

**BOOTHBAY REGION  
AMBULANCE SERVICE, INC.**

**FINANCIAL STATEMENTS**

**JUNE 30, 2019 and 2018**



**BOOTHBAY REGION AMBULANCE SERVICE, INC.  
JUNE 30, 2019 AND 2018**

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## INDEPENDENT AUDITORS' REPORT

**To the Board of Trustees  
Boothbay Region Ambulance Service, Inc.**

We have audited the accompanying financial statements of Boothbay Region Ambulance Service, Inc. (a nonprofit organization), which comprise the statements of financial position as of June 30, 2019 and 2018, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Boothbay Region Ambulance Service, Inc. as of June 30, 2019 and 2018, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

*One River, CPAs*

January 27, 2020



**BOOTHBAY REGION AMBULANCE SERVICE, INC.**  
**STATEMENTS OF FINANCIAL POSITION**  
June 30,

EXHIBIT A

**ASSETS**

	2019	2018
<b>Current assets:</b>		
Cash	496,005	421,164
Certificates of deposit	101,581	100,078
Accounts receivable, net	29,231	40,352
Prepaid expenses	6,810	5,619
Total current assets	633,627	567,213
<b>Property and equipment:</b>		
Land and improvements	37,148	37,148
Buildings and improvements	1,660,487	1,660,487
Equipment	1,198,070	1,213,896
Furniture and appliances	31,468	31,468
	2,927,173	2,942,999
Accumulated depreciation	(993,081)	(894,208)
Total property and equipment	1,934,092	2,048,791
<b><u>TOTAL ASSETS</u></b>	<b>2,567,719</b>	<b>2,616,004</b>

**LIABILITIES AND NET ASSETS**

<b>Current liabilities:</b>		
Current portion of long-term debt	-	11,499
Current portion of capital lease	5,720	6,068
Accounts payable	-	4,456
Accrued expenses	28,409	25,911
Total current liabilities	34,129	47,934
<b>Long-term liabilities:</b>		
Capital lease, net of current portion	8,134	14,683
Long-term debt, net of current portion	-	63,501
	8,134	78,184
Total liabilities	42,263	126,118
<b>Net assets:</b>		
Without donor restrictions		
Undesignated	2,408,891	2,424,747
Designated by the Board	56,000	-
	2,464,891	2,424,747
With donor restrictions	60,565	65,139
<b>Net assets</b>	<b>2,525,456</b>	<b>2,489,886</b>
<b><u>TOTAL LIABILITIES AND NET ASSETS</u></b>	<b>2,567,719</b>	<b>2,616,004</b>

See accompanying notes and auditors' report.





**BOOTHBAY REGION AMBULANCE SERVICE, INC.**  
**STATEMENTS OF ACTIVITIES**  
For the Years Ended June 30,

	2019			2018		
	Net Assets Without Donor Restrictions	Net Assets With Donor Restrictions	Total	Net Assets Without Donor Restrictions	Net Assets With Donor Restrictions	Total
<b>Operating support and revenue</b>						
Service fee, net of provision for uncollectible accounts and contractual adjustments	\$ 573,806	-	573,806	608,375	-	608,375
Municipal appropriations	474,611	-	474,611	412,930	-	412,930
Contributions and grants	134,223	22,332	156,555	28,713	12,000	40,713
Special fundraising event, net	-	-	-	6,157	-	6,157
Interest	6,828	-	6,828	5,025	-	5,025
Other	3,665	-	3,665	6,005	-	6,005
Restrictions satisfied by payments	26,906	(26,906)	-	59,326	(59,326)	-
	<u>1,220,039</u>	<u>(4,574)</u>	<u>1,215,465</u>	<u>1,126,531</u>	<u>(47,326)</u>	<u>1,079,205</u>
Total revenues and other support	1,220,039	(4,574)	1,215,465	1,126,531	(47,326)	1,079,205
<b>Operating expenses:</b>						
Program services	1,013,032	-	1,013,032	1,004,536	-	1,004,536
General and administrative	166,525	-	166,525	141,454	-	141,454
Fundraising	1,838	-	1,838	2,879	-	2,879
Total expenses	<u>1,181,395</u>	<u>-</u>	<u>1,181,395</u>	<u>1,148,869</u>	<u>-</u>	<u>1,148,869</u>
Change in net assets from operating activities	38,644	(4,574)	34,070	(22,338)	(47,326)	(69,664)
<b>Non-operating revenues and expenses:</b>						
Gain (Loss) on disposal of property	1,500	-	1,500	(2,340)	-	(2,340)
Total revenues and expenses	<u>1,500</u>	<u>-</u>	<u>1,500</u>	<u>(2,340)</u>	<u>-</u>	<u>(2,340)</u>
Change in net assets	40,144	(4,574)	35,570	(24,678)	(47,326)	(72,004)
Net assets, beginning of year	2,424,747	65,139	2,489,886	2,449,425	112,465	2,561,890
Net assets, end of year	<u>\$ 2,464,891</u>	<u>60,565</u>	<u>2,525,456</u>	<u>2,424,747</u>	<u>65,139</u>	<u>2,489,886</u>

See accompanying notes and auditors' report



**BOOTHBAY REGION AMBULANCE SERVICE, INC.**  
**STATEMENTS OF CASH FLOWS**  
**For the Years Ended June 30,**

	<u>2019</u>	<u>2018</u>
<b><u>Cash Flows From Operating Activities:</u></b>		
Change in net assets	\$ 35,570	(72,004)
Adjustment to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	131,740	119,884
(Gain)/loss on disposal of property and equipment	(1,500)	2,340
(Increase) decrease in accounts receivable	11,121	4,010
(Increase) decrease in promises to give	-	50,000
(Increase) decrease in prepaid expenses	(1,191)	(5,619)
Increase (decrease) in accounts payable	(4,456)	4,095
Increase (decrease) in accrued expenses	2,498	10,586
Net cash provided by operating activities	<u>173,782</u>	<u>113,292</u>
<b><u>Cash Flows From Investing Activities:</u></b>		
Purchase of property and equipment	(17,042)	(106,708)
Proceeds from sale of equipment	1,500	-
Increase in certificates of deposit	(1,503)	(1,521)
Net cash used in investing activities	<u>(17,045)</u>	<u>(108,229)</u>
<b><u>Cash Flows From Financing Activities:</u></b>		
Payments on capital lease	(6,896)	(5,512)
Payments on long-term debt	(75,000)	(19,131)
Net cash used in financing activities	<u>(81,896)</u>	<u>(24,643)</u>
Net increase (decrease) in cash	74,841	(19,580)
Cash, beginning of year	<u>421,164</u>	<u>440,744</u>
Cash, end of year	<u>\$ 496,005</u>	<u>421,164</u>
<b><u>Supplemental Disclosures of Cash Flow Information:</u></b>		
Cash paid during the year for:		
Interest	<u>\$ 704</u>	<u>276</u>
<b>Noncash investing activities:</b>		
Acquisition of equipment:		
Cost of ambulance	-	\$ 150,670
Amount financed through loan	-	(75,000)
Amount of cash paid for ambulance	<u>-</u>	<u>\$ 75,670</u>

See accompanying notes and auditors' report.



**BOOTHBAY REGION AMBULANCE SERVICE, INC.**  
**STATEMENT OF FUNCTIONAL EXPENSES**  
**For the Year Ended June 30, 2019**

	<u>TOTAL</u>	<u>PROGRAM SERVICES</u>	<u>GENERAL AND ADMINISTRATIVE</u>	<u>FUND RAISING</u>
<b>EXPENSES:</b>				
Personnel costs	\$ 837,949	\$ 738,518	\$ 99,431	\$ -
Depreciation	131,740	116,429	15,311	-
Billing fees	29,409	-	29,409	-
Medical supplies	27,544	27,544	-	-
Vehicle expenses	26,204	26,204	-	-
Insurance	25,956	23,531	2,425	-
Utilities	25,227	25,227	-	-
Other	19,473	12,579	5,056	1,838
Building maintenance	15,775	10,253	5,522	-
Professional fees	10,680	2,132	8,548	-
Training, dues, and licenses	10,214	10,214	-	-
Equipment maintenance	8,833	8,833	-	-
Grant expenses	6,588	6,588	-	-
Uniforms	4,318	4,318	-	-
Office supplies	781	-	781	-
Interest	704	662	42	-
<b>Total Expenses</b>	<u>\$ 1,181,395</u>	<u>\$ 1,013,032</u>	<u>\$ 166,525</u>	<u>\$ 1,838</u>



**BOOTHBAY REGION AMBULANCE SERVICE, INC.**  
**STATEMENT OF FUNCTIONAL EXPENSES**  
**For the Year Ended June 30, 2018**

	<u>TOTAL</u>	<u>PROGRAM SERVICES</u>	<u>GENERAL AND ADMINISTRATIVE</u>	<u>FUND RAISING</u>
<b>EXPENSES:</b>				
Personnel costs	\$ 802,639	\$ 745,677	\$ 56,962	\$ -
Depreciation	119,884	105,951	13,933	-
Vehicle expenses	39,706	39,706	-	-
Billing fees	30,210	-	30,210	-
Medical supplies	24,323	24,323	-	-
Utilities	22,720	22,720	-	-
Office supplies	18,805	-	18,805	-
Insurance	17,762	17,762	-	-
Other	14,962	3,219	8,864	2,879
Grant expenses	13,909	13,909	-	-
Building maintenance	13,439	11,237	2,202	-
Professional fees	10,202	-	10,202	-
Training, dues, and licenses	9,226	9,226	-	-
Equipment maintenance	6,609	6,609	-	-
Uniforms	4,197	4,197	-	-
Interest	276	-	276	-
<b>Total Expenses</b>	<u>\$ 1,148,869</u>	<u>\$ 1,004,536</u>	<u>\$ 141,454</u>	<u>\$ 2,879</u>

See accompanying notes and auditors' report





**BOOTHBAY REGION AMBULANCE SERVICE, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2019 and 2018**

**NOTE 1 - NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES**

**Nature of Activities**

The Boothbay Region Ambulance Service, Inc. (BRAS) is a nonprofit corporation organized without capital stock under the general laws of the State of Maine. BRAS provides ambulance services, staffed by qualified emergency medical technicians and paramedics, to the residents of and visitors to the Boothbay Harbor Region of Maine regardless of patients' ability to pay for such services.

**Basis of Accounting**

The accompanying financial statements have been prepared using the accrual method of accounting in accordance with generally accepted accounting principles. Under the accrual method of accounting, revenues are recorded when earned rather than when received or billed, and expenses are recorded when incurred rather than when paid.

**Basis of Presentation**

The financial statements have been prepared in accordance with generally accepted accounting principles. Under these standards, the Boothbay Region Ambulance Service, Inc., is required to report information pertaining to its financial position and activities according to two classes of net assets as follows:

**Net Assets Without Donor Restrictions:** - Net assets without donor-imposed stipulations. Designated net assets are net assets without donor-imposed stipulations that are subject to internal restrictions imposed by the Board of Trustees.

**Net Assets With Donor Restrictions** – Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of Boothbay Region Ambulance Service or by the passage of time. Other donor restrictions are perpetual in nature, where by the donor has stipulated the funds be maintained in perpetuity. Donor restricted contributions are reported as increased in net assets with donor restrictions. When a restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the statement of activities.

**Accounting for Uncertainty in Income Taxes**

Management has evaluated the Boothbay Region Ambulance Service, Inc.'s tax positions and concluded that as of June 30, 2019, BRAS does not believe that it has taken any tax positions that would require the recording of any additional tax liabilities, nor does it believe that there are any unrealized tax benefits that would either increase or decrease within the next twelve months. Any interest or penalties assessed to BRAS are recorded in operating expenses. BRAS is currently open to audit under the statute of limitations by the Internal Revenue Service and state taxing authorities for the years ending June 30, 2016 through 2019.

**Property and Equipment**

Property and equipment are stated at cost. Expenditures for routine maintenance, repairs, and renewals are charged against income when incurred. Purchases of property and equipment in excess of \$5,000 are capitalized. Upon routine sale or retirement of assets, the cost and related accumulated depreciation are eliminated from the respective accounts, and the resulting gain or loss, if any, is included in the statement of activities.



**BOOTHBAY REGION AMBULANCE SERVICE, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2019 and 2018**

**NOTE 1 - NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES - CONTINUED**

**Property and Equipment- Continued**

The provision for depreciation has been computed using the straight-line method at rates intended to amortize the cost of the related assets over their estimated useful lives, which range from five to forty years.

**Contributions**

Contributions received are recorded as increases in net assets with donor restrictions or net assets without donor restrictions, depending on the existence and/or nature of any donor restrictions.

Support that is not restricted by the donor is reported as an increase in net assets without donor restrictions. All donor-restricted support is reported as an increase in net assets with restrictions, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are classified to net assets without donor restrictions and reported in the Statements of Activities as net assets released from restrictions.

**Statement of Cash Flows**

BRAS considers all highly liquid investments purchased with an initial maturity of three months or less to be cash equivalents.

**Income Tax Status**

BRAS is a not-for-profit organization that is exempt from income taxes under Section 501 (c) (3) of the Internal Revenue Code. BRAS has also been classified as an entity that is not a private foundation within the meaning of Section 509 (a) and qualifies for deductible contributions as provided in Section 170 (b) (1) (A) (vi).

**Use of Estimates**

The preparation of financial statements in accordance with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

**Functional Expenses**

The costs of providing program and other activities have been summarized on a functional basis in the statements of activities. Accordingly, certain costs have been allocated amongst Program Expenses, as well as Admin and Fundraising functions that support the Program. Such allocations are determined by management on an equitable basis.



**BOOTHBAY REGION AMBULANCE SERVICE, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2019 and 2018**

**NOTE 1 - NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES - CONTINUED**

**Functional Expenses – Continued**

The expenses that are allocated include the following:

<u>Expense</u>	<u>Method of Allocation</u>
Personnel costs	Time and effort
Professional fees	Cost/use
Supplies	Cost/use
Occupancy	Square footage
Depreciation	Square footage
Building maintenance	Square footage
Insurance	Cost/use
Other	Time and effort

**Reclassifications**

Certain accounts in the prior-year financial statements have been reclassified for comparative purposes to conform with the presentation in the current-year financial statements.

**Accounts Receivable**

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a charge to earnings and a credit to valuation allowance based on its assessment of the current status of individual accounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to accounts receivable. Changes in the valuation allowance have not been material to the financial statements. The allowance for doubtful accounts as of June 30, 2019 and 2018, was \$132,452 and \$97,935, respectively.

**Recent Accounting Pronouncements**

*Revenue Recognition*

In May 2014, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2014-09, *Revenue from Contracts with Customers*, to clarify the principles for recognizing revenue and to develop a common revenue standard for U.S. GAAP and International Financial Reporting Standard (IFRS). The core principle of the guidance requires entities to recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The guidance is effective for all nonpublic entities' annual periods beginning after December 15, 2018. Management is currently evaluating the impact of adoption on its financial statements.

*Leases*

In February 2016, the FASB issued ASU 2016-02, *Leases*. This new standard will provide users of the financial statements a more accurate picture of the assets and the long-term financial obligations of companies that lease. The standard is for a dual-model approach; a lessee will account for most existing capital leases as Type A leases, and most existing operating leases as Type B leases. Both will be reported on the statement of financial position of the company for leases with a term exceeding 12



**BOOTHBAY REGION AMBULANCE SERVICE, INC.  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2019 and 2018**

**NOTE 1 - NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES - CONTINUED**

*Leases – Continued*

months. Lessors will see some changes, too, largely made to align with the revised lease model. For nonpublic companies, the new leasing standard will apply for fiscal years beginning after December 15, 2020. The standard requires retroactive application to previously issued financial statements for 2019, if presented. Management is currently evaluating the impact of adoption on its financial statements.

*Not-for-Profit Entities*

In August 2016, the FASB issued ASU 2016-14, *Not-for-Profit Entities: Presentation of Financial Statements of Not-for-Profit Entities*, to amend current reporting requirements to make several improvements including reducing complexities of information presented within Not-for-Profit financial statements. A main provision of this update is that a Not-for-Profit entity will report two classes of net assets (amounts for net assets with donor restrictions and net assets without donor restrictions), rather than the currently required three classes. The guidance is effective for annual periods beginning after December 15, 2017, with early application permitted. This standard requires retroactive application to previously issued financial statements for 2018 and 2017, if presented. Management has adjusted the presentation of these statements accordingly. The ASU has been applied retrospectively to all periods presented.

**NOTE 2 - CONCENTRATION OF CREDIT RISK ARISING FROM CASH DEPOSITS IN EXCESS OF INSURED LIMITS**

BRAS maintains several accounts at a local bank. Interest bearing accounts at financial institutions are insured by the Federal Deposit Insurance Corporation (FDIC) up to a total amount of \$250,000.

Cash, cash equivalents, and certificates of deposit at this bank exceed the \$250,000 limit from time to time. At June 30, 2019 and 2018, the bank had insured the excess deposits by giving BRAS a security interest in certain bank-owned investments.

**NOTE 3- LIQUIDITY AND AVAILABILITY**

As of June 30, 2019, The Service had an unrestricted working capital surplus of \$599,498.

Financial assets available for general expenditure within one year of balance sheet date consists of the following:

<u>Asset</u>	<u>2019</u>
Cash	\$ 496,005
Certificates of deposit	101,581
Accounts receivable, net	29,231
Prepaid Expenses	6,810
Total	<u>\$ 633,627</u>





**BOOTHBAY REGION AMBULANCE SERVICE, INC.  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2019 and 2018**

**NOTE 4- CAPITAL LEASE**

The Organization entered into a capital lease for certain equipment. The economic substance of the lease is that the organization is financing the acquisition of the assets through the lease, and accordingly, it is recorded in the organization's assets and liabilities.

The following is a schedule by years of future minimum payments required under the lease together with its present value as of June 30, 2019:

2020	\$5,720
2021	5,720
2022	<u>2,414</u>
Total minimum lease payments	<u>\$13,854</u>

The total amount of assets held under this capital lease was \$30,673 at June 30, 2019 and 2018, respectively. Amortization of the asset held under capital lease is recorded as depreciation. Accumulated depreciation for this asset at June 30, 2019 and 2018, was \$14,825 and \$8,691 respectively.

**NOTE 5 – LONG-TERM DEBT**

Long-term debt consists of the following at June 30,:

	<u>2019</u>	<u>2018</u>
A term loan with monthly payments of \$1,153. Secured by equipment. Interest is 3.35% The loan has a maturity date of June 2024.		
	\$ -	\$ 75,000
Total	-	75,000
Less current portion	-	<u>11,499</u>
Long-term debt, net of current portion	<u>\$ -</u>	<u>\$ 63,501</u>

**NOTE 6 - CONCENTRATIONS**

BRAS receives a substantial amount of its support from three local towns. A significant reduction in the level of this support, if it were to occur, may have a detrimental effect on BRAS ability to continue its activities. BRAS received the following appropriations during the years ended June 30,:

	<u>2019</u>	<u>2018</u>
Town of Boothbay	\$ 208,734	\$ 181,607
Town of Boothbay Harbor	222,474	191,496
Town of Southport	<u>43,403</u>	<u>39,827</u>
Total	<u>\$ 474,611</u>	<u>\$ 412,930</u>



**BOOTHBAY REGION AMBULANCE SERVICE, INC.  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2019 and 2018**

**NOTE 7 – NET ASSETS WITHOUT DONOR RESTRICTIONS**

As of June 30, 2019, there are \$56,000 of board designated net assets without donor restrictions. The purpose of these funds is for the purchase of an ultra sound machine and a portable ventilator system.

**NOTE 8 – RESTRICTIONS ON NET ASSETS**

Net assets with donor restrictions consisted of the following at June 30,:

	<u>2019</u>	<u>2018</u>
Doree Taylor 2016	\$ 4,853	\$ 9,984
Doree Taylor 2017	50,000	50,000
Simlab Grant	422	5,155
Costal Maine Botanical Gardens	<u>5,290</u>	<u>-</u>
	<u>\$ 60,565</u>	<u>\$ 65,139</u>

**NOTE 9 - COMMITMENT**

In August of 2017, the Boothbay Region Ambulance Service, Inc., entered into a contract with Medical Reimbursement Services (MRS) for two years that may be renewed on an annual basis. The Organization agreed to pay MRS 5% of monies collected by MRS as determined on a monthly basis. The Organization paid MRS \$29,409 and \$30,210 for the years ending June 30, 2019 and 2018, respectively.

**NOTE 10 - SUBSEQUENT EVENTS**

Boothbay Region Ambulance Service, Inc., has evaluated all subsequent events through the report date, the date the financial statements were available to be issued.



**Town of Boothbay - Fiscal Year 2021**

(FY 2021 : July 1, 2020 - June 30, 2021)

**Application for Support Organization Funding to the Board of Selectmen for Consideration at Town Meeting in May 2020**

Name of Organization: HARBOR THEATER (501-C-3)

Address of Organization: PO BOX 507, BB 04537 / MEADOW HALL, 185 TOWNSEND AVE  
BBH04538

Requested amount of funding for FY 2021: \$ 1050-

Amount approved by the Town in FY 2020: \$ - FY 2019: \$ -

What is your organization's total budget for this period? \$ 152,000

Total # of people served from the Town of Boothbay in the last year: 4000 In the previous year: 3000

Please provide a short statement as to why your organization should receive taxpayer money from the Town of Boothbay (attach additional sheets if necessary):

TO SUPPORT SAVING + SUSTAINING A VALUED COMMUNITY ASSET  
WE TOOK OVER WHEN IT CLOSED IN OCTOBER 2017. OUR  
BUSINESS PLAN IS 50% SALES - 50% COMMUNITY SUPPORT YOUR  
\$1050 WOULD BE SIGNIFICANT, UNDERWRITING THREE FREE  
MOVIE SHOWS TO THE PUBLIC

Has your organization taken a vote to request this funding from the Town of Boothbay? YES

If so, what was the vote? BOARD 12-0 Organization's incorporation date: 2007\*

Are you receiving funding from other communities or organizations? APPLYING

If so, indicate which town/organization and the amount BB HARBOR + SOUTH POB \$1050  
EACH

Print name of person completing form: HAMILTON MESERVE

Signature of person completing form: [Signature]

Position in organization: PRESIDENT Phone/Cell: 633-5666 email: HWMESERVE@GMAIL.COM

Please attach audited financial statements for the last three years, or the most recent year if previously provided. If you do not have the audited financial statements, please include unaudited financial statements and the reason your organization is not audited.

\*\*\*  
\* AS "FRIENDS OF THE HARBOR THEATER. NAME CHANGED IN 2017. IRS CONFIRMATIONS ATTACHED  
\*\* \$20K MEMBERSHIPS, \$20K BUSINESS PARTNERS \$50K DONATIONS  
\*\*\* 2016 (OPERATIONS SUSPENDED), 2017 + 2018 ENCLOSED COMPILED BY MIDCOAST PAYROLL + ACCOUNTING. 2019 TO BE ALSO REVIEWED BY BRUCE BACHELDER CPA. DAMARIS COTTA



DOMESTIC  
NONPROFIT CORPORATION

STATE OF MAINE

ARTICLES OF INCORPORATION

Filing Fee \$40.00

File No. 20070402ND Pages 3  
Fee Paid \$ 40  
DCN 2070291800041 ARTI  
FILED  
01/29/2007

*Julie A. H.*  
Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

Pursuant to 13-B MRSA §403, the undersigned incorporator(s) executor(s) and deliver(s) the following Articles of Incorporation

FIRST: The name of the corporation is FRIENDS OF THE HARBOR THEATER, INC.

SECOND: ("X" one box only. Attach additional page(s) if necessary )

The corporation is organized as a public benefit corporation for the following purpose or purposes  
Help to sustain and perpetuate the availability of quality motion pictures for citizens of the Boothbay Region

The corporation is organized as a mutual benefit corporation for all purposes permitted under Title 13-B or, if not for all such purposes, then for the following purpose or purposes:

Mission:

THIRD: The name and registered office of the Registered Agent who must be a Maine resident, whose office is identical with the registered office; or a corporation, domestic or foreign, profit or nonprofit, having an office identical with such registered office:

Thomas W. Tavenner

(name)

654 Wiscasset Road, Boothbay, ME 04537

(physical location - street (not P.O. Box), city, state and zip code)

P.O. Box 340, Boothbay Harbor, ME 04538

(mailing address if different from above)

FOURTH: The number of directors (not less than 3) constituting the initial board of directors of the corporation, if the number has been designated or if the initial directors have been chosen, is \_\_\_\_\_.

The minimum number of directors (not less than 3) shall be 3 and the maximum number of directors shall be 7

FIFTH: Members ("X" one box only.)

There shall be no members.

There shall be one or more classes of members and the information required by 13-B MRSA §402 is attached

FORM NO MNPCA-6 (1 of 2)

DOMESTIC  
NONPROFIT CORPORATION

STATE OF MAINE

ARTICLES OF AMENDMENT

FRIENDS OF THE HARBOR THEATER

(Name of Corporation)

File No. 20070402ND Pages 3  
Fee Paid \$ 10  
DCN 2172283610005 LNME  
FILED  
08/16/2017

*Julie R. Flynn*  
Deputy Secretary of State

A True Copy When Attested By Signature  
*Julie R. Flynn*  
Deputy Secretary of State

Pursuant to \_\_\_\_\_ and \_\_\_\_\_, the undersigned corporation executes and delivers the following Articles of Amendment:

FIRST: ("X" one box only.)  public benefit corporation  mutual benefit corporation

SECOND: Describe NATURE OF CHANGE (i.e. change in name of corporation, purpose, number of directors, adding or deleting section or revision of section, etc.) as well as TEXT of amendment. Attach additional pages as needed.

NAME  
CHANGE:

To change the name of the Friends of the Harbor Theater to Harbor Theater located on  
Townsend Avenue, Boothbay Harbor, Maine voted by the Directors of the non-profit  
corporation on August 9, 2017.



**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2018 calendar year, or tax year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Harbor Theater PO Box 507 Boothbay, ME 04537	<b>D</b> Employer identification number 01-0883150	<b>E</b> Telephone number 207-633-5153
<b>F</b> Name and address of principal officer: <b>Jeff Long</b> Same As C Above		<b>G</b> Gross receipts \$ <b>259,448.</b>	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No if "No," attach a list (see instructions)	
<b>J</b> Website: ▶ <a href="http://www.Boothbaycinema.org">www.Boothbaycinema.org</a>		<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>2007</b> <b>M</b> State of legal domicile: <b>ME</b>	

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>Promotion of film and education of the film industry</u>		
Activities & Governance	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	12
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	0
	<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	0
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	0
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	0.
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g)		123,454.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		135,994.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	<b>12</b>	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		259,448.
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		35,577.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		121,870.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		157,447.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12		102,001.
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b>	Total liabilities (Part X, line 26)	56,219.	166,818.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	0.	0.
			56,219.	166,818.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date	
	▶ <b>Jeff Long</b> Type or print name and title	<b>Treasurer</b>	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	<b>Linda Foster</b>	<b>Linda Foster</b>	
	Firm's name ▶ <b>MIDCOAST PAYROLL &amp; ACCOUNTING INC</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01204284</b>
	Firm's address ▶ <b>35 School St Boothbay Harbor, ME 04538</b>	Firm's EIN ▶ <b>272120095</b>	Phone no. <b>2076336500</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No



**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 74,996. including grants of \$ ) (Revenue \$ 259,448.)

Education through lectures, seminars, film etc. and promotion of local independant film producers

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ 74,996.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A .....	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? .....	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I .....		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II .....		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III .....		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I .....		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II .....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III .....		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV .....		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V .....		X
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI .....	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII .....		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII .....		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX .....		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X .....		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X .....		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII .....		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional .....		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E .....		X
14a Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV .....		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV .....		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV .....		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) .....		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II .....		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III .....		X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H .....		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II .....		X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
<b>23</b> Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>35b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.		X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1 a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
<b>1 b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>1 c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee reporting, tax shelter transactions, and charitable contributions.

**Part VI Governance, Management, and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1 a</b>	Enter the number of voting members of the governing body at the end of the tax year. .... <b>12</b> If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1 b</b>	Enter the number of voting members included in line 1a, above, who are independent. ....		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ... See Schedule O	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ... See Sch O	X	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....		X
<b>7 a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....		X
<b>7 b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8 a</b>	a The governing body? .....		X
<b>8 b</b>	b Each committee with authority to act on behalf of the governing body? .....		X
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. ....		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10 a</b>	Did the organization have local chapters, branches, or affiliates? .....		X
<b>10 b</b>	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....		
<b>11 a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	X	
<b>12 a</b>	Did the organization have a written conflict of interest policy? If 'No,' go to line 13. ....		X
<b>12 b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....		
<b>12 c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. ....		
<b>13</b>	Did the organization have a written whistleblower policy? .....		X
<b>14</b>	Did the organization have a written document retention and destruction policy? .....		X
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15 a</b>	a The organization's CEO, Executive Director, or top management official. ....		X
<b>15 b</b>	b Other officers or key employees of the organization. .... If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		X
<b>16 a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		X
<b>16 b</b>	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ None
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶  
Jeff Long PO Box 331 Southport ME 04576 207-633-5450

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Robin Hall Jordan Director	1 0	X						0.	0.	0.
(2) Thomas Marston Director	1 0	X						0.	0.	0.
(3) Michael Tomko Director	1 0	X						0.	0.	0.
(4) Helen Meserve Director	1 0	X						0.	0.	0.
(5) Scott Larson Director	1 0	X						0.	0.	0.
(6) Marion Coleman Director	1 0	X						0.	0.	0.
(7) Kim A Martin Director	1 0	X						0.	0.	0.
(8) Julie Perry Director	1 0	X						0.	0.	0.
(9) Jeff Long Treasurer	5 0			X				0.	0.	0.
(10) Hamilton W. Meserve President	5 0			X				0.	0.	0.
(11) Robert Reiser Jr. Vice President	5 0			X				0.	0.	0.
(12) Robert Jordan Secretary	1 0			X				0.	0.	0.
(13)										
(14)										



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
<b>1 b Sub-total</b> .....							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							0.	0.	0.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual.</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII** Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b 17,660.				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 105,794.				
	g Noncash contributions included in lines 1a-1f: \$					
	<b>h Total. Add lines 1a-1f</b>		123,454.			
Program Service Revenue	2 a <u>Film Series</u>	Business Code 711300	135,994.	135,994.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	<b>g Total. Add lines 2a-2f</b>		135,994.			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
		c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses		b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
<b>12 Total revenue. See instructions</b>		259,448.	135,994.	0.	0.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	33,037.		33,037.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.	2,540.		2,540.	
11 Fees for services (non-employees):				
a Management.				
b Legal.	25.		25.	
c Accounting.	2,283.		2,283.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,432.	1,422.	10.	
12 Advertising and promotion.	7,295.	7,295.		
13 Office expenses.				
14 Information technology.				
15 Royalties.				
16 Occupancy.	24,330.		24,330.	
17 Travel.	213.		213.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	264.		264.	
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	4,290.		4,290.	
23 Insurance.	3,334.		3,334.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>Film Rental</u>	49,787.	49,787.		
b <u>Concessions</u>	6,434.	6,434.		
c <u>Bookers Fees</u>	4,747.	4,747.		
d <u>Website Expense</u>	3,751.		3,751.	
e All other expenses.	13,685.	5,311.	8,374.	
25 Total functional expenses. Add lines 1 through 24e.	157,447.	74,996.	82,451.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1 Cash – non-interest-bearing.....	54,290.	1	136,592.	
	2 Savings and temporary cash investments.....		2		
	3 Pledges and grants receivable, net.....		3		
	4 Accounts receivable, net.....		4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.....		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.....		6		
	7 Notes and loans receivable, net.....		7		
	8 Inventories for sale or use.....		8		
	9 Prepaid expenses and deferred charges.....		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	10a 34,873.			
	b Less: accumulated depreciation.....	10b 4,647.	1,929.	10c	30,226.
	11 Investments – publicly traded securities.....		11		
	12 Investments – other securities. See Part IV, line 11.....		12		
	13 Investments – program-related. See Part IV, line 11.....		13		
	14 Intangible assets.....		14		
	15 Other assets. See Part IV, line 11.....		15		
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34).....		56,219.	16	166,818.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses.....		17		
	18 Grants payable.....		18		
	19 Deferred revenue.....		19		
	20 Tax-exempt bond liabilities.....		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.....		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.....		22		
	23 Secured mortgages and notes payable to unrelated third parties.....		23		
	24 Unsecured notes and loans payable to unrelated third parties.....		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.....		25		
	26 <b>Total liabilities.</b> Add lines 17 through 25.....		0.	26	0.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27 Unrestricted net assets.....	56,219.	27	166,818.	
	28 Temporarily restricted net assets.....		28		
	29 Permanently restricted net assets.....		29		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30 Capital stock or trust principal, or current funds.....		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund.....		31		
	32 Retained earnings, endowment, accumulated income, or other funds.....		32		
33 <b>Total net assets or fund balances.....</b>	56,219.	33	166,818.		
34 <b>Total liabilities and net assets/fund balances.....</b>	56,219.	34	166,818.		

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	259,448.
2	Total expenses (must equal Part IX, column (A), line 25)	2	157,447.
3	Revenue less expenses. Subtract line 2 from line 1	3	102,001.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	56,219.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	158,220.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization

Harbor Theater

Employer identification number

01-0883150

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 <b>Total.</b> Add lines 1 through 3.						
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 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
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 <b>Total support.</b> Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions).					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b>						<input type="checkbox"/>

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.).....		35.		77,539.	105,794.	183,368.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.....						0.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.....						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.....						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge.....						0.
<b>6 Total.</b> Add lines 1 through 5.....	0.	35.	0.	77,539.	105,794.	183,368.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons.....	0.	0.	0.	0.	0.	0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.....	0.	0.	0.	0.	0.	0.
<b>c</b> Add lines 7a and 7b.....	0.	0.	0.	0.	0.	0.
<b>8 Public support.</b> (Subtract line 7c from line 6.).....						183,368.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6.....	0.	35.	0.	77,539.	105,794.	183,368.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.....						0.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.....						0.
<b>c</b> Add lines 10a and 10b.....	0.	0.	0.	0.	0.	0.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.....						0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).....						0.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.).....	0.	35.	0.	77,539.	105,794.	183,368.
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... <input checked="" type="checkbox"/>						

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

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

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

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

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

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

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



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations (continued)**

	Yes	No
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) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c 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	

**Section B. Type I Supporting 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	
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	

**Section 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 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	

**Section 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 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 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in 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 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	

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

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - a  The organization satisfied the Activities Test. Complete line 2 below.
  - b  The organization is the parent of each of its supported organizations. Complete line 3 below.
  - c  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

	Yes	No
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.	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
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.	3a	
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 role played by the organization in this regard.	3b	

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

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

<b>Section A -- Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

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

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

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

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Schedule A (Form 990 or 990-EZ) 2018

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

<b>Section D – Distributions</b>	<b>Current Year</b>
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

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

BAA

**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.)

Schedule B  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2018

Name of the organization

Harbor Theater

Employer identification number

01-0883150

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Form 990-PF

Section:

- 501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization **Harbor Theater** Employer identification number **01-0883150**

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Edward Asplundh 81 Appalachee Road Boothbay Harbor, ME 04538	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **Harbor Theater** Employer identification number **01-0883150**

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		

BAA



Name of organization **Harbor Theater** Employer identification number **01-0883150**

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$            *N/A*  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<i>N/A</i>		
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization

Harbor Theater

Employer identification number

01-0883150

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1. ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X. ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1. ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X. ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

**Part V Endowment Funds.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  %
  - b Permanent endowment  %
  - c Temporarily restricted endowment  %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment		34,873.	4,647.	30,226.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				30,226.

BAA

**Part VII Investments – Other Securities.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

**Part VIII Investments – Program Related.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

**Part IX Other Assets.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.** N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments	2a	
	b Donated services and use of facilities	2b	
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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.

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

Harbor Theater

01-0883150

**Form 990, Part III, Line 1 - Organization Mission**

Friends of the Harbor Theater is dedicated to the Promotion of "big screen" presentations on the Boothbay Peninsula, including first run, classical, foreign, art and documentary films, together with educational components such as screen festivals, lectures, meet-the-director events and independant locally produced films.

**Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.**

Spouses

**Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents**

Change of Organizations name. Conformed copy of Amended document attached.

"Other changes to organizing or governing documents:

Significant governance changes under the August 24, 2017 amendment and restatement of the Corporation Bylaws included recital of the new name of the Corporation as the b

**Form 990, Part VI, Line 11b - Form 990 Review Process**

No review was or will be conducted.

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

No other documents available to the public.

Form **8868**

(Rev. January 2019)

Department of the Treasury  
Internal Revenue Service

## Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

OMB No. 1545-1709

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>Harbor Theater</b>	Employer identification number (EIN) or
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. <b>PO Box 507</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Boothbay, ME 04537</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) ..... 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ Jeff Long -----

Telephone No. ▶ 207-633-5450 Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box .....
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ..... . If it is for part of the group, check this box ...  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 2018 or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. ....	<b>3a</b>	\$	0.
3b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. ....	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. ....	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2019)

CLIENT FRIENDSO

**MIDCOAST PAYROLL & ACCOUNTING INC  
35 SCHOOL ST  
BOOTHBAY HARBOR, ME 04538  
2076336500**

October 22, 2019

Harbor Theater  
PO Box 507  
Boothbay, ME 04537

Dear Client:

Your 2018 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Enclosed is your 2018 Federal Exempt Organization Business Income Tax Return. The original should be signed at the bottom of page two. No tax is payable with the filing of this return. Mail your Federal return on or before May 15, 2019 to:

**DEPARTMENT OF TREASURY  
INTERNAL REVENUE SERVICE  
OGDEN, UT 84201-0027**

Please be sure to call us if you have any questions.

Sincerely,

Linda Foster



Client FRIENDSO

Harbor Theater

01-0883150

10/22/19

11:55 AM

	2018	2017	Diff
<b>REVENUE</b>			
Contributions and grants.....	123,454	0	123,454
Program service revenue.....	135,994	0	135,994
Total revenue.....	259,448	0	259,448
<b>EXPENSES</b>			
Salaries, other compen., emp. benefits...	35,577	0	35,577
Other expenses.....	121,870	0	121,870
Total expenses.....	157,447	0	157,447
<b>NET ASSETS OR FUND BALANCES</b>			
Revenue less expenses.....	102,001	0	102,001
Total assets at end of year.....	166,818	0	166,818
Total liabilities at end of year.....	0	0	0
Net assets/fund balances at end of year.	166,818	0	166,818

2018

Federal Unrelated Business Income Tax Summary

Page 1

Client FRIENDSO

Harbor Theater

01-0883150

10/22/19

11:55 AM

	2018	2017	Diff
<b>REVENUE</b>			
Total revenue.....	0	0	0
<b>DEDUCTIONS</b>			
Total deductions.....	0	0	0
<b>UNRELATED BUSINESS TAXABLE INCOME</b>			
Unrelated business taxable income.....	0	0	0
<b>TAX COMPUTATION</b>			
Income tax.....	0	0	0
Total tax.....	0	0	0
<b>PAYMENTS AND CREDITS</b>			
Total payments and credits.....	0	0	0
<b>REFUND OR AMOUNT DUE</b>			
Tax due.....	0	0	0
Overpayment.....	0	0	0

2018

General Information

Page 1

Client FRIENDSO

Harbor Theater

0209 01-0883150

10/22/19

11:55AM

Forms needed for this return

Federal: 990, Sch A, Sch B, Sch D, Sch O, 8868, 990-T

Tax Rates

Unrelated Business

Marginal

Effective

Federal

0. %

0. %

Carryovers to 2019

None

Client FRIENDSO

Harbor Theater

08/17 01-0883150

10/22/19

11:55AM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179/ SDA	Prior 179/ SDA/ Depr.	Method	Life	Current Depr.
Form 990/990-PF										
<b>Machinery and Equipment</b>										
1	Equipment	10/01/17		2,000			71	200DB MQ	7	551
2	Theater Equipment	5/01/18		8,000				200DB HY	7	1,143
3	ADA Equipment	3/21/18		5,006				200DB HY	7	715
4	Route 27 Sign	9/25/18		15,676				200DB HY	10	1,568
5	Office Equipment	5/01/18		4,191				200DB HY	7	599
Total Machinery and Equipment				34,873		0	71			4,576
Total Depreciation				34,873		0	71			4,576
Grand Total Depreciation				34,873		0	71			4,576

Client FRIENDSO

Harbor Theater

01-0883150

10/22/19

11:55AM

No. Description Date Acquired Date Sold Cost/Basis Bus. Pct. Cur 179 Bonus Special Depr. Allow. Prior 179 Bonus/Sp. Depr. Prior Dec. Bal. Depr. Salvage /Basis /Reductn. Depr. Basis Prior Depr. Method Life Rate Current Depr.

Form 990/990-PF

Machinery and Equipment

No.	Description	Date Acquired	Date Sold	Cost/Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179 Bonus/Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis /Reductn.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
1	Equipment	10/01/17		2,000							2,000	71	2000B MQ	7	.27550	551
2	Theater Equipment	5/01/18		8,000							8,000		2000B HY	7	.14290	1,143
3	ADA Equipment	3/21/18		5,006							5,006		2000B HY	7	.14290	715
4	Route 27 Sign	9/25/18		15,676							15,676		2000B HY	10	.10000	1,568
5	Office Equipment	5/01/18		4,191							4,191		2000B HY	7	.14290	599

Total Machinery and Equipment

34,873	0	0	0	0	0	0	0	0	0	0	34,873	71				4,576
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Total Depreciation

34,873	0	0	0	0	0	0	0	0	0	0	34,873	71				4,576
--------	---	---	---	---	---	---	---	---	---	---	--------	----	--	--	--	-------

Grand Total Depreciation

34,873	0	0	0	0	0	0	0	0	0	0	34,873	71				4,576
--------	---	---	---	---	---	---	---	---	---	---	--------	----	--	--	--	-------

Client FRIENDSO

Harbor Theater

01-0883150

10/22/19

11:55AM

**Contributions, Gifts, and Grants**  
**Other contributions, gifts, grants, etc.**

.....	\$	12,500.
.....		75,580.
Grants.....		17,714.
	<b>Total</b>	<b>\$ 105,794.</b>

**Stmt. of Functional Expenses (990)**  
**Occupancy**

Rent.....	\$	15,621.
CAM (Common Area Maintenance).....		1,694.
Theater Cleaning.....		265.
General Repairs/Maintenance.....		1,556.
Electric.....		2,983.
Propane.....		1,170.
Water/Sewer.....		1,041.
	<b>Total</b>	<b>\$ 24,330.</b>

Form **990-EZ**

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

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

OMB No. 1545-1150

**2017**

Department of the Treasury  
Internal Revenue Service

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information

**Open to Public  
Inspection**

**A** For the 2017 calendar year, or tax year beginning \_\_\_\_\_, 2017, and ending \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Harbor Theater  
PO Box 507  
Boothbay, ME 04537

**D** Employer identification number  
01-0883150

**E** Telephone number  
207-633-5153

**F** Group Exemption Number..... ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I** Website: ▶ [www.Boothbaycinema.org](http://www.Boothbaycinema.org)

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J** Tax-exempt status (check only one) --  501(c)(3)  501(c) ( ) ◀(insert no.)  4947(a)(1) or  527

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

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ..... ▶ \$ **97,046.**

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

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
REVENUE	1	Contributions, gifts, grants, and similar amounts received.....	77,539.																												
	2	Program service revenue including government fees and contracts.....	19,507.																												
	3	Membership dues and assessments.....																													
	4	Investment income.....																													
	5a	Gross amount from sale of assets other than inventory.....																													
	5b	Less: cost or other basis and sales expenses.....																													
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).....																													
	6	Gaming and fundraising events																													
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000).....																													
	6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000).....																													
6c	Less: direct expenses from gaming and fundraising events.....																														
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).....																														
7a	Gross sales of inventory, less returns and allowances.....																														
7b	Less: cost of goods sold.....																														
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).....																														
8	Other revenue (describe in Schedule O).....																														
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.....		97,046.																												
EXPENSES	10	Grants and similar amounts paid (list in Schedule O).....																													
	11	Benefits paid to or for members.....																													
	12	Salaries, other compensation, and employee benefits.....		10,891.																											
	13	Professional fees and other payments to independent contractors.....		190.																											
	14	Occupancy, rent, utilities, and maintenance.....		7,658.																											
	15	Printing, publications, postage, and shipping.....		394.																											
	16	Other expenses (describe in Schedule O)..... See Schedule O		21,694.																											
17	<b>Total expenses.</b> Add lines 10 through 16.....		40,827.																												
18	Excess or (deficit) for the year (Subtract line 17 from line 9).....		56,219.																												
ASSETS	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).....		0.																											
	20	Other changes in net assets or fund balances (explain in Schedule O).....																													
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20.....		56,219.																											

**BAA** For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2017)

**Part II Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II. [X]

Table with columns (A) Beginning of year and (B) End of year. Rows include: 22 Cash, savings, and investments; 23 Land and buildings; 24 Other assets (describe in Schedule O) See Schedule O; 25 Total assets; 26 Total liabilities (describe in Schedule O); 27 Net assets or fund balances (line 27 of column (B) must agree with line 21).

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III. [X]

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

Table for Program Service Accomplishments. Columns: Description, (Grants \$), If this amount includes foreign grants, check here, Expenses. Rows 28-32 include: Education through lectures, seminars, film etc. and promotion of local independant film producers; Other program services; Total program service expenses.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV. [X]

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1: See Schedule O, 8,142., 0., 0.



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

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities?
35b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year?
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities.
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b 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?
40c 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.
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed

42a The organization's books are in care of Hamilton Meserve
Located at 35 Town Landing Road Southport ME
Telephone no. 207-633-5666
ZIP + 4 04576

42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country?
42c At any time during the calendar year, did the organization maintain an office outside the United States?

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.

44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.....	<b>46</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
---	-----------	------------------------------	--

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

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

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

<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.....	<b>47</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....	<b>48</b>		<input checked="" type="checkbox"/> No
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?.....	<b>49a</b>		<input checked="" type="checkbox"/> No
<b>b</b> If 'Yes,' was the related organization a section 527 organization?.....	<b>49b</b>		<input type="checkbox"/> No

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

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

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

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

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

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

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A..... ▶  Yes  No

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

<b>Sign Here</b>	Signature of officer	Date				
	<b>Robert C. Devine</b> <small>Type or print name and title</small>		<b>President</b>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN	
	<b>Linda Foster</b>	<b>Linda Foster</b>			<b>P01204284</b>	
	Firm's name ▶	<b>MIDCOAST PAYROLL &amp; ACCOUNTING INC</b>			Firm's EIN ▶	<b>272120095</b>
	Firm's address ▶	<b>35 School St Boothbay Harbor, ME 04538</b>			Phone no.	<b>2076336500</b>

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization

Harbor Theater

Employer identification number

01-0883150

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3. . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4. . . . .						

**Section B. Total Support**

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	200.		35.		77,539.	77,774.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0.
<b>6 Total.</b> Add lines 1 through 5	200.	0.	35.	0.	77,539.	77,774.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
<b>c</b> Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						77,774.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6	200.	0.	35.	0.	77,539.	77,774.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
<b>c</b> Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	200.	0.	35.	0.	77,539.	77,774.

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

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

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

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

**19a 33-1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33-1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations (continued)**

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>11a</b>	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>11b</b>	b A family member of a person described in (a) above?		
<b>11c</b>	c A 35% controlled entity of a person described in (a) or (b) above? <i>If 'Yes' to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

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

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

**Section 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 instructions).
- a  The organization satisfied the Activities Test. Complete line 2 below.
  - b  The organization is the parent of each of its supported organizations. Complete line 3 below.
  - c  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

**2** Activities Test. Answer (a) and (b) below.

- 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 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 role played by the organization in this regard.*

		Yes	No
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

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

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

<b>Section A – Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	8	

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

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

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

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

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

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

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**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.)

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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.

**2017**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

Name of the organization  
**Harbor Theater**

Employer identification number  
**01-0883150**

**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

2786		
Advertising and Promotion	\$	1,050.
Architectual Planning		573.
Bookkeeping		137.
Business Checks		475.
Christmas Bonus		85.
Concessions		250.
Corporate Fee		2,380.
Depreciation		110.
Film Rental		71.
Insurance		9,298.
Licenses and Fees		2,668.
Management Cell Phone		160.
Office Expenses		93.
Passes Used		375.
Payroll Fees		283.
Rubbish Removal		428.
Shipping		54.
Supplies		49.
Telephone		294.
Website Expense		247.
		2,614.
<b>Total</b>	<b>\$</b>	<b>21,694.</b>

**Form 990-EZ, Part II, Line 24**  
**Other Assets**

	<u>Beginning</u>	<u>Ending</u>
Machinery and Equipment	\$ 0.	\$ 1,929.
<b>Total</b>	<b>\$ 0.</b>	<b>\$ 1,929.</b>

**Form 990-EZ, Part III - Organization's Primary Exempt Purpose**

Friends of the Harbor Theater is dedicated to the Promotion of "big screen" presentations on the Boothbay Peninsula, including first run, classical, foreign, art and documentary films, together with educational components such as screen festivals, lectures, meet-the-director events and independant locally produced films.

Name of the organization

Employer identification number

Harbor Theater

01-0883150

**Form 990-EZ, Part IV**  
**List of Officers, Directors, Trustees, and Key Employees**

Name and Title	Average Hours Per Week Devoted	Compen- sation	Health Benefits & Contrib- ution to EBP & DC	Estimated Amount Of Other Compen.
Robert C. Devine President	0	\$ 0.	\$ 0.	\$ 0.
Hamilton W. Meserve Vice President	0	0.	0.	0.
Thomas W. Tavenner Counsel	0	1,450.	0.	0.
Dorothy Ruth Ferrell Director	0	0.	0.	0.
Alan Cleveland Secretary	0	0.	0.	0.
Eugene Molinelli Treasurer	0	0.	0.	0.
Helen Meserve Director	0	0.	0.	0.
Gwen Asplundh Director	0	0.	0.	0.
Scott Larson Director	0	0.	0.	0.
Doug Goldhirsch Director	0	0.	0.	0.
Sharon Goldhirsch Director	0	0.	0.	0.
Michael Pollard Director	0	0.	0.	0.
Penny Pollard Director	0	0.	0.	0.
Julie Perry Director	0	0.	0.	0.
Jason Sheckley Theater Manager	40	6,692.	0.	0.
<b>Total</b>		<b>\$ 8,142.</b>	<b>\$ 0.</b>	<b>\$ 0.</b>

Name of the organization <b>Harbor Theater</b>	Employer identification number <b>01-0883150</b>
---	---

**Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No

**Form 990-EZ, Part V, Line 34 - Changes to Organizing or Governing Documents**

Change of Organizations name. Conformed copy of Amended document attached.

"Other changes to organizing or governing documents:

Significant governance changes under the August 24, 2017 amendment and restatement of the Corporation Bylaws included recital of the new name of the Corporation as the "Harbor Theater"; a change in the date of the Annual Meeting from the last Wednesday in January to a date in October stated in a due notice of the meeting by the President; voting membership clarified to mean members of the Board and elimination of the earlier \$25 dues requirement; enlargement of the number of Directors from "no less than Three and no more than Seven " to "not less than 7 nor more than 15"; and express incorporation within the Bylaws of a detailed Conflicts of Interest policy"

## Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time. Only submit original (no copies needed).**

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Enter filer's identifying number, see instructions**

<p><b>Type or print</b></p> <p>File by the due date for filing your return. See instructions.</p>	<p>Name of exempt organization or other filer, see instructions.</p> <p><b>Harbor Theater</b></p>	<p>Employer identification number (EIN) or</p> <p><b>01-0883150</b></p>
	<p>Number, street, and room or suite number. If a P.O. box, see instructions.</p> <p><b>PO Box 507</b></p>	<p>Social security number (SSN)</p>
	<p>City, town or post office, state, and ZIP code. For a foreign address, see instructions.</p> <p><b>Boothbay, ME 04537</b></p>	

Enter the Return Code for the return that this application is for (file a separate application for each return) ..... **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ Hamilton Meserve -----

Telephone No. ▶ 207-633-5666 ----- Fax No. ▶ -----

- If the organization does not have an office or place of business in the United States, check this box ..... ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ..... ▶ . If it is for part of the group, check this box ... ▶  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 2017 or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<p><b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions .....</p>	<p><b>3a</b> \$</p>	<p><b>0.</b></p>
<p><b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit .....</p>	<p><b>3b</b> \$</p>	<p><b>0.</b></p>
<p><b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions .....</p>	<p><b>3c</b> \$</p>	<p><b>0.</b></p>

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Client FRIENDSO

Harbor Theater

FORM 01-0883150

11/17/19

3:43 PM

**FORM 990-EZ REVENUE**

Contributions, gifts, and grants.....	77,539
Program service revenue.....	19,507
<b>Total revenue.....</b>	<b>97,046</b>

**EXPENSES**

Salaries and employee benefits.....	10,891
Professional fees/pymt to contractors.....	190
Occupancy/rent/utilities/maintenance.....	7,658
Printing, publications, and postage.....	394
Other expenses.....	21,694
<b>Total expenses.....</b>	<b>40,827</b>

**NET ASSETS OR FUND BALANCES**

Excess or (deficit) for the year.....	56,219
Net assets/fund bal. at beg. of year.....	0
Net assets/fund bal. at end of year.....	56,219

2017

# Federal Unrelated Business Income Tax Summary

Page 1

Client FRIENDSO

Harbor Theater

01-0883150

11/17/19

3:43 PM

**REVENUE**

Total revenue..... 0

**DEDUCTIONS**

Total deductions..... 0

**UNRELATED BUSINESS TAXABLE INCOME**

Unrelated business taxable income..... 0

**TAX COMPUTATION**

Income tax..... 0

Total tax..... 0

**PAYMENTS AND CREDITS**

Total payments and credits..... 0

**REFUND OR AMOUNT DUE**

Tax due..... 0

Overpayment..... 0



2017

General Information

Page 1

Client FRIENDSO

Harbor Theater

01-0883150

11/17/19

03:43PM

Forms needed for this return

Federal: 990-EZ, Sch A, 8868, 990-T

Tax Rates

Unrelated Business

Marginal

Effective

Federal

0. %

0. %

Carryovers to 2018

None

Client FRIENDSO

Harbor Theater

01-0883150

11/17/19

03:43PM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179/ SDA	Prior 179/ SDA/ Depr.	Method	Life	Current Depr.
Form 990/990-PF										
<b>Machinery and Equipment</b>										
1	Equipment	10/01/17		2,000				200DB MQ	7	71
Total Machinery and Equipment				2,000		0	0			71
Total Depreciation				2,000		0	0			71
Grand Total Depreciation				2,000		0	0			71

Client FRIENDSO

Harbor Theater

01-0883150

11/17/19

03:43PM

**Contributions, Gifts, and Grants**  
**Membership dues and assessments**

Individual.....	\$	13,470.
Corporate.....		3,500.
Total	\$	<u>16,970.</u>

Client FRIENDSO

Harbor Theater

01-0883150

11/17/19

03:43PM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Form 980/990-PF																
Machinery and Equipment																
1	Equipment	10/01/17		2,000							2,000		2000B MQ	7	.03570	71
Total Machinery and Equipment																
				2,000		0	0	0	0	0	2,000	0				
Total Depreciation																
				2,000		0	0	0	0	0	2,000	0				
Grand Total Depreciation																
				2,000		0	0	0	0	0	2,000	0				

**Town of Boothbay – Fiscal Year 2020**

(FY 2020: July 1, 2019-June 30, 2020)

**Application for Support Organization Funding to the Board of Selectmen for Consideration at Town Meeting in May 2019**

Name of Organization: The Community Center

Address of Organization: P.O. Box 335, Boothbay Harbor, Maine

Requested amount of funding for FY 2020: \$ 7,000.

Amount approved by the Town in FY 2019: \$ 3,500. FY 2018: \$ 3,000.

What is your organization's total budget for this period? \$ 80,000.

Total # of people served from the Town of Boothbay in the last year: 3970 In the previous year: 3780

Please provide a short statement as to why your organization should receive taxpayer money from the Town of Boothbay (attach additional sheets if necessary):

- See attached letter -

Has your organization taken a vote to request this funding from the Town of Boothbay? Yes

If so, what was the vote? Unanimous Board Vote Organization's incorporation date: 1/28/13

Are you receiving funding from other communities or organizations? Yes

If so, indicate which town/organization and the amount Requested From: BBH \$7,000.

Print name of person completing form: Sandra Leonard Edgemoor \* 2000. (1st ask)

Signature of person completing form: [Signature]

Position in organization: Chair of Fundraising Phone/Cell: 350-4102 email: smbleed3@gmail.com

Please attach audited financial statements for the last three years, or the most recent year if previously provided. If you do not have the audited financial statements, please include unaudited financial statements and the reason your organization is not audited.



**THE COMMUNITY CENTER  
Meadow Mall  
Boothbay Harbor, Maine**

*To the Selectmen, Town of Boothbay*

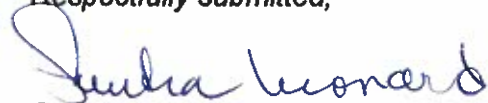
*A place to learn, a place to meet friends old and new, a place for warmth and a cup of coffee, a place to be Community. This is the Community Center. More than 8700 area residents visited the Community Center in 2018, and we are on track to repeat or exceed that number in 2019. These numbers come from our voluntary sign in book, and we feel the actual number using the Center is even greater, a substantial increase since the Center opened its doors in 2015. Folks are learning new skills, enjoying companionship through Mahjong and cribbage, visiting museums and other places of interest in the area, attending lectures right in the Center and taking classes on a variety of topics. And all of this is offered without charge, a true service to our community and a vital contribution to the health and well being of its citizens.*

*Since its inception in 2015, the Community Center has added a fiber arts room, a dance/exercise room and dozens of programs of interest to Center users. We have purchased a van to transport people to museums, theater performances and areas of interest. All of our classes and programs are run by dedicated volunteers with just one part time employee. The Center's original modest budget of \$35,000 has now grown to \$80,000. The Community Center is committed to keeping programs free and accessible to everyone.*

*Our funding comes from three sources...our Annual Appeal (including grants), various fundraisers ( including a Kentucky Derby Party in collaboration with the Rotary Club), and support from the towns we serve which are Boothbay, Boothbay Harbor, Edgcomb and Southport. All three sources are critical to the ongoing success of the Center.*

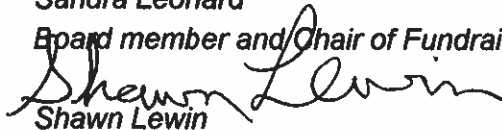
*With the expansion of our services, we are asking the towns to increase their support as well. We are requesting \$7000 from the Town of Boothbay. This amounts to less than \$2 per year for each resident of Boothbay who uses the Center; in 2018 that number was 3970. We hope you agree with us that the services we provide at no cost are of real value to our citizens and thus our towns. We firmly believe we change lives and save lives every day.*

*Respectfully submitted,*



**Sandra Leonard**

**Board member and Chair of Fundraising**



**Shawn Lewin**

**President of the Board of Directors**





## Boothbay Region Health and Wellness Foundation Budget vs. Actual

	TOTAL			YTD TOTAL			Monthly Average		
	Jan '19 - Nov 19	Yearly Budget	YTD 2018	YTD Budget	Budget	2018 Monthly Average	Monthly Budget	YTD '18	
<b>Ordinary Income/Expense</b>									
<b>Income</b>									
Community Center									
Enrichment Program	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Van Income	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Boutique Sales	414.00	821.00	414.00	515.00	-101.00	37.64	46.82	-9.18	
Bottled Water Sales	412.00	566.00	412.00	529.00	-117.00	37.45	48.09	-10.64	
Fundraising Income	2,587.84	5,976.45	2,587.84	5,802.95	-3,215.11	235.26	527.54	-292.28	
Donations	7,900.64	23,977.97	7,900.64	22,871.67	-14,971.03	718.24	2,079.24	-1,361.00	
Sign Sales - CC	1,009.00	2,042.00	1,009.00	2,006.00	-897.00	91.73	182.36	-90.64	
Total Community Center	12,323.48	33,383.42	12,323.48	31,724.62	-19,401.14	1,120.32	2,884.06	-1,763.74	
Health & Wellness Foundation									
Fundraising Income	25,568.60	16,165.00	25,568.60	11,165.00	14,403.60	2,324.42	1,015.00	1,309.42	
Donations	14,679.39	24,281.00	14,679.39	3,081.00	11,598.39	1,334.49	280.09	1,054.40	
Sign Sales - H&W	251.00	493.00	251.00	484.00	-233.00	22.82	44.00	-21.18	
Program Income	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Parenting Support Program	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
People Helping People Program	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
PHP Donation Income	2,550.00	2,625.00	2,550.00	125.00	2,425.00	231.82	11.36	220.45	
PHP Fundraising Income	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
PHP Membership	2,167.00	2,692.00	2,167.00	2,502.00	-335.00	197.00	227.45	-30.45	
Total People Helping People Program	4,717.00	5,317.00	4,717.00	2,627.00	2,090.00	428.82	238.82	190.00	
Total Program Income	4,717.00	5,317.00	4,717.00	2,627.00	2,090.00	428.82	238.82	190.00	
H & W Membership	38.00	0.00	38.00	0.00	38.00	3.45	0.00	3.45	
Total Health & Wellness Foundation	45,233.99	46,256.00	45,233.99	17,357.00	27,895.99	4,114.00	1,577.91	2,536.09	
Investments									
Interest/Investment Income	21.70	48.04	21.70	43.96	-22.26	1.97	4.00	-2.02	
Total Investments	21.70	48.04	21.70	43.96	-22.26	1.97	4.00	-2.02	
<b>Total Income</b>	57,599.17	79,687.46	57,599.17	49,125.58	8,473.59	6,236.29	4,465.96	770.45	
<b>Gross Profit</b>	57,599.17	79,687.46	57,599.17	49,125.58	8,473.59	6,236.29	4,465.96	770.45	



## Boothbay Region Health and Wellness Foundation Budget vs. Actual

Expense	TOTAL				YTD TOTAL				Monthly Averages			
	Jan '19 - Nov 19	Yearly Budget	YTD 2019	YTD Budget	Var vs Budget	2019 Monthly Average	Monthly Budget	Var vs Budget				
CC - Vehicle Maintenance Exp.	0.00	62.92	0.00	62.92	-62.92	0.00	5.72	-5.72				
Bank Service Fees	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				
Health & Wellness Found Expense												
Building Maintenance & Repair	573.00	1,556.50	573.00	1,556.50	-983.50	52.09	141.50	-89.41				
Office Supplies	153.01	349.22	153.01	349.22	-196.21	13.91	31.75	-17.84				
Postage & Mailings	719.00	0.00	719.00	0.00	719.00	65.36	0.00	65.36				
Volunteer Appreciation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				
Business Expenses												
Fundraising	2,688.95	4,024.77	2,688.95	4,024.77	-1,335.82	244.45	365.89	-121.44				
Membership Fees	0.00	280.00	0.00	280.00	-280.00	0.00	25.45	-25.45				
Total Business Expenses	2,688.95	4,304.77	2,688.95	4,304.77	-1,615.82	244.45	391.34	-146.89				
Other Program Expenses												
BRHC Program	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				
People Helping People	11,130.23	12,567.87	11,130.23	11,567.87	-437.64	1,011.84	1,051.62	-39.79				
Parenting Program	0.00	62.00	0.00	62.00	-62.00	0.00	5.64	-5.64				
Awesome Sailors Y Walking	0.00	284.00	0.00	284.00	-284.00	0.00	24.00	-24.00				
Total Other Program Expenses	11,130.23	12,893.87	11,130.23	11,893.87	-763.64	1,011.84	1,081.26	-69.42				
Facilities and Equipment												
Depr and Amort - Allowable	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				
Equip Rental and Repair	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				
Total Facilities and Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				
Travel and Meetings												
Confrance, Conventon, Meeting	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				
Total Travel and Meetings	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				
Operations												
Legal Fees	275.00	275.00	275.00	275.00	0.00	25.00	25.00	0.00				
Accounting Fees	0.00	2,750.00	0.00	2,750.00	-2,750.00	0.00	250.00	-250.00				
Bookkeeping Fees	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				
Advertising & Promotion	329.00	389.50	329.00	389.50	-60.50	29.91	35.41	-5.50				
Operations - Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				



## Boothbay Region Health and Wellness Foundation Budget vs. Actual

	TOTAL		YTD TOTAL		Variance		2019 Monthly		Monthly Average		Variance	
	Jan '19 - Nov '19	Yearly Budget	YTD 2019	YTD Budget	Budget	Average	Monthly Budget	Budget				
<b>Total Operations</b>	604.00	3,414.50	604.00	3,414.50	-2,810.50	54.91	310.41	-255.50				
<b>Total Health &amp; Wellness Found Expense</b>	15,868.19	22,518.86	15,868.19	21,518.96	-5,650.67	1,442.56	1,956.26	-513.70				
<b>Community Center Expense</b>												
Enrichment Expense	78.60	0.00	78.60	0.00	78.60	7.15	0.00	7.15				
Storage Unit Rental	291.00	0.00	291.00	0.00	291.00	26.45	0.00	26.45				
DMEC	0.00	95.00	0.00	95.00	-95.00	0.00	8.64	-8.64				
Insurance - Worker's Comp	504.25	302.00	504.25	302.00	202.25	45.84	27.45	18.39				
CC - Vehicle Enrichment Expense	41.75	416.41	41.75	416.41	-374.66	3.80	37.86	-34.06				
Insurance - Liability, D and O	3,320.00	3,311.00	3,320.00	3,311.00	9.00	301.82	301.00	0.82				
Community Center Signs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				
Program Supplies	226.10	556.78	226.10	556.78	-330.68	20.55	50.62	-30.06				
Postage, Mailing Service	0.00	162.00	0.00	162.00	-162.00	0.00	14.73	-14.73				
Building Repair & Maintenance	2,361.07	4,477.16	2,361.07	4,477.16	-2,116.09	214.64	407.01	-192.37				
Facilities	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				
Petty Cash	1,275.03	1,447.21	1,275.03	1,162.67	112.36	115.91	105.70	10.21				
CC - Vehicle Expense	1,729.20	1,477.98	1,729.20	1,442.22	286.98	157.20	131.11	26.09				
CC - Vehicle Insurance	1,287.00	1,336.00	1,287.00	1,336.00	-49.00	117.00	121.45	-4.45				
Fundraising Expense	0.00	804.62	0.00	804.62	-804.62	0.00	73.15	-73.15				
Dumpster Rental	302.60	259.31	302.60	259.31	43.29	27.51	23.57	3.94				
Volunteer Recognition	39.04	145.00	39.04	40.00	-0.96	3.55	3.64	-0.09				
Advertising & Promotion	1,048.87	225.00	1,048.87	225.00	823.87	95.35	20.45	74.90				
Electricity	2,036.46	2,882.08	2,036.46	2,703.73	-667.27	185.13	245.79	-60.66				
Fuel for Heating	2,804.10	4,960.86	2,804.10	4,960.86	-2,156.76	254.92	450.99	-196.07				
Kitchen Supplies	1,368.15	1,165.20	1,368.15	1,165.20	202.95	124.38	105.93	18.45				
Maintenance & Cleaning	110.03	227.07	110.03	227.07	-117.04	10.00	20.64	-10.64				
Office Supplies	811.97	1,593.67	811.97	1,593.67	-781.70	73.82	144.98	-71.06				
Rent	8,930.99	9,192.18	8,930.99	8,426.09	504.90	811.91	766.01	45.90				
State Sales & Use Tax	60.64	128.03	60.64	128.03	-67.39	5.51	11.64	-6.13				
Telephone, Telecommunications	1,384.08	1,490.04	1,384.08	1,365.32	18.76	125.83	124.12	1.71				
Water & Sewer	702.00	788.79	702.00	788.79	-86.79	63.82	71.71	-7.89				
Water, Bottled	84.67	16.83	84.67	16.83	67.84	7.70	1.53	6.17				



**Boothbay Region Health and Wellness Foundation  
Budget vs. Actual**

	TOTAL		YTD TOTAL		VARI		2018 Monthly		Monthly Average		VARI	
	Jan '19 - Nov 19	Yearly Budget	YTD 2018	YTD Budget	Budget	Budget	Average	Monthly Budget	Budget	Budget	Budget	
<b>Total Community Center Expense</b>	30,797.60	37,460.22	30,797.60	35,965.76	-5,168.16	7,748.62	2,799.78	3,269.61	-469.83	704.42		
<b>Payroll Expenses</b>	23,310.38	17,676.41	23,310.38	15,561.76	7,748.62	7,748.62	2,119.13	1,414.71	6,646.30	-294.63		
<b>Total Expense</b>	69,917.97	77,760.41	69,917.97	73,109.30	-3,191.33	11,606.72	6,291.47	6,646.30	-294.63	1,055.16		
<b>Net Income</b>	-12,377.00	1,969.05	-12,377.00	-23,863.72	11,606.72	11,606.72	-1,125.18	-2,180.34	1,055.16			

Beispiel: Anwendung von Regeln in einem System

Struktur der Regeln





**Town of Boothbay – Fiscal Year 2021**

(FY 2021 : July 1, 2020 - June 30, 2021)

**Application for Support Organization Funding to the Board of Selectmen for Consideration at Town Meeting in May 2020**

Name of Organization: BOOTHBAY-BOOTHBAY HARBOR CEMETERY DISTRICT

Address of Organization: 74 EASTERN AVE. BOOTHBAY HARBOR, ME 04538

Requested amount of funding for FY 2021: \$19,000.<sup>00</sup>

Amount approved by the Town in FY 2020: \$18,000.<sup>00</sup> FY 2019: \$18,000.<sup>00</sup>

What is your organization's total budget for this period? \$80,650.<sup>00</sup>

Total # of people served from the Town of Boothbay in the last year: SAME In the previous year: SAME

Please provide a short statement as to why your organization should receive taxpayer money from the Town of Boothbay (attach additional sheets if necessary):

Evergreen Cemetery is filling up and the Trustees would like to enlarge the Cemetery. The Trustees, after consulting with Chip Griffin, have Budgeted money to repair the granite stones of Veterans.

Has your organization taken a vote to request this funding from the Town of Boothbay? Yes

If so, what was the vote? Yes Organization's incorporation date: 1939

Are you receiving funding from other communities or organizations? Yes

If so, indicate which town/organization and the amount TOWN OF BOOTHBAY HARBOR \$15,000.<sup>00</sup>

Print name of person completing form: ISABELLE LEWIS

Signature of person completing form: Isabelle Lewis

Position in organization: TREASURER Phone/Cell: 603-6990 email: \_\_\_\_\_

*Please attach audited financial statements for the last three years, or the most recent year if previously provided. If you do not have the audited financial statements, please include unaudited financial statements and the reason your organization is not audited.*



Boothbay-Boothbay Harbor Cemetery District

BUDGET 2020

Green Landing Cemetery - filling and leveling	\$3,000.00
Veterans Graves & Stones - repairing	5,000.00
Evergreen Cemetery Expansion	15,000.00
Audit	2,500.00
Tree Removal	5,000.00
Oak Lawn Cemetery Fence Extension	4,500.00
Pear Street Cemetery Leveling	1,500.00

Mowing	\$31,500.00	
Insurance	1,150.00	
Maintenance	10,000.00	
Supplies	500.00	
Contingency	<u>1,000.00</u>	
	\$44,150.00	<u>44,150.00</u>

Total Budget \$80,650.00



**Boothbay - Boothbay Harbor Cemetery District**  
**Boothbay, Maine**

December 27, 2019

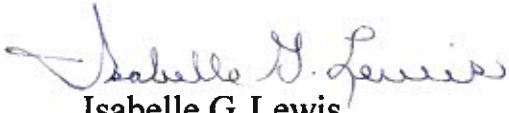
Town of Boothbay  
Budget Committee  
P. O. Box 106  
Boothbay, ME 04537

Gentlemen:

The Trustees of the Boothbay-Boothbay Harbor Cemetery District are hereby requesting the sum of \$19,000.00 from the Town of Boothbay for the 2020-2021 fiscal year.

We would appreciate it if you would take this under consideration.

Sincerely,



Isabelle G. Lewis  
Treasurer, Boothbay-Boothbay Harbor  
Cemetery District



Boothbay-Boothbay Harbor Cemetery District - 2019 Report

January 1, 2019 - Cash on hand \$16,005.08

Received:

Interest & Dividends	\$9,278.79
Sale of Lots	12,000.00
Town of Boothbay Harbor Appropriation	15,000.00
Town of Boothbay Appropriation	18,000.00
E. S. Dunton Trust	4,765.64
Misc. Interest	123.73
Transfer from Lot Sales	5,000.00
Transfer from Gamage Trust	2,900.00
Gift from Mildred McEvoy Foundation	<u>5,000.00</u>
	72,068.16

Total Received 72,068.16

**\$88,073.24**

Paid:

Contracted Services - Mowing	\$30,000.00
Maintenance	8,469.50
Supplies	13.80
Miscellaneous	173.95
Archway Ocean View Cemetery	3,900.00
Repairs to fence - Lewis Cemetery	1,524.31
Transfer to Capital Improvement	1,000.00
Insurance	<u>1,129.00</u>
	46,210.56

Total Expenses \$46,210.56

To Reserve Accounts:

Lot Sales	\$12,000.00
E. S. Dunton Res.	4,765.64
Misc. Interest	123.73
Gift M. McEvoy Foundation	<u>5,000.00</u>

Total Reserve 21,889.37

Cash on Hand Dec. 31, 2019  
     Checking Account

19,973.31

**\$88,073.24**





### Special Accounts

Global Atlantic	\$367,013.89
E. S. Dunton Trust	12,354.71
Lot Sales	20,754.04
Gamage Trust	22,469.53
Raymond James	79,978.73
Capital Improvement Account	14,081.32
	<hr/>
	\$516,652.22



**Town of Boothbay – Fiscal Year 2021**

(FY 2021: July 1, 2020-June 30, 2021)

**Application for Support Organization Funding to the Board of Selectmen for Consideration at Town Meeting in May 2020**

Name of Organization: Boothbay Harbor Memorial Library

Address of Organization: 4 Oak Street, Boothbay Harbor, ME 04538

Requested amount of funding for FY 2021: \$55,500

Amount approved by the Town in FY 2020: \$54,000 FY 2019: \$52,500

What is your organization's total budget for this period? \$319,253

*\*please see attached.*

Total # of people served from the Town of Boothbay in the last year: 2,418\* In the previous year: 1,556

Please provide a short statement as to why your organization should receive taxpayer money from the Town of Boothbay (attach additional sheets if necessary):

Please see attached.

Has your organization taken a vote to request this funding from the Town of Boothbay? Yes

If so, what was the vote? Unanimous Organization's incorporation date: 1924

Are you receiving funding from other communities or organizations? Yes

If so, indicate which town/organization and the amount Boothbay Harbor \$55,500/FY21 request  
Edgecomb \$2,500/FY21 request

Print name of person completing form: Joanna M. Breen

Signature of person completing form: \_\_\_\_\_

Position in organization: Exc. Director Phone/Cell: 633-3112 email: director@bbhlibrary.org

*Please attach audited financial statements for the last three years, or the most recent year if previously provided. If you do not have the audited financial statements, please include unaudited financial statements and the reason your organization is not audited.*





**Boothbay Harbor Memorial Library**  
**Justification for Request of Support from the Town of Boothbay Fiscal Year 2021**

**Mission Statement:** It is the mission of the Library to provide multiple opportunities for the residents of the town of Boothbay, Boothbay Harbor, and Edgecomb to have access to written, visual, audio and electronic resources in a welcoming, learning environment.

**Total # of People Served from the Town of Boothbay:**

Last year, the number 1,556 did not include Boothbay's digital library users. This year, 2,418 residents served still only reflects Boothbay residents who have checked out materials in house or online. Most of the services available at BHML do not require a library card (for example, all of our programs, story times, off-site events, Wi-Fi access, tech help, public computers, printing services, and use of the collection within the building.) We provide direct outreach the residents of Boothbay via our work with BRES, summer story times at Harold Clifford Park, pop-up library at the Boothbay Common during farmer's market, and collaborations with the Railway Village. Therefore, we do not view the number of cardholders as reflective of our service to Boothbay residents, except as it defines the Town's borrowing population.

**Short Statement as to why the Library should receive taxpayer money:** "I can't imagine Maine without libraries—and I don't want to. Libraries aren't just the places we borrow books, they are the centers of our communities." ~ Paul Doiron, author.

The library is a free and open public space, and a designated public forum. About half of Maine libraries are a part of their municipalities; and nationwide it is most common for public libraries to be paid for entirely through tax-payer dollars. BHML is an essential resource center for this region's organizations and individuals. We play a key role in the democratic process by pushing out local, state, and federal information to foster informed voters. We are the region's Tax Form Outlet location providing state and federal tax forms.

All residents of Boothbay are entitled to a free library card, connecting them to more than 60 Maine Libraries, digital collections, and museum passes. Residents of Boothbay (who choose not to register for a library card) are able to use library collections in-house, as well as the public computers, access free Wi-Fi, periodicals, and enjoy the various year round community programs we plan or participate in each year. We provide free access to all of our services making the library an essential space for low-income families and individuals.

We appreciate the opportunity to submit this request.

Respectfully submitted by:

Joanna M. Breen  
Executive Director

Boothbay Harbor Memorial Library



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# Serving the Boothbay Region Peninsula since 1924

Edgecomb, Boothbay, Boothbay Harbor, and Islands



**Offering over 22,000 items to borrow** including popular fiction, literary classics, nonfiction, DVDs, children's and teen materials, audiobooks, and periodicals

**Lending equipment** including a telescope, GoPro cameras, and audio recorders

**Digital collections available 24/7 at [www.bbhllibrary.org](http://www.bbhllibrary.org)** including e-books, audiobooks, comics, music, movies, news and research sources

**Community events** from storytimes and author talks to festivals and parades

**Public Computers**

**Co-working Space**

**Digital Media Workstation & Software Suite**

**Museum Pass Program**

**Minerva Member**, providing access to the collections of over 60 Maine libraries

*Boothbay Harbor Memorial Library is a 501(c)(3) nonprofit organization*

## Town of Boothbay

**Financial statements for Boothbay Harbor Memorial Library for 2017, 2018 and 2019.**

**We changed our fiscal year in 2018 from ending June 30 to ending on December 31.**

**The 2019 data are as of 12/17/19 and have not been reviewed by an Accountant. We will submit a final result after December 31. Accounting review will be completed in early 2020. Results will be submitted as soon as they are available.**

**If you have any questions or require additional information please contact me.**

**Robert P Krehling**

[Krehling@aol.com](mailto:Krehling@aol.com)

**633-2094**

*Visit, call, or click*

Boothbay Harbor Memorial Library | 4 Oak Street | Boothbay Harbor, ME | 04538  
207-633-3112 | [www.bbhllibrary.org](http://www.bbhllibrary.org)





**BHML Profit & Loss 2019  
Thru 12/18/19  
Before Accounting Review**

	<u>Jan 1 - Dec 18, 19</u>
<b>Ordinary Income/Expense</b>	
<b>Income</b>	
Fund Raising	95,797.71
General Income Sources	201,439.67
Operations Income	<u>2,800.55</u>
<b>Total Income</b>	<u>300,037.93</u>
<b>Gross Profit</b>	300,037.93
<b>Expense</b>	
Program Expense	3,986.73
Expense for NonOp Grants	1,949.73
Buildings & Grounds	29,624.92
Collections	28,391.01
Fund Raising Expense	8,245.70
General and Admin Expense	19,498.29
Operations Expense	15,319.32
Personnel Expenses	172,569.83
Reconciliation Discrepancies	<u>10.04</u>
<b>Total Expense</b>	<u>279,595.57</u>
<b>Net Ordinary Income</b>	20,442.36
<b>Other Income/Expense</b>	
<b>Other Income</b>	
Interest Income	146.63
Realized Gains/Losses	17,605.77
Transfer to Operations	-36,366.00
Unrealized Gains and Losses	73,910.88
Unrealized Gains/Losses	<u>81,418.40</u>
<b>Total Other Income</b>	136,715.68
<b>Other Expense</b>	
Investment Management	<u>7,833.00</u>
<b>Total Other Expense</b>	<u>7,833.00</u>
<b>Net Other Income</b>	<u>128,882.68</u>
<b>Net Income</b>	<u><u>149,325.04</u></u>



**BHML Balance Sheet 2019  
Thru 12/18/19  
Before Accounting Review**

**Dec 18, 19**

**ASSETS**

**Current Assets**

**Checking/Savings**

Bath Savings Institution Check	9,529.45
Bath Savings Institution Saving	157,216.84
Bloomerang (Stripe)	-49.64
Capital Projects Fund	15,994.31
Maintenance Reserve	40,570.36
Petty Cash	75.00

**Total Checking/Savings** 223,336.32

**Other Current Assets**

Prepaid Expense	14,268.00
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**Total Other Current Assets** 14,268.00

**Total Current Assets** 237,604.32

**Fixed Assets**

Accumulated Depreciation	-251,394.10
Building	76,300.00
Building Improvements	693,115.87
Construction in Progress	5,400.00
Equipment	31,038.21
Furniture & Fixtures	77,378.88
Land	636,500.00

**Total Fixed Assets** 1,268,338.86

**Other Assets**

D. O. L. CD	4,908.27
Endowment Account Schwab	1,005,476.50
Hyde House	115,850.00

**Total Other Assets** 1,126,234.77

**TOTAL ASSETS** 2,632,177.95

**LIABILITIES & EQUITY**

**Equity**

Board Designated Funds	40,560.00
Fund Balance	1,891,769.50
Retained Earnings	550,523.41
Net Income	149,325.04

**Total Equity** 2,632,177.95

**TOTAL LIABILITIES & EQUITY** 2,632,177.95



**BHML Profit & Loss 2018  
After Accountant Review**

	<u>Jan - Dec 18</u>
<b>Ordinary Income/Expense</b>	
<b>Income</b>	
<b>Fund Raising</b>	117,346.12
<b>General Income Sources</b>	
<b>Endowment Distribution</b>	40,802.74
<b>Friends</b>	30,000.00
<b>Interest Income</b>	1,952.52
<b>Legacies &amp; Bequests</b>	10,034.97
<b>Misc</b>	46.63
<b>Town Appropriations</b>	<u>104,500.00</u>
<b>Total General Income Sources</b>	187,336.86
<b>Operations Income</b>	<u>15,207.04</u>
<b>Total Income</b>	<u>319,890.02</u>
<b>Gross Profit</b>	319,890.02
<b>Expense</b>	
<b>Program Expense</b>	4,345.22
<b>Expense for NonOp Grants</b>	2,953.29
<b>Buildings &amp; Grounds</b>	38,155.08
<b>Collections</b>	36,187.58
<b>Depreciation</b>	59,743.36
<b>Fund Raising Expense</b>	10,359.93
<b>General and Admin Expense</b>	18,063.98
<b>Operations Expense</b>	19,713.41
<b>Personnel Expenses</b>	174,683.90
<b>Reconciliation Discrepancies</b>	<u>9.03</u>
<b>Total Expense</b>	<u>364,214.78</u>
<b>Net Ordinary Income</b>	-44,324.76
<b>Other Income/Expense</b>	
<b>Other Income</b>	
<b>Interest Income</b>	11.67
<b>Investment Income</b>	29,488.12
<b>Realized Gains/Losses</b>	54,943.29
<b>Transfer to Operations</b>	-40,800.00
<b>Unrealized Gains/Losses</b>	<u>-125,454.18</u>
<b>Total Other Income</b>	-81,811.10
<b>Other Expense</b>	
<b>Investment Management</b>	<u>7,678.00</u>
<b>Total Other Expense</b>	<u>7,678.00</u>
<b>Net Other Income</b>	-89,489.10
<b>Net Income</b>	<u><u>-133,813.86</u></u>



# BHML Balance Sheet 2018

## After Accounting Review

Dec 31, 18

### ASSETS

#### Current Assets

##### Checking/Savings

Bath Savings Institution Check	14,322.42
Bath Savings Institution Saving	132,827.15
Capital Projects Fund	26,964.78
First Giving	96.00
Maintenance Reserve	37,532.54
Petty Cash	75.00

**Total Checking/Savings** 211,817.89

##### Other Current Assets

Prepaid Expense 3,268.00

**Total Other Current Assets** 3,268.00

**Total Current Assets** 215,085.89

#### Fixed Assets

Accumulated Depreciation	-251,394.10
Building	76,300.00
Building Improvements	693,115.87
Construction in Progress	5,400.00
Equipment	31,038.21
Furniture & Fixtures	77,378.88
Land	636,500.00

**Total Fixed Assets** 1,268,338.86

#### Other Assets

D. O. L. CD	4,908.27
Endowment Account Schwab	876,740.45
Hyde House	115,850.00

**Total Other Assets** 997,498.72

**TOTAL ASSETS** 2,480,923.47

### LIABILITIES & EQUITY

#### Liabilities

##### Current Liabilities

##### Other Current Liabilities

Accrued Expenses 5,270.86

**Total Other Current Liabilities** 5,270.86

**Total Current Liabilities** 5,270.86

**Total Liabilities** 5,270.86

#### Equity

Board Designated Funds	37,511.52
Fund Balance	1,891,769.50
Retained Earnings	680,185.45
Net Income	-133,813.86

**Total Equity** 2,475,652.61

**TOTAL LIABILITIES & EQUITY** 2,480,923.47





## BHML Profit & Loss 2017 After Accountant Review

	<b>Jan - Dec 17</b>
<b>Ordinary Income/Expense</b>	
<b>Income</b>	
Fund Raising	81,008.06
General Income Sources	300,496.74
Operations Income	6,706.95
<b>Total Income</b>	<b>388,211.75</b>
<b>Gross Profit</b>	<b>388,211.75</b>
<b>Expense</b>	
Program Expense	2,318.30
Expense for NonOp Grants	8,559.84
Buildings & Grounds	50,921.81
Collections	25,660.49
Depreciation	40,280.78
Fund Raising Expense	6,163.62
General and Admin Expense	17,719.00
Operations Expense	20,729.86
Personnel Expenses	150,376.04
<b>Total Expense</b>	<b>322,729.74</b>
<b>Net Ordinary Income</b>	<b>65,482.01</b>
<b>Other Income/Expense</b>	
<b>Other Income</b>	
Interest Income	7.93
Investment Income	17,664.06
Realized Gains/Losses	109,046.83
Transfer to Operations	-43,070.00
Unrealized Gains/Losses	15,808.72
<b>Total Other Income</b>	<b>99,457.54</b>
<b>Other Expense</b>	
Investment Management	7,390.00
<b>Total Other Expense</b>	<b>7,390.00</b>
<b>Net Other Income</b>	<b>92,067.54</b>
<b>Net Income</b>	<b>157,549.55</b>



## BHML Balance Sheet 2017 After Accounting Review

	Dec 31, 17
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
Bath Savings Institution Check	17,215.40
Bath Savings Institution Saving	121,169.54
Capital Projects Fund	26,932.43
Maintenance Reserve	31,494.10
Petty Cash	75.00
<b>Total Checking/Savings</b>	196,886.47
<b>Other Current Assets</b>	
Prepaid Expense	9,681.72
<b>Total Other Current Assets</b>	9,681.72
<b>Total Current Assets</b>	206,568.19
<b>Fixed Assets</b>	
Accumulated Depreciation	-191,650.74
Building	76,300.00
Building Improvements	683,319.87
Construction in Progress	5,400.00
Equipment	26,214.22
Furniture & Fixtures	77,378.88
Land	636,500.00
<b>Total Fixed Assets</b>	1,313,462.23
<b>Other Assets</b>	
D. O. L. CD	4,896.60
Endowment Account Schwab	966,241.22
Hyde House	115,850.00
<b>Total Other Assets</b>	1,086,987.82
<b>TOTAL ASSETS</b>	<b>2,607,018.24</b>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Credit Cards</b>	
Bank of Maine Visa	28.99
<b>Total Credit Cards</b>	28.99
<b>Other Current Liabilities</b>	
Accrued Expenses	4,944.29
BSI Renovation Credit Line	-284.83
<b>Total Other Current Liabilities</b>	4,659.46
<b>Total Current Liabilities</b>	4,688.45
<b>Total Liabilities</b>	4,688.45
<b>Equity</b>	
Board Designated Funds	42,055.28
Fund Balance	1,891,769.50
Retained Earnings	510,955.46
Net Income	157,549.55
<b>Total Equity</b>	2,602,329.79
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>2,607,018.24</b>



**Town of Boothbay – Fiscal Year 2021**

(FY 2021 : July 1, 2020 - June 30, 2021)

**Application for Support Organization Funding to the Board of Selectmen for Consideration at Town Meeting in May 2020**

Name of Organization: Boothbay Region Community Band

Address of Organization: PO Box 3101 E. Boothbay, ME 04544

Requested amount of funding for FY 2021: \$ 1000 -

Amount approved by the Town in FY 2020: \$ 0 FY 2019: \$ 0

What is your organization's total budget for this period? \$ 1500

Total # of people served from the Town of Boothbay in the last year: ? In the previous year: ?

Please provide a short statement as to why your organization should receive taxpayer money from the Town of Boothbay (attach additional sheets if necessary):

The Community Band provides free service to the people of our region through performances at Memorial Day Services and concerts throughout the region.

Has your organization taken a vote to request this funding from the Town of Boothbay? Yes

If so, what was the vote? Yes Organization's incorporation date: 1991

Are you receiving funding from other communities or organizations? requests have been made

If so, indicate which town/organization and the amount \$ \_\_\_\_\_

Print name of person completing form: Paulette Carter

Signature of person completing form: Paulette A Carter

Position in organization: Treasurer Phone/Cell: 207 557-1142 email: paulette.carter1967@gmail.com

Please attach audited financial statements for the last three years, or the most recent year if previously provided. If you do not have the audited financial statements, please include unaudited financial statements and the reason your organization is not audited.



Boothbay Region Alumni Community Band  
Revenue and Expense Statement  
January 1, 2017 - December 31, 2017

**Revenue**

Windjammer Committee	\$ 250.00
Bayville Community	\$ 100.00
Fall Foliage Festival	<u>\$ 150.00</u>
Total Income	\$ 500.00

**Expenses**

Director Compensation	\$1100.00
Director Gift	\$ 54.36
Christmas Concert Flyers	<u>\$ 26.70</u>
Total Expenses	\$1181.06

NET Annual Revenue (Expenses) -\$ 681.06





Boothbay Region Alumni Community Band  
Revenue and Expense Statement  
January 1, 2018 - December 31, 2018

**Revenue**

Windjammer Committee	\$ 250.00
Bayville Community	\$ 100.00
Fall Foliage Festival	<u>\$ 150.00</u>
Total Income	\$ 500.00

**Expenses**

Director Compensation	\$1100.00
Director Gift	\$ 54.74
Flowers	\$ 20.00
Christmas Concert Flyers	<u>\$ 22.35</u>
Total Expenses	\$1197.09

NET Annual Revenue (Expenses) -\$ 697.09



Boothbay Region Alumni Community Band  
Revenue and Expense Statement  
January 1, 2019 - December 31, 2019

**Revenue**

Windjammer Committee	\$ 250.00
Bayville Community	\$ 100.00
Fall Foliage Festival	<u>\$ 150.00</u>
Total Income	\$ 500.00

**Expenses**

Director Compensation	\$1100.00
Director Gift	\$ 50.00
Uniform Hats	<u>\$ 406.80</u>
Total Expenses	\$1556.80

NET Annual Revenue (Expenses) -\$1056.80

