Town of Raymond 2020/2021 Budget Presentation



INCORPORATED 1803

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THE TOWN OF RAYMOND



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February 13, 2020

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

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

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

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

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

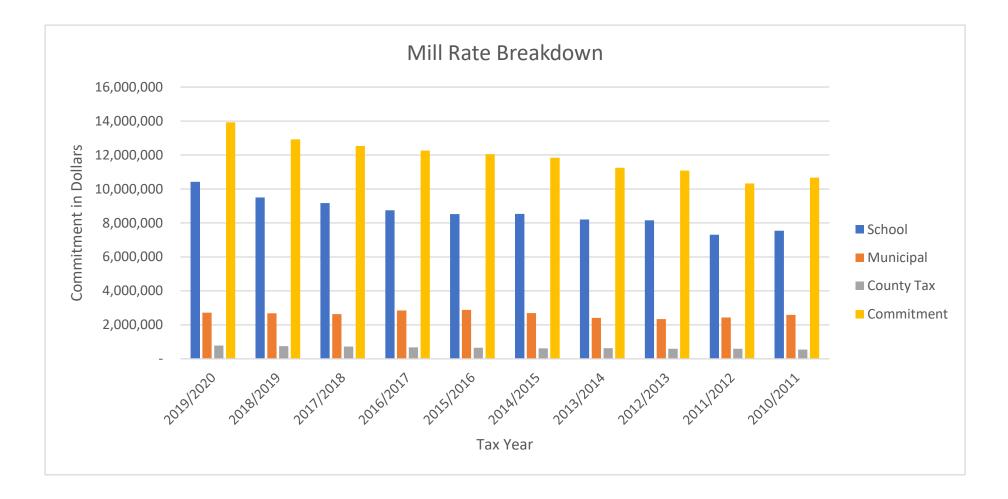
I would like to thank you all in advance for your review and consideration of this budget and to express my appreciation to our team of dedicated Department Heads and other staff members in the preparation of this document.

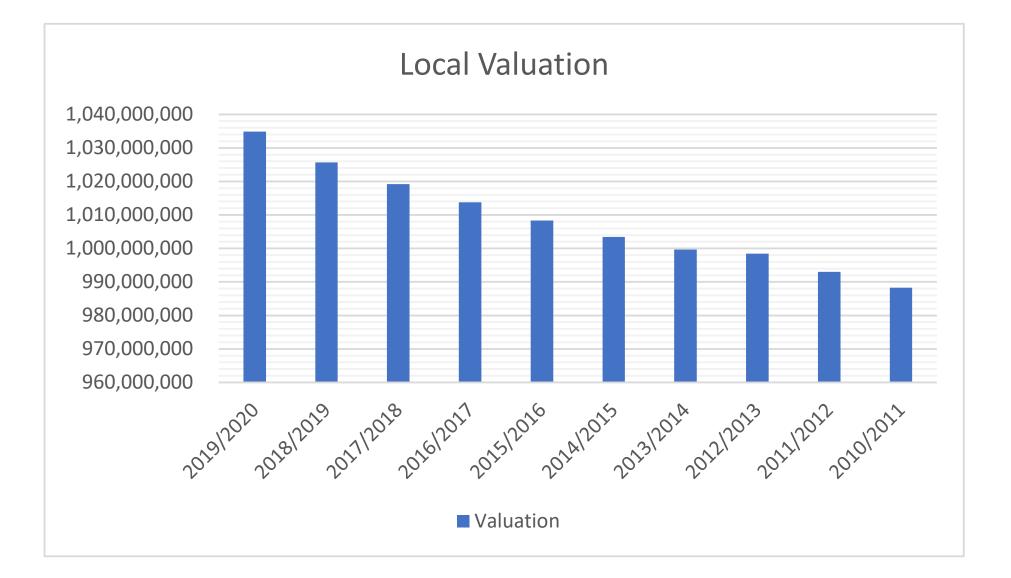
During the first budget review session, scheduled at the Broadcast Studio on Tuesday March 3, 2020 at 6:30 PM, I will discuss the elements contained within this budget in more detail.

Respectfully submitted,

on Willow, O

Don Willard Town Manager





Town of Raymond Mil Rate Estimate 2020/2021 Budget

	2020/2021 estimate	_	2019/2020 actual	2018/2019 actual	2017/2018 actual	2016/2017 actual	2015/2016 actual
Valuation	1,042,855,500	***	1,034,855,500	1,025,691,800	1,019,162,300	1,013,793,200	1,008,340,200
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 - 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	\$ 2,494,953.00
15% of 2018/2019 Commitment	(1,938,557.55)
Used to reduce 2019/2020 commitment	(200,000.00)
Used for LED Streetlights	(78,000.00)
Selectmen's Contingent for FD HVAC	 (21,850.00)
Excess	\$ 256,545.45

Available TIF Funds.

TIF fund balance 06/30/2019	\$ 50,494
TIF allocation per commitment	241,232
Appropriated 2019/2020	(249,497)
TIF fund balance available	42,229
Estimate 2020/2021 allocation	241,232
available for 2020/2021 budget	\$ 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 & 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 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 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 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 meteries 22,308 4,385 2,700 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 Budget Actual	2018 2018 2019 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 3325 Lake Region Bus	ional Transporta 7,000	tion Prog 7,000	1,000	1,000	1,000	1,000	8,500	
1220 - Regional Transportation Prog	7,000	7,000	1,000	1,000	1,000	1,000	8,500	

			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 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 3500 Client Benefits/Services	4 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 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 Increment 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 Iential	-	17-18 endum	FY201 Gubern		FY201 Refere		FY202 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 nd 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 attempt to clean up the voter list
November Election												
	Training, Election Workers, Ballot Counters Voting Machine Programming (municipal only 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)	* ~~ (~~	<u></u>		\$6.72		<u></u>	A7 4 00	.	* 005.00		
	Absentee Ballot Postage Advertising	\$284.00 \$320.00	\$198.31 \$721.00	\$142.00 \$320.00	\$69.09 \$589.00	\$142.00 \$600.00	\$187.31 \$445.00	\$71.00 \$600.00	\$42.90	\$225.00 \$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 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 Election Worker Meals	\$320.00 \$120.00	\$865.00 \$103.65	\$320.00 \$120.00	\$908.00 \$99.75	\$450.00 \$120.00	\$661.00 \$108.00	\$320.00 \$120.00		\$600.00 \$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 Question	-\$695.00	-\$1,034.10	-\$695.00	-\$1,158.08	-\$1,276.00		-\$1,626.00		-\$1,314.00		
Unanticipated Election						Special Meetings Aug 14,	- Jul 31,	Special Meeting				
	Training, Election Workers, Ballot Counters					\$0.00	\$580.00	\$0.00	\$0.00			FY2019-20 - 1 worker who did not want pay
	Voting Machine Programming (only if needed, possibly hand count ballots) Print color ballots (only if needed) Absentee Ballot Postage											did hot want pay
	Advertising Election Worker Meals					\$0.00 \$0.00	\$252.00 \$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 & Cleaning for Riverside	\$2,000.00	\$1,800.00	\$200.00	Stone Repair for Raymond Hill
- American Legion for Veteran's Flags						\$400.00	\$400.00	\$0.00		\$400.00		\$400.00	Paid from Community Development
- Supplies		\$24.42		Measuring Tape		\$100.00		\$100.00		\$100.00		\$100.00	
Mowing (Contract Services – IDS)	\$16,048.00	\$16,048.00	\$0.00	\$1,804.50 per month (new 3 year contract)		\$21,978.84	\$21,978.96	-\$0.12	\$1,831.58 per month	\$22,308.48	\$22,308.96	-\$0.48	\$1,859.04 per month
Pontem Software		\$405.00	-\$405.00			\$585.00	\$405.00	\$180.00	Annual Maintenance	\$4,385.00	\$405.00	\$3,980.00	Annual Maintenance (did not buy GIS software)
Raymond Hill Cemetery – New Section		\$2,980.00	-\$2,980.00			\$1,400.00		\$1,400.00	Excavating, Stumping & Cleanup	\$10,000.00	\$2,000.00	\$8,000.00	Grading, loam, seed, etc
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 Raymond Hill old section		\$3,500.00		\$3,500.00	Mountain Road & Begin Stone Repair in Raymond Village (Spring 2020)	\$3,500.00		\$3,500.00	Raymond Village Stone Repair
- American Legion for Veteran's Flags	\$400.00	\$400.00	\$0.00			\$400.00		\$400.00		\$400.00		\$400.00	
- Supplies	\$100.00	\$245.00	-\$145.00	Sign		\$100.00	\$5.93	\$94.07		\$100.00		\$100.00	
Mowing (Contract Services – IDS)	\$29,800.00	\$29,716.54	\$83.46	\$2,437.06 per month (new 3 year contract)		\$30,098.00	\$10,085.72	\$20,012.28	\$2,461.43 per month (1% increase per contract)			\$0.00	New Contract
Pontem Software	\$845.00	\$405.00	\$440.00	Annual Maintenance		\$845.00		\$845.00	Annual Maintenance	\$845.00		\$845.00	Annual Maintenance
Raymond Hill Cemetery – New Section	\$8,000.00	\$8,000.00	\$0.00	Carried forward from previous year									
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;
Courtney O'Donnnell, Casco; Don Willard, Raymond; Don Gerrish, Windham
Jack De Beradinis, Executive Director, Regional Transportation Program (RTP)
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

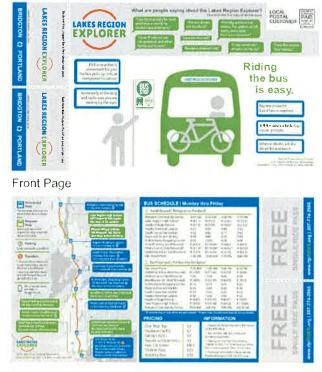
Recently, RTP began working with GPCOG and the software company RideSystems to add real-time GPS tracking technology to the bus. The system is now up and running, and for the first time ever riders can open an app on their smart phone to locate exactly where the bus is on the route and receive an accurate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



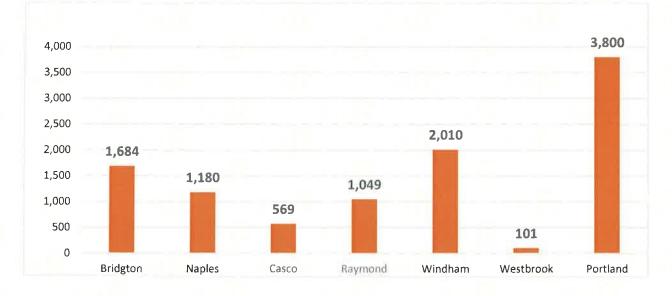
Maine Blues Festival

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.

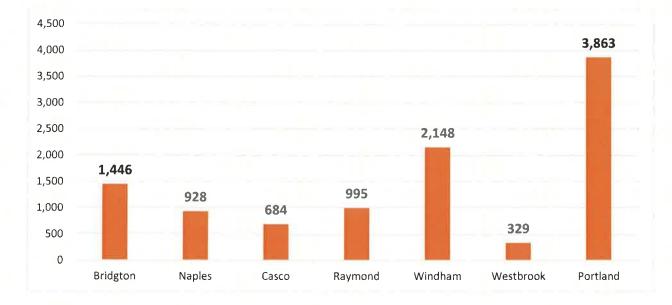






Boardings by Town (October – 2018 to September - 2019)

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 2	118 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 (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			* = 7 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 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 Insurance	863.00	0.00	3,758.00	-1,329.00	3,292.00
Postage and Delivery Program Expense	0.00	0.00 3,187.83	0.00 8,476.04	92.00 6,189.08	92.00 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 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 1 ,003.20	Ψ	117,002.00	φ	117,602.54
Net Revenue	\$	62,178.92	÷ \$	5,974.17	\$	15,931.65	\$	(18,602.00)	\$	(5,002.54)
	·	, .	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 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 1021 Designated Reconciliation Account	0.0
1510 Automation Fund	11,514.9
1520 Book, Audio & Video Fund	5,000.0 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 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 32 - 015 733 9 Matche and speed (of E.O. box, How In and delivered to stropt scotes) Roam during Prof Kenne American Application speed (of E.O. box, How In and Advanced to stropt scotes) Roam during Prof Kenne American Application speed (of E.O. box, How In and ZP or foregrin scotes) Roam during Prof Kenne American Application speed (of E.O. box, How In and ZP or foregrin scotes) Roam during Prof Kenne American 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 Instruction and control of the structure of the Sub-Subject Subject Sub				RAYMOND VILLAGE LIBRARY	32-0	15733	9
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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 not
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			
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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 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 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 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 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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Form 990-EZ (2018) RAYMOND VILLAGE LIBRARY			32-0)1573	39 Page 2
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 hours per week	compensation	contributions to emp	loyed .	 e) Estimated amount of other compensation
	devoled to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and 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				

Form 990-EZ (2018)

	990-EZ (2018) RAYMOND VILLAGE LIBRARY 32-0157	339		Page 3
Pa	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			<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► 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 Section 501(c)(3) Organizations All section 501(c)(3) organizations 50 and 51.	Only must answer questi	ons 47 - 49b an d 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? 48 Is the 49a Did th b If "Yes 50 Comp	e organization engage in lobbying activities of If "Yes," complete Schedule C, Part II organization a school as described in section e organization make any transfers to an exer s," was the related organization a section 527 lete this table for the organization's five highes	n 170(b)(1)(A)(ii)? If "Yes,' npt non-charitable related ' organization? st compensated employees	complete Schedule E. organization?	ectors, trustees and key	· · 48 · · 49a	Yes	No X X X
emplo	yees) who each received more than \$100,00 (a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	(d) Health benefits, contributions to employee benefit plans, and deferred	(e) Estimate other co		
		devoted to position	(Forms W-2/1099-MISC)	compensation			_
NONE			- Aller	100			
			difference.				
		/#800s	180				
			18 M 1	2			
51 Compl \$100,0	number of other employees paid over \$100,00 ete this table for the organization's five highes 000 of compensation from the organization. If a) Name and business address of each independent contra	t compensated independent there is none, enter "None			c) Compensation		
		N. The Market					
NONE							
	711.000						
	11 11						
52 Did the	umber of other independ ent contra ctors each e organization complete Schedule A? Note: / 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 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 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

 \mathcal{X}

¥:

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	2018				
(Form 990 or 990-EZ) Department of the Treasury				 ization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. 					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 urches described in sec 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 s inesses	
11	П		-		section 509(a)(2). (Com 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). You must com		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 above (see instructions))	listed in you docum		support (see instructions)	other support (see 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 (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 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 stop here. 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 stop here. 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 sold or services performed, or facilities furnished in any activity that is related to the 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 furnished by a governmental unit to the 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 received from other than disqualified 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						
, ,		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, payments received on securities loans, rents, royalties, and income from similar sources	C					
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0					
с 11	Add lines 10a and 10b	V			18		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (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 18	Investment income percentage for 2018 (line Investment income percentage from 2017 Sc					17	%
						((i)	
	33 1/3% support tests - 2018. 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 stop here. Th	ne organization qu	alifies as a publicly	supported organiz	zation	· · · ► 🔲
	33 1/3% support tests - 2017. If the organize line 18 is not more than 33 1/3%, check this t	box and stop her	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 and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co 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 Part VI 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 Part VI 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 Part VI 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 Part VI , 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). 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 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 Part VI.	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 Part VI .	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		

RAYMOND VILLAGE LIBRARY

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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? 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		
	 A family member of a person described in (a) above? 	11b		
	A failing member of a person described in (a) above? 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 Part VI 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 Part			
	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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	-	
3	By reason of the relationship described in (2), did the organization's supported organizations have a		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 (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		

RAYMOND VILLAGE LIBRARY

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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 Part VI). 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) Excess Distributions	Underdistributions Pre-2018	Distributable 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
 RAYMOND VILLAGE LIBRARY
 32-03

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

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

RAYMOND VILLAGE LIBRARY

01. General explanation attachment

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

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

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 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 Attachment	
	nent of the Treasury 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 Total cost of section	(see instructions		· · · · · · · · ·	••••	•••••		2	
2	Threshold cost of							3	
3 4	Reduction in limita							4	
4 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 sm	aller of line 5 or 1	line 8	••••				
10	Carryover of disal Business income	lowed deduction	from line 13 of yo	inces income (n	ot loss th	••••••	ne 5. See instri	uctions 11	
11	Business income 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 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 service	(business/investr only-see instru	nenl use	(d) Recovery 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 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 4562 (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
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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 T	Do not enter social security numbers on this form as it may be ma	de public.		Open to Public Inspection
		the Treasury 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	, 20 18	
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 🕨	
G A	ccount	ing Method:	X Cash ☐ Accrual Other (specify) ►	H Check ►	X if the	organization is not
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			x
	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		ses. 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 EEA	Paperv	work Reduction	on Act Notice, see the separate instructions.			Form 990-EZ (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 27	0
	und balances (line 27 of column (B) must agree 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	U 1	•		orga	nizations; optional for
	enses. In a clear and concise manner, describe the 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 contributions to emp		(e) Estimated amount of
	(a) Name and title	hours per week 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). 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
								Yes	No
46		organization engage, directly or indirectly		,				1000	v
Da		dates for public office? If "Yes," complet 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 other co		
to candid Part VI S A 5 C 47 Did the or year? If ' 48 Is the org 49 a Did the or b If "Yes," 50 Complete employed (NONE f Total num 51 Complete \$100,000 (a) f NONE NONE C Sign 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	- 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 section 509(a)(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. You m	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)		
	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) 🕨	(a) 2013	(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 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) 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 stop here. 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) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 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) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, 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 activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the or organization, check this box and stop here						
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	33 1/3% support tests - 2017. If the organiz 17 is not more than 33 1/3%, check this box	ation did not chec and stop here. T	ck the box on line 1 he organization qu	4, and line 15 is m alifies as a publicly	hore than 33 1/3%, y supported organiz	and line zation	► 🗌
b	33 1/3% support tests - 2016. 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

RAYMOND VILLAGE LIBRARY

	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 Part VI 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 Part VI 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 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		
~	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 Part VI.	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 Part VI .	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 Part VI .	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 5
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 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	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 Part VI 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 Part VI 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 F			
	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 Part VI the role the organization			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	5		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	he vear (see instruc	tions).
а			,	
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 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 Par			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Par 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 Part VI.</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 Part VI 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 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 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 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 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 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	sive						
	(provide details in Part VI). 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) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable 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 Part VI). 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 Part VI . 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 n , 2b,

	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 1,523 1,216 1,116 TOTAL	RP 5 5 5	CV HY HY HY	METHOD 200 DB 200 DB 200 DB	DEDUCTION 305 243 223 771	
	I	FORM 4562 - LINE	191	PG01 Statement #	‡5
DATE 08-2017 TOTAL		COST 3,040 19,650		DEDUCTION 68 441 509	

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 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 placed in service	(c) Basis for depreciation (business/investment use 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 Residential rental				25 yrs.	MM	S/		
n	property				27.5 yrs. 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				_ _		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 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; 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
	5 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		C 1	
			inventory, less returns and allowances 7a	• • • • • • • • • • • • • • • • • • • •	<u>6d</u>	، معتاقي جاندة وس ان ة -
	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) 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 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, 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 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? 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. 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 the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 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 the organization receive any payments for indoor tanning services during the year? 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 List of Officers, Directors, Trustees, and Key E 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 Check if the organization used Schedule O to resp (a) Name and title	Average	(c) Reportable	(d) Health ber	nefits, mploves	(e) Estimated amount of
	(a) Name and title	Average	h one even if not compe n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health ber contributions to e benefit plans, deferred compet	nefits, mploves	(e) Estimated amount of other compensation
		Average	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health ber	nefits, mploves	(e) Estimated amount of
	(a) Name and title	Average	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health ber contributions to e benefit plans, deferred compet	nefits, mploves	(e) Estimated amount of other compensation
S	(a) Name and title HTELA BOURQUE	devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health ber contributions to e benefit plans, deferred compet	efits, mployee and nsation	(e) Estimated amount of other compensation
P P	(a) Name and title HITELA BOURQUE RESIDENT	devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health ber contributions to e benefit plans, deferred compet	efits, mployee and nsation	(e) Estimated amount of other compensation
S P P	(a) Name and tits HIELA BOURQUE RESIDENT AUL CULLINAN	Average bours per week devoted to position 2.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health ber contributions to e benefit plans, deferred compet	efits, mployee and nsation	(e) Estimated amount of other compensation
P P V J	(a) Name and tits HITELA BOURQUE RESIDENT AUL CULLINAN ICE PRESIDENT	Average bours per week devoted to position 2.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health ber contributions to e benefit plans, deferred compet	efits, mployee and nsation	(e) Estimated amount of other compensation 0 0
S P P J	(a) Name and tite HIELA BOURQUE RESIDENT AUL CULLINAN ICE PRESIDENT ANET WALKER	Average Bours per week devoted to position 2.50 2.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health ber contributions to e benefit plans, deferred compet	neffts, mployee and nsation 0	(e) Estimated amount of other compensation 0 0
P P J S	(a) Name and tite HIELA BOURQUE RESIDENT AUL CULLINAN ICE PRESIDENT ANET WALKER ECRETARY	Average Bours per week devoted to position 2.50 2.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health ber contributions to e benefit plans, deferred compet	neffts, mployee and nsation 0	(e) Estimated amount of other compensation 0 0 0
P P V J S L	(a) Name and tits HITELA BOURQUE RESIDENT AUL CULLINAN ICE PRESIDENT ANET WALKER ECRETARY EIGH WALKER	Average Dours per week devoted to position 2.50 2.50 2.50	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0	(d) Health ber contributions to e benefit plans, deferred compet	iefits, mployee and nsetion 0	(e) Estimated amount of other compensation 0 0 0
S P P V J S L T K	(a) Name and tits HITELA BOURQUE RESIDENT AUL CULLINAN ICE PRESIDENT ANET WALKER ECRETARY EIGH WALKER REASURER	Average Dours per week devoted to position 2.50 2.50 2.50	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0	(d) Health ber contributions to e benefit plans, deferred compet	iefits, mployee and nsetion 0	(e) Estimated amount of other compensation 0 0 0 0 0
S P P V J S L T R B	(a) Name and tits HITELA BOURQUE RESIDENT AUL CULLINAN ICE PRESIDENT ANET WALKER ECRETARY BIGH WALKER REASURER REASURER IMBERLY ALLEN	Average ours per week devoted to position 2.50 2.50 2.50 15.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0	(d) Health ber contributions to e benefit plans, deferred compet	ieffits, imployees and neation 0 0 0	(e) Estimated amount of other compensation 0 0 0 0 0
S P P J J S L T K B N	(a) Name and tits HIELA BOURQUE RESIDENT AUL CULLINAN ICE PRESIDENT ANET WALKER ECRETARY BIGH WALKER REASURER IMBERLY ALLEN 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 compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0	(d) Health ber contributions to e benefit plans, deferred compet	ieffits, imployees and neation 0 0 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 P P J J S L T T K B N B	(a) Name and tits HIELA BOURQUE RESIDENT AUL CULLINAN ICE PRESIDENT ANET WALKER ECRETARY EIGH WALKER REASURER IMBERLY ALLEN OARD MEMBER ICK HARDY OARD MEMBER	Average ours per week devoted to position 2.50 2.50 2.50 15.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0	(d) Health ber contributions to e benefit plans, deferred compet	vefita, mployee and neation 0 0 0 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 P P V J S L T T K R B N N B L	(a) Name and tits HITELA BOURQUE RESIDENT AUL CULLINAN ICE PRESIDENT ANET WALKER ECRETARY EIGH WALKER REASURER IMBERLY ALLEN OARD MEMBER ICK HARDY OARD MEMBER OUISE LESTER	Average Dours per week devoted to position 2.50 2.50 15.00 2.50 2.50 2.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0 0 0 0	(d) Health ber contributions to e benefit plans, deferred compet	effits, mployee and neation 0 0 0 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 P P V J S L T T K R B N N B L	(a) Name and tits HIELA BOURQUE RESIDENT AUL CULLINAN ICE PRESIDENT ANET WALKER ECRETARY EIGH WALKER REASURER IMBERLY ALLEN OARD MEMBER ICK HARDY 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 compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0	(d) Health ber contributions to e benefit plans, deferred compet	vefita, mployee and neation 0 0 0 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 P P V J S L T T K R B N N B L	(a) Name and tits HITELA BOURQUE RESIDENT AUL CULLINAN ICE PRESIDENT ANET WALKER ECRETARY EIGH WALKER REASURER IMBERLY ALLEN OARD MEMBER ICK HARDY OARD MEMBER OUISE LESTER	Average Dours per week devoted to position 2.50 2.50 15.00 2.50 2.50 2.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0 0 0 0	(d) Health ber contributions to e benefit plans, deferred compet	effits, mployee and neation 0 0 0 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 P P V J S L T T K R B N N B L	(a) Name and tits HITELA BOURQUE RESIDENT AUL CULLINAN ICE PRESIDENT ANET WALKER ECRETARY EIGH WALKER REASURER IMBERLY ALLEN OARD MEMBER ICK HARDY OARD MEMBER OUISE LESTER	Average Dours per week devoted to position 2.50 2.50 15.00 2.50 2.50 2.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0 0 0 0	(d) Health ber contributions to e benefit plans, deferred compet	effits, mployee and neation 0 0 0 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 P P V J S L T T K R B N N B L	(a) Name and tits HITELA BOURQUE RESIDENT AUL CULLINAN ICE PRESIDENT ANET WALKER ECRETARY EIGH WALKER REASURER IMBERLY ALLEN OARD MEMBER ICK HARDY OARD MEMBER OUISE LESTER	Average Dours per week devoted to position 2.50 2.50 15.00 2.50 2.50 2.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0 0 0 0	(d) Health ber contributions to e benefit plans, deferred compet	effits, mployee and neation 0 0 0 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 P P V J S L T T K R B N N B L	(a) Name and tits HITELA BOURQUE RESIDENT AUL CULLINAN ICE PRESIDENT ANET WALKER ECRETARY EIGH WALKER REASURER IMBERLY ALLEN OARD MEMBER ICK HARDY OARD MEMBER OUISE LESTER	Average Dours per week devoted to position 2.50 2.50 15.00 2.50 2.50 2.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0 0 0 0	(d) Health ber contributions to e benefit plans, deferred compet	effits, mployee and neation 0 0 0 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 P P V J S L T T K R B N N B L	(a) Name and tits HITELA BOURQUE RESIDENT AUL CULLINAN ICE PRESIDENT ANET WALKER ECRETARY EIGH WALKER REASURER IMBERLY ALLEN OARD MEMBER ICK HARDY OARD MEMBER OUISE LESTER	Average Dours per week devoted to position 2.50 2.50 15.00 2.50 2.50 2.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0 0 0 0	(d) Health ber contributions to e benefit plans, deferred compet	effits, mployee and neation 0 0 0 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 P P V J S L T T K R B N N B L	(a) Name and tits HITELA BOURQUE RESIDENT AUL CULLINAN ICE PRESIDENT ANET WALKER ECRETARY EIGH WALKER REASURER IMBERLY ALLEN OARD MEMBER ICK HARDY OARD MEMBER OUISE LESTER	Average Dours per week devoted to position 2.50 2.50 15.00 2.50 2.50 2.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0 0 0 0	(d) Health ber contributions to e benefit plans, deferred compet	effits, mployee and neation 0 0 0 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 P P V J S L T T K R B N N B L	(a) Name and tits HITELA BOURQUE RESIDENT AUL CULLINAN ICE PRESIDENT ANET WALKER ECRETARY EIGH WALKER REASURER IMBERLY ALLEN OARD MEMBER ICK HARDY OARD MEMBER OUISE LESTER	Average Dours per week devoted to position 2.50 2.50 15.00 2.50 2.50 2.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0 0 0 0	(d) Health ber contributions to e benefit plans, deferred compet	effits, mployee and neation 0 0 0 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 P P V J S S L T T K R B N N B L	(a) Name and tits HITELA BOURQUE RESIDENT AUL CULLINAN ICE PRESIDENT ANET WALKER ECRETARY EIGH WALKER REASURER IMBERLY ALLEN OARD MEMBER ICK HARDY OARD MEMBER OUISE LESTER	Average Dours per week devoted to position 2.50 2.50 15.00 2.50 2.50 2.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0 0 0 0	(d) Health ber contributions to e benefit plans, deferred compet	effits, mployee and neation 0 0 0 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 P P V J S L T T K R B N N B L	(a) Name and tits HITELA BOURQUE RESIDENT AUL CULLINAN ICE PRESIDENT ANET WALKER ECRETARY EIGH WALKER REASURER IMBERLY ALLEN OARD MEMBER ICK HARDY OARD MEMBER OUISE LESTER	Average Dours per week devoted to position 2.50 2.50 15.00 2.50 2.50 2.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0 0 0 0	(d) Health ber contributions to e benefit plans, deferred compet	effits, mployee and neation 0 0 0 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 P P V J S L T T K R B N N B L	(a) Name and tits HITELA BOURQUE RESIDENT AUL CULLINAN ICE PRESIDENT ANET WALKER ECRETARY EIGH WALKER REASURER IMBERLY ALLEN OARD MEMBER ICK HARDY OARD MEMBER OUISE LESTER	Average Dours per week devoted to position 2.50 2.50 15.00 2.50 2.50 2.50	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0 0 0 0	(d) Health ber contributions to e benefit plans, deferred compet	effits, mployee and neation 0 0 0 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 Section 501(c)(3) organizations of All section 501(c)(3) organizations mus 50 and 51. Check if the organization used Schedu	edule C, Part I nly 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 as the related organization a section 527 or this table for the organization's five highest o 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 hours per week devoted to position	(c) Reportable compensation	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other compo	
NON	<u>s</u>						1
	•••••						
					*		
*********				0			
51 Co \$1	00,000 0	er of other employees paid over \$100,000 his table for the organization's five highest or f compensation from the organization. If the	e is none, enter "Rone."	in contractors who each	received more than		
51 Co \$11 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 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 f compensation from the organization, if the	t contractor	(b) Type		(c) Compense	tion
	(a)	his table for the organization's five highest or f compensation from the organization. If the 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 f compensation from the organization. If the Name and business address of each independen	t contractor	(b) Type		(c) Compense	tion
NOME ROME d Tot 52 Did	(a) (a) at number the orga	his table for the organization's five highest of f compensation from the organization. If the Name and business address of each independent Name and business address of each independent and the state of the stateo	eiving over \$100,000	(b) Type			
d Tot 52 Did con	al number the organ	his table for the organization's five highest of f compensation from the organization. If the Name and business address of each independent Name and business address of each independent and business address of each independent of other independent contractors each rec inization complete Schedule A? Note: All ce Schedule A	eiving over \$100,000 ction 501(c)(3) organiza	(b) Type	e of service		
d Tot s2 Did com Under pen rue, correc Sign	al number the organ pleted s alities of p ct, and co	his table for the organization's five highest of f compensation from the organization. If ther Name and business address of each independent Name and business address of each independent of of other independent contractors each rec inization complete Schedule A? Note: All se Schedule A erjury, I declare that I have examined this return, i mplete. Declaration of preparer (other than officer SHIELA BOURQUE	eiving over \$100,000 ction 501(c)(3) organiza	(b) Type	e of service		
d Tot 52 Did con	al number the organistics of points, and co	his table for the organization's five highest of f compensation from the organization. If there have and business address of each independent wave and business address of each independent of other independent contractors each rec inization complete Schedule A? Note: All se Schedule A erjury, I declare that I have examined this return, i mplete. Declaration of preparer (other than officer Statistical Schedule A) Sighsture of diffeer SHIESIA BOURQUE Type or print name and title ope preparer's name	eiving over \$100,000 ction 501(c)(3) organiza	(b) Type	e of service	Ige and belief, h] <u>No</u> Is
d Tot 52 Did 52 Did Jnder peni rue, correc Sign iere	al number the organ pleted s alties of p ct, and co Print/T TABIT	his table for the organization's five highest of f compensation from the organization. If ther Name and business address of each independent Name and business address of each independent of of other independent contractors each rec inization complete Schedule A? Note: All se Schedule A erjury, I declare that I have boardined this return, i mplete. Declaration of preparer (other than officer Stature of officer SHIELA BOURQUE Type or print name and title	eiving over \$100,000 ction 501(c)(3) organiza including accompanying sc) is based on all information Taai THA C. Swawed UP, LILC	(b) Type	e of service	Ige and belief, it	No s

Form 990-EZ (2016)

1000			· furzage perie	alle found	dure 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 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 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 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 9,520
	14 Occupancy, 15 Printing, put	rent, utilities, and maintenance				57360
-	16 Other exper	lications, postage, and shipping 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	-4,432 235,397

Check if the organization used Schedule O to respond to any question i 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe in Schedule O) 25 Total assets 26 Total fabilities (describe in Schedule O) 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 Other assets (describe in Schedule O) Total assets Total liabilities (describe in Schedule O) 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 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 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 (c)(3) and 501(c)(4)
scille schedular of escribe the organization's program service accomplishments for each of its three largest progra 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 insation	(d) Heath ben contributions to e	elits,	(e) Estimated amount of
(a) Name and the forms W-	2/1099-MISC) d, enter -0-)	benefit plans, deferred compe	and	other compensation
EMILY ALLEN PRESIDENT 2.50	0		0	
KIMBERLY ALLEN 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 JARGARET THORNTON				
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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: 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 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 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 Part VI	didates for public office? If "Yes," complete Schedule (Section 501(c)(3) organizations only	. M. S. Bernan	W. Brenner and the second			5	X
	All section 501(c)(3) organizations must answ 50 and 51. 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 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 hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferred compensation		abot amoi compensai	
NONE							
			-				
			<				
		4					
	a la contraction de la contra			A	5		
		4 2 A					
Compl \$100,0	number of other employees paid over \$100,000 ete this table for the organization's five highest compe 00 of compensation from the organization. If there is n	nsated independer none, enter "None.	nt contractors who each	received more than			
1 Compl \$100,0	ete this table for the organization's five highest compe	none, enter "None.		received more than	(c) Con	pensation	
1 Compl \$100,0	ete this table for the organization's five highest compe 100 of compensation from the organization. If there is n	none, enter "None.			(c) Con	pensation	
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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