----------------------------|--------------|---------------|--------------|---------------|--------------|------------|--------------|--|--|--|--|
|                             | 2018         | 2018          | 2019         | 2019          | 2020         | 2020       | 2021         |  |  |  |  |
|                             | Budget       | Actual        | Budget       | Actual        | Budget       | YTD        | Initial      |  |  |  |  |
| Dept: 10 General Governme   | nt           |               |              |               |              |            |              |  |  |  |  |
| 3110 Property Taxes         |              | 12,651,462.18 |              | 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 ta: | 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 reimburs    | 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 Revenu    | 0.00         | 0.00          | 0.00         | 0.00          | 0.00         | 0.00       | 34,000.00    |  |  |  |  |
| 3491 Solid Waste/Bag Tag    | 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 Incon   | 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               | \$<br>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  | <br>(21,850.00)    |
| Excess                              | \$<br>256,545.45   |

Available TIF Funds.

| TIF fund balance 06/30/2019    | \$<br>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 | \$<br>283,461 |

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    |

|   | Expense                    |                   |              |         |         |         |          |         |  |  |  |  |
|---|----------------------------|-------------------|--------------|---------|---------|---------|----------|---------|--|--|--|--|
|   |                            | 2018              | 2018         | 2019    | 2019    | 2020    | 2020     | 2021    |  |  |  |  |
|   |                            | Budget            | Actual       | Budget  | Actual  | Budget  | Dec 31st | 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 Fe                                      | ees & Services             | 49,775            | 49,157       | 18,220  | 19,037  | 19,000  | 13,535   | 31,600  |  |  |  |  |
| 3120 Legal/Audit                                      | t                          | 36,200            | 43,901       | 36,200  | 35,401  | 36,200  | 9,383    | 36,200  |  |  |  |  |
| 3121 RSU Withd  | raw                        | 0                 | 0            | 50,000  | 14,816  | 0       | 3,993    | 0       |  |  |  |  |
| 3135 Rescue Bill                                      | ing                        | 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 & Tr                                      | raining                    | 11,000            | 9,502        | 11,500  | 10,760  | 11,500  | 7,942    | 11,500  |  |  |  |  |
| 3235 Dues & Pul                                       | blications                 | 1,516             | 564          | 1,500   | 1,041   | 9,200   | 4,394    | 9,600   |  |  |  |  |
| 3240 Advertising                                      | l                          | 5,000             | 3,018        | 5,000   | 5,050   | 5,000   | 1,701    | 5,100   |  |  |  |  |
| 6005 Supplies Ge                                      | eneral                     | 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 Governme         | nt / Compensatior | n & Training |         |         |         |          |         |  |  |  |  |
| 1000 Salaries   |                            | 29,081            | 0            | 33,325  | 0       | 28,883  | 7,526    | 38,000  |  |  |  |  |
| 3230 Travel & Tr                                      | raining                    | 10,000            | 7,670        | 10,000  | 266     | 10,000  | 282      | 10,000  |  |  |  |  |
| 1100 -  | Compensation &<br>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.

| Expense                             |                |        |        |        |        |          |         |  |  |  |
|-------------------------------------|----------------|--------|--------|--------|--------|----------|---------|--|--|--|
|                                     | 2018           | 2018   | 2019   | 2019   | 2020   | 2020     | 2021    |  |  |  |
|                                     | Budget         | Actual | Budget | Actual | Budget | Dec 31st | Initial |  |  |  |
| Dept/Div: 10-1250 General Governmer | nt / 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  |  |  |  |

| Expense                             |                    |        |        |        |        |          |         |  |  |
|-------------------------------------|--------------------|--------|--------|--------|--------|----------|---------|--|--|
|                                     | 2018               | 2018   | 2019   | 2019   | 2020   | 2020     | 2021    |  |  |
|                                     | Budget             | Actual | Budget | Actual | Budget | Dec 31st | Initial |  |  |
| Dept/Div: 10-1500 General Governmer | nt / Code Enforcen | nent   |        |        |        |          |         |  |  |
| 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

| Expense                              |                  |        |        |        |        |          |         |  |  |  |
|--------------------------------------|------------------|--------|--------|--------|--------|----------|---------|--|--|--|
|                                      | 2018             | 2018   | 2019   | 2019   | 2020   | 2020     | 2021    |  |  |  |
|                                      | Budaet           | Actual | Budget | Actual | Budget | Dec 31st | Initial |  |  |  |
| Dept/Div: 10-2000 General Government | / Town Buildings | S      |        |        |        |          |         |  |  |  |
| 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  |  |  |  |

| Expense                             |                |         |         |         |         |          |         |  |  |  |
|-------------------------------------|----------------|---------|---------|---------|---------|----------|---------|--|--|--|
|                                     | 2018           | 2018    | 2019    | 2019    | 2020    | 2020     | 2021    |  |  |  |
|                                     | Budaet         | Actual  | Budget  | Actual  | Budget  | Dec 31st | Initial |  |  |  |
| Dept/Div: 10-5500 General Governmen | t / 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 - Technolog<br>Development     | 184,271        | 173,668 | 189,591 | 174,465 | 174,765 | 70,036   | 172,165 |  |  |  |

|                                       |            |         | Expense |         |         |          |        |
|---------------------------------------|------------|---------|---------|---------|---------|----------|--------|
|                                       | 2018       | 2018    | 2019    | 2019    | 2020    | 2020     | 202    |
|                                       | Budaet     | Actual  | Budget  | Actual  | Budget  | Dec 31st | Initi  |
| ept/Div: 20-6000 Public Safety / Fire | Department |         |         |         |         |          |        |
| 1000 Salaries                         | 514,300    | 490,953 | 533,657 | 550,709 | 555,414 | 267,027  | 659,15 |
| 3005 Contract Fees & Services         | 6,350      | 8,176   | 9,000   | 6,752   | 9,000   | 3,259    | 11,00  |
| 3105 Dispatch Services                | 33,741     | 30,391  | 34,753  | 31,894  | 35,795  | 32,605   | 33,58  |
| 3175 Health & Safety                  | 10,000     | 5,224   | 11,500  | 9,852   | 9,000   | 1,713    | 9,00   |
| 3230 Travel & Training                | 14,000     | 7,177   | 14,000  | 14,500  | 17,500  | 5,468    | 17,50  |
| 3235 Dues & Publications              | 1,600      | 2,339   | 1,500   | 1,863   | 3,000   | 1,525    | 3,00   |
| 4005 Building Maintenance             | 21,400     | 17,039  | 21,400  | 10,507  | 18,400  | 6,999    | 15,00  |
| 4020 Vehicle Maintenance              | 36,000     | 41,608  | 37,000  | 39,303  | 37,000  | 13,076   | 37,00  |
| 4060 FF Equip R&M                     | 5,550      | 12,446  | 5,550   | 6,343   | 5,550   | 1,871    | 5,50   |
| 4065 Radio Repair & Replacement       | 10,709     | 17,359  | 10,700  | 9,829   | 11,700  | 5,256    | 11,80  |
| 6015 Uniforms/Clothing                | 5,200      | 12,776  | 5,500   | 4,764   | 5,500   | 1,268    | 6,50   |
| 6020 Gas/Diesel                       | 12,450     | 11,842  | 13,000  | 13,873  | 13,000  | 6,725    | 14,00  |
| 6061 SCBA/Air Packs                   | 4,800      | 3,391   | 4,800   | 5,959   | 5,800   | 692      | 6,00   |
| 6062 Fire Prevention                  | 1,300      | 1,514   | 1,600   | 1,623   | 1,600   | 1,735    | 1,60   |
| 6063 Supplies-Operations              | 17,000     | 11,918  | 17,000  | 10,417  | 13,000  | 2,179    | 13,00  |
| 6064 Supplies-RX                      | 15,000     | 13,715  | 15,000  | 14,647  | 15,000  | 5,827    | 16,00  |
| 6065 Turnout Gear/Equipment           | 10,200     | 9,432   | 12,000  | 14,716  | 13,500  | 7,456    | 15,52  |
| 7005 Heating                          | 9,975      | 6,940   | 10,500  | 11,327  | 9,500   | 1,897    | 12,00  |
| 7025 Utilities                        | 25,010     | 29,268  | 27,000  | 29,710  | 28,000  | 12,255   | 28,00  |
| 9005 Equipment                        | 8,000      | 6,174   | 8,000   | 3,323   | 6,800   | 615      | 6,80   |
| 6000 - Fire<br>Department             | 762,585    | 739,680 | 793,460 | 791,912 | 814,059 | 379,445  | 921,95 |

See Chief's Letter

|                                      |              |        | Expense |        |        |          |         |
|--------------------------------------|--------------|--------|---------|--------|--------|----------|---------|
|                                      | 2018         | 2018   | 2019    | 2019   | 2020   | 2020     | 2021    |
|                                      | Budget       | Actual | Budget  | Actual | Budaet | Dec 31st | Initial |
| Dept/Div: 20-6100 Public Safety / An | imal 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<br>Control             | 19,322       | 19,881 | 19,229  | 20,143 | 32,312 | 8,997    | 34,915  |

Second year of joint Casco, Raymond, Naples ACO.

| 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 Maintenand | 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 Suppies 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

|  |         |         | Expense |         |         |          |         |
|--|---------|---------|---------|---------|---------|----------|---------|
|  | 2018    | 2018    | 2019    | 2019    | 2020    | 2020     | 2021    |
|  | Budaet  | Actual  | Budget  | Actual  | Budget  | Dec 31st | Initial |
| Dept/Div: 30-8200 Public Works / Solid | d 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

| Expense  |  |   |  |   |  |  |  |  |  |
|----------|--|---|--|---|--|--|--|--|--|
| 2018     | 2018   | 2019  | 2019   | 2020  | 2020   | 2021   |  |  |  |
| Budget   | Actual   | Budget  | Actual   | Budget  | Dec 31st   | Initial  |  |  |  |
| meteries |  |   |  |   |  |  |  |  |  |
| 22,308   | 22,414   | 29,800  | 29,967   | 30,098  | 10,286   | 38,500   |  |  |  |
| 4,385    | 405  | 845   | 405  | 845   | 0  | 845  |  |  |  |
| 2,700    | 2,319  | 4,700   | 4,379  | 4,700   | 51   | 4,300  |  |  |  |
| 10,000   | 2,000  | 8,000   | 8,000  | 0   | 0  | 0  |  |  |  |
|          |  |   |  |   |  |  |  |  |  |
| 39,393   | 27,137   | 43,345  | 42,751   | 35,643  | 10,337   | 43,645   |  |  |  |
|          | Budget<br>meteries<br>22,308<br>4,385<br>2,700<br>10,000 | 2018         2018           Budget         Actual           meteries         22,308         22,414           4,385         405         2,700         2,319           10,000         2,000         2,000         2,000 | 201820182019BudgetActualBudgetmeteries22,30822,41429,8004,3854058452,7002,3194,70010,0002,0008,000 | 2018201820192019BudgetActualBudgetActualmeteries22,30822,41429,80029,9674,3854058454052,7002,3194,7004,37910,0002,0008,0008,000 | 20182018201920192020BudgetActualBudgetActualBudgetmeteries22,30822,41429,80029,96730,0984,3854058454058452,7002,3194,7004,3794,70010,0002,0008,0008,0000 | 201820182019201920202020BudgetActualBudgetActualBudgetDec 31stmeteries22,30822,41429,80029,96730,09810,2864,38540584540584502,7002,3194,7004,3794,7005110,0002,0008,0008,00000 |  |  |  |

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

|  |        |        | Expense |        |        |          |         |         |        |
|--|--------|--------|---------|--------|--------|----------|---------|---------|--------|
|  | 2018   | 2018   | 2019    | 2019   | 2020   | 2020     | 2021    | Rec     | Tassel |
|  | Budget | Actual | Budget  | Actual | Budget | Dec 31st | Initial | Depart  | Тор    |
| 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 |

| Expense        |        |                            |  |  |  |  |  |  |
|----------------|--------|----------------------------|--|--|--|--|--|--|
| 2018           | 2018   | 2019                       | 2019                                   | 2020                                     | 2020   | 2021   |  |  |
| Budget         | Actual | Budaet                     | Actual                                 | Budaet                                   | Dec 31st   | Initial  |  |  |
| vider Agencies |        |                            |  |  |  |  |  |  |
| 0              | 0      | 0                          | 0                                      | 2,000                                    | 500  | 2,000  |  |  |
| 0              | 0      | 0                          | 0                                      | 2 000                                    | 500  | 2 000  |  |  |
| 0              | 0      | 0                          | U                                      | 2,000                                    | 500  | 2,000  |  |  |
|                |        | 2018 2018<br>Budget Actual | 2018 2018 2019<br>Budget Actual Budget | 2018201820192019BudgetActualBudgetActual | 2018201820192020BudgetActualBudgetActualBudgetvider Agencies | 2018         2019         2019         2020         2020           Budget         Actual         Budget         Actual         Budget         Dec 31st           vider Agencies         0         0         0         0         2000         500 |  |  |

| Expense   |                           |                    |        |        |        |          |         |  |
|---|---------------------------|--------------------|--------|--------|--------|----------|---------|--|
|   | 2018                      | 2018               | 2019   | 2019   | 2020   | 2020     | 2021    |  |
|   | Budget                    | Actual             | Budget | Actual | Budaet | Dec 31st | Initial |  |
| Dept/Div: 40-1220 Public Services / Reg<br>3325 Lake Region Bus | ional Transporta<br>7,000 | tion Prog<br>7,000 | 1,000  | 1,000  | 1,000  | 1,000    | 8,500   |  |
| 1220 - Regional<br>Transportation Prog                          | 7,000                     | 7,000              | 1,000  | 1,000  | 1,000  | 1,000    | 8,500   |  |

|  |                    |        | Expense |        |        |          |         |
|--|--------------------|--------|---------|--------|--------|----------|---------|
|  | 2018               | 2018   | 2019    | 2019   | 2020   | 2020     | 2021    |
|  | Budget             | Actual | Budget  | Actual | Budget | Dec 31st | Initial |
| Dept/Div: 40-1275 Public Services / Ra | aymond Village Lit | orary  |         |        |        |          |         |
| 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<br>Village Library      | 60,500             | 60,000 | 60,500  | 60,480 | 60,000 | 30,000   | 66,000  |

| Expense  |            |        |        |        |        |          |         |  |
|--|------------|--------|--------|--------|--------|----------|---------|--|
|  | 2018       | 2018   | 2019   | 2019   | 2020   | 2020     | 2021    |  |
|  | Budget     | Actual | Budget | Actual | Budaet | Dec 31st | Initial |  |
| Dept/Div: 50-5500 General Assistance / GA<br>3500 Client Benefits/Services | 4<br>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   |  |

|                                     |                 |         | Expense |         |         |          |         |
|-------------------------------------|-----------------|---------|---------|---------|---------|----------|---------|
|                                     | 2018            | 2018    | 2019    | 2019    | 2020    | 2020     | 2021    |
|                                     | Budaet          | Actual  | Budget  | Actual  | Budaet  | Dec 31st | Initial |
| Dept/Div: 70-4000 Employee Benefits | / Employee Bene | efits   |         |         |         |          |         |
| 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                     | 421,180         | 373,198 | 456,866 | 404,406 | 506,793 | 269,059  | 623,437 |
| Benefits                            |                 |         |         | ,       |         |          |         |

Health insurance 19 participants in 2019/2020. 25 participants in 2020/2021. Increasing the town retirement contribution schedule from 1%-5% to 2%-6%

|   |        |        | Expense |        |        |          |         |
|---|--------|--------|---------|--------|--------|----------|---------|
|   | 2018   | 2018   | 2019    | 2019   | 2020   | 2020     | 2021    |
|   | Budget | Actual | Budget  | Actual | Budget | Dec 31st | Initial |
| Dept/Div: 71-4100 Insurance / Insurance | e      |        |         |        |        |          |         |
| 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.

|                                      |            |         | Expense |         |         |          |         |
|--------------------------------------|------------|---------|---------|---------|---------|----------|---------|
|                                      | 2018       | 2018    | 2019    | 2019    | 2020    | 2020     | 2021    |
|                                      | Budget     | Actual  | Budget  | Actual  | Budget  | Dec 31st | Initial |
| Dept/Div: 80-1300 Debt Service / Deb | ot 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 |

|                                    |                     |           | Expense   |           |         |          |         |
|------------------------------------|---------------------|-----------|-----------|-----------|---------|----------|---------|
|                                    | 2018                | 2018      | 2019      | 2019      | 2020    | 2020     | 2021    |
|                                    | Budget              | Actual    | Budget    | Actual    | Budget  | Dec 31st | Initial |
| Dept/Div: 91-1501 Capital Improvem | nents / Capital Imp | rovements |           |           |         |          |         |
| 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<br>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

|                                      |                   |                | Expense |         |         | _        |         |
|--------------------------------------|-------------------|----------------|---------|---------|---------|----------|---------|
|                                      | 2018              | 2018           | 2019    | 2019    | 2020    | 2020     | 2021    |
|                                      | Budaet            | Actual         | Budget  | Actual  | Budaet  | Dec 31st | Initial |
| Dept/Div: 43-1320 Special Revenue Fu | Inds / Tax Incren | nent 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<br>Increment<br>Financing | 258,774           | 243,910        | 251,521 | 231,885 | 249,497 | 52,209   | 283,164 |

|                                       |           |              | Expense         |             |            |           |            |
|---------------------------------------|-----------|--------------|-----------------|-------------|------------|-----------|------------|
|                                       | 2018      | 2018         | 2019            | 2019        | 2020       | 2020      | 2021       |
|                                       | Budget    | Actual       | Budget          | Actual      | Budget     | Dec 31st  | Initial    |
| Dept/Div: 72-9100 County Tax / County | ty Tax    |              |                 |             |            |           |            |
| 3200 Assessment                       | 727,076   | 727,076      | 741,881         | 741,881     | 788,378    | 788,378   | 788,378    |
| 9100 - County Ta                      | 727,076   | 727,076      | 741,881         | 741,881     | 788,378    | 788,378   | 788,378    |
|                                       | Т         | own of Raymo | nd Initial Budg | et Requests |            |           |            |
|                                       |           |              | Expense         |             |            | _         |            |
|                                       | 2018      | 2018         | 2019            | 2019        | 2020       | 2020      | 2021       |
|                                       | Budget    | Actual       | Budget          | Actual      | Budget     | Dec 31st  | Initial    |
| 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 | 10,418,235 |
| 6000 - RSU                            | 9,172,708 | 9,159,915    | 9,495,469       | 9,479,579   | 10,418,235 | 5,209,118 | 10,418,235 |



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!).

|                                      |  | -                    | 16-17<br>Iential     | -                    | 17-18<br>endum      | FY201<br>Gubern                |                      | FY201<br>Refere      |            | FY202<br>Preside     |        |  |
|--------------------------------------|--|----------------------|----------------------|----------------------|---------------------|--------------------------------|----------------------|----------------------|------------|----------------------|--------|--|
|                                      | <u>Elections</u>   | Budget               | Actual               | Budget               | Actual              | Budget                         | Actual               | Budget               | As of      | Budget               | Actual | Comments   |
| Conferences/Training                 |  | \$400.00             | \$206.70             | \$400.00             | \$425.52            | \$300.00                       | \$133.88             | \$450.00             | 1/7/2020   | \$450.00             |        |  |
|                                      |  |                      |                      |                      |                     |                                |                      |                      |            |                      |        |  |
| Lease 2 <sup>nd</sup> Voting Machine |  | \$745.00             | \$745.00             | \$745.00             | \$745.00            | \$745.00                       | \$745.00             | \$745.00             |            | \$745.00             |        |  |
| Election Supplies                    | 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<br>attempt to clean up the voter<br>list |
| November Election                    |  |                      |                      |                      |                     |                                |                      |                      |            |                      |        |  |
|                                      | Training, Election Workers, Ballot Counters<br>Voting Machine Programming (municipal only<br>if needed)  | <u>\$1,338.75</u>    | \$633.78             | \$697.50             | \$544.50            | \$1,060.00                     | \$1,017.50           | \$1,023.00           | \$398.75   | \$1,458.00           |        |  |
|                                      | Print color ballots (municipal only if needed)   | <b>*</b> ~~ ( ~~     | <u></u>              | <b></b>              | \$6.72              | <b></b>                        | <u></u>              | <b>A7</b> 4 00       | <b>.</b>   | <b>*</b> 005.00      |        |  |
|                                      | Absentee Ballot Postage<br>Advertising   | \$284.00<br>\$320.00 | \$198.31<br>\$721.00 | \$142.00<br>\$320.00 | \$69.09<br>\$589.00 | \$142.00<br>\$600.00           | \$187.31<br>\$445.00 | \$71.00<br>\$600.00  | \$42.90    | \$225.00<br>\$600.00 |        |  |
|                                      | Election Worker Meals  | \$120.00             | \$114.15             | \$120.00             | \$95.60             | \$120.00                       | \$199.50             | \$120.00             | \$144.83   | \$175.00             |        |  |
| June Town Meeting & Election         |  |                      |                      |                      |                     |                                |                      |                      |            |                      |        |  |
|                                      | 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              |
|                                      | Voting Machine Programming (half reimbursed<br>by RSU #14)   | \$800.00             | \$400.12             | \$800.00             | \$418.33            | \$400.00                       |                      | \$800.00             |            | \$400.00             |        | Presidential   |
|                                      | 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<br>Election Worker Meals   | \$320.00<br>\$120.00 | \$865.00<br>\$103.65 | \$320.00<br>\$120.00 | \$908.00<br>\$99.75 | \$450.00<br>\$120.00           | \$661.00<br>\$108.00 | \$320.00<br>\$120.00 |            | \$600.00<br>\$120.00 |        |  |
|                                      |  | ψ120.00              | ψ100.00              | ψ120.00              | φ00.70              | φ120.00                        | φ100.00              | φ120.00              |            | φ120.00              |        |  |
| <u>RSU 14 Budget</u>                 | Reimbursement by RSU 14 for Budget Ballot<br>Question  | -\$695.00            | -\$1,034.10          | -\$695.00            | -\$1,158.08         | -\$1,276.00                    |                      | -\$1,626.00          |            | -\$1,314.00          |        |  |
| Unanticipated Election               |  |                      |                      |                      |                     | Special<br>Meetings<br>Aug 14, | - Jul 31,            | Special<br>Meeting   |            |                      |        |  |
|                                      | Training, Election Workers, Ballot Counters  |                      |                      |                      |                     | \$0.00                         | \$580.00             | \$0.00               | \$0.00     |                      |        | FY2019-20 - 1 worker who<br>did not want pay                           |
|                                      | Voting Machine Programming (only if needed,<br>possibly hand count ballots)<br>Print color ballots (only if needed)<br>Absentee Ballot Postage |                      |                      |                      |                     |                                |                      |                      |            |                      |        | did hot want pay   |
|                                      | Advertising<br>Election Worker Meals   |                      |                      |                      |                     | \$0.00<br>\$0.00               | \$252.00<br>\$137.05 | \$0.00               | \$253.00   |                      |        |  |
| Total                                |  | \$5,522.25           | \$4,441.88           | \$4,839.00           | \$4,282.67          | \$4,698.00                     |                      | \$5,477.00           | \$1,240.88 | \$5,774.00           | \$0.00 |  |

# **Cemetery Budget**

|   | FY 2015-16  |             |             |   |  |             | F۱          | 2016-17    |   | FY 2017-18  |             |             |  |
|---|-------------|-------------|-------------|---|--|-------------|-------------|------------|---|-------------|-------------|-------------|--|
|   | Budget      | Actual      | Difference  | Notes   |  | Budget      | Actual      | Difference | Notes                                       | Budget      | Actual      | Difference  | Notes  |
| Maintenance                               | \$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 &<br>Cleaning for<br>Riverside | \$2,000.00  | \$1,800.00  | \$200.00    | Stone Repair for<br>Raymond Hill                       |
| - American Legion<br>for Veteran's Flags  |             |             |             |   |  | \$400.00    | \$400.00    | \$0.00     |   | \$400.00    |             | \$400.00    | Paid from<br>Community<br>Development                  |
| - Supplies                                |             | \$24.42     |             | Measuring Tape                                      |  | \$100.00    |             | \$100.00   |   | \$100.00    |             | \$100.00    |  |
| Mowing (Contract<br>Services – IDS)       | \$16,048.00 | \$16,048.00 | \$0.00      | \$1,804.50 per<br>month<br>(new 3 year<br>contract) |  | \$21,978.84 | \$21,978.96 | -\$0.12    | \$1,831.58 per<br>month                     | \$22,308.48 | \$22,308.96 | -\$0.48     | \$1,859.04 per<br>month                                |
| Pontem Software                           |             | \$405.00    | -\$405.00   |   |  | \$585.00    | \$405.00    | \$180.00   | Annual<br>Maintenance                       | \$4,385.00  | \$405.00    | \$3,980.00  | Annual<br>Maintenance<br>(did not buy GIS<br>software) |
| Raymond Hill<br>Cemetery – New<br>Section |             | \$2,980.00  | -\$2,980.00 |   |  | \$1,400.00  |             | \$1,400.00 | Excavating,<br>Stumping &<br>Cleanup        | \$10,000.00 | \$2,000.00  | \$8,000.00  | Grading, loam, seed, etc                               |
| Total                                     | \$20,048.00 | \$20,014.35 | \$33.65     |   |  | \$27,163.84 | \$24,549.96 | \$2,613.88 |   | \$39,893.48 | \$27,219.97 | \$12,673.51 |  |

|   | FY 2018-19  |             |            |   |  |             | FY 2019-20  | ) - As of 1/7/2 | 2020  | FY 2020-21 |        |            |                                 |
|---|-------------|-------------|------------|---|--|-------------|-------------|-----------------|---|------------|--------|------------|---------------------------------|
|   | Budget      | Actual      | Difference | Notes   |  | Budget      | Actual      | Difference      | Notes   | Budget     | Actual | Difference | Notes                           |
| Maintenance                               |             |             |            |   |  |             |             |                 |   |            |        |            |                                 |
| - 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<br>Raymond Hill old<br>section   |  | \$3,500.00  |             | \$3,500.00      | Mountain Road &<br>Begin Stone<br>Repair in Raymond<br>Village (Spring<br>2020) | \$3,500.00 |        | \$3,500.00 | Raymond Village<br>Stone Repair |
| - American Legion<br>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<br>Services – IDS)       | \$29,800.00 | \$29,716.54 | \$83.46    | \$2,437.06 per<br>month<br>(new 3 year<br>contract) |  | \$30,098.00 | \$10,085.72 | \$20,012.28     | \$2,461.43 per<br>month<br>(1% increase per<br>contract)                        |            |        | \$0.00     | New Contract                    |
| Pontem Software                           | \$845.00    | \$405.00    | \$440.00   | Annual<br>Maintenance                               |  | \$845.00    |             | \$845.00        | Annual<br>Maintenance   | \$845.00   |        | \$845.00   | Annual<br>Maintenance           |
| Raymond Hill<br>Cemetery – New<br>Section | \$8,000.00  | \$8,000.00  | \$0.00     | Carried forward from previous year                  |  |             |             |                 |   |            |        |            |                                 |
| Total                                     | \$43,345.00 | \$42,750.72 | \$594.28   |   |  | \$35,643.00 | \$10,336.65 | \$25,306.35     |   | \$5,145.00 | \$0.00 | \$5,145.00 |                                 |

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 | 2020-2 | 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  |        | Х       |         |         |         |
| 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  |        |         | Х       |         |         |
| Squad 8          | 1999 Freightliner  | 22-23 Combine with U-7 into 1 unit | EVI Rescue Used     | 46,000.00  | 225,000.00  |        |         | Х       |         |         |
| 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 to  | 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

|                        |                        |           | Casco's          |           |            |           |           |
|------------------------|------------------------|-----------|------------------|-----------|------------|-----------|-----------|
|                        |                        | 2019-2020 | Actual           | Proposed  |            |           |           |
|                        |                        | Budget    | Expend. a/f 1.20 | Amounts   | Difference | One third |           |
| Wages                  |                        |           |                  |           |            |           |           |
| FT                     |                        | 29,432.00 | 16,074.41        | 35,360.00 | 5,928.00   | 11,786.67 |           |
| OT hours 30 hours/yr   | r                      | 636.60    |                  | 765.00    | 128.40     | 255.00    |           |
|                        |                        | 30,068.60 | 16,074.41        | 36,125.00 | 6,056.40   |           |           |
|                        |                        |           |                  |           |            | -         |           |
| 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    |           |
|                        |                        | 28,874.71 | 15,657.39        | 31,611.70 | 1,676.19   |           |           |
| 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    |           |
|                        |                        | 9,236.37  | 4,561.40         | 9,796.15  | 559.78     |           |           |
|                        |                        |           |                  |           |            | -         |           |
| Est. Workers Comp @    | D 1%                   | 386.49    |                  | 452.25    | 65.76      | 150.75    | 25,995.03 |
|                        |                        |           |                  |           |            | -         |           |
| Equipment/conting.     | /uniforms/consumables  | 2,000.00  | 324.96           | 2,000.00  | -          | 666.67    | 666.67    |
|                        |                        |           |                  |           |            | -         |           |
| Vehicle Costs est. \$5 | 00 month               | 4,000.00  | 328.96           | 3,000.00  | (1,000.00) | 1,000.00  | 1,000.00  |
|                        |                        |           |                  |           |            | -         |           |
| Phone allowance @6     | 59/mo                  | 828.00    |                  | 828.00    | -          | 276.00    | 276.00    |
|                        |                        |           |                  |           |            | -         |           |
| Training               |                        | 750.00    | -                | 500.00    | (250.00)   | 166.67    | 166.67    |
|                        |                        |           |                  |           | . ,        | -         |           |
| Mileage                |                        | 1,160.00  | 274.74           | 800.00    | (360.00)   | 266.67    | 266.67    |
| 5                      |                        |           |                  |           | . ,        |           |           |
|                        | TOTAL                  | 77,304.17 | 37,221.86        | 85,113.10 | 6,748.13   |           |           |
|                        | Total per Town         | 25,768.06 | 12,407.29        | 28,371.03 | 2,602.98   | 28,371.03 | 28,371.03 |





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,

while all

Jack De Beradinis Executive Director

# rtprides.org



To:Town Managers: Robert Peabody, Bridgton; John Hawley, Naples;<br/>Courtney O'Donnnell, Casco; Don Willard, Raymond; Don Gerrish, Windham<br/>Jack De Beradinis, Executive Director, Regional Transportation Program (RTP)<br/>Date: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 <u>www.lakesregionexplorer.org</u>) 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.

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



#### 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,

ful Auchini

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





#### **Real-Time Tracking**

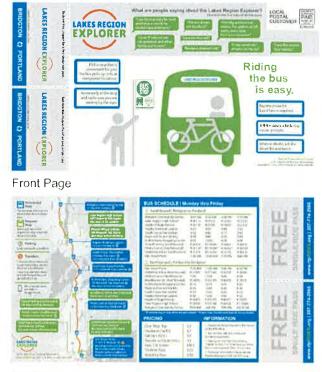
Recently, RTP began working with GPCOG and the software company RideSystems to add real-time GPS tracking technology to the bus. The system is now up and running, and for the first time ever riders can open an app on their smart phone to locate exactly where the bus is on the route and receive an accurate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



Back Page



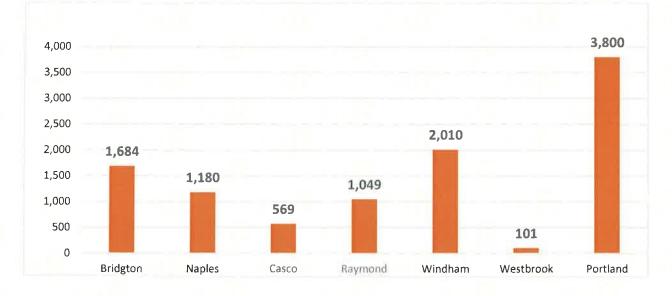
#### Maine Blues Festival

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.

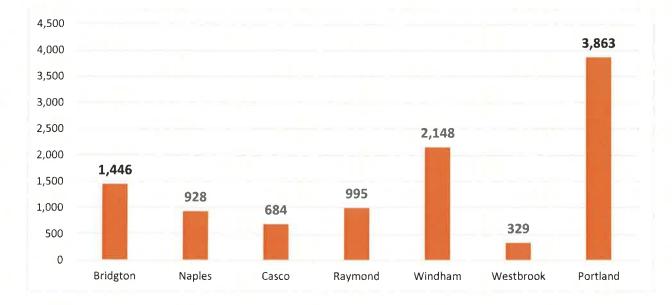






Boardings by Town (October – 2018 to September - 2019)

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  |
| Total     | 980 | 655 | 713 | 662 | 640 | 761 | 817 | 795 | 801 | 1382 | 1184 | 1003 | 10,393 |

### 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  |
| Total     | 980 | 655 | 713 | 662 | 640 | 761 | 817 | 795 | 801 | 138 <b>2</b> | <b>118</b> 4 | 1003 | 10,393 |



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

## **Operational Support and Revenue**

| Farebox revenues                             | 25,000 |
|--|--------|
| Contribution from 5 towns (\$8,500 per town) | 42,500 |
| RTP applies FTA 5311 rural funds             | 91,37  |

#### **Operational Expense**

| 78     |
|--------|
| 52     |
| 4,056  |
| 17.77  |
| 72,070 |
|        |

| 6.677                                 |
|---------------------------------------|
| · · · · · · · · · · · · · · · · · · · |
| 8,163                                 |
| 2,901                                 |
| 6,870                                 |
| 750                                   |
| 3,719                                 |
| 810                                   |
| 480                                   |
| 3,200                                 |
| 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<br>(on site support for program development, presentations, etc.) | 18,000  |
| Total Operational Expense   | 158,875 |





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

Joe Troiano President of Raymond Baseball/Softball

|         |                                  | Proposed 2019 | Actual 2019            |
|---------|----------------------------------|---------------|------------------------|
|         | -                                | Budget        | Expenditure            |
| Income  |                                  |               | <b>*</b> = <b>7</b> 00 |
|         | 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 I | ncome                            | \$18,100      | \$20,823               |
| Expen   | Ses                              |               |                        |
|         | 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 E | Expenses                         | \$18,100      | \$18,655               |
| Net Inc | nome                             | 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: \$5,10 |
|--------------------------------|------------|--------------------------|
| 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 <i>,</i> 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

L03

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,

Imandar Binton

Amanda M. Buxton Treasurer, Raymond Recreational Association

# Raymond Recreation Balance Sheet As of January 11, 2020

|                                 | Jan 11, 20 |
|---------------------------------|------------|
| ASSETS                          |            |
| 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  |
| TOTAL ASSETS                    | 16,934.75  |
| LIABILITIES & EQUITY            |            |
| Equity                          | 16,934.75  |
| TOTAL LIABILITIES & EQUITY      | 16,934.75  |
|                                 |            |

9:42 AM 01/13/20

Cash Basis

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

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



#### January 17, 2020

Library Director Allison Griffin

**Board of Trustees** 

Sheila Bourque President

Deborah Hutchinson Vice-President

Paul Cullinan Treasurer

Janet Walker Secretary

Leigh Walker

Nick Hardy

Mark Jordan

Briana Bizier

Mary-Therese Duffy

Teresa Sadak, ex-officio

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

Dear Don,

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

2019 continued to bring positive change to the library:

• 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.

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

• 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.

•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        |    |                |         |                | De | ec 31,2019             |          |               |     |              |
|--------------------------------|----|----------------|---------|----------------|----|------------------------|----------|---------------|-----|--------------|
|                                |    | 2017-18 Actual | 2       | 2018-19 Actual |    | 19-20 Actual           | B        | udget 2019-20 | Bu  | daet 2020-21 |
| me                             |    |                |         |                |    |                        | _        |               | 24  |              |
| 4100 Annual Appeal             | \$ | 26,373.00      | \$      | 35,095.50      | \$ | 31,860.00              | \$       | 30,000.00     | \$  | 35,000.00    |
| 4200 Events - Fundraising      |    |                |         |                |    | - ,                    | •        | ,             | *   | 00,000.00    |
| 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       |
| 4205 Book Sale                 | \$ | 3,699.23       | \$      | 1,960.05       | \$ | 2,485.93               | \$       |               | \$  | 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                 |          | ,             | Ţ   | -,           |
| 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              | <u> </u> | 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               |          |               | Ŧ   | 1,000.00     |
| 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         | Ψ       | 100.00         | Ψ  | 40.00                  |          |               |     |              |
| 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                   |    |                |         |                | Ŧ  |                        | •        | ,             | Ψ   | 112,000.00   |
| 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               | Ψ        | 1,000.00      | Ψ   | 2,350.00     |
| 6400 Books/Media/Magazines     | \$ | 13,191.53      |         | 13,260.27      |    | 6,036.12               | \$       | 11,000.00     | \$  | 11,000.00    |
| 6401 Programs & Supplies       | \$ |                | \$      | 4,957.51       |    |                        | \$       | 3,000.00      |     | 3,000.00     |
| 6500 Payroll & Expenses        | \$ | 67,399.53      | \$      | 75,402.54      |    |                        | \$       | 85,616.00     |     | 84,816.54    |
| 6600 Professional Exp          | \$ | 650.00         | \$      | 525.00         |    |                        | \$       | 550.00        |     | 550.00       |
| 6700 Building & Maintenance    | \$ | 5,328.68       | \$      | 5,870.30       |    |                        | \$       | 7,636.00      |     | 7,836.00     |
| 6800 General Expenses          | \$ |                | \$      | 7,187.82       |    |                        | \$       | 8,400.00      |     | 8,050.00     |
| ✓ I Expenditures               | \$ | 103,621.36     | 6       | 114,170.79     | \$ | 64,009.26              | \$       | 117,502.00    | ¢   | 117 600 54   |
| er Expenditures-Depreciation   | \$ | (4,762.00)     |         | (5,669.00)     | ¥  | v <del>1</del> ,003.20 | Ψ        | 117,002.00    | φ   | 117,602.54   |
| Net Revenue                    | \$ | 62,178.92      | ÷<br>\$ | 5,974.17       | \$ | 15,931.65              | \$       | (18,602.00)   | \$  | (5,002.54)   |
|                                | ·  | , <b>.</b>     | Ŧ       |                | *  | 10,001100              | Ψ        | (10,002.00)   | Ψ   | (0,002.94)   |

# Raymond Village Library

## STATEMENT OF FINANCIAL POSITION

As of January 12, 2020

| 100570   | ΤΟΤΑ               |
|--|--------------------|
| ASSETS   |                    |
| Current Assets   |                    |
| Bank Accounts<br>1000 Capital Fund (Key)                       |                    |
| 1501 Capital Fund  | 0.0                |
| Total 1000 Capital Fund (Key)                                  | 132,707.1          |
|  | 132,707.1          |
| 1010 CU Checking   | 46,528.7           |
| 1020 CU Money Market<br>1021 Designated Reconciliation Account | 0.0                |
| 1510 Automation Fund   | 11,514.9           |
| 1520 Book, Audio & Video Fund                                  | 5,000.0<br>8,319.0 |
| 1533 Operational Reserve account                               | 25,000.0           |
| 1560 Raymond Community Garden                                  | 1,067.0            |
| 1565 Raymond Arts Alliance                                     | 2,858.8            |
| Total 1020 CU Money Market                                     | 53,759.9           |
| 1030 CU Savings  | 26.7               |
| Total Bank Accounts  | \$233,022.5        |
| Other Current Assets   |                    |
| 12000 Undeposited Funds  | 30.00              |
| Total Other Current Assets                                     | \$30.0             |
| Total Current Assets   | \$233,052.5        |
| Fixed Assets   |                    |
| 1220 Building  | 133,500.00         |
| 1221 Depreciation - Building                                   | -53,057.08         |
| Total 1220 Building  | 80,442.92          |
| 1230 Furniture & Fixtures                                      | 38,205.24          |
| 1231 Depreciation - Furniture & Fixtures                       | -33,094.00         |
| Total 1230 Furniture & Fixtures                                | 5,111.24           |
| 1240 Land  | 27,500.00          |
| 1250 Capital Improvements                                      | 22,690.38          |
| 1251 Depreciation - Capital Improvements                       | -1,091.00          |
| Total 1250 Capital Improvements                                | 21,599.38          |
| Total Fixed Assets   | \$134,653.54       |
| TOTAL ASSETS   | \$367,706.05       |

| Liabilities       |              |
|-------------------|--------------|
| Lidointoo         |              |
| Total Liabilities |              |
| Equity            |              |
| 3900 Net Assets   | 350,128.83   |
| Net Revenue       | 17,577.22    |
| Total Equity      | \$367,706.05 |

# FOR TAX YEAR 2018

RAYMOND VILLAGE LIBRARY

Milliken Perkins & Brunelle 452 Roosevelt Trail Windham, ME 04062 (207)892-2234

| Form | 9 | 9 | 0 | -E | Ζ |
|------|---|---|---|----|---|
|      |   |   |   |    |   |

# Short Form

OMB No. 1545-1150

**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.

| Open | to  | Pu  | b | lic |
|------|-----|-----|---|-----|
| Insp | bec | tio | n |     |

| Based Reveal         Der dre 2016 exampler, part beginning         07-01         ,2016, and ending         0.65.30         ,20.19           B         Check Reveal         Der molecular varie of the service of   |      |   | f the Treasury                                   | Go to www.irs.gov/Form990EZ for instructions and the latest in                              | formation.                                      |         | Inspection                 |
|---|------|---|--|---|---|---------|----------------------------|
| B Track Applicable         D Kenne drogeneoutine         D Employee identification number<br>32 - 015 733 9           Match to strong         Matche and speed (of E.O. box, How In and delivered to stropt scotes)         D Employee identification number<br>32 - 015 733 9           Matche and speed (of E.O. box, How In and delivered to stropt scotes)         Roam during<br>Prof Kenne American<br>Application speed (of E.O. box, How In and Advanced to stropt scotes)         Roam during<br>Prof Kenne American<br>Application speed (of E.O. box, How In and ZP or foregrin scotes)         Roam during<br>Prof Kenne American<br>Application speed (of E.O. box, How In and ZP or foregrin scotes)         Roam during<br>Prof Kenne American<br>American American<br>American American<br>American American American<br>American American<br>American American<br>American American<br>American American<br>American American<br>American American<br>American American<br>American<br>American American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>American<br>Amer |      |   | Contraction of the second second                 |   |   | 5-30    | ,2019                      |
| And-test change         RAYMOND         VILLAGE         LIBRARY         32-0157339           Inter change         Humer area mean for (PLO, Dos. / mail is not delivered to situate damas)         Rownouts         E         Telephone number           Inter damage         Fort charavtermined         PO BOX 297         (207) 655-4283           Chrys beam, safe or protocols, starting, int 2P or forcing potati code         F Croup Exemption         Number >           Anoncide result         Recording Month         Account of Month         Chrys beam, safe or protocols, starting, interpretation of the starting arguest status (chock only on on-)         Number >           Addition Sch (G, and 7b to line A documal or charting, interpretation of the schedule B         Trace-compt fastus (chock only on on-)         Number >         1         Chrys beam and the schedule B           Particular Sch (G, and 7b to line B of damaring arguest schedule A to the schedule O to respond to any question in the Schedule B         F Croup Exemption         Number >         1         107, 122           Particular Schedule O to respond to any question in the Schedule Schedule O to respond to any question in the Schedule Schedule O to respond to any question in the Schedule Schedule O to respond to any question in the Schedule Schedule O to respond to any question in the Schedule Schedule O to respond to any question in the Schedule Schedul   | -    |   |  |   | D Employer                                      | identif | ication number             |
| Instruction and suggest<br>Instruction and control of the structure of the Sub-Subject Subject Sub  |      |   |  | RAYMOND VILLAGE LIBRARY   | 32-0  | 15733   | 9                          |
| IF is an introduction whether the intervence country, and 28° or breigh postel costs       (207) 655 - 4283         Prevence return       Improved return       (207) 655 - 4283         Prevence return       Prevence return       Prevence return         Approximation prevents       Cash   Accrual       Other (specify) >         Improved return       Improved return       Improved return       Prevence return         Improved return       G Accounting Method:       Improved return       Improved return       Improved return         Improved return       G Accounting Method:       Improved return       Improved return       Improved return       Improved return         Improved return       G Accounting Method:       Improved return       Improved return       Improved return       Improved return       Improved return       Improved return         Improved return       Im  |      | Name cha  | ange   | Number and street (or P.O. box, if mail is not delivered to street address) Room/suite      | E Telephone                                     | e numb  | er                         |
| Ansackd name       City protein state or members. country, int 28" or foreign postal code       F Group Extemption         Ansackd neuroding       RXMOND, ME 04071       Accounting Monthal State (check only only 14 for (specify) >  |      | Initial retur   | m  |   |   |         |                            |
| Agadadasevaluation       RATEOND, ME 04071       Number >         G Accounting Method:       Cash       Carrual       Other (specify) >       H       Check >       M (the counting Method)         J Tax-exempt status (check only one) - &       Str(x)       Str(x)       If (the organization is not required to aftach Schedule B         I counting Method:       M (the counting Method)       Str(x)  |      | Final retur   | rn/terminated                                    | PO BOX 297  | (207  | 655-    | 4283                       |
| G Accounting Method:  |      | Amended   | return   | City or town, state or province, country, and ZIP or foreign postal code                    | F Group Ex                                      | emption | 1                          |
| Website:         I WAY. RAYMONDUTLIAGELTBRARY ORG         required to attach Schedule B           J Tax-axampt status (check only one) - M critical         2016(4)         41847(0)(1) or         527         (Form 990, 990-E2, or 990-PF).           K Form of organization:         Corporation         Taxts         Association         Other           L Add Ines Sb, 6c, and 7 bo line 9 to daternine gross receipts. If gross receipts are \$200,000 or more, or if total assets         \$122,283           Part1         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 Part1         1         107,112           1         Contributions, gifts, grants, and simitar amouts received         1         107,112         1         007,122           2         Program service revenue including government fees and contracts.         2         11,873         3           3         Mornbership dues and assess services         50 <td></td> <td>Application</td> <td>n pending</td> <td>RAYMOND, ME 04071</td> <td>Number</td> <td>•</td> <td></td>  |      | Application   | n pending  | RAYMOND, ME 04071   | Number  | •       |                            |
| J Tax-exempt status (check only one) - K2 for (s)3       Sort(c) + 4 (meet nc.)       4 stright) or       C27       (Form 900, 990-EZ, or 990-PF).         K Form of organization:       Corporation       Trust       Association       Other         L Add lines 5b, c, and 7b to line 5 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets       \$122, 283         Part       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       1       0.07, 122         1       Contributions, gifs, grans, and similar amounts received       1       1.07, 122       2       Program service revenue including overmment fees and contracts.       1       1.07, 122         2       Program service revenue including overmement fees and contracts.       3       1.1, 877         3       Membership dues and assessments       4       3, 287         b Less: cost or other basis and sales expenses.       5b       5c       6         6 Gaming and fundraising events       6a       6a       6a       6a         a Gross income from gaming and fundraising events (ad lines 6a and 6b and subtract line 6c)       6d       7a       7a         a Gross sales of fiventory, less returns and allowardes.       7a       7a       7a       7a       7a  | G    | Account   | ting Method:                                     | X Cash ☐ Accrual Other (specify) ►  | H Check ► 🛛                                     | if the  | organization is <b>not</b> |
| K       Form of organization:       □ Trust       □ Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, nif Incluia assess       > \$ 122,283         PartI, I. column (B) are \$50,000 or more, file form 990-fitsed of Form 990-fits   | L    | Website   | e: 🕨 WWW.  | RAYMONDVILLAGELIBRARY.ORG   | required to att                                 | ach Sch | nedule B                   |
| L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts are \$200,000 or more, or first assists (Part II, column (8)) are \$500,000 or more, file Form 990-EZ (Part II, column (8)) are \$500,000 or more, file Form 990-EZ (Part II, column (8)) are \$500,000 or more, file Form 990-EZ (Part II) 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 (Part II), column (8)) are \$500,000 or more, file Form 990-EZ (Part II) 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 (Part II) Check if the organization used Schedule O to respond to any question in this Part I (Part II) (Part III)  | J    | Tax-exe   | empt status (                                    | check only one) - 🕱 501(c)(3) 🗌 501(c)( ) ◀ (insert no.) 🗌 4947(a)(1) or 🗌 527              | (Form 990, 99                                   | 0-EZ, 0 | r 990-PF).                 |
| (Part II, column (B)) are \$500.00 or more, file Form 990 instead of Form 990-EZ  | κ    | Form of   | forganization:                                   | Corporation Trust Association Other   |   |         |                            |
| 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 1.       Image: Colspan="2">Image: Colspan="2"         Image: Colspan="2"       Image: Colspan="2"         Image: Colspan="2"       Image: Colspan="2"         Image: Colspan="2">Image: Colspan="2"         Image: Colspan="2"       Image: Colspan="2"         Image: Col  | L    | Add line  | es 5b, 6c, and 3                                 | 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to | tal assets                                      |         |                            |
| Check if the organization used Schedule O to respond to any question in this Pan.!         1       Contributions, gifts, grants, and similar amounts received       1       107, 123         2       Program service revenue including goverment fees and contracts.       2       11, 877         3       Membership dues and assessments.       3       1         4       3, 287         5       Gross amount from sale of assets other than inventory       50       50         6       Gaming and fundraising events:       50       50         6       Gaming and fundraising events (subtract line 5b from line 5a)       5c         6       Gaming and fundraising events (not including 3       of contributions         6       Gross income from gaming (attact Schedule G if greater than \$15,000)       5c         c       Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6c         7       Gross sales of inventory, less returns and allowances.       7a         7       Gross sales of inventory, less returns and allowances.       7a         7       Gross sales of inventory, less returns and allowances.       7a         7       Gross sales of inventory, less returns and allowances.       7a         7       To       7c       8  | (Pa  | art II, col   |  |   |   |         |                            |
| 1       Contributions, gifts, grants, and similar amounts received       1       107, 121         2       Program service revenue including government fees and contracts.       3         3       Membership dues and assessments.       3         4       Investment income       3         5       Gross amount from sale of assets other than inventory       56         c       Gain or (loss) from sale of assets other than inventory (Subtractline 5b from line 5a)       5c         6       Gaining and fundraising events:       6a         5       Stopos       for on fundraising events:       5c         6       Garning and fundraising events:       6a       5c         6       Garning and fundraising events:       6d       5c         6       Garning and fundraising events:       6d       6d         7       Cross income from fundraising events (not including Schedule G if the sum of such gross income and contributions exceeds \$15,000)       6d         7       Gross scicatof goods sold.       7a       7b       7c         8       Other revenue (decribe in Schedule Q)       7a       7b       7c         9       Otal revenue. Additines 1, 4, 5G, 6d, 7c, and 8.       9       122, 283         10       Grants and similar amounts paid (list In Schedule Q). <td>Ρ</td> <td>art I</td> <td></td> <td></td> <td></td> <td></td> <td></td>  | Ρ    | art I   |  |   |   |         |                            |
| geogram       2       Program service revenue including government fees and contracts.       2       11, 873         3       4       Investment income       3       3         4       Investment income       4       3, 285         5a       Gross amount from sale of assets other than inventory (Suttractline 5b from line 5a)       5c         6       Gaming and fundraising events:       5c         a       Gross income from gaming (attach Schedule G if greater than \$15,000)       6a         b       Dross income from fundraising events:       6c         a       Gross income from gaming and fundraising events (not including \$\sciences \$15,000)       6c         c       Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6c         7a       Gross sales of inventory (Subtract line 7b from line 7a)       7c         7b       Cross sales of inventory (escretus and allowarces       7a         7b       Cross sales of inventory (Subtract line 7b from line 7a)       7c         7c       7c       7c         7c       7c       7c         7c       11       7c         7a       Gross sales of inventory, less returns and allowarces       12         7a       Gross sales of inventory, less returns and allowarce  |      |   | Check if t                                       | he organization used Schedule O to respond to any question in this Part I                   |   |         | <b>x</b>                   |
| 3       Membership dues and assessments       3         4       Investment income       3         5a       Gross amount from sale of assets other than inventory       5a         6       Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)       5c         6       Gaining and fundraising events:       a         a       Gross income from gaming (attach Schedule G if greater than \$15,000)       5c         b       Gross income from fundraising events:       a         a       Gross income from fundraising events:       a         b       Gross income from gaming and fundraising events.       6d         c       Less: direct expenses from gaming and fundraising events.       6d         c       Less: direct expenses from gaming and fundraising events.       6d         c       Ross sales of inventory, less returns and allowances.       7a         b       Less: cost of goods side.       7c         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).       8         9       Total evenue. Add lines 12, 3, 4, 5c, 6d, 7c, and 8.       9       122, 281         10       Grants and similar amounts pad (list in Schedule 0).       10       11         12       Salaries, other compensation, and employee benefits. <td></td> <td>1</td> <td></td> <td></td> <td></td> <td>1</td> <td>107,121</td>  |      | 1   |  |   |   | 1       | 107,121                    |
| 9000000000000000000000000000000000000   |      | 2   | Program ser                                      | vice revenue including government fees and contracts  |   | 2       | 11,873                     |
| Sa       5a         So Gross amount from sale of assets other than inventory       5b         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         a Gross income from gaming (attach Schedule G if greater than \$15,000)       6a         b Gross income from fundraising events:       a Gross income from fundraising events (not including \$  |      | 3   | Membership                                       | dues and assessments  | · · · · · ·                                     | 3       |                            |
| 90       b Less: cost or other basis and sales expenses       50       5c         c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)       5c         a Gross income from gaming (attach Schedule G if greater than<br>\$15,000)       6a       6a         b Gross income from fundraising events:       a Gross income from fundraising events (not including \$       of contributions         for fundraising events reported on line 1) (attach Schedule G if the<br>sum of such gross income and contributions exceeds \$15,000)       6b       6c         c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract<br>line 6c)       7a       7c         7a Gross sales of inventory, less returns and allowances       7a       7c         8 Other revenue (describe in Schedule 0)       7a       7c         9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.       10       11         11 Grants and similar amounts paid (list in Schedule 0)       10       11         12 Salaries, other compensation, and employee benefits       12       73, 554         13 Professional fees and other payments to independent contractors       13       52         14 Orther expenses (describe in Schedule 0)       16       38, 662         15 Orther expenses (describe in Schedule 0)       16       38, 662         14 Ocoupapay, rent, utilitities, and maintenance <td></td> <td>4</td> <td>Investment ir</td> <td>ncome</td> <td>L</td> <td>4</td> <td>3,287</td>   |      | 4   | Investment ir                                    | ncome   | L   | 4       | 3,287                      |
| geogram       c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)   |      | 5a  | Gross amou                                       | nt from sale of assets other than inventory   |   |         |                            |
| 9000000000000000000000000000000000000   |      | b   | Less: cost or                                    | other basis and sales expenses  |   |         |                            |
| a Gross income from gaming (attach Schedule G if greater than<br>\$15,000)       6a         b Gross income from fundraising events (not including \$  |      | c   | Gain or (loss                                    | ) from sale of assets other than inventory (Subtract line 5b from line 5a)                  | 5   | ic      |                            |
| gg       \$15,000)       6a       of contributions         b Gross income from fundraising events (not including \$       of contributions       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   |      |   | -  | D. VIIIA VIIIA  | ×   |         |                            |
| sum of such gross income and contributions exceeds \$15,000)  |      | <ul> <li>4 Investment income</li> <li>5a Gross amount from sale of assets other than inventory</li> <li>b Less: cost or other basis and sales expenses</li> <li>c Gain or (loss) from sale of assets other than inventory</li> <li>6 Gaming and fundraising events:</li> <li>a Gross income from gaming (attach Schedule G if great<br/>\$15,000)</li> <li>b Gross income from fundraising events (not including<br/>from fundraising events reported on line 1) (attach Sche<br/>sum of such gross income and contributions exceeds 5<br/>c Less: direct expenses from gaming and fundraising event</li> </ul> | e from gaming (attach Schedule G if greater than |   | 1.5   |         |                            |
| sum of such gross income and contributions exceeds \$15,000)  | 4    | \$15,000) .   |  |   |   |         |                            |
| sum of such gross income and contributions exceeds \$15,000)  | evel | b   | Gross incom                                      | e from fundraising events (not including \$ of contribut                                    | ions  |         |                            |
| set of the control o   | Ř    |   |  |   |   |         |                            |
| d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract<br>line 6c)   |      |   |  |   |   |         |                            |
| set       iine 6c)  |      |   |  |   |   |         |                            |
| 7a       Gross sales of inventory, less returns and allowances       7a       7a       7a         b       Less: cost of goods sold       7a       7b       7c         8       0       7c       8       7c         9       Total revenue. (describe in Schedule O)       8       9       122,281         10       Grants and similar amounts paid (list in Schedule O)       10       11         11       Benefits paid to or for members       11       12         12       Salaries, other compensation, and employee benefits       12       73,554         13       Professional fees and other payments to independent contractors       13       525         14       Occupancy, rent, utilities, and maintenance       16       38,682         15       16       0ther expenses (describe in Schedule O)       15         16       Other expenses, Add lines 10 through 16       17       119,840         17       Total expenses. Add lines 10 through 16       17       119,840         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       2,441         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  |      | d   |  | AND T A THE AND THE T   |   |         |                            |
| b Less: cost of goods sold  |      |   |  |   | *****   | 6d      |                            |
| c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).       7c         8       Other revenue (describe in Schedule 0)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9         10       Grants and similar amounts paid (list in Schedule 0)       10         11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12       73,554         13       Professional fees and other payments to independent contractors       13       525         14       Occupancy, rent, utilities, and maintenance       14       7,079         15       Printing, publications, postage, and shipping       15       16         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       2,441         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 retum)       19       344,154         20       Other changes in net assets or fund balances (explain in Schedule O)       20       3,533         21       Net assets or fund balances at end of year. Combine lines 18 through 20.       21       350,128   |      |   |  |   |   |         |                            |
| 8       Other revenue (describe in Schedule O)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       122,281         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       73,554         13       Professional fees and other payments to independent contractors       13       525         14       Occupancy, rent, utilities, and maintenance       14       7,079         15       Printing, publications, postage, and shipping       15         16       Other expenses (describe in Schedule O)       16       38,682         17       Total expenses. Add lines 10 through 16       17       119,840         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       2,441         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       Net assets or fund balances at end of year. Combine lines 18 through 20.       21       350,128   |      |   |  |   |   |         |                            |
| 9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.       9       122, 281         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       73, 554         13       Professional fees and other payments to independent contractors .       13       525         14       Occupancy, rent, utilities, and maintenance .       14       7, 079         15       Printing, publications, postage, and shipping .       15         16       Other expenses (describe in Schedule O).       16       38, 682         17       Total expenses. Add lines 10 through 16.       17       119, 840         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       2, 441         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 retum).       19       344, 154         20       Other changes in net assets or fund balances (explain in Schedule O).       20       3, 533         21       350, 128  |      |   |  |   | 11 10 17 18 18 18 18 18 18 18 18 18 18 18 18 18 |         |                            |
| 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       73,554         13       Professional fees and other payments to independent contractors       13       525         14       Occupancy, rent, utilities, and maintenance       14       7,079         15       16       38,682         17       Total expenses. Add lines 10 through 16       16       38,682         17       Total expenses. Add lines 10 through 16       17       119,840         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with<br>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       Other assets or fund balances at end of year. Combine lines 18 through 20.       21       350,128   |      |   |  | North Martin Martin   | 17 7 18 10 7 960                                |         |                            |
| 11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12       73,554         13       Professional fees and other payments to independent contractors       13       525         14       Occupancy, rent, utilities, and maintenance       14       7,079         15       Printing, publications, postage, and shipping       15       16         16       Other expenses (describe in Schedule O).       16       38,682         17       Total expenses. Add lines 10 through 16       17       119,840         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 retum)       19       344,154         20       Other changes in net assets or fund balances (explain in Schedule O).       20       3,533         21       Net assets or fund balances at end of year. Combine lines 18 through 20.       21       350,128  |      | -   |  |   | 10 8 31 60 5                                    |         | 122,281                    |
| 12Salaries, other compensation, and employee benefits1273,55413Professional fees and other payments to independent contractors1352514Occupancy, rent, utilities, and maintenance147,07915Printing, publications, postage, and shipping1516Other expenses (describe in Schedule O).1638,68217Total expenses. Add lines 10 through 1617119,84018Excess or (deficit) for the year (Subtract line 17 from line 9)182,44119Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with<br>end-of-year figure reported on prior year's retum)19344,15420Other changes in net assets or fund balances (explain in Schedule O).203,53321Net assets or fund balances at end of year. Combine lines 18 through 20.21350,128  |      |   |  |   |   |         |                            |
| 13       Professional fees and other payments to independent contractors       13       525         14       Occupancy, rent, utilities, and maintenance       14       7,079         15       Printing, publications, postage, and shipping       15         16       Other expenses (describe in Schedule O).       16       38,682         17       Total expenses. Add lines 10 through 16       17       119,840         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       2,441         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 retum)       19       344,154         20       Other changes in net assets or fund balances (explain in Schedule O).       20       3,533         21       Net assets or fund balances at end of year. Combine lines 18 through 20.       21       350,128  |      |   |  |   |   |         |                            |
| 16       Other expenses (describe in Schedule O).       16       38,682         17       Total expenses. Add lines 10 through 16.       17       119,840         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       2,441         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 retum)       19       344,154         20       Other changes in net assets or fund balances (explain in Schedule O)       20       3,533         21       Net assets or fund balances at end of year. Combine lines 18 through 20.       21       350,128  | ŝ    |   |  |   |   |         |                            |
| 16       Other expenses (describe in Schedule O).       16       38,682         17       Total expenses. Add lines 10 through 16.       17       119,840         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       2,441         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 retum)       19       344,154         20       Other changes in net assets or fund balances (explain in Schedule O)       20       3,533         21       Net assets or fund balances at end of year. Combine lines 18 through 20.       21       350,128  | ens  | 1   |  |   | 8 2 3 P/247                                     |         |                            |
| 16       Other expenses (describe in Schedule O).       16       38,682         17       Total expenses. Add lines 10 through 16.       17       119,840         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       2,441         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 retum)       19       344,154         20       Other changes in net assets or fund balances (explain in Schedule O)       20       3,533         21       Net assets or fund balances at end of year. Combine lines 18 through 20.       21       350,128  | ă.   | 1   |  |   |   |         | 7,079                      |
| 17       Total expenses. Add lines 10 through 16  | ш    |   |  |   |   |         | 20 000                     |
| 18Excess or (deficit) for the year (Subtract line 17 from line 9)182,44119Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with<br>end-of-year figure reported on prior year's retum)19344,15420Other changes in net assets or fund balances (explain in Schedule O)203,53321Net assets or fund balances at end of year. Combine lines 18 through 20.21350,128   |      |   |  |   | *11 Jac 101 Car = 011271                        |         |                            |
| 19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with<br>end-of-year figure reported on prior year's retum)   |      |   |  |   |   |         |                            |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20  | ts   |   |  |   | • • • •   |         | 2,441                      |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20  | sse  | 13  |  |   |   | 9       | 344-154                    |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20  | ŝťΑ  | 20  |  |   | CELE AL CALCIUM                                 |         |                            |
|   | ž    |   | _  |   |   |         |                            |
|   | For  |   |  |   | a de destestes de la la                         |         |                            |

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|---|---|---|---|---------|---|
| Part II Balance Sheets (see the instructions for Part II)               |   |   |   |         |   |
| Check if the organization used Schedule O to res                        | pond to any questio   | n in this Part II   | 1.2222.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2. |         | 🛛   |
|   |   | (A) Be  | eginning of year                        |         | (B) End of year   |
| 22 Cash, savings, and investments                                       |   |   | 205,226                                 | 22      | 214,960   |
| 23 Land and buildings   | NEWS A REPORT   |   | 136,983                                 | 23      | 134,654   |
| 24 Other assets (describe in Schedule O)                                |   | · · · · · .   | 1,945                                   | 24      | 514   |
| 25 Total assets   | *******   | ****  | 344,154                                 | 25      | 350,128   |
| 26 Total liabilities (describe in Schedule O)                           | $\cdots$  |   | 0                                       | 26      | 0   |
| 27 Net assets or fund balances (line 27 of column (B) must agree        |   |   | 344,154                                 | 27      | 350,128   |
| Part III Statement of Program Service Accomplishme                      |   |   |   |         | Expenses  |
| Check if the organization used Schedule O to re                         |   | on in this Part III .   | · · · · · . []                          | (Reau   | ired for section  |
| What is the organization's primary exempt purpose? SEE SCHEDU           | LE O  |   |   | · ·     | (3) and 501(c)(4)   |
| Describe the organization's program service accomplishments for eac     | h of its three largest pro  | ogram services,   |   |         | zations; optional for   |
| as measured by expenses. In a clear and concise manner, describe th     |   | e number of   |   | others  |   |
| persons benefited, and other relevant information for each program titl | е.  |   |   |         |   |
| 28 LIBRARY SERVICES AS STATED IN MISSION                                |   |   |   |         |   |
|   |   |   |   |         |   |
|   |   |   |   |         |   |
|   | cludes foreign grants, c  | neck nere   | •••• L                                  | 28a     | 113,646   |
| 29  |   |   |   |         |   |
|   |   |   |   |         |   |
| (Grants \$ ) If this amount in  | cludes foreign grants, c  | hank here   |   | 29a     |   |
| 30  | ciudes ioreign grants, c  | HECK HEIE   | · · · · ·                               | 250     |   |
|   | 000   | 100 100 100   |   |         |   |
|   | ATTEN IT  |   | 100                                     |         |   |
| (Grants \$ ) If this amount in  | cludes foreign grants, cl   | heck here   |   | 30a     |   |
| 31 Other program services (describe in Schedule O)                      | the second state and the second se |   |   | 504     |   |
|   | cludes foreign grants, cl   | A CONTRACT OF A CONTRACT. CONTRACT OF A CONTRACT. CONTRACT OF A CONTRACT. CONTRACT OF A CONTRACT OF |   | 31a     |   |
| 32 Total program service expenses (add lines 28a through 31a).          |   |   |   | 32      | 113,646   |
| Part IV List of Officers, Directors, Trustees, and Key Emple            |   |   |   |         |   |
| Check if the organization used Schedule O to respond t                  |   | · · · · ·   |   |         |   |
|   |   | (c) Reportable  | (d) Health benefit                      | s,      |   |
| (a) Name and tille  | (b) Average<br>hours per week   | compensation  | contributions to emp                    | loyed . | <ul> <li>e) Estimated amount of<br/>other compensation</li> </ul> |
|   | devoled to position   | (Forms W-2/1099-MISC)<br>(if not paid, enter -0-)   | benefit plans, and<br>deferred compensa |         | other compensation  |
| SHEILA BOURQUE  |   |   |   |         |   |
| PRESIDENT   | 2.50  |   | 0                                       | q       | 0   |
| PAUL CULLINAN   |   |   |   |         |   |
| VICE PRESIDENT  | 2.50  |   | b                                       | o       | 0   |
| JANET WALKER  |   |   |   |         |   |
| SECRETARY   | 2.50  |   | 2                                       | 0       | 0   |
| LEIGH WALKER  |   |   |   |         |   |
| TREASURER   | 15.00   | (   | 2                                       | 0       | 0   |
| NICK HARDY  |   |   |   |         |   |
| BOARD MEMBER  | 2.50  | (   | 2                                       | o       | 0   |
| BRIANA BIZIER   |   |   |   |         |   |
| BOARD MEMBER  | 2.50  | (   | 2                                       | 0       | 0   |
| MARK JORDAN   |   |   |   |         |   |
| BOARD MEMBER  | 2.50  |   | 2                                       | 0       | 0   |
| ALLISON GRIFFIN   |   |   |   |         |   |
| LIBRARY DIRECTOR  | 35.00   | 40,400  | )                                       | 0       | 0   |
| DEB HUTCHINSON  |   |   |   |         |   |
| BOARD MEMBER  | 2.50  |   |   | 0       | 0   |
|   |   |   |   |         |   |
|   |   |   |   |         |   |
|   |   |   |   |         |   |
|   |   |   |   |         |   |
|   |   |   |   |         |   |
|   |   |   |   |         |   |
|   | 57  |   |   |         |   |
|   |   |   |   |         |   |

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|------|--|--------|-------|------------|
| Pa   | <b>Other Information</b> (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              |        |       | <u>, U</u> |
|      |  |        | 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  | 33     |       | Х          |
| 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   | 34     |       | X          |
| 35 a | 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)?  | 35a    |       | 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 Q | 35b    |       |            |
|      | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,          |        | 1     |            |
| -    | reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.                            | 35c    |       | X          |
| 36   | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets             | 000    |       |            |
| 50   |  | 20     |       | V          |
| 27 0 | during the year? If "Yes," complete applicable parts of Schedule N.  | 36     |       | X          |
|      | Enter amount of political expenditures, direct or indirect, as described in the instructions                               | -      |       |            |
|      | Did the organization file Form 1120-POL for this year?   | 37b    | _     | X          |
| 38 a | 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 retum?                | 38a    |       | Х          |
| b    | If "Yes," complete Schedule L, Part II and enter the total amount involved   |        |       |            |
| 39   | Section 501(c)(7) organizations. Enter:  |        |       |            |
| а    | Initiation fees and capital contributions included on line 9   |        | 1     |            |
| b    | Gross receipts, included on line 9, for public use of club facilities  |        |       |            |
| 40 a | 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                                    | 400    |       |            |
| Ū    | on organization managers or disqualified persons during the year under sections 4912,                                      | 1.0    | 1.0   |            |
|      |  |        | 1     | 1.1        |
| d    | 4955, and 4958►<br>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line                 |        |       |            |
| d    |  |        |       |            |
|      | 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    | I     | X          |
| 41   | List the states with which a copy of this return is filed  |        |       |            |
| 42 a | The organization's books are in care of > LEIGH WALKER Telephone no. > 207-0   | 655-4  | 283   |            |
|      | Located at ► PO BOX 297, RAYMOND, ME ZIP + 4 ► 0407:   | L,     |       |            |
| b    | At any time during the calendar year, did the organization have an interest in or a signature or other authority over      |        | Yes   | No         |
|      | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?         | 42b    |       | Х          |
|      | 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).   |        |       |            |
| С    | At any time during the calendar year, did the organization maintain an office outside the United States?                   | 42c    |       | Х          |
|      | If "Yes," enter the name of the foreign country  |        |       |            |
| 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  | 1      | 2 2 L |            |
|      |  |        | Yes   | No         |
| 44 a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be                          |        | 105   | No         |
|      | completed instead of Form 990-EZ.  | 440    |       | V          |
| b    |  | 44a    |       | X          |
| D    | 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          |
|      | Did the organization receive any payments for indoor tanning services during the year?                                     | 44c    |       | Х          |
|      | 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    |       |            |
|      | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                    | 45a    |       | Х          |
| 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    |       | Х          |
| EEA  |  | orm 99 | 0.57  |            |

| Form 990-EZ (  | 2018) RAYMOND VILLAGE  | LIBRARY  |                                       | 32-0   | 0157339                  | F        | age 4             |
|--|--|--|---------------------------------------|--|--------------------------|----------|-------------------|
|  | ne organization engage, directly or indirectly, i  |  |                                       |  |                          | Yes      | No                |
| Part VI  | ndidates for public office? If "Yes," complete s<br>Section 501(c)(3) Organizations<br>All section 501(c)(3) organizations<br>50 and 51.   | Only<br>must answer questi   | ons 47 - 49b an <b>d</b> 52           | 2, and complete the  | tables for               |          | X                 |
|  | Check if the organization used Scl   | nedule O to respond  | to any question in f                  | this Part VI   | · · · · · · ·            |          | . 🗆               |
| year?<br>48 Is the<br>49a Did th<br>b If "Yes<br>50 Comp | e organization engage in lobbying activities of<br>If "Yes," complete Schedule C, Part II<br>organization a school as described in section<br>e organization make any transfers to an exer<br>s," was the related organization a section 527<br>lete this table for the organization's five highes | n 170(b)(1)(A)(ii)? If "Yes,'<br>npt non-charitable related<br>' organization?<br>st compensated employees | complete Schedule E.<br>organization? | ectors, trustees and key   | · · 48<br>· · 49a        | Yes      | No<br>X<br>X<br>X |
| emplo  | yees) who each received more than \$100,00<br>(a) Name and title of each employee  | (b) Average<br>hours per week  | (c) Reportable compensation           | (d) Health benefits,<br>contributions to employee<br>benefit plans, and deferred | (e) Estimate<br>other co |          |                   |
|  |  | devoted to position  | (Forms W-2/1099-MISC)                 | compensation   |                          |          | _                 |
| NONE   |  |  | - Aller                               | 100  |                          |          |                   |
|  |  |  | difference.                           |  |                          |          |                   |
|  |  |  |                                       |  |                          |          |                   |
|  |  | /#800s   | 180                                   |  |                          |          |                   |
|  |  |  | 18 M 1                                | 2  |                          |          |                   |
| 51 Compl<br>\$100,0                                      | number of other employees paid over \$100,00<br>ete this table for the organization's five highes<br>000 of compensation from the organization. If<br>a) Name and business address of each independent contra  | t compensated independent<br>there is none, enter "None  |                                       |  | c) Compensation          |          |                   |
|  |  | N. The Market  |                                       |  |                          |          |                   |
| NONE   |  |  |                                       |  |                          |          |                   |
|  | 711.000  |  |                                       |  |                          |          |                   |
|  | 11 11  |  |                                       |  |                          |          |                   |
|  |  |  |                                       |  |                          |          |                   |
| 52 Did the   | umber of other independ <b>ent contra</b> ctors each<br>e organization complete Schedule A? <b>Note:</b> /<br>ated Schedule A  | All section 501(c)(3) orgar  | nizations must attach a               |  | Yes                      | Π.       |                   |
| Under penaltie   | s of perjury, I declare that I have examined this retu   | rn, including accompanying s   | chedules and statements, a            | and to the best of my knowle   | Literation               |          | lo                |
| true, correct, ar  | LEIGH WALKER   | ficer) is based on all informati   | on of which preparer has a            | ny knowledge.  | ¢.                       |          |                   |
| Sign   | Signature of officer   | mary   |                                       | Date   | . X                      |          |                   |
| Here   | LEIGH WALKER, TREASURER<br>Type or print name and litte  |  | 1                                     |  |                          | _        |                   |
| Paid   |  | reparer's signature  | Date                                  | Check if self-employed   | PTIN                     |          |                   |
| Preparer   | Firm's name Milliken Perkins   | & Brunelle   | 11-08-20                              | Firm's EIN   | P012133                  | 54       |                   |
| Use Only   | Firm's address > 452 Roosevelt Tr  |  |                                       |  |                          |          |                   |
| lay the IRS  | Windham ME 04062<br>discuss this return with the preparer shown at   | OVO2 Coo instructions  |                                       |  | 892-2234                 | <u> </u> |                   |
| EA   | accuse the return with the preparer shown at   | over see instructions  |                                       |  | • Xes                    |          | 018               |

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¥:

Form 990-EZ (2018)

SCHEDULE A

# **Public Charity Status and Public Support**

OMB No, 1545-0047

| SC   | HE      | DULE A               | Complete if the organ  | ization is a section 5   | <b>2018</b>   |                        |  |  |                                     |
|--|---------|----------------------|--|--|---|------------------------|--|--|-------------------------------------|
| (Form 990 or 990-EZ)<br>Department of the Treasury |         |                      |  | <ul> <li>ization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.</li> <li>► Attach to Form 990 or Form 990-EZ.</li> </ul>  |   |                        |  |  | Open to Public                      |
|  |         |                      |  | Go to www.irs.g  | ov/Form990 for instruc  | tions and              | the latest   | information.   | Inspection                          |
| Nam  | e of th | e organization       |  |  |   |                        |  | Employer identific   |                                     |
|  | _       | D VILLAGE            |  | 6 - C4-4 /All  |   | o more la tra          | this may   | 32-01573   |                                     |
| -  | rt I    |                      |  |  | rganizations must c   | A.                     |  | .) See instruction   | S                                   |
| 1 ne   | orga    |                      |  |  | es 1 through 12, check on<br>urches described in <b>sec</b> t |                        |  |  |                                     |
| 2  | Н       |                      |  |  | Schedule E (Form 990  |                        |  |  |                                     |
| 3  | П       |                      |  |  | on described in section 1                                     |                        |  |  |                                     |
| 4  |         |                      |  | -  | on with a hospital descrit                                    |                        |  | )(1)(A)(iii). Enter the  |                                     |
|  |         | hospital's name      | e, city, and state:  |  |   |                        |  |  |                                     |
| 5  |         | An organization      | n operated for the ber   | nefit of a college or  | university owned or oper                                      | ated by a g            | governmer  | tal unit described in  |                                     |
|  |         |                      | (1)(A)(iv). (Complete  |  |   |                        |  |  |                                     |
| 6  |         |                      |  |  | unit described in section                                     |                        |  | and the second such the  |                                     |
| 7  | Χ       | -                    |  |  | t of its support from a go                                    | vernmenta              | i unit or tro  | m the general public   |                                     |
| 8  | П       |                      | ection 170(b)(1)(A)(v  |  | ii). (Complete Part II.)                                      |                        |  |  |                                     |
| 9  | П       | -                    |  |  | tion 170(b)(1)(A)(ix) ope                                     | erated in co           | oniunction   | with a land-grant colle  | eae                                 |
|  |         | -                    | -  |  | see instructions). Enter th                                   |                        |  | n. –   |                                     |
|  |         | university:          |  |  |   |                        | 1  |  |                                     |
| 10   |         |                      |  |  | 3 1/3% of its support from                                    | A DISCHARGE            | and the second s |  | S                                   |
|  |         |                      |  |  | subject to certain except                                     | ALC: NOT THE OWNER.    | - TODAN -  | and the second s |                                     |
|  |         |                      |  |  | isiness taxable income (l                                     | 100 march 100          | 10. Vill   | from bu <b>s</b> inesses   |                                     |
| 11   | П       |                      | -  |  | section 509(a)(2). (Com<br>test for public safety. Se         |                        | No. of Concession, Name  | 8 40   |                                     |
| 12   | П       | -                    | -  |  | the benefit of, to perform                                    | A 700                  |  | 50°  | 28                                  |
|  |         |                      |  |  | bed in section 509(a)(1)                                      | 100022                 | 10 North   |  |                                     |
|  |         |                      |  |  | ne type of supporting org                                     |                        |  |  |                                     |
|  | а       | 🗌 Type I. A s        | upporting organizatio  | on operated, superv  | vised, or controlled by its                                   | supported              | l organizat  | ion(s), typically by giv   | ring                                |
|  |         |                      |  |  | y appoint or elect a majo                                     | rity of the o          | directors or   | trustees of the  |                                     |
|  |         |                      |  | A REAL PROPERTY.   | IV, Sections A and B.   |                        |  |  |                                     |
|  | b       |                      |  |  | ontrolled in connection w                                     |                        | -  |  | -                                   |
|  |         |                      | n(s). <b>You must com</b>  |  | on vested in the same pe                                      | ISUNS LINAL            | CONTROLOGI   | nanage the supported   | 1                                   |
|  | с       |                      |  | And the second second  | anization operated in co                                      | nnection w             | ith. and fu  | nctionally integrated v  | vith.                               |
|  |         |                      | dia 7 4  | and Alleria .  | u must complete Part I  |                        |  |  | ,                                   |
|  | d       | 📋 Type III no        | n-functionally integ   | rated. A supporting  | g organization operated i                                     | in connect             | ion with its   | supported organizati   | on(s)                               |
|  |         |                      | TRADE 10 March   | All and a second s   | generally must satisfy a d                                    |                        |  | nt and an attentiveness  | 5                                   |
|  |         |                      | VIII .   | IIIIA MILLA  | e Part IV, Sections A a                                       |                        |  |  |                                     |
|  | е       |                      | The second secon | Contraction of the second seco | determination from the IF                                     |                        | s a Type I,  | Type II, Type III  |                                     |
|  | f       |                      | 9000. 000  | 1  | ntegrated supporting org                                      |                        |  |  |                                     |
|  | g       |                      | wing information abc   |  |   |                        |  |  |                                     |
|  | (i)     | Name of supported of |  | (ii) EIN   | (iii) Type of organization                                    | (iv) Is the o          | rganization  | (v) Amount of monetary   | (vi) Amount of                      |
|  |         |                      |  |  | (described on lines 1-10<br>above (see instructions))         | listed in you<br>docum |  | support (see<br>instructions)  | other support (see<br>instructions) |
|  |         |                      |  |  |   |                        |  |  | indication of                       |
|  |         |                      |  |  |   | Yes                    | No   |  |                                     |
| (A)  |         |                      |  |  |   |                        |  |  |                                     |
|  |         |                      |  |  |   |                        |  |  |                                     |
| (B)  |         |                      |  |  |   |                        |  |  |                                     |
| (C)  |         |                      |  |  |   |                        |  |  |                                     |
| ,  |         |                      |  |  |   |                        |  |  |                                     |
| (D)  |         |                      |  |  |   |                        |  |  |                                     |
|  |         |                      |  |  |   |                        |  |  |                                     |
| (E)  |         |                      |  |  |   |                        |  |  |                                     |
| Total  |         |                      |  |  |   |                        |  |  |                                     |

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

| Schee | dule A (Form 990 or 990-EZ) 2018 RAYMO   | ND VILLAGE   | LIBRARY                 |                      |                       | 32-0157339             | Page 2                |  |  |
|-------|--|--|-------------------------|----------------------|-----------------------|------------------------|-----------------------|--|--|
|       | rt II Support Schedule for Org   | anizations De  | scribed in Sec          | ctions 170(b)(       | 1)(A)(iv) and 1       | 70(b)(1)(A)(vi)        |                       |  |  |
| 1     | (Complete only if you check  | ed the box on  | line 5, 7, or 8 o       | f Part I or if the   | e organization f      | ailed to qualify       | under                 |  |  |
|       | Part III. If the organization fa   | ails to qualify u  | inder the tests I       | isted below, pl      | ease complete         | Part III.)             |                       |  |  |
| Sec   | tion A. Public Support   |  |                         |                      |                       |                        |                       |  |  |
|       | ndar year (or fiscal year beginning in) 🕨  | (a) 2014   | (b) 2015                | (c) 2016             | (d) 2017              | (e) 2018               | (f) Total             |  |  |
|       |  |  | 1.1                     |                      |                       |                        |                       |  |  |
| 1     | 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               |  |  |
|       | -  |  |                         |                      |                       |                        |                       |  |  |
| 2     | 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               |  |  |
|       |  |  |                         |                      |                       |                        |                       |  |  |
| 3     | The value of services or facilities furnished by a governmental unit to the  |  |                         |                      |                       |                        |                       |  |  |
|       | organization without charge  |  |                         |                      |                       |                        |                       |  |  |
| 4     | Total. Add lines 1 through 3   | 68,815   | 97,635                  | 118,877              | 100,542               | 115,461                | 501,330               |  |  |
| 5     | The portion of total contributions by  | -  |                         |                      |                       |                        |                       |  |  |
|       | each person (other than a  |  |                         |                      |                       | Sec. 10                |                       |  |  |
|       | governmental unit or publicly  | A  | 1                       | 32 June 1            | 1.1.1.0.2.1           | 5 8 1                  |                       |  |  |
|       | supported organization) included on  |  | 2. 71                   | Part Inc.            | A                     | 1.1                    |                       |  |  |
|       | line 1 that exceeds 2% of the amount   | and the  | 1. 1. 1. 1. 1. 1.       | 2 5                  |                       | 2. 4. 4                |                       |  |  |
|       | shown on line 11, column (f)   | in the state of  |                         |                      | 10.                   | 1.2                    |                       |  |  |
| 6     | Public support. Subtract line 5 from line 4  | 1.000  | A PERCENT AND           | 1000                 | and the second        | 12 × 1 × 10            | 501,330               |  |  |
|       | tion B. Total Support  |  |                         |                      |                       |                        |                       |  |  |
| _     | ndar year (or fiscal year beginning in)  | (a) 2014   | (b) 2015                | (c) 2016             | (d) 2017              | (e) 2018               | (f) Total             |  |  |
| 7     | Amounts from line 4  | 68,815   | 97,635                  | 118,877              | 100,542               | 115,461                | 501,330               |  |  |
| 8     | Gross income from interest, dividends,   | 00,010   | 57,055                  | 110,011              | 100,012               | 110,101                | 501,550               |  |  |
|       | payments received on securities loans,   |  |                         | 10 10                |                       | 8                      |                       |  |  |
|       | rents, royalties and income from similar sources   | 5,217  | 1,880                   | 1,561                | 2,547                 | 3,287                  | 14,492                |  |  |
|       |  | 5,217  | 1,000                   | 1,501                | 2,341                 | 3,20,                  | 11,152                |  |  |
| 9     | Net income from unrelated business   |  | 100                     | 1.1.1                |                       |                        |                       |  |  |
|       | activities, whether or not the business is regularly carried on  |  |                         |                      |                       |                        |                       |  |  |
|       |  |  |                         | do nov               |                       |                        |                       |  |  |
| 10    | Other income. Do not include gain or   | (The second seco |                         |                      |                       |                        |                       |  |  |
|       | loss from the sale of capital assets<br>(Explain in Part VI.)  | 4.5  | A COLOR                 |                      |                       |                        |                       |  |  |
| 11    | Total support. Add lines 7 through 10  | All All  | ALL ALL                 |                      |                       |                        | 515,822               |  |  |
| 12    | Gross receipts from related activities, etc. (se   | e instructions)  |                         |                      | and the second second | 12                     | 515,022               |  |  |
|       | and the second   | Territory of the second |                         |                      |                       | •)                     |                       |  |  |
| 13    | First five years. If the Form 990 is for the or<br>organization, check this box and stop here  | ganization's first,  | second, third, fourt    | n, or titth tax year | as a section 501(c    | )(3)                   | · · · · ► 🗆           |  |  |
| Sec   | tion C. Computation of Public Sur  |  |                         |                      |                       |                        | · · · · · · · ·       |  |  |
| 14    | Public support percentage for 2018 (line 6, co   |  |                         | )                    |                       | 14 9                   | 7.19 %                |  |  |
| 15    | Public support percentage from 2017 Schedu   |  |                         |                      |                       |                        | 6.10 %                |  |  |
| 16a   | 33 1/3% support test - 2018. If the organiza   |  |                         |                      |                       |                        | 0.10 //               |  |  |
| 104   | box and stop here. The organization qualifie   |  |                         |                      |                       |                        | 🕨 🛛                   |  |  |
| b     | 33 1/3% support test - 2017. If the organization   |  |                         |                      |                       |                        | ••••                  |  |  |
| b     | this box and <b>stop here.</b> The organization qu   |  |                         |                      |                       |                        | ь П                   |  |  |
| 170   | 10%-facts-and-circumstances test - 2018.   |  |                         |                      |                       |                        |                       |  |  |
| 17a   |  |  |                         |                      |                       |                        |                       |  |  |
|       | 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   |  |                         |                      |                       |                        | 360 Gel 34            |  |  |
| b     | 10%-facts-and-circumstances test - 2017.   | -  |                         |                      |                       | IIIE                   |                       |  |  |
|       | 15 is 10% or more, and if the organization m   |  |                         |                      |                       |                        |                       |  |  |
|       | Explain in Part VI how the organization meets  |  |                         | -                    |                       |                        |                       |  |  |
|       | supported organization   |  |                         |                      |                       | • (10) 2 2 4 4 5 M (1) |                       |  |  |
| 18    | Private foundation. If the organization did r  |  |                         |                      |                       |                        |                       |  |  |
|       | instructions   |  | · · · · · · · · · · · · |                      |                       |                        |                       |  |  |
| EEA   |  |  |                         |                      |                       | Schedule A (Forn       | 1 990 or 990-EZ) 2018 |  |  |

| Sche     | edule A (Form 990 or 990-EZ) 2018 RAYM  | OND VILLAGE              | LIBRARY             |                       |  | 32-0157339 | Page 3    |
|----------|---|--------------------------|---------------------|-----------------------|--|------------|-----------|
| Pa       | art III Support Schedule for Org  |                          |                     |                       |  |            |           |
|          | (Complete only if you check   |                          |                     |                       |  |            | Part II.  |
|          | If the organization fails to q  | ualify under th          | e tests listed b    | elow, please co       | omplete Part II.   | )          |           |
| -        | ction A. Public Support   | 1                        | 1                   | r                     |  |            |           |
| Cal      | endar year (or fiscal year beginning in) ►  | (a) 2014                 | (b) 2015            | (c) 2016              | (d) 2017   | (e) 2018   | (f) Total |
| 1        | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants,")  |                          |                     |                       |  |            |           |
| 2        | Gross receipts from admissions, merchandise<br>sold or services performed, or facilities<br>furnished in any activity that is related to the<br>organization's tax-exempt purpose |                          |                     |                       |  |            |           |
| 3        | Gross receipts from activities that are not an unrelated trade or business under section 513 .  |                          |                     |                       |  |            |           |
| 4        | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |                          |                     |                       |  |            |           |
| 5        | The value of services or facilities<br>furnished by a governmental unit to the<br>organization without charge   |                          |                     |                       |  |            |           |
| 6        | Total. Add lines 1 through 5  |                          |                     |                       |  |            |           |
| 7a       | Amounts included on lines 1, 2, and 3 received from disqualified persons  |                          |                     | 4                     |  |            |           |
| b        | Amounts included on lines 2 and 3<br>received from other than disqualified<br>persons that exceed the greater of \$5,000  |                          |                     | 2                     |  |            |           |
| c        | or 1% of the amount on line 13 for the year Add lines 7a and 7b   |                          |                     |                       |  |            |           |
| ,<br>,   |   | e en la 16e e            |                     |                       | and the second s |            |           |
| 8        | Public support. (Subtract line 7c from line 6.)   |                          |                     |                       |  |            |           |
| Se       | ction B. Total Support  | Ň                        |                     | 10 M                  | 1  |            |           |
| Cale     | endar year (or fiscal year beginning in) 🕨  | (a) 2014                 | (b) 2015            | (c) 2016              | (d) 2017   | (e) 2018   | (f) Total |
| 9        | Amounts from line 6   |                          |                     | Deat 1                |  |            |           |
| 10a      | Gross income from interest, dividends,<br>payments received on securities loans, rents,<br>royalties, and income from similar sources   | C                        |                     |                       |  |            |           |
|          | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   | 0                        |                     |                       |  |            |           |
| с<br>11  | Add lines 10a and 10b   | V                        |                     |                       | 18   |            |           |
| 12       | Other income. Do not include gain or<br>loss from the sale of capital assets<br>(Explain in Part VI.)   |                          |                     |                       |  |            |           |
| 13       | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)   |                          |                     |                       |  |            |           |
|          | First five years. If the Form 990 is for the or organization, check this box and stop here.   | • • • • • • • •          |                     |                       |  |            |           |
|          | ction C. Computation of Public Su   |                          |                     |                       |  |            |           |
| 15       | Public support percentage for 2018 (line 8, col   |                          |                     |                       |  | 15         | %         |
|          | Public support percentage from 2017 Schedul   |                          |                     |                       |  | 16         | %         |
|          | ction D. Computation of Investmen   |                          |                     |                       |  | 47         | ~         |
| 17<br>18 | Investment income percentage for 2018 (line<br>Investment income percentage from 2017 Sc  |                          |                     |                       |  | 17         | %         |
|          |   |                          |                     |                       |  | ( (i )     |           |
|          | <b>33 1/3% support tests - 2018.</b> If the organize 17 is not more than 33 1/3%, check this box a 22 4/2% organize to the test of 2017. If the organize                          | and <b>stop here.</b> Th | ne organization qu  | alifies as a publicly | supported organiz  | zation     | · · · ► 🔲 |
|          | <b>33 1/3% support tests - 2017.</b> If the organize<br>line 18 is not more than 33 1/3%, check this t  | box and <b>stop her</b>  | e. The organizatio  | n qualifies as a pul  | plicly supported org   | panization |           |
| 20       | Private foundation. If the organization did no  | ot check a box on        | line 14, 19a, or 19 | b, check this box     | and see instruction  | s          | · · · •   |

| <u></u> | TIV Supporting Organizations  |          |      | aye |
|---------|---|----------|------|-----|
|         | (Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete<br>and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co<br>Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P | mplete   |      |     |
| Sec     | tion A. All Supporting Organizations  | art v.j  |      |     |
| 000     | tion A. An oupporting organizations   |          | Yes  | No  |
| 1       | Are all of the organization's supported organizations listed by name in the organization's governing  |          | 100  | 110 |
| •       | 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.   | 1        |      |     |
| 2       | Did the organization have any supported organization that does not have an IRS determination of status  |          |      |     |
|         | under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported  |          |      |     |
|         | organization was described in section 509(a)(1) or (2).   | 2        |      |     |
| 3a      |   |          |      |     |
|         | (b) and (c) below.  | 3a       |      |     |
| b       | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and  |          |      |     |
|         | satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the  |          |      |     |
|         | organization made the determination.  | 3b       |      |     |
| С       | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)  | - C      |      |     |
|         | purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.  | 3c       |      |     |
| 4a      | Was any supported organization not organized in the United States ("foreign supported organization")? If  |          |      |     |
|         | "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.   | 4a       |      |     |
| b       | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign   |          |      |     |
|         | supported organization? If "Yes," describe in Part VI how the organization had such control and discretion  |          |      |     |
|         | despite being controlled or supervised by or in connection with its supported organizations.  | 4b       |      | _   |
| С       | 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  |          | - X. |     |
|         | to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)  |          |      |     |
| _       | purposes.   | 4c       |      |     |
| 5a      | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"  |          |      |     |
|         | answer (b) and (c) below (if applicable). Also, provide detail in <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;   |          | 1    |     |
|         | (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action   | 5.       |      |     |
| h       | was accomplished (such as by amendment to the organizing document).<br>Type I or Type II only. Was any added or substituted supported organization part of a class already  | 5a       |      | _   |
| D       | designated in the organization's organizing document?   | 5b       |      |     |
| c       | Substitutions only. Was the substitution the result of an event beyond the organization's control?  | 50<br>50 | -    |     |
| 6       | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to  | 50       |      |     |
| •       | 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>   | 6        |      |     |
| 7       | 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).   | 7        |      |     |
| 8       | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?   |          |      |     |
|         | If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).   | 8        |      |     |
| 9a      | Was the organization controlled directly or indirectly at any time during the tax year by one or more   |          |      |     |
|         | disqualified persons as defined in section 4946 (other than foundation managers and organizations described   | -        |      |     |
|         | in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .  | 9a       |      |     |
| b       | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which   |          |      |     |
|         | the supporting organization had an interest? If "Yes," provide detail in Part VI.   | 9b       |      | _   |
| С       | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit   |          |      |     |
|         | from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.  | 9c       |      |     |
| 0a      | 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.  | 10a      |      |     |
| 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.)   | 10b      |      |     |

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| _   | dule A (Form 990 or 990-EZ) 2018 RAYMOND VILLAGE LIBRARY 32-0157339   | )       | P      | age 5  |
|-----|---|---------|--------|--------|
| Pa  | art IV Supporting Organizations (continued)   |         | Vee    | N      |
| 4.4 | Healtha arganization accorted a gift or contribution from any of the following persons?   |         | Yes    | No     |
| 11  | Has the organization accepted a gift or contribution from any of the following persons?<br>A A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)   |         |        |        |
| ć   | below, the governing body of a supported organization?  | 11a     |        |        |
|     | <ul> <li>A family member of a person described in (a) above?</li> </ul>   | 11b     |        |        |
|     | A failing member of a person described in (a) above?<br>A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.   | 11c     |        |        |
|     | ction B. Type I Supporting Organizations  | 110     |        |        |
| 000 | enon B. Type roupperting organizations  |         | Yes    | No     |
| 1   | 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.  | 1       |        |        |
|     | organizations and what conditions of realitations, if any, applied to such powers during the tax year.  | -       |        |        |
| 2   | 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</b>  |         |        |        |
|     | VI how providing such benefit carried out the purposes of the supported organization(s) that operated,  |         |        |        |
|     | supervised, or controlled the supporting organization.  | 2       |        |        |
| Sec | ction C. Type II Supporting Organizations   |         |        |        |
|     | A started and sta |         | Yes    | No     |
| 1   | 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 Part VI how control   |         |        |        |
|     | or management of the supporting organization was vested in the same persons that controlled or managed  |         |        |        |
|     | the supported organization(s).  | 1       |        |        |
| Sec | tion D. All Type III Supporting Organizations   |         |        |        |
|     |   | 12      | Yes    | No     |
| 1   | 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?  | 1       |        |        |
| 2   | Mars any of the experimetion is officients, divertises an twistons without (i) encounted an elected by the supported  |         |        |        |
| 2   | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported  | 1-      |        |        |
|     | 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).   | 2       | -      |        |
| 3   | By reason of the relationship described in (2), did the organization's supported organizations have a   |         | 1      |        |
|     | 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 Part VI the role the organization's  |         |        |        |
|     | supported organizations played in this regard.  | 3       |        |        |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations   |         |        |        |
| 1   | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in   | struci  | tions) |        |
| а   | The organization satisfied the Activities Test. Complete line 2 below.  |         |        |        |
| b   | The organization is the parent of each of its supported organizations. Complete line 3 below.   |         |        |        |
| С   | The organization supported a governmental entity. Describe in Part VI how you supported a government entity   | (see in | struct | ions). |
| 2   | Activities Test. Answer (a) and (b) below.  | 1       | Yes    |        |

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify 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 Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more
- **D** 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 **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a 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 Part VI.*
- 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 **Part VI** the relevant polyable by the organization in this regard.

2a

2b

3a

| instructions. All other Type III non-functionally integrated supporting organiz | zation |                | (B) Current Year               |
|---|--------|----------------|--------------------------------|
| Section A - Adjusted Net Income   |        | (A) Prior Year | (optional)                     |
| 1 Net short-term capital gain   | 1      |                |                                |
| 2 Recoveries of prior-year distributions  | 2      |                |                                |
| 3 Other gross income (see instructions)   | 3      |                |                                |
| 4 Add lines 1 through 3.  | 4      |                |                                |
| 5 Depreciation and depletion  | 5      |                |                                |
| 6 Portion of operating expenses paid or incurred for production or              |        |                |                                |
| collection of gross income or for management, conservation, or                  |        |                |                                |
| maintenance of property held for production of income (see instructions)        | 6      |                |                                |
| 7 Other expenses (see instructions)   | 7      |                |                                |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                  | 8      |                |                                |
| Section B - Minimum Asset Amount  |        | (A) Prior Year | (B) Current Year<br>(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):               |        | 1.4            |                                |
| a Average monthly value of securities   | 1a     | NA.            |                                |
| b Average monthly cash balances   | 1b     |                |                                |
| c Fair market value of other non-exempt-use assets                              | 10     |                |                                |
| d Total (add lines 1a, 1b, and 1c)  | 1d     |                |                                |
| e Discount claimed for blockage or other  |        | 100 100        | N N N                          |
| factors (explain in detail in Part VI):   | 131    |                |                                |
| 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      | - W            |                                |
| 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 Minimum Asset Amount (add line 7 to line 6)                                   | 8      |                |                                |
| ection C - Distributable Amount   | 1.4    | 2              | 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 Distributable Amount. Subtract line 5 from line 4, unless subject to          | -      |                |                                |
| emergency temporary reduction (see instructions).                               | 6      |                |                                |

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EEA

Schedule A (Form 990 or 990-EZ) 2018

| Se  | ction D - Distributions  |   |                                | Current Year                     |
|-----|--|---|--------------------------------|----------------------------------|
| 1   | Amounts paid to supported organizations to accomplish exer   | npt purposes  |                                |                                  |
| 2   | Amounts paid to perform activity that directly furthers exemption  |   |                                |                                  |
|     | organizations, in excess of income from activity   |   |                                |                                  |
| 3   | Administrative expenses paid to accomplish exempt purpose  | s of supported organizat  | ions                           |                                  |
| 4   | Amounts paid to acquire exempt-use assets  |   |                                |                                  |
| 5   | Qualified set-aside amounts (prior IRS approval required)  |   |                                |                                  |
| 6   | Other distributions (describe in Part VI). See instructions.   |   |                                |                                  |
| 7   | Total annual distributions. Add lines 1 through 6.   |   |                                |                                  |
| 8   | Distributions to attentive supported organizations to which the  | e organization is respons   | ive                            |                                  |
| Ŭ   | (provide details in <b>Part VI</b> ). See instructions.  | e organization lo roopone   |                                |                                  |
| 9   | Distributable amount for 2018 from Section C, line 6   |   |                                |                                  |
| _   | Line 8 amount divided by Line 9 amount   |   |                                | 5                                |
| 10  | Line o amount divided by Line 9 amount   | 1   | (ii)                           | (iii)                            |
| ;   | Section E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions   | Underdistributions<br>Pre-2018 | Distributable<br>Amount for 2018 |
| 1   | Distributable amount for 2018 from Section C, line 6   |   |                                |                                  |
| 2   | Underdistributions, if any, for years prior to 2018  |   |                                |                                  |
|     | (reasonable cause required - explain in Part VI). See  |   |                                |                                  |
|     | instructions.  | 1 Alexandre   |                                |                                  |
| 3   | Excess distributions carryover, if any, to 2018  | AP-   |                                |                                  |
|     | From 2013  |   | ALL ALL                        |                                  |
|     | From 2014  |   | N/A                            |                                  |
|     | From 2015  |   |                                |                                  |
|     | From 2016  | A 10 10   | AV.                            |                                  |
|     | From 2017  |   |                                |                                  |
|     | Total of lines 3a through e  |   |                                |                                  |
|     | Applied to underdistributions of prior years   |   |                                |                                  |
|     | Applied to 2018 distributable amount   |   |                                |                                  |
|     | Carryover from 2013 not applied (see instructions)   | A CONTRACT OF A |                                |                                  |
| ÷   | Remainder. Subtract lines 3g, 3h, and 3i from 3f.  |   |                                |                                  |
| 4   | Distributions for 2018 from  | A.  |                                |                                  |
| -   | Section D, line 7: \$  | 0.0   | 10 State 1 State 1             |                                  |
| _   | Contraction of the Contraction o |   |                                |                                  |
|     | Applied to underdistributions of prior years   |   |                                |                                  |
|     | Applied to 2018 distributable amount   |   |                                |                                  |
|     | Remainder. Subtract lines 4a and 4b from 4.  |   |                                |                                  |
| 5   | Remaining underdistributions for years prior to 2018, if   |   |                                |                                  |
|     | any. Subtract lines 3g and 4a from line 2. For result  | u – ni suven – j  |                                |                                  |
|     | greater than zero, explain in Part VI. See instructions.   |   | the second second second       |                                  |
| 6   | Remaining underdistributions for 2018. Subtract lines 3h   |   |                                |                                  |
|     | and 4b from line 1. For result greater than zero, explain in   |   |                                |                                  |
|     | Part VI. See instructions.   |   |                                |                                  |
| 7   | Excess distributions carryover to 2019. Add lines 3j   |   |                                |                                  |
|     | and 4c.  |   | And the second second          |                                  |
| 8   | Breakdown of line 7:   |   |                                |                                  |
|     | Excess from 2014   |   |                                |                                  |
| b   | Excess from 2015   |   | C. C. Startware, M. S.         |                                  |
| С   | Excess from 2016   |   |                                | A STATE OF A                     |
| d   | Excess from 2017   |   |                                |                                  |
| е   | Excess from 2018   |   |                                |                                  |
| EEA |  |   | Schedu                         | le A (Form 990 or 990-EZ) 2018   |

 Schedule A (Form 990 or 990-EZ) 2018
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 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Schedule A (Form 990 or 990-EZ) 2018

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| Schedule A (For | n 990 or 990-EZ) 2018 Page 8   |
|-----------------|--|
| Part VI         | <b>Supplemental Information.</b> 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.) |
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#### 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 for the latest information.

2018

OMB No. 1545-0047

**Open to Public** Inspection

Employer identification number 32-0157339

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#### 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

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

OPPORTUNITIES FOR VOLUNTEER SPONSORED EVENTS.

| 02. Description of other expense               | es (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                                    | 1 de la companya de l |
| PAYROLL PROCESSING                             | 1,034                                     |  |
|  | 47031                                     |  |
|  |   |  |
| 03. Other changes in net assets<br>DESCRIPTION | or fund balances (Part I, line 20) AMOUNT |  |
| UNREALIZED GAINS                               | 3,533                                     |  |
|  | 5,555                                     |  |
| 04. Description of other assets                | (Part II, line 24)                        |  |
| CATEGORY                                       | BEGINNING OF YEAR END OF YEAR             |  |
| PREPAID EXPENSES                               | 1,945 514                                 |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |

|            | 4560   | Í.                           | Depre                | ciation a                            | nd A        | mortiza   | ation            |                    | OMB No. 1545-0172          |
|------------|--|------------------------------|----------------------|--------------------------------------|-------------|---|------------------|--------------------|----------------------------|
|            | 4562   | ► Attach to your tax return. |                      |                                      |             |   |                  | 2018<br>Attachment |                            |
|            | nent of the Treasury<br>Revenue Service (99) | ► G                          | o to www.irs.go      | v/Form4562 fo                        | r instruc   | tions and th  | e latest inform  | nation.            | Sequence No 179            |
| Name(s     | s) shown on return                           |                              |                      | E                                    |             | activity to which   |                  |                    | Identifying number         |
|            | MOND VILL                                    | AGE LIBR                     | ARY                  |                                      |             | M 990E2   |                  |                    | 32-0157339                 |
| Par        | t I Electio                                  | n To Expens                  | e Certain Pro        | operty Unde                          | r Secti     | on 179  | aloto Part I     |                    |                            |
|            | Note: If                                     | you have any                 | listed property,     | complete Par                         |             | re you com  |                  | . 1                |                            |
| 1          | Maximum amount<br>Total cost of section      | (see instructions            |                      | · · · · · · · · ·                    | ••••        | •••••   |                  | 2                  |                            |
| 2          | Threshold cost of                            |                              |                      |                                      |             |   |                  | 3                  |                            |
| 3<br>4     | Reduction in limita                          |                              |                      |                                      |             |   |                  | 4                  |                            |
| 4<br>5     | Dollar limitation for                        | tax vear. Subtra             | ct line 4 from line  | 1. If zero or les                    | s, enter -( | 0 If married  | filing           |                    |                            |
| Ŭ          | separately, see in                           |                              |                      |                                      |             |   |                  | 5                  |                            |
| 6          |  | (a) Description of p         |                      |                                      |             | usiness use only  |                  |                    |                            |
|            |  |                              |                      |                                      |             |   |                  |                    | -                          |
|            |  |                              |                      |                                      |             |   |                  |                    |                            |
| 7          | Listed property. E                           | nter the amount f            |                      | g garana a a                         |             |   |                  | 8                  | -                          |
| 8          | Total elected cost                           | of section 179 p             | roperty. Add amo     | unts in column (                     | c), lines 6 | and /   |                  | 9                  |                            |
| 9          | Tentative deduction                          | on. Enter the <b>sm</b>      | aller of line 5 or 1 | line 8                               | ••••        |   |                  |                    |                            |
| 10         | Carryover of disal<br>Business income        | lowed deduction              | from line 13 of yo   | inces income (n                      | ot loss th  | ••••••  | ne 5. See instri | uctions 11         |                            |
| 11         | Business income<br>Section 179 expe          | limitation. Enter t          | ne smaller of bus    | hess income (n                       | more that   | n line 11   |                  | 12                 |                            |
| 12         | Carryover of disal                           |                              |                      |                                      |             | ▶ 13  |                  |                    |                            |
| 13<br>Noto | Don't use Part II                            | or Part III below            | for listed propert   | v. Instead, use I                    | Part V.     |   | 17 1             |                    |                            |
| Par        | t II Specia                                  | Depreciatio                  | n Allowance          | and Other I                          | Deprec      | iation (D   | on't include l   | isted proper       | ty. See instructions.)     |
| 14         | Special depreciati                           | on allowance for             | qualified property   | (other than liste                    | d proper    | ty) placed in   | service          |                    |                            |
|            | during the tax yea                           |                              |                      |                                      |             |   |                  | 14                 |                            |
| 15         | Property subject t                           |                              |                      |                                      |             |   |                  |                    |                            |
| 16         | Other depreciatio                            | n (including ACR             | S)                   |                                      |             |   | <u>.</u> .       | 16                 |                            |
| Par        | t III MACR                                   | S Depreciati                 | ion (Don't inc       | lude listed pro                      | operty. S   | See instruct  | ions.)           |                    |                            |
|            |  |                              |                      | difference in the second             | ction A     | and the second se |                  |                    | E 220                      |
| 17         | MACRS deductio                               | ns for assets plac           | ced in service in t  | ax years beginn                      | ing befor   | e 2018  | 6 600000 N N     | 17                 | 5,339                      |
| 18         | If you are electing                          | to group any as              | sets placed in se    | rvice during the                     | tax year i  | nto one or m  | ore general      |                    |                            |
|            | asset accounts, c                            | heck here                    |                      | · · · · · · · · ·                    |             | Voortlein   | · · · · · · · ·  | Depreciat          | tion System                |
|            | Sectio                                       | on B - Assets                | (b) Month and year   | (c). Basis for dec                   | recialion   |   | g the Ochert     |                    |                            |
|            | (a) Classification of                        |                              | placed in<br>service | (business/investr<br>only-see instru | nenl use    | (d) Recovery<br>period  | (e) Convention   | (f) Method         | (g) Depreciation deduction |
| 19a        | 3-year property                              |                              | V 1 V 12             | 1                                    | 090         | 5   | HY               | 200 DF             | 2.18                       |
| b          | 5-year property                              |                              | 1. N                 | <u> </u>                             | ,090        |   |                  | 200 Di             | 2.10                       |
|            | 7-year property                              | 100.                         | State State          | i                                    |             |   |                  |                    |                            |
| d          | 10-year property<br>15-year property         | Ser A                        |                      | 2                                    | 249         | 15  | HY               | 150 DH             | 3 112                      |
| e          | 20-year property                             |                              |                      | 2.                                   | 215         |   |                  |                    |                            |
| g          | 25-year property                             | STREET.                      | 12                   |                                      |             | 25 yrs.   |                  | S/L                |                            |
| y          | Residential rental                           |                              |                      |                                      |             | 27.5 yrs.   | MM               | S/L                |                            |
|            | property                                     |                              |                      |                                      |             | 27.5 yrs.   | MM               | S/L                |                            |
| i          | Nonresidential rea                           | al                           |                      |                                      |             | 39 yrs.   | MM               | S/L                |                            |
|            | property                                     |                              |                      |                                      |             |   | MM               | S/L                |                            |
|            | Section                                      | C - Assets Pla               | ced in Service       | e During 2018                        | B Tax Ye    | ear Using t   | he Alternati     | ve Deprecia        | ition System               |
| 20a        | Class life                                   |                              |                      |                                      |             |   |                  | S/L                |                            |
| b          | 12-year                                      |                              |                      |                                      |             | 12 yrs.   |                  | S/L                |                            |
| С          | 30-year                                      |                              |                      |                                      |             | 30 yrs.   | MM               | S/L                |                            |
| d          | 40-year                                      |                              |                      |                                      |             | 40 yrs.   | MM               | S/L                |                            |
| Pa         |  | nary (See inst               |                      |                                      |             |   |                  |                    |                            |
| 21         | Listed property. I                           | Enter amount from            | m line 28            |                                      |             | ••••  |                  | 21                 |                            |
| 22         | Total. Add amou                              |                              |                      |                                      |             |   |                  | 00                 | 5,669                      |
|            | here and on the a                            |                              |                      |                                      |             |   | siructions .     | 22                 | 5,009                      |
| 23         | For assets shown                             |                              |                      |                                      |             |   | 3                |                    |                            |
|            | portion of the bas                           | is attributable to           | section 263A cos     |                                      |             | • • • • • 4   | •                |                    | Form <b>4562</b> (2018     |

For Paperwork Reduction Act Notice, see separate instructions.

# 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

OMB No. 1545-1150

| Form | 990-EZ |
|------|--------|
|------|--------|

# Short Form Return of Organization Exempt From Income Tax

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

2017

| Deres      |             | 4 <b>T</b>                 | Do not enter social security numbers on this form as it may be ma                          | de public.   |                | Open to Public<br>Inspection |
|------------|-------------|----------------------------|--|--------------|----------------|------------------------------|
|            |             | the Treasury<br>ue Service | Information about Form 990-EZ and its instructions is at www.i                             | rs.gov/form9 | 90.            | Inspection                   |
| AF         | or the      | 2017 calenda               | r year, or tax year beginning 07-01, 2017, and ending                                      | 06-30        | , <b>20</b> 18 |                              |
| <b>B</b> c | heck if ap  | pplicable:                 | C Name of organization   | D Emple      | oyer identi    | fication number              |
| A          | ddress ch   | hange                      | RAYMOND VILLAGE LIBRARY  | 32           | -015733        | 9                            |
| N          | ame chai    | nge                        | Number and street (or P.O. box, if mail is not delivered to street address) Room/suite     | E Telep      | hone numb      | er                           |
| 🗌 In       | itial retur | 'n                         |  |              |                |                              |
| E Fi       | inal returr | n/terminated               | PO BOX 297   | (2           | 07)655-        | 4283                         |
| Δ Α        | mended i    | return                     | City or town, state or province, country, and ZIP or foreign postal code                   | F Group      | Exemption      | า                            |
| A          | pplication  | n pending                  | RAYMOND, ME 04071  | Numb         | er 🕨           |                              |
| <b>G</b> A | ccount      | ing Method:                | X   Cash   ☐ Accrual   Other (specify) ►   | H Check ►    | X if the       | organization is <b>not</b>   |
| ΙV         | Vebsite     | e: ► www.:                 | RAYMONDVILLAGELIBRARY.ORG  | required to  | o attach Sc    | hedule B                     |
| ЈΤ         | ax-exe      | empt status (              | check only one) - 🗴 501(c)(3) 🗌 501(c)( ) ◀ (insert no.) 🗌 4947(a)(1) or 🗍 527             | (Form 990    | ), 990-EZ, d   | or 990-PF).                  |
| ΚF         | orm of      | organization:              | X Corporation Trust Association Other  |              |                |                              |
| LA         | dd line     | s 5b, 6c, and 7            | b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to | tal assets   |                |                              |
| (Par       | t II, col   | umn (B) belov              | /) are \$500,000 or more, file Form 990 instead of Form 990-EZ                             |              | . ▶ \$         | 167,400                      |
| Pa         | rt I        | Revenu                     | e, Expenses, and Changes in Net Assets or Fund Balances (see                               |              |                |                              |
|            |             |                            | he organization used Schedule O to respond to any question in this Part I                  |              |                | <b>x</b>                     |
|            | 1           |                            | , gifts, grants, and similar amounts received  |              | 1              | 155,642                      |
|            | 2           |                            | vice revenue including government fees and contracts                                       |              | 2              | 9,211                        |
|            | 3           | -                          | dues and assessments   |              | 3              |                              |
|            | 4           | Investment in              |  |              | 4              | 2,547                        |
|            | 5a          |                            | nt from sale of assets other than inventory  |              |                | 2,01,                        |
|            | b           |                            | other basis and sales expenses   |              | -              |                              |
|            | c           |                            | b) from sale of assets other than inventory (Subtract line 5b from line 5a)                |              |                |                              |
|            | 6           |                            | fundraising events   | ••••••       |                |                              |
|            |             | 0                          | e from gaming (attach Schedule G if greater than   |              |                |                              |
| e          | ŭ           |                            | 6a   |              |                |                              |
| ent        | h           |                            | e from fundraising events (not including \$ of contribut                                   | tions        | -              |                              |
| Revenue    | ~           |                            | ing events reported on line 1) (attach Schedule G if the                                   |              |                |                              |
| _          |             |                            | gross income and contributions exceeds \$15,000) 6b  |              |                |                              |
|            | ۰           |                            | expenses from gaming and fundraising events  |              | -              |                              |
|            | d           |                            | or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract             |              | -              |                              |
|            | u           |                            |  |              | 6d             |                              |
|            | 70          |                            |  | •••••        | . ou           |                              |
|            |             |                            |  |              | -              |                              |
|            |             | Less: cost of              |  |              | 70             |                              |
|            |             |                            | or (loss) from sales of inventory (Subtract line 7b from line 7a)                          |              | 7c             |                              |
|            | 8           |                            |  |              | 8              | 1.65 . 400                   |
|            | 9           |                            | Je. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  |              | 9              | 167,400                      |
|            | 10          |                            | imilar amounts paid (list in Schedule O)   |              | 10             |                              |
|            | 11          |                            |  |              |                |                              |
| ŝŝ         | 12          |                            | er compensation, and employee benefits   |              | 12             | 65,822                       |
| Expenses   | 13          |                            | fees and other payments to independent contractors   |              | 13             | 625                          |
| ad x       | 14          |                            | rent, utilities, and maintenance   |              | 14             | 6,359                        |
| ш          | 15          | • •                        | ications, postage, and shipping  |              | 15             |                              |
|            | 16          |                            | ses (describe in Schedule O)   |              | 16             | 35,578                       |
|            | 17          |                            | <b>ses.</b> Add lines 10 through 16  |              | 17             | 108,384                      |
| s          | 18          |                            | eficit) for the year (Subtract line 17 from line 9)  |              | 18             | 59,016                       |
| set        | 19          |                            | r fund balances at beginning of year (from line 27, column (A)) (must agree with           |              |                |                              |
| Net Assets |             |                            | igure reported on prior year's return)   |              |                | 281,976                      |
| Net        | 20          |                            | es in net assets or fund balances (explain in Schedule O)                                  |              | 20             | 3,162                        |
|            | 21          |                            | r fund balances at end of year. Combine lines 18 through 20                                |              | 21             | 344,154                      |
| For<br>EEA | Paperv      | work Reduction             | on Act Notice, see the separate instructions.  |              |                | Form <b>990-EZ</b> (2017)    |

| Form 990-EZ (2017)  | RAYMOND VILLAGE LIBRARY  |                                       |                             | 32-0  | 157      | 339 Page 2              |
|---------------------|--|---------------------------------------|-----------------------------|---|----------|-------------------------|
|                     | ce Sheets (see the instructions for Part II)   |                                       |                             |   |          | _                       |
| Check               | if the organization used Schedule O to resp  | pond to any question                  | n in this Part II .         |   |          | 🛛                       |
|                     |  |                                       | (A) Be                      | eginning of year                            |          | (B) End of year         |
| 22 Cash, savings, a |  |                                       |                             | 148,801                                     | 22       | 205,226                 |
| 23 Land and buildin | 5  |                                       |                             | 133,175                                     | 23       | 136,983                 |
|                     | escribe in Schedule O)   |                                       |                             | 0   | 24       | 1,945                   |
| 25 Total assets     |  |                                       |                             | 281,976                                     | 25       | 344,154                 |
|                     | (describe in Schedule O)   |                                       |                             | 0   | 26<br>27 | 0                       |
|                     | und balances (line 27 of column (B) must agree<br>ement of Program Service Accomplishme                    | ,                                     |                             | 281,976                                     | 21       | 344,154                 |
|                     | k if the organization used Schedule O to res   |                                       | ,                           |   |          | Expenses                |
|                     | tion's primary exempt purpose? SEE SCHEDUI   |                                       |                             | ••••  | (Req     | uired for section       |
| -                   | · · · · · · · ·  |                                       |                             |   | 501(     | c)(3) and 501(c)(4)     |
| 0                   | cation's program service accomplishments for each  | <b>U</b> 1                            | •                           |   | orga     | nizations; optional for |
|                     | enses. In a clear and concise manner, describe the<br>nd other relevant information for each program title |                                       | e number of                 |   | othe     | rs.)                    |
|                     | RVICES AS STATED IN MISSION  |                                       |                             |   |          |                         |
|                     |  |                                       |                             |   |          |                         |
|                     |  |                                       |                             |   |          |                         |
| (Grants \$          | ) If this amount inc   | cludes foreign grants, cl             | heck here                   | ► 🗌   | 28a      | 102,996                 |
| 29                  |  |                                       |                             |   |          |                         |
|                     |  |                                       |                             |   |          |                         |
|                     |  |                                       |                             |   |          |                         |
| (Grants \$          | ) If this amount inc   | cludes foreign grants, cl             | heck here                   | · · · ▶ 🗌                                   | 29a      |                         |
| 30                  |  |                                       |                             |   |          |                         |
|                     |  |                                       |                             |   |          |                         |
|                     |  |                                       |                             |   |          |                         |
| (Grants \$          | •  | cludes foreign grants, cl             |                             | ▶ []  | 30a      |                         |
|                     | services (describe in Schedule O)  |                                       |                             | · · · · · · <u>·</u> ·                      |          |                         |
| (Grants \$          |  | cludes foreign grants, cl             |                             |   | 31a      |                         |
|                     | service expenses (add lines 28a through 31a)   |                                       |                             |   | 32       | 102,996                 |
|                     | f Officers, Directors, Trustees, and Key Emplo   |                                       |                             |   |          |                         |
| Check               | c if the organization used Schedule O to respond t   | o any question in this P              |                             |   |          | •••••                   |
|                     | (a) Manage and fills   | (b) Average                           | (c) Reportable compensation | (d) Health benefits<br>contributions to emp |          | (e) Estimated amount of |
|                     | (a) Name and title   | hours per week<br>devoted to position | (Forms W-2/1099-MISC)       |   |          | other compensation      |
| SHEILA BOURQU       | F  |                                       | (if not paid, enter -0-)    | deferred compensa                           | ation    |                         |
| PRESIDENT           |  | 2.50                                  |                             | 0   | 0        | 0                       |
| PAUL CULLINAN       |  | 2.30                                  |                             |   | 1        | 0                       |
| VICE PRESIDEN       |  | 2.50                                  |                             | o   | o        | 0                       |
| JANET WALKER        |  |                                       |                             |   |          | •                       |
| SECRETARY           |  | 2.50                                  |                             | o   | o        | 0                       |
| LEIGH WALKER        |  |                                       |                             |   |          |                         |
| TREASURER           |  | 15.00                                 |                             | o   | o        | 0                       |
| KIMBERLY ALLE       | N  |                                       |                             |   |          |                         |
| BOARD MEMBER        |  | 2.50                                  |                             | o   | 0        | 0                       |
| NICK HARDY          |  |                                       |                             |   |          |                         |
| BOARD MEMBER        |  | 2.50                                  |                             | 0   | 0        | 0                       |
| BRIANA BIZIER       |  |                                       |                             |   |          |                         |
| BOARD MEMBER        |  | 2.50                                  |                             | 0   | 0        | 0                       |
| MARK JORDAN         |  |                                       |                             |   |          |                         |
| BOARD MEMBER        |  | 2.50                                  |                             | 0   | 0        | 0                       |
| ABIGAIL LOUGE       | E  |                                       |                             |   |          |                         |
| BOARD MEMBER        |  | 2.50                                  |                             | 0   | 0        | 0                       |
| ALLISON GRIFF       |  |                                       |                             |   |          |                         |
| LIBRARY DIREC       | TOR  | 35.00                                 | 40,00                       | 0   | 0        | 0                       |
|                     |  |                                       |                             |   |          |                         |
|                     |  |                                       |                             |   |          |                         |
|                     |  |                                       |                             |   |          |                         |
|                     |  |                                       |                             |   |          |                         |
|                     |  | 73                                    |                             |   |          |                         |

| Form | N90-EZ (2017)         RAYMOND VILLAGE LIBRARY         32-0157  | 339  | F   | Page 3 |
|------|--|------|-----|--------|
| Ра   | rt 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     |
| 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  | 33   |     | Х      |
| 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)  | 34   |     | Х      |
| 25 2 | Did the organization have unrelated business gross income of \$1,000 or more during the year from business                             | 54   |     | - 25   |
| 55 a |  | 250  |     | v      |
|      | activities (such as those reported on lines 2, 6a, and 7a, among others)?  | 35a  |     | Χ      |
|      | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? <i>If "No," provide an explanation in Schedule O</i>      | 35b  |     |        |
| С    | 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   | 35c  |     | Х      |
| 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   | 36   |     | X      |
| 37 a | Enter amount of political expenditures, direct or indirect, as described in the instructions  37a                                      |      |     |        |
| b    | Did the organization file Form 1120-POL for this year?   | 37b  |     | Х      |
| 38 a | 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 retum?                            | 38a  |     | Х      |
| b    | If "Yes," complete Schedule L, Part II and enter the total amount involved   |      |     |        |
| 39   | Section 501(c)(7) organizations. Enter:  | -    |     |        |
|      | Initiation fees and capital contributions included on line 9   |      |     |        |
|      | Gross receipts, included on line 9, for public use of club facilities  | -    |     |        |
|      | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:                                | -    |     |        |
| 40 a | section 4911 ► ; section 4912 ► ; section 4955 ►   |      |     |        |
| h    |  |      |     |        |
| 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                          | 401  |     | 37     |
|      | that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I                              | 40b  |     | Х      |
| С    | 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   |      |     |        |
| е    | 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  |     | Х      |
| 41   | List the states with which a copy of this return is filed  |      |     |        |
| 42 a | The organization's books are in care of > LEIGH WALKER Telephone no. > 207-6   | 55-4 | 283 |        |
|      | Located at ► PO BOX 297, RAYMOND, ME ZIP + 4 ► 04071   |      |     |        |
| b    | At any time during the calendar year, did the organization have an interest in or a signature or other authority over                  |      | Yes | No     |
|      | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                     | 42b  |     | Х      |
|      | 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).<br>At any time during the calendar year, did the organization maintain an office outside the United States? | 40-  |     | v      |
| C    |  | 42c  |     | Х      |
|      | If "Yes," enter the name of the foreign country:   |      |     |        |
| 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  |      |     |        |
|      |  |      | Yes | No     |
| 44 a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be                                      |      |     |        |
|      | completed instead of Form 990-EZ   | 44a  |     | Х      |
| 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  |     | Х      |
| c    | Did the organization receive any payments for indoor tanning services during the year?   | 44c  |     | X      |
|      | If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an                             |      |     |        |
| u    |  | 44d  |     |        |
| AE - | ·  |      | -   | v      |
|      | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 45a  |     | X      |
| b    |  |      |     |        |
|      | 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  |     | Х      |

| Form   | 990-EZ (201                             | 7) RAYMOND VILLA   | E LIBRARY  |  |                 | 32-0   | 157339                   |             | Page 4  |
|--|---|--|--|--|-----------------|--|--------------------------|-------------|---|
|  |   |  |  |  |                 |  | <b></b>                  | Yes         | No  |
| 46   |   | organization engage, directly or indirectly                                  |  | ,  |                 |  |                          | 1000        | v   |
| Da   |   | dates for public office? If "Yes," complet<br>Section 501(c)(3) organization |  |  |                 |  | 46                       |             | X   |
| Fai  |   | All section 501(c)(3) organization   |  | ions 17 10h and 5  | 2 and cor       | noloto the   | tables for               | linos       |   |
|  |   | 50  and  51.   | is must answer quest   | 10115 47 - 430 and 5   | 2, and cor      |  |                          | 11163       | ,   |
|  |   | Check if the organization used S   | chedule O to respond   | to any question in   | this Part \     | /1   |                          |             |   |
|  |   | sheek in the organization used t   |  |  |                 |  |                          | Yes         | No  |
| 47   | Did the                                 | organization engage in lobbying activitie                                    | s or have a section 501(h) o   | election in effect during th   | e tax           |  |                          | 100         |   |
|  |   |  |  |  |                 |  | 47                       |             | X   |
| 48   | 1.0000000000000000000000000000000000000 | ganization a school as described in sec                                      |  |  |                 |  | 48                       | 1           | X   |
| 49a  |   | organization make any transfers to an ex                                     |  |  |                 |  | 49a                      |             | X   |
| b  |   | was the related organization a section 5                                     | come in the second second  |  |                 |  | 49b                      |             |   |
| 50   |   | te this table for the organization's five hig                                |  | es (other than officers, dir   | ectors, truste  | es and key   |                          |             |   |
|  |   | es) who each received more than \$100  |  |  |                 | All and a second s |                          |             |   |
|  |   |  | (b) Average  | (c) Reportable   | (d) Health      |  |                          |             |   |
|  |   | (a) Name and title of each employee  | hours per week   | compensation   |                 | and deferred   | (e) Estimate<br>other co |             |   |
| to candid<br>Part VI S<br>A<br>5<br>C<br>47 Did the or<br>year? If '<br>48 Is the org<br>49 a Did the or<br>b If "Yes,"<br>50 Complete<br>employed<br>(<br>NONE<br>f Total num<br>51 Complete<br>\$100,000<br>(a) f<br>NONE<br>NONE<br>C<br>Sign<br>Here |   | devoted to position  | (Forms W-2/1099-MISC)  | comp   | ensation        |  | 500 - 5 <i>1</i> / 51/5  |             |   |
|  |   |  |  |  |                 |  |                          |             |   |
| NON  | E                                       |  |  |  |                 |  |                          |             |   |
|  |   |  |  |  | 11 1            |  |                          |             |   |
|  |   |  |  |  | 174             |  |                          |             |   |
|  |   |  |  |  |                 | k  |                          |             |   |
|  |   |  |  |  |                 |  |                          |             |   |
|  |   |  |  |  |                 | 213  |                          |             |   |
|  |   |  |  |  |                 | V  |                          | · · · · · · |   |
|  |   |  |  |  |                 |  |                          |             |   |
| f  | Total n                                 | Imber of other employees paid over \$10                                      | 000  |  |                 |  |                          |             |   |
| 0000   |   | te this table for the organization's five high                               |  | lent contractors who each  | -<br>received m | ore than   |                          |             |   |
| •••  | · · · · · · · · · · · · · · · · · · ·   | 0 of compensation from the organization                                      |  | and the second s |                 |  |                          |             |   |
|  |   |  |  |  |                 |  |                          |             |   |
|  | (a)                                     | Name and business address of each independent co                             | ontractor  | (b) Type of service  | 20              | (0   | c) Compensatio           | n           |   |
|  |   |  | SI B BY  |  |                 |  |                          |             |   |
| NON  | E                                       |  |  |  |                 |  |                          |             |   |
|  |   | A  |  |  |                 |  |                          |             |   |
|  |   | 9 <u>9</u> <u>9</u>  |  |  |                 |  |                          |             | in the second |
|  |   |  |  |  |                 |  |                          |             |   |
| -  |   |  |  |  |                 |  |                          |             |   |
|  |   |  |  |  |                 |  |                          |             |   |
|  |   |  |  |  |                 |  |                          |             |   |
|  |   |  |  |  |                 |  |                          |             |   |
| d  | Total nu                                | mber of other independent contractors e                                      | ach receiving over \$100.00  | 0  |                 |  |                          |             |   |
|  |   | organization complete Schedule A? No   |  |  |                 | 1  |                          |             |   |
|  |   | ed Schedule A  |  |  |                 |  | Yes                      |             | No  |
| Unde   |   | of perjury, I declare that I have examined this                              |  |  |                 |  | dge and belie            | f, it is    |   |
| true,  | correct, an                             | d complete. Declaration of preparer (other the                               | an officer) is based on all inform   | nation of which preparer has   | any knowledg    | e  |                          |             |   |
|  |   | LEIGH WALKER   | walker   |  | Э               | 14/19  | _                        |             |   |
| Sig  | n                                       | Signature of officer   |  |  | Date            | 1.75   |                          |             |   |
| Her  | e                                       | LEIGH WALKER, TREASURED  | 2  |  |                 |  |                          |             |   |
| -  |   | Type or print name and title   | -  |  |                 |  |                          |             |   |
| 1  |   | Print/Type preparer's name   | Preparer's signature   | Date   |                 | Check 🗌 if   | PTIN                     |             |   |
|  |   | KEVIN M BRUNELLE CPA   |  | 11-07-2  | 018             | self-employed  | P01213                   | 384         | and the second second   |
|  | ·                                       | Firm's name  Milliken Perk   |  |  | Firm's          | EIN ►  |                          |             |   |
| Use  | e Only                                  | Firm's address > 452 Roosevelt   |  |  |                 | 1201-1200 B073   |                          |             |   |
|  | <u>.</u>                                | Windham ME 04  | and the second |  | Phone           | no. 207-   | 892-2234                 |             |   |
| -  | the IRS of                              | discuss this return with the preparer show                                   | n above? See instructions  |  |                 | <u></u>  |                          | -           | No  |
| EEA  |   |  |  |  |                 |  | Form 9                   | 90-EZ       | (2017)  |

#### **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.

OMB No. 1545-0047 2017

**Open to Public** 

| (Form   | 990    | or  | 990-EZ)  |
|---------|--------|-----|----------|
| Departm | ent of | the | Treasury |

► Attach to Form 990 or Form 990-EZ.

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

Inspection

| Internal                 | Reve              | enue Service      | ▶                            | Go to www.irs.go       | ov/Form990 for instruc       | tions and     | the latest   | information.                | Inspection         |
|--------------------------|-------------------|-------------------|------------------------------|------------------------|------------------------------|---------------|--------------|-----------------------------|--------------------|
| Name of the organization |                   |                   |                              |                        |                              |               |              | Employer identific          | ation number       |
| RAYMOND VILLAGE LIBRARY  |                   |                   |                              |                        |                              |               |              | 32-01573                    | 39                 |
| Par                      | tΙ                | Reason            | for Public Charit            | y Status (All or       | ganizations must c           | omplete       | this part    | .) See instruction          | IS.                |
| The o                    | rgar              | nization is not a | private foundation bec       | ause it is: (For lines | s 1 through 12, check on     | ly one box.   | .)           | •                           |                    |
| 1                        |                   | A church, con     | vention of churches, or      | r association of chu   | urches described in sect     | tion 170(b)   | )(1)(A)(i).  |                             |                    |
| 2                        | $\square$         | A school desc     | ribed in section 170(b       | )(1)(A)(ii). (Attach   | Schedule E (Form 990 of      | or 990-EZ)    | .)           |                             |                    |
| 3                        | $\overline{\Box}$ |                   |                              |                        | n described in section 1     |               |              |                             |                    |
|                          |                   |                   |                              | -                      | n with a hospital describ    |               |              | (1)(A)(iii). Enter the      |                    |
|                          |                   |                   | ne, city, and state:         | ·····                  |                              |               |              |                             |                    |
| 5                        | $\square$         | •                 |                              | efit of a college or u | university owned or oper     | ated by a c   | novernmen    | tal unit described in       |                    |
| •                        |                   | -                 | b)(1)(A)(iv). (Complete      | -                      |                              |               | govorranion  |                             |                    |
| 6                        | $\square$         |                   |                              | ,                      | init described in section    | 170(b)(1)     | (A)(y)       |                             |                    |
|                          | X                 |                   | -                            | -                      | of its support from a go     |               |              | m the general public        |                    |
| '                        |                   | -                 |                              |                        |                              | verninentai   |              | in the general public       |                    |
|                          |                   |                   | section 170(b)(1)(A)(vi      |                        | ,                            |               |              |                             |                    |
|                          |                   | -                 | trust described in sect      |                        |                              |               |              |                             |                    |
| 9                        |                   | -                 | -                            |                        | ion 170(b)(1)(A)(ix) ope     |               |              | -                           | ege                |
|                          |                   | -                 | or a non-land-grant colle    | ege of agriculture (s  | see instructions). Enter th  | ie name, ci   | ty, and stat | e of the college of         |                    |
|                          |                   | university:       |                              | (1) (1 00              | A 1001 6 11                  |               |              |                             |                    |
| 10                       |                   | •                 | •                            | . ,                    | 3 1/3% of its support from   |               |              |                             | S                  |
|                          |                   | •                 |                              | •                      | subject to certain exception |               |              |                             |                    |
|                          |                   |                   |                              |                        | siness taxable income (I     |               |              | rom businesses              |                    |
|                          |                   |                   | -                            |                        | section 509(a)(2). (Com      |               |              |                             |                    |
| 11                       | Ц                 | -                 |                              | -                      | test for public safety. Se   |               |              |                             |                    |
| 12                       |                   | -                 | -                            | -                      | the benefit of, to perform   |               |              |                             |                    |
|                          |                   | of one or mor     | e publicly supported or      | ganizations describ    | oed in section 509(a)(1)     | or section    | n 509(a)(2   | ). See <b>section 509(a</b> | )(3).              |
|                          |                   | Check the box     | c in lines 12a through 12    | 2d that describes th   | e type of supporting org     | anization a   | ind comple   | te lines 12e, 12f, and      | 12g.               |
|                          | а                 | L Type I. A       | supporting organizatio       | n operated, superv     | ised, or controlled by its   | supported     | l organizat  | ion(s), typically by giv    | ving               |
|                          |                   | the suppo         | rted organization(s) the     | e power to regularly   | appoint or elect a majo      | rity of the c | directors or | trustees of the             |                    |
|                          |                   | supportin         | g organization. <b>You m</b> | ust complete Part      | IV, Sections A and B.        |               |              |                             |                    |
|                          | b                 | Type II. A        | supporting organization      | on supervised or co    | ontrolled in connection w    | vith its supp | orted orga   | anization(s), by havin      | g                  |
|                          |                   | control or        | management of the su         | pporting organization  | on vested in the same pe     | ersons that   | control or r | manage the supporte         | d                  |
|                          |                   | organizat         | ion(s). You must com         | plete Part IV, Sect    | ions A and C.                |               |              |                             |                    |
|                          | с                 | Type III f        | unctionally integrated       | I. A supporting orga   | anization operated in co     | nnection w    | rith, and fu | nctionally integrated       | with,              |
|                          |                   | its suppor        | ted organization(s) (se      | e instructions). You   | u must complete Part I       | V, Sectior    | ns A, D, ar  | nd E.                       |                    |
|                          | d                 | _                 |                              |                        | organization operated        |               |              |                             | ion(s)             |
|                          |                   | that is not       | functionally integrated.     | The organization of    | enerally must satisfy a d    | listribution  | requiremer   | nt and an attentivenes      | S                  |
|                          |                   |                   |                              |                        | e Part IV, Sections A a      |               | •            |                             |                    |
|                          | е                 |                   |                              |                        | determination from the II    |               |              | Type II. Type III           |                    |
|                          |                   |                   |                              |                        | ntegrated supporting org     |               | <b>)</b>     |                             |                    |
|                          | f                 |                   | ber of supported organ       |                        |                              |               |              |                             |                    |
|                          | g                 |                   | llowing information abo      |                        |                              |               |              |                             |                    |
|                          | -                 | Name of supporte  |                              | (ii) EIN               | (iii) Type of organization   | (iv) is the o | organization | (v) Amount of monetary      | (vi) Amount of     |
|                          |                   |                   | a organization               | (1) 2.11               | (described on lines 1-10     |               | Ir governing | support (see                | other support (see |
|                          |                   |                   |                              |                        | above (see instructions))    | docum         | nent?        | instructions)               | instructions)      |
|                          |                   |                   |                              |                        |                              | Yes           | No           |                             |                    |
|                          |                   |                   |                              |                        |                              | 100           |              |                             |                    |
| (A)                      |                   |                   |                              |                        |                              |               |              |                             |                    |
|                          |                   |                   |                              |                        |                              |               |              |                             |                    |
| (B)                      |                   |                   |                              |                        |                              |               |              |                             |                    |
|                          |                   |                   |                              |                        |                              |               |              |                             |                    |
| (C)                      |                   |                   |                              |                        |                              |               |              |                             |                    |
|                          |                   |                   |                              |                        |                              |               |              |                             |                    |
| (D)                      |                   |                   |                              |                        |                              |               |              |                             |                    |
|                          |                   |                   |                              |                        |                              |               |              |                             |                    |
| (E)                      |                   |                   |                              |                        |                              |               |              |                             |                    |

Total

|       |   | OND VILLAGE   |                      |                       |                            | 32-0157339   | <u>v</u>              |
|-------|---|---|----------------------|-----------------------|----------------------------|--------------|-----------------------|
| Pa    | rt II Support Schedule for Org  |   |                      |                       |                            |              |                       |
|       | (Complete only if you chec  |   |                      |                       | •                          |              | under                 |
|       | Part III. If the organization f   | fails to qualify ι  | under the tests      | listed below, p       | lease complete             | e Part III.) |                       |
| Sec   | tion A. Public Support  |   |                      |                       |                            |              |                       |
| Caler | ndar year (or fiscal year beginning in) 🕨                                   | <b>(a)</b> 2013   | <b>(b)</b> 2014      | (c) 2015              | (d) 2016                   | (e) 2017     | (f) Total             |
| 1     | 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               |
| ~     | Toy revenues lovied for the   |   |                      |                       |                            |              |                       |
| 2     | Tax revenues levied for the<br>organization's benefit and either paid       |   |                      |                       |                            |              |                       |
|       | to or expended on its behalf  | 37,500  | 40,000               | 55,000                | 56,000                     | 60,000       | 248,500               |
| ~     |   |   |                      |                       |                            |              |                       |
| 3     | The value of services or facilities furnished by a governmental unit to the |   |                      |                       |                            |              |                       |
|       | organization without charge   |   |                      |                       |                            |              |                       |
| 4     | Total. Add lines 1 through 3  | 77,766  | 68,815               | 97,635                | 118,877                    | 100,542      | 463,635               |
| 5     | The portion of total contributions by                                       | •   |                      |                       |                            |              |                       |
| -     | each person (other than a   |   |                      |                       |                            |              |                       |
|       | governmental unit or publicly   |   |                      |                       |                            |              |                       |
|       | supported organization) included on   |   |                      |                       |                            |              |                       |
|       | line 1 that exceeds 2% of the amount  |   |                      |                       |                            |              |                       |
|       | shown on line 11, column (f)  |   |                      | •                     |                            |              |                       |
| 6     | Public support. Subtract line 5 from line 4                                 |   |                      |                       |                            |              | 463,635               |
|       | tion B. Total Support   |   |                      |                       |                            |              | 403,033               |
|       | ndar year (or fiscal year beginning in)                                     | (a) 2013  | <b>(b)</b> 2014      | (c) 2015              | (d) 2016                   | (e) 2017     | (f) Total             |
| 7     | Amounts from line 4   | 77,766  |                      |                       |                            |              | 463,635               |
| 8     | Gross income from interest, dividends,                                      | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   | 00,013               | 31,033                | 110,077                    | 100,542      | 403,033               |
| Ŭ     | payments received on securities loans,                                      |   |                      |                       |                            |              |                       |
|       | rents, royalties and income from  | 9 634   | E 017                | 1 000                 | 1 5 6 1                    |              | 10 020                |
|       | similar sources   | 7,634   | 5,217                | 1,880                 | 1,561                      | 2,547        | 18,839                |
| 9     | Net income from unrelated business  |   |                      |                       | · ·                        |              |                       |
|       | activities, whether or not the business                                     |   |                      |                       |                            |              |                       |
|       | is regularly carried on   |   |                      |                       |                            |              |                       |
| 10    | Other income. Do not include gain or  |   |                      |                       |                            |              |                       |
|       | loss from the sale of capital assets  |   |                      |                       |                            |              |                       |
|       | (Explain in Part VI.)   |   |                      |                       |                            |              |                       |
| 11    | Total support. Add lines 7 through 10 .                                     |   |                      |                       |                            |              | 482,474               |
| 12    | Gross receipts from related activities, etc. (s                             |   |                      | •••••                 | •••••                      | 12           |                       |
| 13    | First five years. If the Form 990 is for the                                | organization's first,   | second, third, four  | th, or fifth tax year | r as a section 501(        | c)(3)        |                       |
|       | organization, check this box and stop here                                  |   |                      |                       |                            |              | ▶□                    |
| Sec   | tion C. Computation of Public Su  |   | -                    |                       |                            |              |                       |
| 14    | Public support percentage for 2017 (line 6, c                               |   | -                    |                       |                            |              | 96.10 %               |
| 15    | Public support percentage from 2016 Sched                                   | The second se |                      |                       |                            |              | 94.80 %               |
| 16a   | 33 1/3% support test - 2017. If the organiz                                 |   |                      |                       | 3 1/3% or more, ch         | eck this     | _                     |
|       | box and stop here. The organization qualit                                  | ies as a publicly s   | upported organizati  | on                    |                            |              | · · · ▶ 🛛             |
| b     | 33 1/3% support test - 2016. If the organiz                                 | ation did not chec  | k a box on line 13 o | or 16a, and line 15   | 5 is 33 1/3% or mo         | re, check    |                       |
|       | this box and stop here. The organization q                                  | ualifies as a public  | ly supported organ   | ization               |                            |              | · · · ► 🗌             |
| 17a   | 10%-facts-and-circumstances test - 2017                                     | 7. If the organization  | on did not check a b | box on line 13, 16a   | a, or 16b, and line        | 14 is        |                       |
|       | 10% or more, and if the organization meets                                  | the "facts-and-cire   | cumstances" test, o  | check this box and    | l <b>stop here.</b> Explai | n in         |                       |
|       | Part VI how the organization meets the "fac                                 | ts-and-circumstand  | es" test. The organ  | ization qualifies as  | a publicly support         | ed           |                       |
|       | organization  |   |                      |                       |                            |              |                       |
| b     | 10%-facts-and-circumstances test - 2010                                     | 6. If the organization  | on did not check a b | box on line 13, 16a   | a, 16b, or 17a, and        | line         |                       |
|       | 15 is 10% or more, and if the organization                                  | meets the "facts-ar   | nd-circumstances"    | test, check this bo   | x and stop here.           |              |                       |
|       | Explain in Part VI how the organization mee                                 |   |                      |                       | -                          | ly           |                       |
|       | supported organization  |   |                      | -                     |                            |              | ► 🗌                   |
| 18    | Private foundation. If the organization did                                 |   |                      |                       |                            |              |                       |
|       | instructions  |   |                      |                       |                            |              |                       |
| EEA   |   |   |                      |                       |                            |              | m 990 or 990-EZ) 2017 |
|       |   |   |                      |                       |                            |              |                       |

| Sche |   | OND VILLAGE                                   |  |  |   | 32-0157339         | Page 3              |
|------|---|---|--|--|---|--------------------|---------------------|
| Pa   | rt III Support Schedule for Org   | anizations De                                 | escribed in Se                             | ection 509(a)(2                              | 2)  |                    |                     |
|      | (Complete only if you check   | ked the box on                                | line 10 of Part                            | I or if the orga                             | nization failed t                         | to qualify under F | Part II.            |
|      | If the organization fails to q  | ualify under the                              | e tests listed b                           | elow, please co                              | omplete Part II.                          | )                  |                     |
| Se   | ction A. Public Support   |   |  |  |   |                    |                     |
| Cale | endar year (or fiscal year beginning in) ►  | <b>(a)</b> 2013                               | <b>(b)</b> 2014                            | (c) 2015                                     | (d) 2016                                  | (e) 2017           | <b>(f)</b> Total    |
| 1    | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  |   |  |  |   |                    |                     |
| 2    | Gross receipts from admissions, merchandise<br>sold or services performed, or facilities<br>furnished in any activity that is related to the<br>organization's tax-exempt purpose |   |  |  |   |                    |                     |
| 3    | Gross receipts from activities that are not an unrelated trade or business under section 513 .  |   |  |  |   |                    |                     |
| 4    | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |   |  |  |   |                    |                     |
| 5    | The value of services or facilities<br>furnished by a governmental unit to the<br>organization without charge   |   |  |  |   |                    |                     |
| 6    | Total. Add lines 1 through 5  |   |  |  |   |                    |                     |
| 7a   | Amounts included on lines 1, 2, and 3 received from disqualified persons  |   |  |  |   |                    |                     |
| b    | Amounts included on lines 2 and 3<br>received from other than disqualified<br>persons that exceed the greater of \$5,000<br>or 1% of the amount on line 13 for the year           |   |  |  |   |                    |                     |
| с    | Add lines 7a and 7b   |   |  |  |   |                    |                     |
| 8    | Public support. (Subtract line 7c from line 6.)   |   |  |  |   |                    |                     |
| Se   | ction B. Total Support  |   |  |  |   |                    |                     |
| Cale | endar year (or fiscal year beginning in)  | (a) 2013                                      | <b>(b)</b> 2014                            | (c) 2015                                     | (d) 2016                                  | (e) 2017           | (f) Total           |
| 9    | Amounts from line 6   |   |  |  |   |                    |                     |
| 10a  | Gross income from interest, dividends,<br>payments received on securities loans, rents,<br>royalties and income from similar sources  |   |  |  |   |                    |                     |
|      | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   |   |  |  |   |                    |                     |
| С    | Add lines 10a and 10b   |   | •  |  |   |                    |                     |
| 11   | Net income from unrelated business<br>activities not included in line 10b, whether<br>or not the business is regularly carried on   |   |  |  |   |                    |                     |
| 12   | Other income. Do not include gain or<br>loss from the sale of capital assets<br>(Explain in Part VI.)   |   |  |  |   |                    |                     |
| 13   | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)   |   |  |  |   |                    |                     |
| 14   | <b>First five years.</b> If the Form 990 is for the or organization, check this box and <b>stop here</b>  |   |  |  |   |                    |                     |
| Se   | ction C. Computation of Public Su   |   |  |  |   |                    |                     |
| 15   | Public support percentage for 2017 (line 8, cc  | lumn (f) divided by                           | y line 13, column (f                       | ))   |   | 15                 | %                   |
| 16   | Public support percentage from 2016 Schedu  | le A, Part III, line 1                        | 5  |  | <u></u> .                                 | 16                 | %                   |
| Se   | ction D. Computation of Investmer   | nt Income Per                                 | centage                                    |  |   |                    |                     |
| 17   | Investment income percentage for 2017 (line   | e 10c, column (f) d                           | livided by line 13, o                      | column (f))                                  |   | 17                 | %                   |
| 18   | Investment income percentage from 2016 Se   | chedule A, Part III                           | , line 17                                  |  |   | 18                 | %                   |
| 19a  | <b>33 1/3% support tests - 2017.</b> If the organiz 17 is not more than 33 1/3%, check this box   | ation did not chec<br>and <b>stop here.</b> T | ck the box on line 1<br>he organization qu | 4, and line 15 is m<br>alifies as a publicly | hore than 33 1/3%,<br>y supported organiz | and line<br>zation | ► 🗌                 |
| b    | <b>33 1/3% support tests - 2016.</b> If the organiz line 18 is not more than 33 1/3%, check this  |   |  |  |   |                    | ► 🗌                 |
| 20   | Private foundation. If the organization did r   | -   | -  |  |   | -                  | _                   |
| EEA  |   |   |  |  |   | Schedule A (Form   | 990 or 990-EZ) 2017 |

EEA

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|      | e A (Form 990-E2) 2017 RAYMOND VILLAGE LIBRARY 32-01573  | 39      | P    | age |
|------|--|---------|------|-----|
| 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                       | Sectio  | ns A |     |
|      | and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co                       | mplete  | Э    |     |
|      | Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P                          | •       | -    |     |
| oct  | ion A. All Supporting Organizations  | urt v.) |      |     |
| eci  | ion A. Ali Supporting Organizations  |         | V.   |     |
|      |  |         | Yes  | N   |
| 1    | 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.                          | 1       |      |     |
| 2    | Did the organization have any supported organization that does not have an IRS determination of status                 |         |      |     |
|      | under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported |         |      |     |
|      |  | 2       |      |     |
| _    | organization was described in section 509(a)(1) or (2).  | 2       |      |     |
| 3a   | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer       |         |      |     |
|      | (b) and (c) below.   | 3a      |      |     |
| b    | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and       |         |      |     |
|      | satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the             |         |      |     |
|      | organization made the determination.   | 3b      |      |     |
| ~    | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)       | 0.5     |      |     |
| С    |  | 0.      |      |     |
|      | purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.          | 3c      |      |     |
| 4a   | Was any supported organization not organized in the United States ("foreign supported organization")? If               |         |      |     |
|      | "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.  | 4a      |      |     |
| b    | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign            |         |      |     |
|      | supported organization? If "Yes," describe in Part VI how the organization had such control and discretion             |         |      |     |
|      | despite being controlled or supervised by or in connection with its supported organizations.                           | 4b      |      |     |
| ~    | Did the organization support any foreign supported organization that does not have an IRS determination                |         |      |     |
| C    |  |         |      |     |
|      | under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used        |         |      |     |
|      | to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)         |         |      |     |
|      | purposes.  | 4c      |      |     |
| 5a   | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"             |         |      |     |
|      | answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN             |         |      |     |
|      | numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;          |         |      |     |
|      | (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action      |         |      |     |
|      |  | Fo      |      |     |
|      | was accomplished (such as by amendment to the organizing document).  | 5a      |      |     |
| b    | Type I or Type II only. Was any added or substituted supported organization part of a class already                    |         |      |     |
|      | designated in the organization's organizing document?  | 5b      |      |     |
| С    | Substitutions only. Was the substitution the result of an event beyond the organization's control?                     | 5c      |      |     |
| 6    | 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            |         |      |     |
|      |  | 6       |      |     |
| _    | benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>  | 0       |      |     |
| 7    | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor        |         |      |     |
|      | (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with      |         |      |     |
|      | regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).                     | 7       |      |     |
| 8    | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?        |         |      |     |
|      | If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).  | 8       |      |     |
| 9a   | Was the organization controlled directly or indirectly at any time during the tax year by one or more                  | •       |      |     |
| Ju   | disgualified 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> .   | 9a      |      |     |
| b    | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which        |         |      |     |
|      | the supporting organization had an interest? If "Yes," provide detail in Part VI.                                      | 9b      |      |     |
| С    | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit        |         |      |     |
| ŕ    | from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .   | 9c      |      |     |
| 10-  | Was the organization subject to the excess business holdings rules of section 4943 because of section                  |         |      |     |
| IVd  |  |         |      |     |
|      | 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated              |         |      |     |
|      | supporting organizations)? If "Yes," answer 10b below.   | 10a     |      |     |
|      |  |         |      |     |
| b    | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to                 |         |      |     |

Schedule A (Form 990 or 990-EZ) 2017

|     | ule A (Form 990 or 990-EZ) 2017 RAYMOND VILLAGE LIBRARY  | 32-0157339                  | P         | 9age <b>5</b> |
|-----|--|-----------------------------|-----------|---------------|
| Pa  | rt IV Supporting Organizations (continued)   |                             |           |               |
|     |  |                             | Yes       | No            |
|     | Has the organization accepted a gift or contribution from any of the following persons?  |                             |           |               |
| а   | A person who directly or indirectly controls, either alone or together with persons described in (b) and   | . ,                         |           |               |
|     | below, the governing body of a supported organization?   | 11a                         |           |               |
|     | A family member of a person described in (a) above?  | <i>in Part VI.</i> 11c      |           |               |
|     | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail<br>ction B. Type I Supporting Organizations  | <i>In Part VI.</i> 110      |           |               |
| 000 | cion B. Type i Supporting Organizations  |                             | Yes       | No            |
| 1   | Did the directors, trustees, or membership of one or more supported organizations have the power to  | <b>b</b>                    | 103       |               |
| •   | regularly appoint or elect at least a majority of the organization's directors or trustees at all times duri   |                             |           |               |
|     | tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervision  | -                           |           |               |
|     | 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 su   |                             |           |               |
|     | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.   | 1                           |           |               |
|     |  |                             |           |               |
| 2   | Did the organization operate for the benefit of any supported organization other than the supported  |                             |           |               |
|     | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain  |                             |           |               |
|     | VI how providing such benefit carried out the purposes of the supported organization(s) that operated  |                             |           |               |
|     | supervised, or controlled the supporting organization.   | 2                           |           |               |
| Sec | ction C. Type II Supporting Organizations  |                             |           |               |
|     |  |                             | Yes       | No            |
| 1   | Were a majority of the organization's directors or trustees during the tax year also a majority of the di  |                             |           |               |
|     | or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how or management of the supporting organization was vested in the same persons that controlled or ma               |                             |           |               |
|     | the supported organization(s).   | 1                           |           |               |
| Sec | ction D. All Type III Supporting Organizations   |                             |           |               |
|     |  |                             | Yes       | No            |
| 1   | Did the organization provide to each of its supported organizations, by the last day of the fifth month  | of the                      |           |               |
|     | organization's tax year, (i) a written notice describing the type and amount of support provided during  |                             |           |               |
|     | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) cop   | pies of the                 |           |               |
|     | organization's governing documents in effect on the date of notification, to the extent not previously p   | provided? 1                 |           |               |
| 2   | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the su  | pported                     |           |               |
| -   | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>F</b>  |                             |           |               |
|     | the organization maintained a close and continuous working relationship with the supported organization  |                             |           |               |
| 2   |  |                             |           |               |
| 3   | 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 |                             |           |               |
|     | supported organizations played in this regard.   | 3                           |           |               |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations  | <b>5</b>                    |           |               |
| 1   | Check the box next to the method that the organization used to satisfy the Integral Part Test during the   | he vear <b>(see instruc</b> | tions     | ).            |
| а   |  |                             | ,         |               |
| b   | The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.   |                             |           |               |
| С   | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.   | ernment entity (see in      | nstruct   | tions)        |
| 2   | Activities Test. Answer (a) and (b) below.   |                             | Yes       | No            |
| а   |  |                             |           |               |
|     | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI ide  | -                           |           |               |
|     | those supported organizations and explain how these activities directly furthered their exempt put   |                             |           |               |
|     | how the organization was responsive to those supported organizations, and how the organization de  | _                           |           |               |
| L.  | that these activities constituted substantially all of its activities.   | 2a                          |           |               |
| a   | Did the activities described in (a) constitute activities that, but for the organization's involvement, one of the organization's supported organization(s) would have been ongaged in 2 If "Ves." evolution in <b>Par</b>   |                             |           |               |
|     | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Par</b> reasons for the organization's position that its supported organization(s) would have engaged in thes            |                             |           |               |
|     | activities but for the organization's position that its supported organization(s) would have engaged in thes   | 2b                          |           |               |
| 3   | Parent of Supported Organizations. Answer (a) and (b) below.   | 20                          |           |               |
| a   |  | or                          |           |               |
| u   | trustees of each of the supported organizations? <i>Provide details in <b>Part VI</b>.</i>   | 3a                          |           |               |
| b   | Did the organization exercise a substantial degree of direction over the policies, programs, and activi  |                             |           |               |
|     | of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this   |                             |           |               |
| EEA | 80   | Schedule A (Form 990 of     | vr 990.F7 | 7) 2017       |

| Schedule A (Form 990 or 990-EZ) 2017 RAYMOND VILLAGE LIBRARY                        |        |                      | 0157339          | Page                  |
|---|--------|----------------------|------------------|-----------------------|
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org                |        |                      |                  |                       |
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying   |        |                      | -                |                       |
| instructions. All other Type III non-functionally integrated supporting organiz     | ation  | s must complete See  |                  |                       |
| Section A - Adjusted Net Income   |        | (A) Prior Year       |                  | rent Year<br>tional)  |
| 1 Net short-term capital gain   | 1      |                      |                  | -                     |
| 2 Recoveries of prior-year distributions  | 2      |                      |                  |                       |
| 3 Other gross income (see instructions)   | 3      |                      |                  |                       |
| 4 Add lines 1 through 3.  | 4      |                      |                  |                       |
| 5 Depreciation and depletion  | 5      |                      |                  |                       |
| 6 Portion of operating expenses paid or incurred for production or                  |        |                      |                  |                       |
| collection of gross income or for management, conservation, or                      |        |                      |                  |                       |
| maintenance of property held for production of income (see instructions)            | 6      |                      |                  |                       |
| 7 Other expenses (see instructions)   | 7      |                      |                  |                       |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).                      | 8      |                      |                  |                       |
| Section B - Minimum Asset Amount  |        | (A) Prior Year       |                  | rrent Year<br>tional) |
| 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>b</b> Average monthly cash balances  | 1b     |                      |                  |                       |
| c Fair market value of other non-exempt-use assets                                  | 1c     |                      |                  |                       |
| d Total (add lines 1a, 1b, and 1c)  | 1d     |                      |                  |                       |
| e Discount claimed for blockage or other  |        |                      |                  |                       |
| factors (explain in detail in Part VI):   |        |                      |                  |                       |
| 2 Acquisition indebtedness applicable to non-exempt-use assets                      | 2      |                      |                  |                       |
| 3 Subtract line 2 from line 1d.   | 3      |                      |                  |                       |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,      |        |                      |                  |                       |
| see instructions).  | 4      |                      |                  |                       |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)                  | 5      |                      |                  |                       |
| 6 Multiply line 5 by .035.  | 6      |                      |                  |                       |
| 7 Recoveries of prior-year distributions  | 7      |                      |                  |                       |
| 8 Minimum Asset Amount (add line 7 to line 6)                                       | 8      |                      |                  |                       |
| Section C - Distributable Amount  |        |                      | Currer           | nt 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 Distributable Amount. Subtract line 5 from line 4, unless subject to              |        |                      |                  |                       |
| emergency temporary reduction (see instructions).                                   | 6      |                      |                  |                       |
| 7 Check here if the current year is the organization's first as a non-functionally- | integr | ated Type III suppor | rting organizati | on (see               |
| instructions).  |        |                      |                  |                       |
|   |        | _                    |                  |                       |

Schedule A (Form 990 or 990-EZ) 2017

|    | TV Type III Non-Functionally Integrated 509(a)(3                     | ) Supporting Organi                     | 32-015<br>zations (continued)          | 57339 Page 7                              |  |  |  |  |  |
|----|--|---|--|---|--|--|--|--|--|
|    | tion D - Distributions   | / [1]                                   |  | Current Year                              |  |  |  |  |  |
| 1  | Amounts paid to supported organizations to accomplish exem           | npt purposes                            |  |   |  |  |  |  |  |
| 2  | Amounts paid to perform activity that directly furthers exempt       | · · · ·                                 |  |   |  |  |  |  |  |
|    | organizations, in excess of income from activity                     | r · r · · · · · · · · · · · · · · · · · |  |   |  |  |  |  |  |
| 3  | •  |   |  |   |  |  |  |  |  |
| 4  | Amounts paid to acquire exempt-use assets                            |   |  |   |  |  |  |  |  |
| 5  | Qualified set-aside amounts (prior IRS approval required)            |   |  |   |  |  |  |  |  |
| 6  | Other distributions (describe in <b>Part VI</b> ). See instructions. |   |  |   |  |  |  |  |  |
| 7  | Total annual distributions. Add lines 1 through 6.                   |   |  |   |  |  |  |  |  |
| 8  | Distributions to attentive supported organizations to which the      | e organization is respons               | sive                                   |   |  |  |  |  |  |
|    | (provide details in <b>Part VI</b> ). See instructions.              | 5                                       |  |   |  |  |  |  |  |
| 9  | Distributable amount for 2017 from Section C, line 6                 |   |  |   |  |  |  |  |  |
| 10 | Line 8 amount divided by Line 9 amount                               |   |  |   |  |  |  |  |  |
|    | Section E - Distribution Allocations (see instructions)              | (i)<br>Excess Distributions             | (ii)<br>Underdistributions<br>Pre-2017 | (iii)<br>Distributable<br>Amount for 2017 |  |  |  |  |  |
| 1  | Distributable amount for 2017 from Section C, line 6                 |   |  |   |  |  |  |  |  |
| 2  | Underdistributions, if any, for years prior to 2017                  |   |  |   |  |  |  |  |  |
|    | (reasonable cause required - explain in <b>Part VI</b> ). See        |   |  |   |  |  |  |  |  |
|    | instructions.  |   |  |   |  |  |  |  |  |
| 3  | Excess distributions carryover, if any, to 2017                      |   |  |   |  |  |  |  |  |
| а  |  |   |  |   |  |  |  |  |  |
| b  | From 2013  |   |  |   |  |  |  |  |  |
|    | From 2014  |   |  |   |  |  |  |  |  |
|    | From 2015  |   |  |   |  |  |  |  |  |
|    | From 2016  |   |  |   |  |  |  |  |  |
|    | Total of lines 3a through e  |   |  |   |  |  |  |  |  |
|    | Applied to underdistributions of prior years                         |   |  |   |  |  |  |  |  |
|    | Applied to 2017 distributable amount                                 |   |  |   |  |  |  |  |  |
| i  | Carryover from 2012 not applied (see instructions)                   |   |  |   |  |  |  |  |  |
| i  | Remainder. Subtract lines 3g, 3h, and 3i from 3f.                    |   |  |   |  |  |  |  |  |
| 4  | Distributions for 2017 from  |   |  |   |  |  |  |  |  |
| -  | Section D, line 7: \$  |   |  |   |  |  |  |  |  |
| а  | Applied to underdistributions of prior years                         |   |  |   |  |  |  |  |  |
| -  | Applied to 2017 distributable amount                                 |   |  |   |  |  |  |  |  |
|    | Remainder. Subtract lines 4a and 4b from 4.                          |   |  |   |  |  |  |  |  |
| -  | Remaining underdistributions for years prior to 2017, if             |   |  |   |  |  |  |  |  |
| 5  | any. Subtract lines 3g and 4a from line 2. For result                |   |  |   |  |  |  |  |  |
|    | greater than zero, explain in <b>Part VI</b> . See instructions.     |   |  |   |  |  |  |  |  |
| 6  | Remaining underdistributions for 2017. Subtract lines 3h             |   |  |   |  |  |  |  |  |
| U  | and 4b from line 1. For result greater than zero, explain in         |   |  |   |  |  |  |  |  |
|    | Part VI. See instructions.   |   |  |   |  |  |  |  |  |
| 7  | Excess distributions carryover to 2018. Add lines 3j                 |   |  |   |  |  |  |  |  |
| '  | and 4c.  |   |  |   |  |  |  |  |  |
| 8  | Breakdown of line 7:   |   |  |   |  |  |  |  |  |
|    | Evenes from 2012   |   |  |   |  |  |  |  |  |
|    |  |   |  |   |  |  |  |  |  |
|    | Excess from 2014   |   |  |   |  |  |  |  |  |
|    | Excess from 2015   |   |  |   |  |  |  |  |  |
|    | Excess from 2016   |   |  |   |  |  |  |  |  |
| e  | Excess from 2017   |   |  |   |  |  |  |  |  |

EEA

Schedule A (Form 990 or 990-EZ) 2017

| Control Contr | Page               |
|---|--------------------|
| 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 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, Sectior lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)  | Part<br>n<br>, 2b, |
|   |                    |
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|   | Fe                | ederal Supporting S     | tatements                            | 2017 PG01                                    |     |
|---|-------------------|-------------------------|--------------------------------------|--|-----|
| Name(s) as shown on return RAYMOND VI     | LLAGE LIBRARY     | Y                       |                                      | FEIN 32-0157339                              | )   |
|   | Ι                 | FORM 4562 - LINE        | 19B                                  | Statement #                                  | ŧ50 |
| BASIS<br>1,523<br>1,216<br>1,116<br>TOTAL | RP<br>5<br>5<br>5 | CV<br>HY<br>HY<br>HY    | METHOD<br>200 DB<br>200 DB<br>200 DB | DEDUCTION<br>305<br>243<br>223<br><b>771</b> |     |
|   | I                 | FORM 4562 - LINE        | 191                                  | <b>PG01</b><br>Statement #                   | ‡5  |
| DATE<br>08-2017<br>TOTAL                  |                   | COST<br>3,040<br>19,650 |                                      | DEDUCTION<br>68<br>441<br>509                |     |

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

Complete to provide information for responses to specific questions of Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047
2017
Open to Public

Employer identification number

#### RAYMOND VILLAGE LIBRARY

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 (Pa | art I, line 16)                |
|---------------------------------------|--------------------------------|
| DESCRIPTION                           | AMOUNT                         |
|                                       |                                |
| DEPRECIATION FROM 4562                | 4,762                          |
| OFFICE EXPENSES                       | 6,221                          |
| INFORMATION TECHNOLOGY                | 125                            |
| INSURANCE                             | 3,152                          |
| PROGRAM EXPENSE                       | 7,140                          |
| BOOKS AUDIOS VIDEO                    | 13,192                         |
| PAYROLL PROCESSING                    | 986                            |
|                                       |                                |
| 03. Other changes in net assets or fu | Ind 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                        |
|                                       |                                |
|                                       |                                |
|                                       |                                |

| _         | 4562                                   |                        | Depre                                      | ciation and A  | Amortiz                | ation             |           |        | OMB No. 1545-0172          |
|-----------|--|------------------------|--|--|------------------------|-------------------|-----------|--------|----------------------------|
| Form      | 4302                                   |                        | -  | ng Information on  |                        |                   |           |        | 2017                       |
| Departi   | ment of the Treasury                   |                        |  | Attach to your tax   | return.                |                   |           |        | Attachment                 |
|           | Revenue Service (99)                   | ► G                    | o to www.irs.go                            | ov/Form4562 for instru   |                        |                   | mation.   |        | Sequence No. 179           |
|           |  |                        | 7 1 2                                      |  |                        | this form relates |           |        | Identifying number         |
| Par       | MOND VILL.                             |                        |  | operty Under Sect  | <u>M 990E</u>          | <u>.с – т</u>     |           |        | 32-0157339                 |
| ı aı      |  | •                      |  | complete Part V befo   |                        | nolete Part I     |           |        |                            |
| 1         |  |                        |  |  |                        | •                 |           | 1      |                            |
| 2         | Total cost of sectio                   | n 179 property p       | laced in service                           | (see instructions)   |                        |                   |           | 2      |                            |
| 3         | Threshold cost of s                    | ection 179 prop        | erty before reduc                          | tion in limitation (see ins  | tructions)             |                   | [         | 3      |                            |
| 4         | Reduction in limitat                   | ion. Subtract line     | e 3 from line 2. If                        | zero or less, enter -0-  |                        |                   |           | 4      |                            |
| 5         | Dollar limitation for                  | tax year. Subtrac      | ct line 4 from line                        | 1. If zero or less, enter  | -0 If marrie           | d filing          |           |        |                            |
|           | separately, see ins                    | tructions              |  | <u> </u>   |                        |                   |           | 5      |                            |
| 6         |  | (a) Description of pro | operty                                     | (b) Cost (   | business use on        | y) (c) Elec       | cted cost |        |                            |
|           |  |                        |  |  |                        |                   |           |        |                            |
| 7         | Listed property. En                    | tor the amount fr      | om lino 20                                 |  | 7                      | ,                 |           |        |                            |
| 8         |  |                        |  | unts in column (c), lines  |                        |                   |           | 8      |                            |
| 9         |  |                        |  | ine 8  |                        |                   |           | 9      |                            |
| 10        |  |                        |  | ur 2016 Form 4562 .  |                        |                   | t t       | 10     |                            |
| 11        | -                                      |                        | -  | iness income (not less t   |                        |                   |           | 11     |                            |
| 12        | Section 179 expen                      | se deduction. Ad       | ld lines 9 and 10,                         | but don't enter more that  | an line 11             |                   | 1         | 12     |                            |
| 13        | Carryover of disalle                   | owed deduction t       | to 2018. Add line                          | s 9 and 10, less line 12   | ▶ 1                    | 3                 |           |        |                            |
|           |  |                        |  | y. Instead, use Part V.  |                        |                   |           |        |                            |
| Par       |  |                        |  |  |                        |                   | isted pr  | opert  | y.) (See instructions.)    |
| 14        |  |                        |  | (other than listed prope   |                        |                   |           |        |                            |
|           | during the tax year                    |                        |  |  |                        |                   | 1         | 14     |                            |
| 15        |  | .,.                    | •  |  |                        |                   |           | 15     |                            |
| 16<br>Par |  |                        |  |  |                        |                   | •••       | 16     |                            |
| ı aı      |  | Depreciation           |  | Section A  |                        |                   |           |        |                            |
| 17        | MACRS deduction                        | s for assets place     | ed in service in t                         | ax years beginning befo  |                        |                   |           | 17     | 3,423                      |
| 18        |  |                        |  | vice during the tax year   |                        |                   |           |        | 0,110                      |
|           | asset accounts, ch                     |                        |  |  |                        | -                 |           |        |                            |
|           | Section                                |                        |  | ice During 2017 Tax  |                        |                   |           | eciati | ion System                 |
|           | (a) Classification of p                |                        | (b) Month and year<br>placed in<br>service | (c) Basis for depreciation<br>(business/investment use<br>only-see instructions) | (d) Recovery period    | (e) Convention    | (f) Meth  | nod    | (g) Depreciation deduction |
| 19a       | 3-year property                        |                        |  |  |                        |                   |           |        |                            |
| b         | 5-year property                        | Statement              | #567                                       |  |                        |                   |           |        | 771                        |
| C         | 7-year property                        |                        |  | 411  | 7                      | HY                | 200       | DB     | 59                         |
| d         | 10-year property                       |                        |  |  |                        |                   |           |        |                            |
| e         | 15-year property                       |                        |  |  |                        |                   |           |        |                            |
| f         | 20-year property                       |                        |  |  | 05                     |                   | 0/        |        |                            |
| b         | 25-year property<br>Residential rental |                        |  |  | 25 yrs.                | MM                | S/        |        |                            |
| n         | property                               |                        |  |  | 27.5 yrs.<br>27.5 yrs. | MM                | S/        |        |                            |
| i         | Nonresidential real                    | Statement              | #568                                       |  | 39 yrs.                | MM                | S/        |        | 509                        |
| •         | property                               | Deatement              | #500                                       |  | 00 yrs.                | MM                | S/        |        |                            |
|           |  | - Assets Plac          | ced in Service                             | During 2017 Tax Ye   | ear Using t            |                   |           |        | ion Svstem                 |
| 20a       | Class life                             |                        |  |  | <b>_</b> _             |                   | S/        |        |                            |
| b         | 12-year                                |                        |  |  | 12 yrs.                |                   | S/        | L      |                            |
|           | 40-year                                |                        |  |  | 40 yrs.                | MM                | S/        | L      |                            |
| Par       | t IV Summa                             | ary (See instru        | uctions.)                                  |  |                        |                   |           |        |                            |
| 21        | Listed property. Er                    |                        |  |  |                        |                   | ••••      | 21     |                            |
| 22        |  |                        | -  | 17, lines 19 and 20 in co  |                        |                   | r         |        |                            |
| ~~        |  |                        |  | tnerships and S corpora  |                        | structions .      |           | 22     | 4,762                      |
| 23        |  |                        |  | ng the current year, enter   |                        | ,                 |           |        |                            |
|           | POLICITION THE DASIS                   | อลแบบนเสมไย เบ ร       | COSI COSI                                  | s  | 2                      | J                 |           |        |                            |

For Paperwork Reduction Act Notice, see separate instructions.

| -          |            |  |  | Complete States of the                    |  |  |
|------------|------------|--|--|---|--|--|
| 0.53       |            |  | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exce  | pt private found                          | iations)   |  |
|            |            |  | Do not enter social security numbers on this form as it may be   | made public.                              |  | Open to Public   |
| Dep        | artmen     | t of the Treasury  |  |   | 1000   | Inspection   |
|            |            | venue Service  | Information about Form 990-EZ and its instructions is at www.li<br>0.000 / 200 | and a second state of the second state of |  |  |
|            |            |  | rr year, or tax year beginning 07/01/16, and ending 06/30/1  | .7  | D. Constances  |  |
| presente - |            | reppicable;<br>change  | C Name of organization   |   | D Employer   | identification number  |
| -          | Name d     | 100  | RAYMOND VILLAGE LIBRARY  |   | 32.0   | 157339   |
| and and    | Initial re |  | Number and street (or P.O. box, if mail is not delivered to street address)  | Room/sulte                                | E Telephone  | and the local property of the local property |
| lane.      |            | tum/terminated   | P. O. BOX 297  | 100011020100                              |  | 655-4283   |
|            |            |  | City or lown, state or province, country, and ZIP or foreign postal code   |   | F Group Ex   | a new party of the second s  |
| H          | Applicat   | State Stat | RAYMOND ME 04071   |   | Number   |  |
|            |            | nting Method:  |  | H Che                                     | and the second statement of th | e organization is not  |
|            |            |  | RAYMONDVILLAGELIBRARY.ORG  |   | uired to attach \$   |  |
|            |            |  |  |   | m 990, 990-EZ  |  |
| _          |            | of organization:   | X Corporation Trust Association Other  |   |  |  |
|            |            |  | to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass  | ets                                       |  |  |
|            |            | umn (B) below) are   | a \$500,000 or more, file Form 990 instead of Form 990-EZ  |   |  | 137,616  |
| p          | ert I      | Revenu   | e, Expenses, and Changes in Net Assets or Fund Balances (  | see the instru                            | ctions for Par   | tl)  |
|            |            | Check if   | the organization used Schedule O to respond to any question in this Pa   | rt I                                      |  | X  |
|            | 1          | Contributions, gi  | fts, grants, and similar amounts received  |   | 1  | 118,877  |
|            | 2          | Program servi  | ce revenue including government fees and contracts   |   | 2  | 17,178   |
|            | 3          | Membership d   | ues and assessments  |   | 3  |  |
|            | 4          | Investment Inc   |  |   | 4  | 1,561  |
|            | <b>5</b> a | Gross amount   | from sale of assets other than inventory5a   | -   |  |  |
| - 0        | b          | Less: cost or c  | other basis and sales expenses   |   |  |  |
| - 0        | C          |  | m sale of assets other than inventory (Subtract line 5b from line 5a)  |   | 5c   |  |
|            | 6          |  | undraising events  |   |  |  |
|            | 8          | Gross Income   | from gaming (attach Schedule G if greater that   |   |  |  |
| 2          |            | \$15,000)  | from fundraising events (not including source of contribution  |   |  |  |
| Revenue    | b          |  |  | DAS                                       |  |  |
| ~~         |            |  | ng events reported on line 1) (attach Schudule G if the  |   |  |  |
|            |            |  | ross income and contributions exceeds \$15,000)  |   |  |  |
|            | C          |  | penses from gaming and fundraising events  |   |  |  |
|            | d          |  | (losa) from gaming and fundraising events (add lines 6a and 6b and subtract  |   | <b>C 1</b>   |  |
|            |            |  | inventory, less returns and allowances 7a  | •   | <u>6d</u>  | ، <del>معتاقي جاندة وس</del> ان <del>ة -</del>   |
|            | 78         |  |  |   |  |  |
|            | b          | Less: cost of g  | (loss) from sales of Inventory (Subtract line 7b from line 7a)   |   | 70   |  |
|            | 8          | Other provide  | (dearthe in Scherhile O)   |   |  | 3  |
|            | 9          | Total revenue  | (describe in Schedule O)<br>Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  |   | . 9  | 137,616  |
| -          | 10         | Grants and sin   | nilar amounts paid (list in Schedule O)  | ******                                    |  |  |
|            | 11         | Benefits naid t  | o or for members   |   | 11   |  |
|            | 12         | Selaries, other  | compensation, and employee benefits  |   |  | 59,642   |
| Expenses   | 13         | Professional fe  | es and other payments to independent contractors   | ***************                           | 13   | 1,055  |
| - E        | 14         | Occupancy, re  | nt, utilities, and maintenance   |   | a a second and a second and a second a   | 14,746   |
| ă          | 15         | Printing, public   | ations, postage, and shipping  |   | 15   |  |
|            | 16         | Other expense  | is (describe in Schedule O)  |   |  | 28,096   |
|            | 17         | Total expense  | as. Add lines 10 through 16  |   | 17   | 103,539  |
| 1          | 18         | Excess or (def   | icit) for the year (Subtract line 17 from line 9)  |   | 18   | 34,077   |
| Net Assets | 19         |  | fund balances at beginning of yeer (from line 27, column (A)) (must agree with   |   |  |  |
| 9.55       |            |  | ure reported on prior year's return)   |   | 19   | 235,397  |
| et.        | 20         |  | in net assets or fund balances (explain in Schedule O)   |   | 20   | 12,502   |
| x          | 21         | Net assets or f  | fund balances at end of year. Combine lines 18 through 20  |   | 21   | 281,976  |
| For        | Paner      |  | Act Notice, see the separate instructions.   |   |  | Form 990-EZ (2016)   |

| -               |  |   |            |
|-----------------|--|---|------------|
| 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  |   | TEST NO    |
| 34              |  |   |            |
|                 |  | 33  | X          |
|                 | copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  |   |            |
| 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, 50, and 7,      | 34  | <u> </u>   |
| ь               | activities (such as those reported on lines 2, 6a, and 7a, among others)?  |   |            |
| c               | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O<br>Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to applied    | 35a   | <u>x</u>   |
|                 | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,<br>reporting, and proxy tax requirements during the year? If Type is comparized to section 6033(e) notice,   | 35b   |            |
| 36              | reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III   |   |            |
|                 | discount and organization termination and and  | 35c   | X          |
| 37a             | during the year? If "Yes," complete applicable parts of Schedule N   |   |            |
| b               | Enter amount of political expenditures, direct or indirect, as described in the instructions   | 36  | X          |
| 38a             |  |   |            |
| 000             | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were<br>any such loans made in a prior year and still outstanding of the period file  | <u>37b</u>  | X          |
| ь               | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?<br>If "Yes," complete Schedule L. Part II and enter the total amount is the total amount is the tax year covered by this return?  |   |            |
| 39              |  | 38a   | X          |
| a               | Social Julicity and Enter  | _   |            |
| b               | Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities   |   |            |
|                 | Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax improved and       |   |            |
| TVa             | section 4044 b   | _   |            |
|                 |  |   |            |
| b               | to (o)(o), ov (o)(a), and ov (c)(29) or canizations. Did the   | -   |            |
|                 |  |   |            |
|                 |  |   |            |
|                 |  | 40b   | X          |
| D4 1            | and a subscription of the second state of the        |   |            |
| 31              |  |   |            |
| 9 9             | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter around of tax on line  |   |            |
|                 |  |   |            |
| 8 A             | ansaction? If "Yes," complete Form asse T  |   |            |
|                 |  |   |            |
| 420 T           | ist the states with which a copy of this return is filed MONE  | 40a   | X          |
| ared 1          | the organization's books are in care of ► DB ACCOUNTING INC.<br>133 BRAND ROAD Telephone no. ► 20  | 7 000   |            |
| Selfer Le       | 133 BRAND ROAD   | 1-892-  | 1133       |
| b A             |  | 062   |            |
|                 | and an a contract of the amagination of the amagination of the second of       | ******  |            |
| E H             | Yes "enter the name of the first of a barry account, securities account, or other financial account?   |   | No No      |
| Se              | B the instructions for exceptions and the  | 42b   | X          |
| Fa              | se the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and mancial 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 counter b  | 42c   | x          |
| 43 Se           | ction 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in tieu of Form 1041 — Check here  | 78.0  | 1 <u>A</u> |
| an              | d enter the amount of tax avanatility avanatility of Form 990-EZ in lieu of Form 1041 - Check here   |   | N DI       |
|                 | d enter the amount of tax-exempt interest received or accrued during the tax year  | ********  |            |
| 44a Did         |  | Yes   | 1          |
| COT             | the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be  | Tes   | No         |
| b Did           | the organization onestic and one of the second se  | 44a   | -          |
| GOA             | npleted instead of Form 990-EZ<br>the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be<br>npleted instead of Form 990-EZ   | 448   | X          |
| c Did           | the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be<br>the organization receive any payments for indoor tanning services during the year?<br>for the ine 44c, has the organization filed a Form 720 to report these payments? If "No." any idea and  | AAL   |            |
| C 11 "          | es" to line 44c bas the oppenies the time and the second guid year ?   | 44b   | X          |
| exp             | res" to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an the organization have a controlled entity within the meaning of provide filed for the second se</i> | 440   | X          |
|                 |  | 44d   |            |
| 1 .Od           | the organization have a controlled entity within the meaning of section 512(b)(13)?  | 45a   | v          |
| Per la Presa Ta | The second  | BC  | <u>x</u>   |
| For             | ring of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of  |   |            |
| RA JO C         | ACCREGATION CONTROL OF A C   | 45b   |            |
| ACOMINE +       |  | A DECEMBER OF | X          |
| CANE NO         | For  | 990-EZ (  | 2016)      |

|   | Check a pro-organization acoa conducto o   | co.sealsereneeren   | the second se                     | State of the state | Concernance of the local division of the loc | States of the second |
|---|--|---|---|--|--|---|
|   |  |   | the second se                     | ginning of year  | l  | (B) End of year   |
| 22  | Cash, savings, and investments   |   |   | 117,166  |  | 148,801   |
| 23  | Land and buildings   |   |   | 118,212  | -  | 133,175   |
| 24  | Other assets (describe in Schedule O)  |   |   | 19   |  |   |
| 25  | Total assets   |   |   | 235,397  | 25   | 281,976   |
| 20  | Total liabilities (describe in Schedule O)   |   |   | 0  | 26   | 0   |
| 27  | Net assets or fund balances (line 27 of column (B) must ag   | ree with line 21)   |   | 235,397  | 27   | 281,976   |
|   | art III Statement of Program Service Accom   | plishments (s   | e the instructions for  | Part III)  |  |   |
| atev  | Check if the organization used Schedule O t  | to respond to any   | question in this Part   | IIIX   |  | Expenses  |
| W   | at is the organization's primary exempt purpose?   |   |   |  | (Re  | quired for section  |
|   | RE SCHEDULE O  |   |   |  | · ·  | (c)(3) and 501(c)(4)  |
| De  | scribe the organization's program service accomplishments for  | each of its three la  | roest program services.   | and the second second  |  | anizations; optional for  |
|   | measured by expenses. In a clear and concise manner, descril   |   |   |  |  | ers.)   |
|   | sons benefited, and other relevant information for each program  |   |   |  |  | alai)   |
| 28  | LIBRARY SERVICES AS STATED IN MISSION.   |   |   |  | t T  |   |
|   |  |   | ********************  | **************   |  |   |
|   |  | *****   |   |  |  |   |
| 41  | (Grants \$ ) If this amount includes   | foreign grante, chu   | wer have  |  | 28a  | 98,186  |
| 29  |  |   |   | and the second   | 208  | 30/100  |
| 23  | •  | *****************   |   |  | 1  |   |
|   |  | •••••   |   |  |  |   |
|   | 12.00.2  | ·····   |   |  |  |   |
|   | (Grants \$ ) If this amount includes   | foreign grants, che   | ock here  |  | 29a  |   |
| 30  |  |   |   |  | 1  |   |
|   |  |   |   |  |  |   |
|   | * *************************************  |   | $\cap$  |  |  |   |
|   | (Grants \$ ) If this amount includes   |   |   |  | 30a  | ·····   |
| 31  | Other program services (describe in Schedule O)  |   | <u> </u>  |  |  |   |
|   | (Grants \$ ) If this amount includes   | foreign grante, che   | ck here   |  | 31a  | Č.  |
| 32  | Total program service expenses (add lines 28a through 31a  |   |   | ▶  | 32   | 98,186  |
| 200323  |  |   |   |  |  |   |
| 200.00  | List of Officers, Directors, Trustees, and Key E   | mplotelle Alst eac  | h one even if not compe   | insated - see the  | e instruc  | ctions for Part IV)   |
|   | Total program service expenses (add lines 28a through 31a<br>List of Officers, Directors, Trustees, and Key E<br>Check if the organization used Schedule O to resp   |   | (c) Reportable  | nsated — see the   | e instruc  | ctions for Part IV)   |
|   | List of Officers, Directors, Trustees, and Key E<br>Check if the organization used Schedule O to resp<br>(a) Name and title  | Average   | (c) Reportable  | (d) Health ber   | nefits,<br>mploves   | (e) Estimated amount of   |
|   | (a) Name and title   | Average   | h one even if not compe<br>n in this Part IV<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-) | (d) Health ber<br>contributions to e<br>benefit plans,<br>deferred compet  | nefits,<br>mploves   | (e) Estimated amount of other compensation  |
|   |  | Average   | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)   | (d) Health ber   | nefits,<br>mploves   | (e) Estimated amount of   |
|   | (a) Name and title   | Average   | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)   | (d) Health ber<br>contributions to e<br>benefit plans,<br>deferred compet  | nefits,<br>mploves   | (e) Estimated amount of other compensation  |
| S   | (a) Name and title<br>HTELA BOURQUE  | devoted to position   | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)   | (d) Health ber<br>contributions to e<br>benefit plans,<br>deferred compet  | efits,<br>mployee<br>and<br>nsation  | (e) Estimated amount of other compensation  |
| P<br>P  | (a) Name and title<br>HITELA BOURQUE<br>RESIDENT   | devoted to position   | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)   | (d) Health ber<br>contributions to e<br>benefit plans,<br>deferred compet  | efits,<br>mployee<br>and<br>nsation  | (e) Estimated amount of other compensation  |
| S<br>P<br>P   | (a) Name and tits<br>HIELA BOURQUE<br>RESIDENT<br>AUL CULLINAN   | Average<br>bours per week<br>devoted to position<br>2.50  | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)   | (d) Health ber<br>contributions to e<br>benefit plans,<br>deferred compet  | efits,<br>mployee<br>and<br>nsation  | (e) Estimated amount of other compensation  |
| P<br>P<br>V<br>J  | (a) Name and tits<br>HITELA BOURQUE<br>RESIDENT<br>AUL CULLINAN<br>ICE PRESIDENT   | Average<br>bours per week<br>devoted to position<br>2.50  | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)   | (d) Health ber<br>contributions to e<br>benefit plans,<br>deferred compet  | efits,<br>mployee<br>and<br>nsation  | (e) Estimated amount of other compensation 0 0  |
| S P<br>P<br>J   | (a) Name and tite<br>HIELA BOURQUE<br>RESIDENT<br>AUL CULLINAN<br>ICE PRESIDENT<br>ANET WALKER   | Average<br>Bours per week<br>devoted to position<br>2.50<br>2.50  | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)   | (d) Health ber<br>contributions to e<br>benefit plans,<br>deferred compet  | neffts,<br>mployee<br>and<br>nsation<br>0  | (e) Estimated amount of other compensation 0 0  |
| P<br>P<br>J<br>S  | (a) Name and tite<br>HIELA BOURQUE<br>RESIDENT<br>AUL CULLINAN<br>ICE PRESIDENT<br>ANET WALKER<br>ECRETARY   | Average<br>Bours per week<br>devoted to position<br>2.50<br>2.50  | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)   | (d) Health ber<br>contributions to e<br>benefit plans,<br>deferred compet  | neffts,<br>mployee<br>and<br>nsation<br>0  | (e) Estimated amount of other compensation 0 0 0  |
| P<br>P<br>V<br>J<br>S<br>L  | (a) Name and tits<br>HITELA BOURQUE<br>RESIDENT<br>AUL CULLINAN<br>ICE PRESIDENT<br>ANET WALKER<br>ECRETARY<br>EIGH WALKER   | Average<br>Dours per week<br>devoted to position<br>2.50<br>2.50<br>2.50  | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(If not paid, enter -0-)<br>0  | (d) Health ber<br>contributions to e<br>benefit plans,<br>deferred compet  | iefits,<br>mployee<br>and<br>nsetion<br>0  | (e) Estimated amount of other compensation 0 0 0  |
| S P P V J S L T K   | (a) Name and tits<br>HITELA BOURQUE<br>RESIDENT<br>AUL CULLINAN<br>ICE PRESIDENT<br>ANET WALKER<br>ECRETARY<br>EIGH WALKER<br>REASURER   | Average<br>Dours per week<br>devoted to position<br>2.50<br>2.50<br>2.50  | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(If not paid, enter -0-)<br>0  | (d) Health ber<br>contributions to e<br>benefit plans,<br>deferred compet  | iefits,<br>mployee<br>and<br>nsetion<br>0  | (e) Estimated amount of other compensation 0 0 0 0 0  |
| S<br>P<br>P<br>V<br>J<br>S<br>L<br>T<br>R<br>B                                    | (a) Name and tits<br>HITELA BOURQUE<br>RESIDENT<br>AUL CULLINAN<br>ICE PRESIDENT<br>ANET WALKER<br>ECRETARY<br>BIGH WALKER<br>REASURER<br>REASURER<br>IMBERLY ALLEN  | Average<br>ours per week<br>devoted to position<br>2.50<br>2.50<br>2.50<br>15.00  | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(If not paid, enter -0-)<br>0  | (d) Health ber<br>contributions to e<br>benefit plans,<br>deferred compet  | ieffits,<br>imployees<br>and<br>neation<br>0<br>0<br>0   | (e) Estimated amount of other compensation 0 0 0 0 0  |
| S<br>P<br>P<br>J<br>J<br>S<br>L<br>T<br>K<br>B<br>N                               | (a) Name and tits<br>HIELA BOURQUE<br>RESIDENT<br>AUL CULLINAN<br>ICE PRESIDENT<br>ANET WALKER<br>ECRETARY<br>BIGH WALKER<br>REASURER<br>IMBERLY ALLEN<br>OARD MEMBER  | Average           Jours per week           devoted to position           2.50           2.50           2.50           2.50           2.50           2.50           2.50 | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(If not paid, enter -0-)<br>0  | (d) Health ber<br>contributions to e<br>benefit plans,<br>deferred compet  | ieffits,<br>imployees<br>and<br>neation<br>0<br>0<br>0   | (e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0                                |
| S<br>P<br>P<br>J<br>J<br>S<br>L<br>T<br>T<br>K<br>B<br>N<br>B                     | (a) Name and tits<br>HIELA BOURQUE<br>RESIDENT<br>AUL CULLINAN<br>ICE PRESIDENT<br>ANET WALKER<br>ECRETARY<br>EIGH WALKER<br>REASURER<br>IMBERLY ALLEN<br>OARD MEMBER<br>ICK HARDY<br>OARD MEMBER                  | Average<br>ours per week<br>devoted to position<br>2.50<br>2.50<br>2.50<br>15.00  | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)<br>0<br>0<br>0<br>0                             | (d) Health ber<br>contributions to e<br>benefit plans,<br>deferred compet  | vefita,<br>mployee<br>and<br>neation<br>0<br>0<br>0<br>0   | (e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0                                |
| S<br>P<br>P<br>V<br>J<br>S<br>L<br>T<br>T<br>K<br>R<br>B<br>N<br>N<br>B<br>L      | (a) Name and tits<br>HITELA BOURQUE<br>RESIDENT<br>AUL CULLINAN<br>ICE PRESIDENT<br>ANET WALKER<br>ECRETARY<br>EIGH WALKER<br>REASURER<br>IMBERLY ALLEN<br>OARD MEMBER<br>ICK HARDY<br>OARD MEMBER<br>OUISE LESTER | Average<br>Dours per week<br>devoted to position<br>2.50<br>2.50<br>15.00<br>2.50<br>2.50<br>2.50   | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0    | (d) Health ber<br>contributions to e<br>benefit plans,<br>deferred compet  | effits,<br>mployee<br>and<br>neation<br>0<br>0<br>0<br>0   | (e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0                                |
| S<br>P<br>P<br>V<br>J<br>S<br>L<br>T<br>T<br>K<br>R<br>B<br>N<br>N<br>B<br>L      | (a) Name and tits<br>HIELA BOURQUE<br>RESIDENT<br>AUL CULLINAN<br>ICE PRESIDENT<br>ANET WALKER<br>ECRETARY<br>EIGH WALKER<br>REASURER<br>IMBERLY ALLEN<br>OARD MEMBER<br>ICK HARDY<br>OARD MEMBER                  | Average           Jours per week           devoted to position           2.50           2.50           2.50           2.50           2.50           2.50           2.50 | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)<br>0<br>0<br>0<br>0                             | (d) Health ber<br>contributions to e<br>benefit plans,<br>deferred compet  | vefita,<br>mployee<br>and<br>neation<br>0<br>0<br>0<br>0   | (e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0                                |
| S<br>P<br>P<br>V<br>J<br>S<br>L<br>T<br>T<br>K<br>R<br>B<br>N<br>N<br>B<br>L      | (a) Name and tits<br>HITELA BOURQUE<br>RESIDENT<br>AUL CULLINAN<br>ICE PRESIDENT<br>ANET WALKER<br>ECRETARY<br>EIGH WALKER<br>REASURER<br>IMBERLY ALLEN<br>OARD MEMBER<br>ICK HARDY<br>OARD MEMBER<br>OUISE LESTER | Average<br>Dours per week<br>devoted to position<br>2.50<br>2.50<br>15.00<br>2.50<br>2.50<br>2.50   | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0    | (d) Health ber<br>contributions to e<br>benefit plans,<br>deferred compet  | effits,<br>mployee<br>and<br>neation<br>0<br>0<br>0<br>0   | (e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0                                |
| S<br>P<br>P<br>V<br>J<br>S<br>L<br>T<br>T<br>K<br>R<br>B<br>N<br>N<br>B<br>L      | (a) Name and tits<br>HITELA BOURQUE<br>RESIDENT<br>AUL CULLINAN<br>ICE PRESIDENT<br>ANET WALKER<br>ECRETARY<br>EIGH WALKER<br>REASURER<br>IMBERLY ALLEN<br>OARD MEMBER<br>ICK HARDY<br>OARD MEMBER<br>OUISE LESTER | Average<br>Dours per week<br>devoted to position<br>2.50<br>2.50<br>15.00<br>2.50<br>2.50<br>2.50   | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0    | (d) Health ber<br>contributions to e<br>benefit plans,<br>deferred compet  | effits,<br>mployee<br>and<br>neation<br>0<br>0<br>0<br>0   | (e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0                                |
| S<br>P<br>P<br>V<br>J<br>S<br>L<br>T<br>T<br>K<br>R<br>B<br>N<br>N<br>B<br>L      | (a) Name and tits<br>HITELA BOURQUE<br>RESIDENT<br>AUL CULLINAN<br>ICE PRESIDENT<br>ANET WALKER<br>ECRETARY<br>EIGH WALKER<br>REASURER<br>IMBERLY ALLEN<br>OARD MEMBER<br>ICK HARDY<br>OARD MEMBER<br>OUISE LESTER | Average<br>Dours per week<br>devoted to position<br>2.50<br>2.50<br>15.00<br>2.50<br>2.50<br>2.50   | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0    | (d) Health ber<br>contributions to e<br>benefit plans,<br>deferred compet  | effits,<br>mployee<br>and<br>neation<br>0<br>0<br>0<br>0   | (e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0                                |
| S<br>P<br>P<br>V<br>J<br>S<br>L<br>T<br>T<br>K<br>R<br>B<br>N<br>N<br>B<br>L      | (a) Name and tits<br>HITELA BOURQUE<br>RESIDENT<br>AUL CULLINAN<br>ICE PRESIDENT<br>ANET WALKER<br>ECRETARY<br>EIGH WALKER<br>REASURER<br>IMBERLY ALLEN<br>OARD MEMBER<br>ICK HARDY<br>OARD MEMBER<br>OUISE LESTER | Average<br>Dours per week<br>devoted to position<br>2.50<br>2.50<br>15.00<br>2.50<br>2.50<br>2.50   | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0    | (d) Health ber<br>contributions to e<br>benefit plans,<br>deferred compet  | effits,<br>mployee<br>and<br>neation<br>0<br>0<br>0<br>0   | (e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0                                |
| S<br>P<br>P<br>V<br>J<br>S<br>L<br>T<br>T<br>K<br>R<br>B<br>N<br>N<br>B<br>L      | (a) Name and tits<br>HITELA BOURQUE<br>RESIDENT<br>AUL CULLINAN<br>ICE PRESIDENT<br>ANET WALKER<br>ECRETARY<br>EIGH WALKER<br>REASURER<br>IMBERLY ALLEN<br>OARD MEMBER<br>ICK HARDY<br>OARD MEMBER<br>OUISE LESTER | Average<br>Dours per week<br>devoted to position<br>2.50<br>2.50<br>15.00<br>2.50<br>2.50<br>2.50   | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0    | (d) Health ber<br>contributions to e<br>benefit plans,<br>deferred compet  | effits,<br>mployee<br>and<br>neation<br>0<br>0<br>0<br>0   | (e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0                                |
| S<br>P<br>P<br>V<br>J<br>S<br>L<br>T<br>T<br>K<br>R<br>B<br>N<br>N<br>B<br>L      | (a) Name and tits<br>HITELA BOURQUE<br>RESIDENT<br>AUL CULLINAN<br>ICE PRESIDENT<br>ANET WALKER<br>ECRETARY<br>EIGH WALKER<br>REASURER<br>IMBERLY ALLEN<br>OARD MEMBER<br>ICK HARDY<br>OARD MEMBER<br>OUISE LESTER | Average<br>Dours per week<br>devoted to position<br>2.50<br>2.50<br>15.00<br>2.50<br>2.50<br>2.50   | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0    | (d) Health ber<br>contributions to e<br>benefit plans,<br>deferred compet  | effits,<br>mployee<br>and<br>neation<br>0<br>0<br>0<br>0   | (e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0                                |
| S<br>P<br>P<br>V<br>J<br>S<br>L<br>T<br>T<br>K<br>R<br>B<br>N<br>N<br>B<br>L      | (a) Name and tits<br>HITELA BOURQUE<br>RESIDENT<br>AUL CULLINAN<br>ICE PRESIDENT<br>ANET WALKER<br>ECRETARY<br>EIGH WALKER<br>REASURER<br>IMBERLY ALLEN<br>OARD MEMBER<br>ICK HARDY<br>OARD MEMBER<br>OUISE LESTER | Average<br>Dours per week<br>devoted to position<br>2.50<br>2.50<br>15.00<br>2.50<br>2.50<br>2.50   | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0    | (d) Health ber<br>contributions to e<br>benefit plans,<br>deferred compet  | effits,<br>mployee<br>and<br>neation<br>0<br>0<br>0<br>0   | (e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0                                |
| S<br>P<br>P<br>V<br>J<br>S<br>S<br>L<br>T<br>T<br>K<br>R<br>B<br>N<br>N<br>B<br>L | (a) Name and tits<br>HITELA BOURQUE<br>RESIDENT<br>AUL CULLINAN<br>ICE PRESIDENT<br>ANET WALKER<br>ECRETARY<br>EIGH WALKER<br>REASURER<br>IMBERLY ALLEN<br>OARD MEMBER<br>ICK HARDY<br>OARD MEMBER<br>OUISE LESTER | Average<br>Dours per week<br>devoted to position<br>2.50<br>2.50<br>15.00<br>2.50<br>2.50<br>2.50   | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0    | (d) Health ber<br>contributions to e<br>benefit plans,<br>deferred compet  | effits,<br>mployee<br>and<br>neation<br>0<br>0<br>0<br>0   | (e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0                                |
| S<br>P<br>P<br>V<br>J<br>S<br>L<br>T<br>T<br>K<br>R<br>B<br>N<br>N<br>B<br>L      | (a) Name and tits<br>HITELA BOURQUE<br>RESIDENT<br>AUL CULLINAN<br>ICE PRESIDENT<br>ANET WALKER<br>ECRETARY<br>EIGH WALKER<br>REASURER<br>IMBERLY ALLEN<br>OARD MEMBER<br>ICK HARDY<br>OARD MEMBER<br>OUISE LESTER | Average<br>Dours per week<br>devoted to position<br>2.50<br>2.50<br>15.00<br>2.50<br>2.50<br>2.50   | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0    | (d) Health ber<br>contributions to e<br>benefit plans,<br>deferred compet  | effits,<br>mployee<br>and<br>neation<br>0<br>0<br>0<br>0   | (e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0                                |
| S<br>P<br>P<br>V<br>J<br>S<br>L<br>T<br>T<br>K<br>R<br>B<br>N<br>N<br>B<br>L      | (a) Name and tits<br>HITELA BOURQUE<br>RESIDENT<br>AUL CULLINAN<br>ICE PRESIDENT<br>ANET WALKER<br>ECRETARY<br>EIGH WALKER<br>REASURER<br>IMBERLY ALLEN<br>OARD MEMBER<br>ICK HARDY<br>OARD MEMBER<br>OUISE LESTER | Average<br>Dours per week<br>devoted to position<br>2.50<br>2.50<br>15.00<br>2.50<br>2.50<br>2.50   | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-)<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0    | (d) Health ber<br>contributions to e<br>benefit plans,<br>deferred compet  | effits,<br>mployee<br>and<br>neation<br>0<br>0<br>0<br>0   | (e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0                                |

Form 990-EZ (2016)

| 000700999999   | o candid  | ates for public office? If "Yes," complete Sch<br>Section 501(c)(3) organizations of<br>All section 501(c)(3) organizations mus<br>50 and 51.<br>Check if the organization used Schedu   | edule C, Part I<br>nly<br>It answer questions 4   | 7-49b and 52, and co        | mplete the tables for i  | - A 2 4 C COLLEGE COMPLEX AND A REAL PROPERTY OF A |                   |
|--|---|--|---|-----------------------------|--|---|-------------------|
| 47 D   | ld the or   | ganization engage in lobbying activities or ha   | ve a section 501(h) elec  | tion in effect during the   | hav  |   | Ves No            |
| - Ve   | ear? If ")  | es." complete Schedule C: Part II  |   |                             |  | 47  | x                 |
|  |   |  |   |                             |  |   | X                 |
| 50 C   | omplete   | ganization make any transfers to an exempt<br>as the related organization a section 527 or<br>this table for the organization's five highest o<br>s) who each received more than \$100,000 of  | anization?  | other than officers, dire   | cions trustees and key   | 496   | X                 |
|  | *   | (a) Name and title of each employee  | (b) Average<br>hours per week<br>devoted to position  | (c) Reportable compensation | (d) Health benefits,<br>contributions to employee<br>benefit plans, and<br>deferred compensation | (e) Estimated<br>other compo  |                   |
| NON  | <u>s</u>  |  |   |                             |  |   | 1                 |
|  | •••••   |  |   |                             |  |   |                   |
|  |   |  |   |                             | *  |   |                   |
|  |   |  |   |                             |  |   |                   |
| *********  |   |  |   | 0                           |  |   |                   |
| 51 Co<br>\$1   | 00,000 0  | er of other employees paid over \$100,000<br>his table for the organization's five highest or<br>f compensation from the organization. If the  | e is none, enter "Rone."  | in contractors who each     | received more than   |   |                   |
| 51 Co<br>\$11<br>NOME  | 00,000 0  | his table for the organization's five highest or   | e is none, enter "Rone."  |                             | received more than   | (c) Compense  | tion              |
|  | 00,000 0  | his table for the organization's five highest or<br>f compensation from the organization, if the   | e is none, enter "Rone."  |                             |  | (c) Compense  | tion              |
|  | (a)   | his table for the organization's five highest or<br>f compensation from the organization, if the   | t contractor  | (b) Type                    |  | (c) Compense  | tion              |
|  | (a)   | his table for the organization's five highest or<br>f compensation from the organization. If the<br>Name and business address of each independent  | t contractor  | (b) Type                    |  | (c) Compense  | tion              |
| ROME   | (a)   | his table for the organization's five highest of<br>f compensation from the organization. If the<br>Name and business address of each independen   | t contractor  | (b) Type                    |  | (c) Compense  | tion              |
| NOME<br>ROME<br>d Tot<br>52 Did  | (a)<br>(a)<br>at number<br>the orga   | his table for the organization's five highest of<br>f compensation from the organization. If the<br>Name and business address of each independent<br>Name and business address of each independent<br>and the state of the stateo | eiving over \$100,000   | (b) Type                    |  |   |                   |
| d Tot<br>52 Did<br>con   | al number<br>the organ  | his table for the organization's five highest of<br>f compensation from the organization. If the<br>Name and business address of each independent<br>Name and business address of each independent<br>and business address of each independent<br>of other independent contractors each rec<br>inization complete Schedule A? Note: All ce<br>Schedule A   | eiving over \$100,000<br>ction 501(c)(3) organiza   | (b) Type                    | e of service   |   |                   |
| d Tot<br>s2 Did<br>com<br>Under pen<br>rue, correc<br>Sign             | al number<br>the organ<br>pleted s<br>alities of p<br>ct, and co                    | his table for the organization's five highest of<br>f compensation from the organization. If ther<br>Name and business address of each independent<br>Name and business address of each independent<br>of of other independent contractors each rec<br>inization complete Schedule A? Note: All se<br>Schedule A<br>erjury, I declare that I have examined this return, i<br>mplete. Declaration of preparer (other than officer<br>SHIELA BOURQUE   | eiving over \$100,000<br>ction 501(c)(3) organiza   | (b) Type                    | e of service   |   |                   |
| d Tot<br>52 Did<br>con   | al number<br>the organistics of points, and co                                      | his table for the organization's five highest of<br>f compensation from the organization. If there<br>have and business address of each independent<br>wave and business address of each independent<br>of other independent contractors each rec<br>inization complete Schedule A? Note: All se<br>Schedule A<br>erjury, I declare that I have examined this return, i<br>mplete. Declaration of preparer (other than officer<br>Statistical Schedule A)<br>Sighsture of diffeer<br>SHIESIA BOURQUE<br>Type or print name and title<br>ope preparer's name  | eiving over \$100,000<br>ction 501(c)(3) organiza   | (b) Type                    | e of service   | Ige and belief, h   | ] <u>No</u><br>Is |
| d Tot<br>52 Did<br>52 Did<br>Jnder peni<br>rue, correc<br>Sign<br>iere | al number<br>the organ<br>pleted s<br>alties of p<br>ct, and co<br>Print/T<br>TABIT | his table for the organization's five highest of<br>f compensation from the organization. If ther<br>Name and business address of each independent<br>Name and business address of each independent<br>of of other independent contractors each rec<br>inization complete Schedule A? Note: All se<br>Schedule A<br>erjury, I declare that I have boardined this return, i<br>mplete. Declaration of preparer (other than officer<br>Stature of officer<br>SHIELA BOURQUE<br>Type or print name and title  | eiving over \$100,000<br>ction 501(c)(3) organiza<br>including accompanying sc<br>) is based on all information<br>Taai THA C. Swawed<br>UP, LILC | (b) Type                    | e of service   | Ige and belief, it  | No<br> s          |

Form 990-EZ (2016)

| 1000     |                                   |   | · furzage perie   | alle found     | dure<br>téons)  | 2015                     |
|----------|-----------------------------------|---|---|----------------|---|--------------------------|
|          | A State of the second             | and the second se | may be made (   | public.        |   | Open to Public           |
|          |                                   |   | wew.ks.gov/   | orm990.        |   | inspection               |
|          |                                   | DE/   | Contraction of the second s   |                | and the second  | and the second second    |
|          | and the second state              |   |   | 1              | D Employ  | er identification number |
|          |                                   |   |   | 1              |   |                          |
|          |                                   | MALE VILLAGE LIBRARY  |   |                | and the second se | 0157339                  |
|          | Such a Single Tax                 | Reserved or and stream for P.D. book if shall be not delivered to stream address)   | Room/s  | suite          | E Telepho   |                          |
|          | Charles and an internet           | P. O. BOX 297<br>Day or toert, state or province, country, and ZIP or foreign postal code   |   |                | the second se   | -655-4283                |
|          | Application percing               | RAYMOND ME 04071  |   |                | F Group   | Exemption                |
| 1        |                                   | X Cash Accrual Other (specify)  |   | H Chec         |   | the organization is not  |
|          |                                   | RAYMONDVILLAGELIBRARY.ORG   |   |                | and the second se | h Schedule B             |
| 1        |                                   | theck only one) — X 501(c)(3) 501(c) ( ) 4 (Insert no.) 4947(a)(1) or   | 527   | (For           | n 990, 990-   | EZ, or 990-PF).          |
| \$       | Form of organizatio               |   |   | -              |   |                          |
|          |                                   | 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if t<br>are \$500,000 or more, file Form 990 instead of Form 990-EZ   |   |                |   | 110,233                  |
|          |                                   | are \$500,000 or more, me Form \$90 instead of Form \$90-EZ<br>nue, Expenses, and Changes in Net Assets or Fund Balan   |   |                |   |                          |
|          |                                   | if the organization used Schedule O to respond to any question in t   |   | o nou du       |   | X                        |
|          |                                   | gifts, grants, and similar amounts received   | and the second se | <u>annosta</u> | 11  | 97,635                   |
|          |                                   | rvice revenue including government fees and contracts   |   |                | 2   | 4,575                    |
|          | 3 Membershi                       | o dues and assessments  |   |                | 3   |                          |
|          | 4 Investment                      | income  |   |                | . 4   | 1,880                    |
|          |                                   | int from sale of assets other than inventory5a  |   | <u>×</u>       |   |                          |
|          |                                   | r other basis and sales expenses  |   |                | _   |                          |
|          |                                   | from sale of assets other than inventory (Subtract line 5b from line 5a)  |   |                | 50  |                          |
|          | -                                 | I fundraising events ne from gaming (attach Schedule G if greater that  |   |                |   |                          |
|          | \$15,000)                         |   |   |                |   |                          |
| BUMBNBN  |                                   |   | tributions  |                |   |                          |
|          |                                   | sing events reported on line 1) (attach Schudule G if the   |   |                |   |                          |
|          | sum of such                       | gross income and contributions exceeds \$15,000)6b  |   |                |   | 2                        |
|          |                                   | expenses from gaming and fundralsing events6c   |   |                | _   |                          |
|          |                                   | or (loss) from gaming and fundraising events (add lines 6a and 6b and subt  | ract  |                |   |                          |
|          | line 6c)                          | of Inventory, less returns and allowances 7a  |   | *******        | 6d  |                          |
|          |                                   | ***************************************   |   |                | -   |                          |
|          |                                   | f goods sold  |   |                | 7c  |                          |
|          | 8 Other reven                     | ue (describe in Schedule O)   |   | *******        | 8   | 6,143                    |
|          | 9 Total reven                     | ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   |   |                | 9   | 110,233                  |
| - ))     |                                   | similar amounts paid (list in Schedule O)   |   |                |   |                          |
|          | 11 Benefits pal                   | d to or for members   |   | ***********    | 11  |                          |
| 8        | 12 Salaries, ol                   | er compensation, and employee benefits  |   |                | 12  | 72,156                   |
| sesuedxa | 13 Professiona                    | fees and other payments to independent contractors  | •••••   | ********       | 13  | 1,500<br>9,520           |
|          | 14 Occupancy,<br>15 Printing, put | rent, utilities, and maintenance  |   |                |   | 57360                    |
| -        | 16 Other exper                    | lications, postage, and shipping<br>ses (describe in Schedule O)  | ••••••  |                | 16  | 40,122                   |
|          | 17 Total exper                    | ses. Add lines 10 through 16  |   |                | 17  | 123,298                  |
| 1        | 18 Excess or (c                   | eficit) for the year (Subtract line 17 from line 9)   |   |                | 18  | -13,065                  |
|          | 19 Net assets o                   | r fund balances at beginning of year (from line 27, column (A)) (must agree   | with  |                |   | 34-1.                    |
|          | end-of-year                       | figure reported on prior year's return)   |   |                | 19  | 252,894                  |
| 2        |                                   |   |   |                | 1 00 1  | A 433                    |
|          | 20 Other chang                    | es in net assets or fund balances (explain in Schedule O)   | ,   |                | 20  | -4,432<br>235,397        |

| Check if the organization used Schedule O to respond to any question i<br>22 Cash, savings, and investments<br>23 Land and buildings<br>24 Other assets (describe in Schedule O)<br>25 Total assets<br>26 Total fabilities (describe in Schedule O)<br>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  |                               |  |          | X  |
|--|-------------------------------|--|----------|--|
| Land end buildings Other assets (describe in Schedule O) Total assets Total fieldlittes (describe in Schedule O) Net assets or fund balances (line 27 of column (B) must agree with line 21)   |                               | gioning of year  |          | (B) End of year                            |
| Land and buildings<br>Other assets (describe in Schedule O)<br>Total assets<br>Total liabilities (describe in Schedule O)<br>Net assets or fund balances (line 27 of column (B) must agree with line 21)   | 1. 119 J. 14                  | 133,271  | 22       | 117,166                                    |
| Total assets Total fiabilities (describe in Schedule O) Net assets or fund balances (line 27 of column (B) must agree with line 21)  | and a start of                | 121,635  | 23       | 118,212                                    |
| Total assets<br>Total Bablities (describe in Schedule O)   |                               |  | 24       | 1  |
| Total Babilities (describe in Schedule O)  |                               | 254,906  | 25       | 235,391                                    |
| Net assets or fund balances (line 27 of column (B) must agree with line 21)  |                               | 2,012  | 26       | 10101                                      |
|  |                               | 252,894  | 27       | 235,391                                    |
| Part III Statement of Program Service Accomplishments (see the inst<br>Check if the organization used Schedule O to respond to any question  |                               |  |          | Expenses                                   |
| hat is the organization's primary exempt purpose?  |                               |  | 4. · ·   | quired for section<br>(c)(3) and 501(c)(4) |
| scille schedular of<br>escribe the organization's program service accomplishments for each of its three largest progra<br>measured by expenses. In a clear and concise manner, describe the services provided, the m   |                               |  | orga     | anizations; optional for                   |
| r measured by appraises, in a caser and concase manner, describe the services provided, are manner, beaching the services provided, are manner, beaching the services provided, are manner, beaching the services provided and the |                               |  | OUN      | ers.)                                      |
| LIBRARY SERVICES AS STATED IN MISSION.   |                               | CONTRACTOR AND A CONTRACTOR  |          |  |
|  |                               |  |          |  |
| (Grants \$ ) If this amount includes foreign grants, check here  |                               |  | 28a      | 121,398                                    |
|  |                               |  |          |  |
| (Grants \$ ) If this amount includes foreign grants, check here  |                               | ► [T]  | 29a      |  |
| <u> </u>   |                               |  |          |  |
| ······   |                               |  |          |  |
| (Grants \$ ) If this amount includes foreign grants, check here  |                               | ► T  | 30a      | ÷  |
| Other program services (describe in Schedule O)  |                               |  |          |  |
| (Grants \$ ) If this amount includes foreign grants, check here  |                               |  | 31a      |  |
| 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 compe                  | nsated — see the   | e instru | ctions for Part IV)                        |
| (b) Average  | portable<br>insation          | (d) Heath ben<br>contributions to e  | elits,   | (e) Estimated amount of                    |
| (a) Name and the forms W-  | 2/1099-MISC)<br>d, enter -0-) | benefit plans,<br>deferred compe   | and      | other compensation                         |
| EMILY ALLEN<br>PRESIDENT 2.50  | 0                             |  | 0        |  |
| KIMBERLY ALLEN<br>VICE PRESIDENT 2.50  | 0                             |  | 0        |  |
| SHIELA BOURQUE   | 0                             |  | 0        |  |
| JEIGH WALKER   |                               | and the second |          |  |
| SECRETARY 2.50   | 0                             |  | 0        |  |
| HITNEY LUCAS   | 0                             |  | 0        |  |
| TRUSTEE 1.00   | 0                             |  | C        |  |
| TRUSTEE 1.00<br>JARGARET THORNTON  |                               |  |          |  |
| TRUSTEE 1.00<br>IARGARET THORNTON<br>IRUSTEE 1.00<br>OUISE LESTER  | 0                             |  | C        |  |
| TRUSTEE     1.00       MARGARET THORNTON     1.00       IRUSTEE     1.00       LOUISE LESTER     1.00       RALLY SAMBOR-HOLT     10.00  |                               |  | 0        |  |
| TRUSTEE     1.00       JARGARET THORNTON     1.00       COUISE LESTER     1.00       RALLY SAMBOR-HOLT     40.00       CONSTANCE BOUCHARD     00.00  | 41,690                        |  | 0        | )  |
| TRUSTEE     1.00       MARGARET THORNTON     1.00       IRUSTEE     1.00       LOUISE LESTER     1.00       SALLY SAMBOR-HOLT     40.00       LIBRARY DIRECTOR     40.00       CONSTANCE BOUCHARD     20.00  |                               | •  |          |  |
| MARGARET THORNTON     1.00       TRUSTEE     1.00       LOUISE LESTER     1.00       SALLY SAMBOR-HOLT     40.00       LIBRARY DIRECTOR     40.00  | 41,690                        |  | 0        |  |
| TRUSTEE     1.00       MARGARET THORNTON     1.00       IRUSTEE     1.00       LOUISE LESTER     1.00       SALLY SAMBOR-HOLT     40.00       LIBRARY DIRECTOR     40.00       CONSTANCE BOUCHARD     20.00       LIBRARY ASSISTANT     20.00  | 41,690<br>11,812              |  | 0        | )  |

Form 990-EZ (2015)

|               |  | un cialitation file | L.M.             |     |
|---------------|--|---------------------|------------------|-----|
| in the second |  | r                   | Yes              | No  |
|               | state and the second state of the second state of the second | 33                  |                  | x   |
|               | a governing documents? If "Yes," attach a conformed  |                     | 1                | 1   |
|               | and the second sec | 1                   |                  |     |
|               |  | 34                  |                  | X   |
|               | The the supervision have been deaded business gross income of \$1,000 or more during the year from business  |                     |                  |     |
|               | activities such as those reported on fines 2, 6a, and 7a, among others)?   | 352                 |                  | X   |
| 6             | If "Yes," to fine 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O   | 35b                 |                  | -   |
| 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   | 35c                 | -                | X   |
| 36            | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets   |                     |                  | v   |
|               | during the year? If "Yes," complete applicable parts of Schedule N   | 36                  |                  | X   |
| 37a           | Enter amount of political expenditures, direct or indirect, as described in the instructions   | 37b                 |                  | x   |
| b             | Did the organization file Form 1120-POL for this year?   | 3/0                 |                  | -   |
| 38a           | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were  | 38a                 | ******           | X   |
|               | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?   |                     |                  |     |
| b             | I Tes, complete deletate L, rait nand cher the teat another mentality interest and   |                     |                  |     |
| 39            | Section 501(c)(7) organizations. Enter:<br>Initiation fees and capital contributions included on line 9  |                     |                  |     |
| 8             | Initiation fees and capital contributions included on line 9     398       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 1  | 40b                 |                  | X   |
| C             | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of ta (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 automnof tax on line   |                     |                  |     |
|               | 40c reimbursed by the organization   | — IIII              |                  |     |
| ۲             | All organizations. At any time during the tax year, was the on an anti- in a party to a prohibited tax shelter   | 40e                 | 1                | X   |
|               | transaction? If "Yes," complete Form 8886-T  | [400                | 1                | 10  |
| 41            | List the states with which a copy of this return is filed NONE The examination's hooks are in care of DB ACCOUNTING INC. Telephone no.   | 207-89              | 12-1             | 113 |
| 428           |  |                     |                  |     |
|               | 133 BRAND ROAD<br>Located at ▶ WINDHAM ME ZIP + 4 ▶  | 04062               |                  |     |
|               | At any time during the calendar year, did the organization have an interest in or a signature or other authority over  |                     | Yes              | N   |
| D             | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 42b                 |                  | 2   |
|               | 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).   |                     | -                |     |
| C             | At any time during the calendar year, did the organization maintain an office outside the U.S.?  | 42c                 | 1                | 2   |
|               | If "Yes," enter the name of the foreign country:   |                     |                  | 14  |
| 43            | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in ileu of Form 1041 - Check here  |                     | *****            |     |
|               | and enter the amount of tax-exempt interest received or accrued during the tax year  |                     | Yes              | IN  |
|               |  |                     | 1.00             |     |
| 44a           | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be  | 448                 | 20000000         | 2   |
|               | completed instead of Form 990-EZ<br>Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be   |                     |                  |     |
| b             | completed instead of Form 990-EZ   | 44b                 |                  | 2   |
| -             | Did the organization receive any payments for indoor tanning services during the year?   | 44c                 |                  | X   |
| c             | 16 minute the line 44e has the emerization filed a Form 720 to report these payments? If "No," provide an  |                     |                  |     |
| d             | explanation in Schedule O  | 44d                 |                  | +   |
| 45a           | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  |                     |                  | 2   |
| 1.1           | Did the organization receive any payment from or engage in any transaction with a controlled entity within the   |                     |                  |     |
| b             |  |                     | A REAL PROPERTY. |     |
| D             | 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                 |                  | 2   |

|  | e organization engage, directly or indirectly, in political  |  |  |  | 127   | Yes                                       | No                       |
|--|--|--|--|--|---|---|--------------------------|
| to can<br>Part VI  | didates for public office? If "Yes," complete Schedule (<br>Section 501(c)(3) organizations only   | . M. S. Bernan   | W. Brenner and the second  |  |   | 5   | X                        |
|  | All section 501(c)(3) organizations must answ<br>50 and 51.<br>Check if the organization used Schedule O to  | 二人 いいなない たい  | の業が多数では認知の目的で、目的   | 第二、日本市営業の第二、「日本市営業」  | and Final   |   | П                        |
|  |  |  |  |  |   | Yes                                       | No                       |
|  | e organization engage in lobbying activities or have a<br>If "Yes," complete Schedule C, Part II   | section 501(h) elec  | tion in effect during the t  | ax   | 4   | 7   | ж                        |
|  | organization a school as described in section 170(b)(1   | XA)(ii)? If "Yes." o   | omolete Schedule E   |  |   | _   | X                        |
|  | a organization make any transfers to an exempt non-c   |  |  |  |   | a   | X                        |
| b if Yes   | ," was the related organization a section 527 organization   | tion?  |  |  | 49  | b   |                          |
| 0 Compl  | tete this table for the organization's five highest compe  | insated employees  | (other than officers, dire   | ctors, trustees and key  |   |   |                          |
| emplo  | yees) who each received more than \$100,000 of comp  | and the second division of the second divisio | and the second data in the secon | (d) Health benefits,   |   |   |                          |
|  | (a) Name and tills of each employee  | (b) Average<br>hours per week<br>devoted to position   | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)  | contributions to employee<br>benefit plans, and<br>deferred compensation |   | abot amoi<br>compensai                    |                          |
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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.

atten

Neil Jensen President, RWPA

## Hawthorne Community Association

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

<u>Subject</u>: <u>Request for town stipend for 2020</u>. 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.

<u>Current Status</u>: 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

#### Addendum – Financial Information

| Income                        | <u>2016</u> | <u>2017</u> | <u>2018 *</u> | <u>2019 YTD</u> |
|-------------------------------|-------------|-------------|---------------|-----------------|
|                               |             |             |               |                 |
| Dues                          | 605         | 805         | 825           | 735             |
| Donations                     | 665         | 1075        | 1485          | 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        | 4970          | 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          | -2129       | 2243        | 3463          | -888            |

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

\* <u>Notes</u>: 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