



**Town of Boothbay
Board of Selectmen Meeting
Wednesday, January 27th, 2021
7:00 PM
Agenda**

Board of Selectmen

Steven C. Lewis, Chairman
Dale C. Harmon, Vice Chairman
Michael Tomacelli
Desiree Scordia
Chuck Cunningham

Town Manager

Daniel Bryer

1. **Pledge of Allegiance**

2. **Public Hearing**

3. **Public Comment**

4. **Approve Minutes**

5. **Reports**

6. **Old Business-** 1. Outside Organization Funding Requests
2. Draft Municipal Budget

7. **New Business-** 1. Draft Warrant

8. **Public Comment**

9. **Review Warrants**

10. **Adjourn Meeting**

Town of Boothbay – Fiscal Year 2021

(FY 2022: July 1, 2021-June 30, 2022)

Application for Support Organization Funding to the Board of Selectmen for Consideration at Town Meeting in May 2021

Name of Organization: Boothbay Harbor Memorial Library

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

Requested amount of funding for FY 2021: \$65,000

Amount approved by the Town in FY 2020: \$55,500 FY 2019: \$54,000

What is your organization's total budget for this period? \$325,179

**Please see attached.*

Total # of people served from the Town of Boothbay in the last year: 2,167* In the previous year: 2,418

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 \$65,000/FY22 request
Edgecomb \$4,000/FY22 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.

Town of Boothbay - Fiscal Year 2021

(FY 2021: July 1, 2021-June 30, 2022)

Application for Support Organization Funding to the Board of Selectmen for Consideration at Town Meeting in May 2021

Name of Organization: Boothbay Harbor Memorial Library

Address of Organization: 4 Oak Street, Boothbay Harbor, ME 04528

Requested amount of funding for FY 2021: \$67,000

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

What is your organization's total budget for this period? \$321,179

Total # of people served from the Town of Boothbay in the last year: 2,717 in the previous year: 2,118

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

Reasons are attached.

Has your organization been a state or federal contractor in the Town of Boothbay? Yes

If so, what was the state or federal contractor organization's report on date: 1994

Are you receiving funding from other contractors or organizations? Yes

If so, include which contractor and the amount: Boothbay Harbor \$67,000

Boothbay \$4,000

Print name of person completing form: Joanna A. Brown

Signature of person completing form: _____

Position in organization: Executive Director Phone: 603-333-0123 Email: joanna@bhl.org

Please attach budget financial statement for the last three years or the most recent year if previously provided. If you do not have the budget financial statement, 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 2022

Mission Statement: To provide multiple opportunities for the residents of the town of Boothbay, Boothbay Harbor, and Edgcomb to have access to written, visual, audio and electronic resources in a welcoming, learning environment.

Total # of People Served from the Town of Boothbay: 2,167 cardholders live in Boothbay; this number reflects residents who have checked out materials. Most BHML services do not require a library card, including free WiFi, and printing, faxing, and tech help that we were able to provide throughout 2020's operating restrictions. Therefore, we do not view the number of cardholders as reflective of our service to Boothbay residents, except as it defines the borrowing population.

Short Statement as to why the Library should receive taxpayer money: 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; nationwide it is most common for public libraries to be paid for entirely through taxpayer dollars. We play a key role in the democratic process by pushing out local, state, and federal information. 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 60+ Maine libraries, digital collections, and museum passes. We provide free access to all of our services making the library an essential space for low-income families and individuals.

During this past difficult year, the library has discovered new ways to meet patrons' needs. Serving an older population, for many of whom the library is a central focus of their lives, the inability to go to the library was a huge loss, making their isolation even more devastating. We are proud that the library found safe, creative ways to serve, and we even found ourselves getting to know many of our patrons better! BHML was able to remain a strong active community asset through this year. To further our service to Boothbay residents, we also collaborated with BRES and BRHS, Boothbay Region Chamber of Commerce, the CRC, and other organizations.

We are asking for an increase in our appropriation from the town of Boothbay due to two major impacts on our budget. First, the Friends of the Library, a major contributor to our annual budget for many years, were unable to make the Used Book Store fully operational this year; restrictions resulted in a massive decline in their usual annual donation. Second, while we have worked to improve employee salaries, our benefits have been low. It was the decision of our board that, especially during this health crisis and economic uncertainty, it was imperative to increase the healthcare benefit to an amount that would allow staff to purchase healthcare.

Between the significant loss to our anticipated revenues from the bookstore (\$20,000) and this essential new cost in our expenses (an additional \$11,000), we respectfully ask that the town of Boothbay approve the increase in our annual appropriation request. As always, we appreciate the opportunity to submit this request and are most grateful for the town's continued support.

Respectfully submitted by:


Joanna M. Breen
Executive Director

Boothbay Harbor Memorial Library



Boothbay Harbor Memorial Library
Justification for Request of Support from the Town of Boothbay Fiscal Year 2025

Mission Statement: To provide unique opportunities for the residents of the town of Boothbay, Boothbay Harbor and Edgemoor to have access to written, visual, audio and electronic resources in a welcoming learning environment.

Total # of People Served from the Town of Boothbay: 2,167 cardholders live in Boothbay; this number reflects residents who have checked out materials. Most BHML services do not require a library card, including free WiFi, and printing, faxing, and book help. It was unable to provide throughout into supporting residents. Therefore, we do not view the number of cardholders as reflective of our services to Boothbay residents, except as it relates to a portion of the population.

Short Statement as to why the library should receive taxpayer money: The library is a free, an open public space, and a designated public forum. About half of other libraries are a part of their municipal jurisdiction; it is most common for public libraries to be paid for entirely through tax pay or levies. We play a key role in the vibrant process by providing local, state, and federal information. We are the region's largest provider of local, state, and federal information.

All residents of Boothbay are entitled to a free library card, connecting them to an immense library digital collection and museum assets. We provide free access to all of our services making the library an essential space for low-income families and individuals. Finding this best without cost, the library has discovered new ways to meet patron needs, serving an older population for many of them, the library is a central focus of their lives, the library goes to the library, it was a first to start, making their location even more convenient. We are proud to the library for its ways to serve, and we will find our ways to know many of our patrons better. BHML was able to remain a strong active community asset through the year. To that end, we are proud to be a Boothbay resident, who has collaborated with GRE and BHML, Boothbay Regional Chamber of Commerce, the CRC, and other organizations.

We are asking for an increase in our support from the town of Boothbay, which is a critical part of our budget. The Friends of the Library, a major contributor to our annual budget for many years, was unable to make the 2024 Book Store fully operational this year. Residents continue to have a massive decline in their annual donation, second, while we have worked to improve employee salaries, our benefits have been cut. As the decision of our board, it is equally during this health crisis and economic uncertainty, we intend to increase the budget (based to an amount that would allow staff to purchase health insurance). Between the significant loss to our anticipated revenues from the book store (\$20,000) and the essential new cost in our expenses (an additional \$10,000), we respectfully ask that the town of Boothbay approve the increase in our annual support for the year. As always, we appreciate the opportunity to submit this request and are most grateful for the town's continued support.

Respectfully submitted by:


Joanna M. Trean
Executive Director
Boothbay Harbor Memorial Library

BHML 2021 Budget Plan VII

Expense

	2020				
	2018	2019	Budget	Year Est	2021 Plan
Ordinary Income/Expense					
Income	319,890	328,071	319,253	331,576	325,185
Expense					
Program Expense					
Total Program Expense	6,275	5,107	7,570	3,721	5,470
Expense for NonOp Grants	2,953	3,111	307	307	-
Total Expense for NonOp Grants	37,877	40,200	41,026	36,804	34,580
Buildings & Grounds					
Total Buildings & Grounds	33,517	28,371	31,029	25,618	30,300
Collections	5,647	14,041	7,550	8,897	8,920
Fund Raising Expense	18,074	20,081	21,571	19,451	21,898
Total Fund Raising Expense	17,056	16,208	21,325	16,875	20,225
General and Admin Expense					
Total General and Admin Expense	173,751	184,602	189,184	182,178	203,786
Operations Expense	295,150	311,721	319,562	281,613	325,179
Total Operations Expense					
Personal Expenses					
Total Personal Expenses					
Total Expense					
Net Income			(309)	49,962	6

Need comment here → Reduce clerk's performance

Increase Insurance Stipend





BHML 2021 Budget Plan VII

Ordinary Income/Expense

	2020		2020		
	2018	2019	Budget	Year Est	2021 Plan
Income					
PPPSBA				33,900	
Fund Raising					
Annual Fund	64,297	88,964	75,000	76,242	87,179
General Fund Raising					Include net income from 2020
Total General Fund Raising	5,549	7,934	5,000	5,000	5,000
Grants for Operating Expenses	47,500	21,500	43,344	20,836	37,718
Total Fund Raising	117,346	118,398	123,344	99,001	129,897
General Income Sources					
Endowment Distribution	40,803	39,672	38,709	38,601	40,288
Foundation Grants					From RMDavis
Friends	30,000	30,000	30,000	30,000	10,000
Interest Income	1,953	2,485	2,100	1,233	1,000
Legacies & Bequests	10,082	22,534	9,000	9,239	9,000
Town Appropriations					
Boothbay	52,500	54,000	55,500	55,500	65,000
Boothbay Harbor	52,000	54,000	55,500	55,500	65,000
Edgecomb	-	4,000	2,500	1,500	4,000
Total Town Appropriations	104,500	112,000	113,500	113,500	134,000
Total General Income Sources	187,337	206,692	193,309	197,573	194,288
Operations Income	15,207	2,980	2,600	1,102	1,000
Total Income	319,890	328,071	319,253	331,576	325,185

For increase in Insurance Stipend
 For increase in Insurance Stipend
 For increase in Insurance Stipend
 Limited Bookstore Ops in 2020
 From RMDavis
 Include net income from 2020
 Is this obtainable



Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **2019**, and ending **2020**

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

C Name of organization **BOOTHBAY HARBOR MEMORIAL LIBRARY ASSOCIATION**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
4 OAK ST.
 City or town, state or province, country, and ZIP or foreign postal code
BOOTHBAY HARBOR, ME 04538-1811

D Employer identification number
01-0224627

E Telephone number
(207) 633-3112

G Gross receipts \$ **509,834**

F Name and address of principal officer:
PAULINE DION "SAME AS C ABOVE"

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

H(c) Group exemption number ▶ **N/A**

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

J Website: ▶ **www.bbhllibrary.org**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1952** **M** State of legal domicile: **ME**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OPERATION OF A FREE PUBLIC LIBRARY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	4
	6 Total number of volunteers (estimate if necessary)	6	20
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-0-
b Net unrelated business taxable income from Form 990-T, line 39	7b	-0-	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	202,151	280,388
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,466	1,681
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	38,917	86,356
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,884	3,747
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	248,418	372,172
	14 Benefits paid to or for members (Part IX, column (A), line 4)	-0-	-0-
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	-0-	-0-
	16a Professional fundraising fees (Part IX, column (A), line 11e)	87,047	183,563
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,884	-0-	-0-
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	99,799	167,744
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	186,846	351,307	
19 Revenue less expenses. Subtract line 18 from line 12	61,572	20,865	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,481,855	2,624,239
	22 Net assets or fund balances. Subtract line 21 from line 20	5,756	17,553
		2,476,099	2,606,686

Part II Signature Block

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

Sign Here

Signature of officer: *Manon T. Coleman* Date: **4/28/20**

Type or print name and title: **Manon T. Coleman** *COPIED*

Paid Preparer Use Only

Print/Type preparer's name: **HENRY J. HURFORD, JR.** Preparer's signature: *Henry J. Hurford, Jr.* Date: **3/17/20** Check if self-employed PTIN: **P01207388**

Firm's name ▶ **HENRY J. HURFORD, JR., CPA** Firm's EIN ▶ _____
 Firm's address ▶ **BOOTHBAY HARBOR, ME 04538-0001** Phone no. **(207) 633-4040**

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:

OPERATION OF A FREE PUBLIC LIBRARY

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: N/A) (Expenses \$ 321,366 including grants of \$ -0-) (Revenue \$ 1,681)

THE ORGANIZATION OPERATES A FREE PUBLIC LIBRARY FOR THE RESIDENTS OF AND VISITORS TO THE BOOTHBAY HARBOR REGION OF MAINE, SERVING A YEAR ROUND POPULATION OF 5,800 PEOPLE AND A SEASONAL POPULATION OF 20,000 PEOPLE. OVER 25,000 PEOPLE VISITED THE LIBRARY THIS YEAR. CIRCULATION EXCEEDED 35,000 VOLUMES. COINCIDENT WITH THE OPERATION OF THE LIBRARY, THE ORGANIZATION OFFERS BOOK CLUBS, LITERARY LUNCHEONS AND VARIOUS AFTER SCHOOL, PRESCHOOL, AND SUMMER PROGRAMS FOR CHILDREN TO ENHANCE THE READING EXPERIENCE BY ENCOURAGING TOPICAL DISCUSSIONS, INTERACTION WITH AUTHORS, AND VISUALIZATION OF THE WRITTEN WORD. IN ADDITION, THE ORGANIZATION PROVIDES FREE HIGH-SPEED INTERNET ACCESS TO THE GENERAL PUBLIC.

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

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

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 321,366

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	1	✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
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	3		✓
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	4		✓
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	5		✓
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	6		✓
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	7		✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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	9		✓
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	✓	
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	11a	✓	
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	11b		✓
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	11c		✓
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	11d		✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
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	11f		✓
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
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	12b		✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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	14b		✓
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	15		✓
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	16		✓
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)	17		✓
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	18		✓
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	19		✓
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	21		✓

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 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>		✓
23 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>		✓
24a 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>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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>		✓
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>		✓
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
28 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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32 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>		✓
33 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>		✓
34 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>		✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
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>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
37 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>		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	✓	

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
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c 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)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		✓
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	✓

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 on 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
1a Enter the number of voting members of the governing body at the end of the tax year	1a 12		
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 on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent	1b 12		
2 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?	2	<input checked="" type="checkbox"/>	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?	6		<input checked="" type="checkbox"/>
7a 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?	7a		<input checked="" type="checkbox"/>
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body?	8b	<input checked="" type="checkbox"/>	
9 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 on Schedule O	9		<input checked="" type="checkbox"/>

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	<input checked="" type="checkbox"/>
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?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<input checked="" type="checkbox"/>
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<input checked="" type="checkbox"/>
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<input checked="" type="checkbox"/>
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	<input checked="" type="checkbox"/>
13 Did the organization have a written whistleblower policy?	13	<input checked="" type="checkbox"/>
14 Did the organization have a written document retention and destruction policy?	14	<input checked="" type="checkbox"/>
15 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?		
a The organization's CEO, Executive Director, or top management official	15a	<input checked="" type="checkbox"/>
b Other officers or key employees of the organization	15b	<input checked="" type="checkbox"/>
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	<input checked="" type="checkbox"/>
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?	16b	

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 on Schedule O)
- 19** Describe on 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.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►

ROBERT KRAEHLING, 4 OAK ST., BOOTHBAY HARBOR, MAINE (207) 633-3112

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

1a 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.
- See instructions for the order in which to list the persons above.

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 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) PAULINE DION PRESIDENT	1	✓		✓				-0-	-0-	-0-
(2) ERIK MORRISON VICE PRESIDENT	1	✓		✓				-0-	-0-	-0-
(3) JO HANEY SECRETARY	1	✓		✓				-0-	-0-	-0-
(4) MARION COLEMAN TREASURER	1	✓		✓				-0-	-0-	-0-
(5) JOE GELARDEN TRUSTEE	1	✓						-0-	-0-	-0-
(6) BARB HOUSE TRUSTEE	1	✓						-0-	-0-	-0-
(7) CHUCK HOUSE TRUSTEE	1	✓						-0-	-0-	-0-
(8) LEANNE PANDER TRUSTEE	1	✓						-0-	-0-	-0-
(9) BARBARA SCORCIA TRUSTEE	1	✓						-0-	-0-	-0-
(10) GLORIA TALIANA TRUSTEE	1	✓						-0-	-0-	-0-
(11) RITA ARNOLD TRUSTEE	1	✓						-0-	-0-	-0-
(12) ANN KELLY TRUSTEE	1	✓						-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)										
1b Subtotal							-0-	-0-	-0-	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							-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
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
4 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>		✓
5 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>		✓

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
NONE		

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	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	112,000				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	168,388				
	g Noncash contributions included in lines 1a-1f	1g	\$ -0-				
	h Total. Add lines 1a-1f			280,388			
Program Service Revenue	2a BOOK CLUBS, LUNCHEONS, SOCIALS, ETC.	Business Code					
	b FEES & FINES	519100	707	707			
	c FEES & FINES	519100	974	974			
	d						
	e						
	f All other program service revenue . .						
	g Total. Add lines 2a-2f			1,681			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		22,690			22,690	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	201,202			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	137,536				
	c Gain or (loss)	7c	63,666				
	d Net gain or (loss)			63,666		63,666	
8a Gross income from fundraising events (not including \$ -0- of contributions reported on line 1c). See Part IV, line 18	8a		2,891				
		8b	126				
c Net income or (loss) from fundraising events			2,765		2,765		
9a Gross income from gaming activities. See Part IV, line 19	9a						
		9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
		10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a COPIER & PRINTER CHARGES	Business Code	561439	982		982	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			982			
12 Total revenue. See instructions			372,172	1,681		90,103	

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				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	148,710	148,710		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,568	7,568		
9	Other employee benefits	14,791	14,791		
10	Payroll taxes	12,494	12,494		
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting	710		710	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	7,833		7,833	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	7,943		7,943	
12	Advertising and promotion	45			45
13	Office expenses	11,648	3,972	40	7,636
14	Information technology	6,851	4,825		2,026
15	Royalties				
16	Occupancy	36,189	36,189		
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,092	871	2,221	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	39,574	39,574		
23	Insurance	8,657	7,382	1,275	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	BOOKS, PERIODICALS, DVDS, & CDS	30,648	30,648		
b	DUES & LICENSES	385	325	35	25
c	SPECIAL PROGRAM COSTS	13,574	13,574		
d	VOLUNTEER RECOGNITION	443	443		
e	All other expenses OTHER	152			152
25	Total functional expenses. Add lines 1 through 24e	351,307	321,366	20,057	9,884
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)		(B)	
		Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing	14,397	1	15,180
	2	Savings and temporary cash investments	206,529	2	230,633
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	-0-	9	11,000
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,635,583		
	b	Less: accumulated depreciation	290,968		
			1,384,189	10c	1,344,615
	11	Investments—publicly traded securities	876,740	11	1,022,811
	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	Total assets. Add lines 1 through 15 (must equal line 33)	2,481,855	16	2,624,239	
Liabilities	17	Accounts payable and accrued expenses	5,756	17	17,553
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	Total liabilities. Add lines 17 through 25	5,756	26	17,553
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	2,440,665	27	2,571,159
	28	Net assets with donor restrictions	35,434	28	35,527
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	2,476,099	32	2,606,686
33	Total liabilities and net assets/fund balances	2,481,855	33	2,624,239	

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	372,172
2	Total expenses (must equal Part IX, column (A), line 25)	2	351,307
3	Revenue less expenses. Subtract line 2 from line 1	3	20,865
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,476,099
5	Net unrealized gains (losses) on investments	5	109,722
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 on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,606,686

Part XII Financial Statements and Reporting

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

1 Accounting method used to prepare the Form 990: Cash Accrual 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? . . .
 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:
 Separate basis Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?
 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:
 Separate basis Consolidated basis Both consolidated and separate basis

c 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 on 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?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .

	Yes	No
2a	✓	
2b		✓
2c	✓	
3a		✓
3b		

BOOTHBAY HARBOR MEMORIAL LIBRARY ASSOCIATION
01-0224627
FORM 990
12/31/19

List of Attachments

Schedule A - Public Charity Status and Public Support (2 Pages)

Schedule B - Schedule of Contributors (2 Pages)***

Schedule D - Supplemental Financial Statements (4 pages)

Schedule O - Supplemental Information to Form 990

*** - Not Open to Public Inspection

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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

BOOTHBAY HARBOR MEMORIAL LIBRARY ASSOCIATION

Employer identification number

01-0224627

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	220,582	259,718	331,879	202,151	280,388	1,294,718
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 Total. Add lines 1 through 3	220,582	259,718	331,879	202,151	280,388	1,294,718
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)						141,558
6 Public support. Subtract line 5 from line 4						1,153,160

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	220,582	259,718	331,879	202,151	280,388	1,294,718
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	19,440	18,261	18,944	12,999	22,690	92,334
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						1,387,052
12 Gross receipts from related activities, etc. (see instructions)					12	37,456
13 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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	83.14 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	85.28 %
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2018. 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 stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. 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 stop here. 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 10%-facts-and-circumstances test—2018. 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 stop here. 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 Private foundation. 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"/>		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2019

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

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

Name of the organization: BOOTHBAY HARBOR MEMORIAL LIBRARY ASSOCIATION; Employer identification number: 01-0224627

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and questions about donor advisement.

Part II Conservation Easements.

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

Form for Part II containing questions 1-9 regarding conservation easements, including purpose, monitoring, and reporting requirements.

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.

Form for Part III containing questions 1a-1b regarding reporting of art and historical treasures.

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 make 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 program
 - 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.

- 1a** 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 | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** 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
1a Beginning of year balance	876,740	938,249	937,125	1,101,420	1,107,512
b Contributions	-0-	-0-	-0-	-0-	-0-
c Net investment earnings, gains, and losses	193,576	(33,995)	48,080	85,926	49,525
d Grants or scholarships	-0-	-0-	-0-	-0-	-0-
e Other expenditures for facilities and programs	(39,672)	(19,836)	(43,114)	(242,460)	(47,304)
f Administrative expenses	(7,833)	(7,678)	(3,842)	(7,761)	(8,313)
g End of year balance	1,022,811	876,740	938,249	937,125	1,101,420

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 100%
 - b** Permanent endowment ▶ %
 - c** Term endowment ▶ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 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
1a Land		636,500		636,500
b Buildings	115,850	769,416	219,376	665,890
c Leasehold improvements				
d Equipment		108,417	71,592	36,825
e Other		5,400	-0-	5,400
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,344,615

Part VII Investments—Other Securities.

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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related.

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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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)	
Total. (Column (b) must equal Form 990, Part X, col. (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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (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 FASB 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.

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.

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.

PART V, LINE 4 - USE NET INVESTMENT INCOME, AND CORPUS IF NECESSARY, TO

SUBSIDIZE OPERATING EXPENSES AND CAPITAL IMPROVEMENTS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

BOOTHBAY HARBOR MEMORIAL LIBRARY ASSOCIATION

Employer identification number

01-0224627

Part VI, Line 2 - Chuck House and Barb House are husband and wife.

Part VI, Line 11b - The completed Form 990 is provided to and reviewed by all of the individual board members prior to the monthly meeting preceding the date the Form 990 is filed. Their individual reviews are duly noted. Any comments, questions or suggestions are brought to the attention of the preparer for correction, if necessary.

Part VI, Line 12a - All board members and employees complete an annual conflict of interest statement. If any conflicts are noted, then the conflict would be brought to the attention of the board officers to resolve.

Part VI, Line 19 - The organization's by-laws are available on its website.

No other governing documents are available to the public.

Financial statements are made available to the selectmen and/or budget committees of the Towns of Boothbay Harbor, Boothbay, and Edgcomb on an annual basis.

BOOTHBAY HARBOR MEMORIAL LIBRARY
ASSOCIATION

FINANCIAL STATEMENTS

DECEMBER 31, 2019

HENRY J. HURFORD, JR.
CERTIFIED PUBLIC ACCOUNTANT



BOOTHBAY HARBOR MEMORIAL LIBRARY ASSOCIATION
DECEMBER 31, 2019

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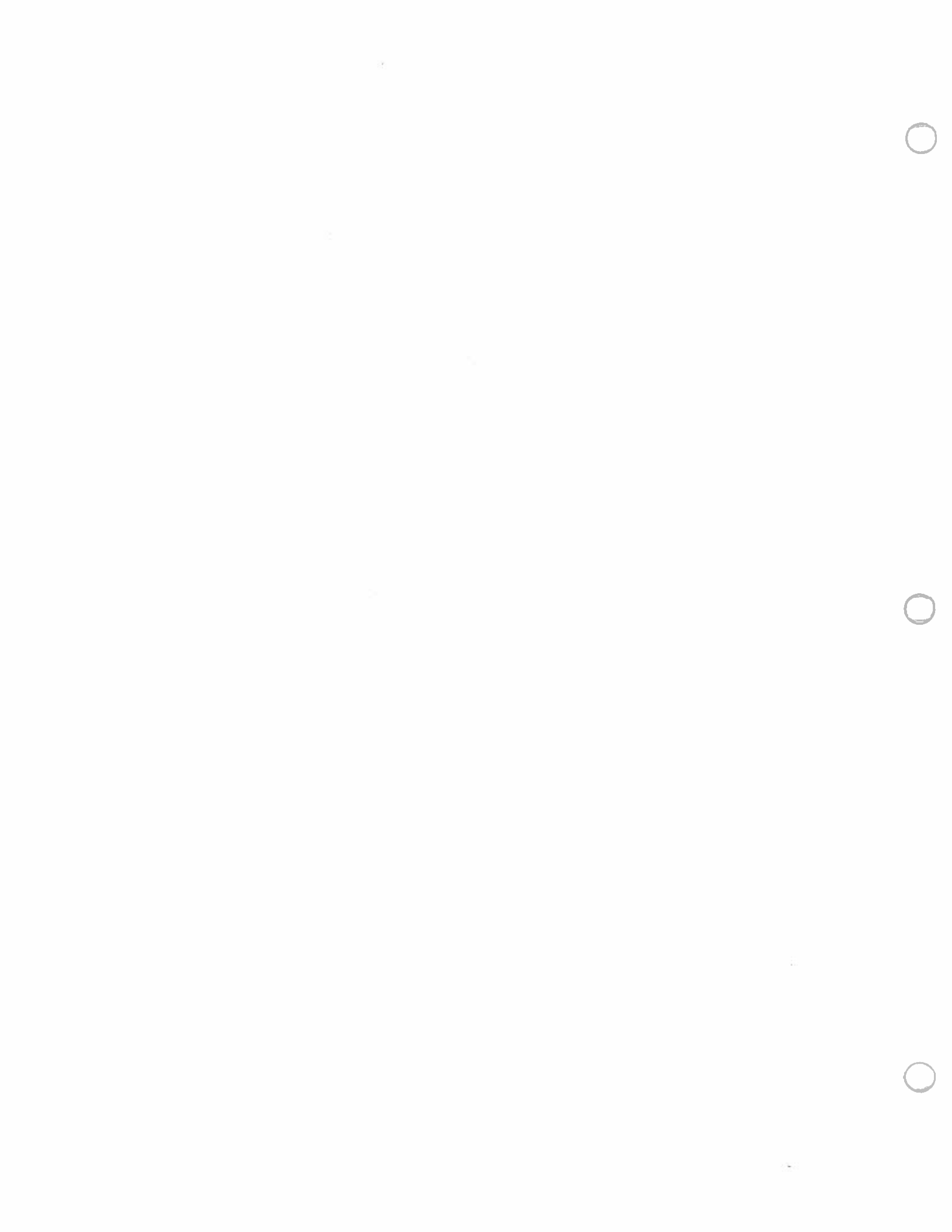
Statements of financial position

Statement of activities

Statement of functional expenses

Statement of cash flows

Notes to the financial statements



HENRY J. HURFORD, JR.
CERTIFIED PUBLIC ACCOUNTANT
P.O. BOX 1
BOOTHBAY HARBOR, MAINE 04538
(207) 633-4040

INDEPENDENT ACCOUNTANT'S REVIEW REPORT

February 17, 2020

To the Trustees of the Boothbay
Harbor Memorial Library Association

I have reviewed the accompanying statements of financial position of the Boothbay Harbor Memorial Library Association as of December 31, 2019 and 2018 and the related statements of activities, functional expenses and cash flows for the year ended December 31, 2019. A review includes primarily applying analytical procedures to management's financial data and making inquiries of the organization's management. A review is substantially less in scope than an audit, the object of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, I do not express such an opinion.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for designing, implementing and maintaining internal controls relevant to the preparation and fair presentation of the financial statements.

My responsibility is to conduct the review in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. Those standards require me to perform procedures to obtain limited assurance that there are no material modifications that should be made to the financial statements. I believe that the results of my procedures provide a reasonable basis for my report.

Based on my review, I am not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with accounting principles generally accepted in the United States of America.

Henry J. Hurford, Jr.



BOOTHBAY HARBOR MEMORIAL LIBRARY ASSOCIATION

STATEMENTS OF FINANCIAL POSITION
(NOTE 1)

Assets	As of December 31,	
	2019	2018
Cash and cash equivalents	\$ 240,887	\$ 216,018
Prepaid expenses	11,000	
Long-term investments:		
Securities (Note 2)	1,027,737	881,648
Other (Note 3)	115,850	115,850
Fixed assets, net of accumulated depreciation (Note 4)	<u>1,228,765</u>	<u>1,268,339</u>
Total assets	<u>\$2,624,239</u>	<u>\$2,481,855</u>
 <u>Liabilities and Net Assets</u>		
Accounts payable and accrued expenses	\$ 17,553	\$ 5,756
Total liabilities	<u>17,553</u>	<u>5,756</u>
Net assets:		
Without donor restrictions:		
Board designated net assets (Note 5)	43,574	34,533
Operating net assets	<u>2,527,585</u>	<u>2,406,132</u>
Total net assets without donor restrictions	2,571,159	2,440,665
With donor restrictions (Note 6)	<u>35,527</u>	<u>35,434</u>
Total net assets	<u>2,606,686</u>	<u>2,476,099</u>
Total liabilities and net assets	<u>\$2,624,239</u>	<u>\$2,481,855</u>

See accompanying accountant's review report
and notes to the financial statements.



BOOTHBAY HARBOR MEMORIAL LIBRARY ASSOCIATION

STATEMENT OF ACTIVITIES
 YEAR ENDED DECEMBER 31, 2019
 (NOTE 1)

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
Support and revenue:			
Municipal appropriations	\$ 112,000		\$ 112,000
Contributions and grants	167,730	\$ 658	168,388
Interest and dividends	22,690		22,690
Gain on investments	173,388		173,388
Program fees	707		707
Special events, net	2,765		2,765
Other	1,956		1,956
Net assets released from donor restrictions (Note 5)	<u>565</u>	<u>(565)</u>	
Total support and revenue	<u>481,801</u>	<u>93</u>	<u>481,894</u>
Expenses:			
Library operations	321,366		321,366
General and administrative	20,057		20,057
Fund raising	<u>9,884</u>		<u>9,884</u>
Total expenses	<u>351,307</u>		<u>351,307</u>
Increase in net assets	130,494	93	130,587
Net assets, beginning of year	<u>2,440,665</u>	<u>35,434</u>	<u>2,476,099</u>
Net assets, end of year	<u>\$2,571,159</u>	<u>\$35,527</u>	<u>\$2,606,686</u>

See accompanying accountant's review report
 and notes to the financial statements.



BOOTHBAY HARBOR MEMORIAL LIBRARY ASSOCIATION

STATEMENT OF FUNCTIONAL EXPENSES
 YEAR ENDED DECEMBER 31, 2019
 (NOTE 1)

	Library Operations	General and Administrative	Fund Raising	Total
Payroll and related taxes	\$161,204			\$161,204
Fringe benefits	22,359			22,359
Books, periodicals and programs	44,222			44,222
Technology	4,825		\$2,026	6,851
Utilities:				
Library	9,548			9,548
Hyde House	1,754			1,754
Insurance	7,382	\$1,275		8,657
Janitorial services	3,870			3,870
Grounds maintenance	13,203			13,203
Building maintenance				
Library	1,078			1,078
Hyde House	5,048			5,048
Investment management		7,833		7,833
Accounting		710		710
Bookkeeping		6,000		6,000
Payroll processing		1,943		1,943
Office, postage and other supplies	5,660	40	7,636	13,336
Travel, training and dues	1,196	2,256	25	3,477
Depreciation	39,574			39,574
Other	443		197	640
	<u>321,366</u>	<u>20,057</u>	<u>9,884</u>	<u>351,307</u>
Total expenses	\$321,366	\$20,057	\$9,884	\$351,307

See accompanying accountant's review report and notes to the financial statements.



BOOTHBAY HARBOR MEMORIAL LIBRARY ASSOCIATION

STATEMENT OF CASH FLOWS
YEAR ENDED DECEMBER 31, 2019
(NOTE 1)

Cash flows from operating activities:	
Increase in net assets	\$ 130,587
Adjustments to reconcile increase in net assets to cash used by operations:	
Depreciation	39,574
Gain on investments	(173,388)
Increase in prepaid expenses	(11,000)
Increase in accounts payable and accrued expenses	<u>11,797</u>
Net cash used by operating activities	<u>(2,430)</u>
Cash flows from investing activities:	
Proceeds from sales of long-term investments	201,202
Purchases of long-term investments	<u>(173,903)</u>
Net cash provided by investing activities	<u>27,299</u>
Net cash provided (used) by financing activities	<u> </u>
Increase in cash and cash equivalents	24,869
Cash and cash equivalents, beginning of year	<u>216,018</u>
Cash and cash equivalents, end of year	<u>\$240,887</u>

See accompanying accountant's review report
and notes to the financial statements.



BOOTHBAY HARBOR MEMORIAL LIBRARY ASSOCIATION

NOTES TO FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies

Nature of Activities

The Boothbay Harbor Memorial Library Association ("Association"), a nonprofit organization chartered under the laws of the State of Maine, operates a free public library in and under the auspices of the Town of Boothbay Harbor, serving the Town of Boothbay Harbor and neighboring communities. The Association's support comes primarily from municipal appropriations and contributions from the general public.

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 and expenses are recorded when incurred rather than when paid.

Financial Statement Presentation

The Association follows the guidelines promulgated by the Financial Accounting Standards Board (FASB) in its Accounting Standards Update (ASU) 2016-14, "Presentation of Financial Statements of Not for Profit Entities"

Under ASU 2016-14 the Association is required to report its financial position and activities in two separate categories based on the existence or absence of donor imposed restrictions. Accordingly, net assets of the Association and changes therein are classified and reported as follows:

Net assets without donor restrictions - Net assets that are not subject to donor imposed stipulations. Such assets are available at the discretion of the Association's management and Board of Directors for any purpose consistent with the Association's mission.

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 the Association and/or the passage of time. Other donor restrictions may be perpetual in nature, whereby the donor has stipulated that the funds be maintained in perpetuity. The Association has determined that none of its net assets are permanently restricted.

Contributed Services

The Association receives donated services from a variety of unpaid volunteers who assist the Association in carrying out its program and supporting services; however, no amounts have been recognized as support and an expense in the statement of activities because the criteria for recognition of such volunteer effort under the FASB's Statement of Financial Accounting Standards (SFAS) No. 116 has not been satisfied.

HENRY J. HURFORD, JR.

CERTIFIED PUBLIC ACCOUNTANT



Under the criteria of SFAS No. 116, contributions of services are recorded only if the services received (a) create or enhance nonfinancial assets such as property and equipment or (b) require specialized skills that are provided by individuals possessing those skills and would typically need to be purchased if not provided by donation.

Collections

The Association's collections, which have been acquired through purchase and contribution since the organization's inception, are not recognized as an asset in the statement of financial position since their values and useful lives are not readily determinable. Purchases of collection items are recorded as an expense in the statement of activities in the year in which the items are acquired. Contributed collection items are reported as support and an expense in the statement of activities at estimated fair market value.

Investments - Securities

The Association follows the policies contained in SFAS No. 124, "Accounting for Certain Investments Held by Not for Profit Organizations", by carrying its investments in marketable securities with readily determinable fair values and all investments in debt securities at their quoted fair values in the statement of financial position. Unrealized gains and losses are included in the statement of activities.

Fixed Assets

Fixed assets are stated at cost. Expenditures for routine maintenance, repairs and renewals are charged against income when incurred. Expenditures which materially increase values, change capacities or extend useful lives 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 is included in the statement of activities.

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 twenty-five years.

Statement of Cash Flows

The Association considers all highly liquid investments purchased with an initial maturity of three months or less to be cash equivalents, excluding those amounts that are part of its investment in securities account.

Income Tax Status

The Association is a not for profit organization that is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. The Association 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).

Functional Accounting

Functional accounting is used to collect expenses by field of service in order to demonstrate to interested parties the cost of providing program services and the cost of maintaining supporting services.



Use of Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Note 2 - Long-Term Investments - Securities

At December 31, 2019 and 2018, long-term investments - securities were stated at quoted fair value and were comprised of:

	2019		2018	
	Cost	Fair Value	Cost	Fair Value
Cash equivalents	\$ 31,975	\$ 31,975	\$ 28,946	\$ 28,946
Certificate of deposit	4,926	4,926	4,908	4,908
Common stocks	327,808	607,958	279,333	475,990
Corporate bonds	301,449	305,256	316,604	308,990
Mutual funds	<u>69,163</u>	<u>77,622</u>	<u>69,163</u>	<u>62,814</u>
	<u>\$735,321</u>	<u>\$1,027,737</u>	<u>\$698,954</u>	<u>\$881,648</u>

The following schedule summarizes the investment return on the above investments and its classification in the statement of activities for year ended December 31, 2019:

	Without Donor Restrictions	With Donor Restrictions	Total
Interest and dividends	\$ 20,204		\$ 20,204
Realized gains	63,666		63,666
Unrealized gains	<u>109,722</u>		<u>109,722</u>
	<u>\$193,592</u>		<u>\$193,592</u>

Note 3 - Long-Term Investments - Other

At December 31, 2019 and 2018, long-term investments - other consisted of:

	2019	2018
The Hyde House	<u>\$115,850</u>	<u>\$115,850</u>

The Hyde House property abuts the premises occupied by the Association. Currently, it houses the Friends of the Library's used book store on a rent free basis. The Friends of the Library is a nonprofit organization whose stated purpose is to support the Boothbay Harbor Memorial Library. The Hyde House was initially recorded as an asset by the Library in 1984 at the then appraised value. It is being held as an investment and not depreciated.



Note 4 - Fixed Assets

At December 31, 2019 and 2018, fixed assets were comprised of:

	<u>2019</u>	<u>2018</u>
Land	\$ 636,500	\$ 636,500
Building	76,300	76,300
Building improvements	693,116	693,116
Furnishings and fixtures	77,379	77,379
Equipment	<u>31,038</u>	<u>31,038</u>
	1,514,333	1,514,333
Less: Accumulated depreciation	<u>(290,968)</u>	<u>(251,394)</u>
	1,223,365	1,262,939
Add: Construction-in-progress	<u>5,400</u>	<u>5,400</u>
	<u>\$1,228,765</u>	<u>\$1,268,339</u>

In April, 2004, the Town of Boothbay Harbor ("Town") transferred ownership of the municipally-owned land and building comprising the library facilities to the Association. The property was recorded as a contribution and an asset by the Association at the Town's assessed value. Coincident with the transfer, the Association entered into an agreement with the Town that contains several restrictive covenants as to the property's future use. The property must continue to be used as a public library for the inhabitants of the Boothbay Harbor Region. It cannot be sold, pledged or otherwise encumbered. It must be kept in good repair and maintained in compliance with all codes and regulations.

Note 5 - Board Designated Net Assets

At December 31, 2019 and 2018, the Association's Board had designated \$43,574 and \$34,533, respectively, of its cash and cash equivalents as a reserve for future major repairs and maintenance.



Note 6 - Net Assets With Donor Restrictions

At December 31, 2019 and 2018, temporarily donor restricted assets were available for the following purposes:

	<u>2019</u>	<u>2018</u>
Capital improvements and major repairs	\$29,750	\$29,650
Other programs and services	<u>5,777</u>	<u>5,784</u>
	<u>\$35,527</u>	<u>\$35,434</u>

During 2019, net assets were released from donor restrictions by incurring expenses satisfying the purposes specified by the donors as follows:

Purchase of collection items	\$558
Other programs and services	<u>7</u>
Total restrictions released	<u>\$565</u>

Note 7 - Contingencies

The Association receives a substantial amount of its support from local municipalities. A significant reduction in the level of this support, if this were to occur, may have a detrimental effect on the Association's ability to continue its programs and activities.





P.O. Box 280, Boothbay, Maine 04537
Ph (207) 633-7711 Fax (207) 633-4491
Transfers (207) 633-0555
www.brasems.org

December 28, 2020

Dan Bryer, Town Manager
Town of Boothbay
PO Box 106
Boothbay ME 04537

Dear Dan:

We are waiting on our Auditors to complete and finalize our FY20 audit and financial statements, which we expect shortly.

Thank you for understanding as this delay is beyond our control. We apologize in advance and will deliver them to you as soon as they are received.

Sincerely,

A handwritten signature in blue ink, appearing to read "Scott Lash", is written over the word "Sincerely,".

Scott Lash
Director of Operations

**BOOTHBAY REGION AMBULANCE SERVICE
DEPARTMENTAL OPERATIONS MANUAL**



Mission Statement

Operations Policy Number: 1111

The Boothbay Region Ambulance Service is a not-for-profit organization that provides the residents and visitors of the Boothbay Region with high-quality continuous mobile health care and interfacility transportation using a highly-trained emergency medical service team and state-of-the-art ambulances and medical equipment.

EFFECTIVE: JANUARY 5, 2015

AMENDED: JUNE 6TH, 2016

AMENDED:

Town of Boothbay – Fiscal Year 2022

(FY 2022 : July 1, 2021 - June 30, 2022)

Application for Support Organization Funding to the Board of Selectmen for Consideration at Town Meeting in May 2021

Name of Organization: BOOTHBAY REGION AMBULANCE SERVICE

Address of Organization: PO BOX 280 1033 WISCASSET RD BOOTHBAY ME 04537

Requested amount of funding for FY 2022: \$ 343,240.80 *Note: Budget revision is in process.*

Amount approved by the Town in FY 2021: \$ 295,652.84 FY 2020: \$ 268,639.86

What is your organization's total budget for this period? \$ 1,508,753.60

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):

This subsidy request is necessary to cover the difference between what insurance companies will pay us to provide ambulance coverage and the actual costs to run the service. Insurance payments are less than the true cost of expenses; depending on the payer it can be as little as 50% reimbursement for actual expenses. We provide routine transfers to narrow that gap. The subsidy request is the portion we can not make up by additional volume.

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

If so, what was the vote? _____ Organization's incorporation date: 1976

Are you receiving funding from other communities or organizations? YES

If so, indicate which town/organization and the amount Boothbay Harbor FY21 325,537.72
Southport FY21 \$52,783.78

Print name of person completing form: Robert J HAM

Signature of person completing form: [Signature]

Position in organization: Presid Phone/Cell: 462-1775 email: RHAM@BRASEMIS.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.

of activity type and risk
process

Town of Boothbay – Fiscal Year 2021/2022

(FY 2021: July 1, 2021-June 30, 2022)

Application for Support Organization Funding to the Board of Selectmen for Consideration at Town Meeting in May 2021

Name of Organization: **Boothbay Region Health Care, Inc. (doing business as: Boothbay Region Health Center)**

Address of Organization: 185 Townsend Ave., Suite R, Boothbay Harbor, ME 04538

Requested amount of funding for FY 2021: \$ 7,000

Amount approved by the Town in FY 2020: \$ 5,000 FY 2019: \$ 5,000

What is your organization's total budget for this period? \$ 1,000,000

Total # of people served from the Town of Boothbay in the last year: We provided **1700 Office Visits** to residents of Boothbay, East Boothbay and Trevett in 2020. That number does NOT include the number of seasonal patients who own property in Boothbay that we also served, nor the employees who reside of the peninsula.

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

Our mission is to ensure that the Boothbay peninsula always has convenient, easy to access healthcare, including same day walk-in services. We did not close our doors during the COVID pandemic, but ADDED services, including COVID testing and telehealth appointments, as well as continuing to offer face-to-face appointments. We provide lab and primary healthcare services 6 days/week right here on the Boothbay peninsula, including free transportation. We are patient-governed and community-supported and independent of any large health care system that may decide to remove needed services from our rural, seasonal peninsula. We deserve community financial support because patient fees and health insurers only cover 60% of the costs of delivering high quality, accessible primary health care to our residents, workers, and visitors.

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: 3/18/2014

Are you receiving funding from other communities or organizations? Yes

If so, indicate which town/organization and the amount: **Town of Southport \$5,000; We have also applied to the town of BBH for the same amount of funding.**

Print name of person completing form: Patricia B. Seybold

Signature of person completing form: *Patricia B. Seybold*

633-4368

Position in organization: Board President Phone/Cell: (207) 633-4368 email: pseybold@customers.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 Health Center

Greeting to the Residents of Boothbay,

On behalf of the Board of Directors of Boothbay Region Health Care, Inc. (**Doing Business As** the Boothbay Region Health Center in the Meadow Mall), it is my pleasure to report on the activities of the Health Center in 2020. Our mission is to provide community-governed **accessible, affordable, LOCAL primary health care and family medicine** to residents, workers, and visitors to the Boothbay peninsula. In 2020, our staff of 5 Health Care Providers and 4 Medical Assistants provided care 6 days/week. We provide free transportation to and from our Health Center year round.


Patients living in Boothbay, East Boothbay and Trevett, received 1,700 Office Visits in 2020, despite the Pandemic. So did many workers and hundreds of summer visitors. We provided COVID-19 testing from March through September, and we remained open for the entire year, seeing patients face-to-face as well as via telehealth visits. We diagnosed and treated conditions ranging from common colds to exotic tropical diseases, from dementia to urinary tract infections, from scrapes and bruises to broken ribs, embedded fish hooks, and puncture wounds. We provided local and needed family planning services for women and teen-agers, as well as much-needed local **women's health**. We provided much-needed **psychiatric mental health** services on the Boothbay peninsula. And, we added a **Licensed Clinical Social Worker** to our staff in 2020.

We diagnosed and treated over 300 cases of tick-borne diseases, including Anaplasmosis, Bartonella, Ehrlichia, Rickettsia, Rocky Mountain Spotted Fever, Lyme, and Mycoplasma, most of which were contracted locally.

We tended to the many senior citizens who live and visit here, with unparalleled geriatric services provided by Dr. Allan "Chip" Teel. We launched an innovative research program to reverse Alzheimer's and Dementia, led by Dr. Teel and involving 30 local patients. And, we continued our wellness exercise program for local seniors, *Fit, Flexible, & Strong*, run by Mary Baudo despite the Pandemic.

In 2020, we have staffed up to accommodate more walk-in patients, providing a high-quality, affordable local same day health care option for both residents and visitors. Although we accept all forms of health insurance, we welcome uninsured patients and pride ourselves on providing affordable care, with most visits under \$100.

Respectfully Submitted,



Patricia B. Seybold, Board President

BOOTHBAY REGION HEALTH CARE, INC.
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Statements of Cash Flows
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**BOOTHBAY REGION HEALTH CARE, INC.
ANNUAL REPORT
DECEMBER 31, 2019**

WILLIAM H. BREWER
Certified Public Accountant
858 Washington Street
P.O. Box 306
Bath, Maine 04530

WILLIAM H. BREWER

Certified Public Accountant

858 Washington Street

P.O. Box 306

Bath, Maine 04530

(207) 443-9759

INDEPENDENT AUDITORS' REPORT

Board of Directors
Boothbay Region Health Care, Inc.
Boothbay Harbor, Maine

We have audited the accompanying financial statements of Boothbay Region Health Care, Inc. (a nonprofit organization), which comprise the statements of financial position as of December 31, 2019 and 2018, the related statements of activities and changes in net assets 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 audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit 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 Health Care, Inc. as of December 31, 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.

Bath, Maine

July 31, 2020

BOOTHBAY REGION HEALTH CARE, INC.
STATEMENTS OF FINANCIAL POSITION
DECEMBER 31, 2019 AND 2018

ASSETS

	2019	2018
CURRENT ASSETS:		
Cash (Note B)	\$ 3,516.25	\$ 47,575.18
Grant Receivables	50,000.00	75,000.00
Inventory	4,000.00	4,000.00
Security Deposit	2,000.00	2,000.00
Total Current Assets	\$ 59,516.25	\$ 128,575.18
PROPERTY, PLANT, AND EQUIPMENT:		
Equipment	\$ 63,100.56	\$ 63,100.56
Leasehold Improvements	6,299.59	6,299.59
Total Property, Plant, and Equipment	\$ 69,400.15	\$ 69,400.15
Less: Accumulated Depreciation	29,564.00	18,462.00
Net Property, Plant, and Equipment	\$ 39,836.15	\$ 50,938.15
NONCURRENT ASSETS - OTHER ASSETS:		
Acquired Patient List	\$ 77,600.00	\$ 77,600.00
Less: Accumulated Amortization	10,346.00	5,173.00
Net Noncurrent Assets - Other Assets	\$ 67,254.00	\$ 72,427.00
Total Assets	\$ 166,606.40	\$ 251,940.33

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES:		
Deferred Revenue - Gift Cards	\$ 1,400.00	\$ 400.00
Notes Payable	439.74	38,800.00
Accrued Interest	11,150.04	
Total Current Liabilities	\$ 12,989.78	\$ 39,200.00
LONG-TERM LIABILITIES:		
Notes Payable	178,000.00	79,000.00
Total Liabilities	\$ 190,989.78	\$ 118,200.00
NET ASSETS:		
With Donor Restrictions	\$ 50,000.00	\$ 100,000.00
Without Donor Restrictions	(74,383.38)	33,740.33
Total Net Assets	\$ (24,383.38)	\$ 133,740.33
Total Liabilities and Net Assets	\$ 166,606.40	\$ 251,940.33

The accompanying notes are an integral part of the financial statements

BOOTHBAY REGION HEALTH CARE, INC.
STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS
FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018

	WITHOUT DONOR RESTRICTIONS	WITH DONOR RESTRICTIONS	2019	2018
REVENUES:				
Donations	\$ 121,328.83	\$ 110,000.00	\$ 231,328.83	\$ 161,824.45
Grants	75,000.00		75,000.00	100,000.00
Fit, Flexible, and Strong	6,487.50		6,487.50	4,513.75
Sale of Supplements	1,358.62		1,358.62	
Interest Income	8.79		8.79	143.64
Fees for Services	391,337.48		391,337.48	223,090.01
Fundraising	6,630.74		6,630.74	7,555.00
Net Assets Released from Restrictions	135,000.00	(135,000.00)		
Total Revenues	\$ 737,151.96	\$ (25,000.00)	\$ 712,151.96	\$ 497,126.85
EXPENSES:				
Salaries and Wages	\$ 552,520.74	\$ -	\$ 552,520.74	\$ 465,598.67
Employee Benefits and Taxes	76,343.18		76,343.18	62,174.77
Interest	12,928.37		12,928.37	1,263.67
Billing/Collections	28,329.04		28,329.04	16,230.39
Equipment Lease	3,114.75		3,114.75	2,169.27
EMR System Expenses	27,177.27		27,177.27	30,036.81
IT Services/Products	20,155.37		20,155.37	11,476.42
Credentialing	10,930.75		10,930.75	7,275.00
Fitness Instructor	7,450.00		7,450.00	6,892.00
Rent	22,000.00		22,000.00	24,470.00
Accounting and Audit	3,165.00		3,165.00	2,701.54
Fundraising	1,486.00		1,486.00	2,390.00
Advertising	774.00		774.00	10,540.95
Repairs	412.03		412.03	2,221.36
Office	12,981.88		12,981.88	13,667.72
Practice Management	665.00		665.00	7,553.75
Supplements	17,505.00		17,505.00	
Insurance	20,073.93		20,073.93	14,818.45
Material Supplies/Fees	15,255.86		15,255.86	27,062.80
Ducs/Licenses	996.00		996.00	532.69
Depreciation/Amortization	16,275.00		16,275.00	15,251.00
Staff Training	5,920.19		5,920.19	1,185.00
Legal	500.00		500.00	1,475.00
Utilities	11,919.35		11,919.35	11,493.51
Travel and Meals	1,396.96		1,396.96	
Total Expenses	\$ 870,275.67	\$ -	\$ 870,275.67	\$ 738,480.77
Increase (Decrease) in Net Assets	\$ (133,123.71)	\$ (25,000.00)	\$ (158,123.71)	\$ (241,353.92)
Net Assets, January 1	58,740.33	75,000.00	133,740.33	375,094.25
Net Assets, December 31	\$ (74,383.38)	\$ 50,000.00	\$ (24,383.38)	\$ 133,740.33

BOOTHBAY REGION HEALTH CARE, INC.
STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018

	<u>2019</u>	<u>2018</u>
CASH FLOWS FROM OPERATING ACTIVITIES:		
Sale of Supplementals	\$ 1,358.62	\$ -
Donations	231,328.83	161,824.45
Grants	75,000.00	25,000.00
Program Income	405,455.72	235,558.76
Interest Income	8.79	143.64
Total Receipts	<u>\$ 713,151.96</u>	<u>\$ 422,526.85</u>
Payments to Employees	\$ 552,520.74	\$ 465,598.67
Payments to Vendors	265,329.89	259,631.10
Total Disbursements	<u>\$ 817,850.63</u>	<u>\$ 725,229.77</u>
Net Cash Used in Operating Activities	<u>\$ (104,698.67)</u>	<u>\$ (302,702.92)</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of Property, Plant, and Equipment	\$ -	\$ (17,062.15)
Purchase of Intangibles		(77,600.00)
Net Cash Used in Investing Activities	<u>\$ -</u>	<u>\$ (94,662.15)</u>
CASH FLOWS FROM FINANCING ACTIVITIES:		
Proceeds from Note Payable	\$ 244,000.00	\$ 156,600.00
Retirement of Notes Payable	(183,360.26)	(38,800.00)
Net Cash Provided by (Used in) Financing Activities	<u>\$ 60,639.74</u>	<u>\$ 117,800.00</u>
Increase (Decrease) in Cash	<u>\$ (44,058.93)</u>	<u>\$ (279,565.07)</u>
Cash Balance, January 1	47,575.18	327,140.25
Cash Balance, December 31	<u>\$ 3,516.25</u>	<u>\$ 47,575.18</u>
Increase (Decrease) in Net Assets (Exhibit B)	<u>\$ (158,123.71)</u>	<u>\$ (241,353.92)</u>
Adjustments to Reconcile Net Income (Loss) to Net Cash		
Provided by Operating Activities:		
Depreciation and Amortization	16,275.00	15,251.00
Changes in Operating Assets and Liabilities:		
(Increase) in Security Deposit		(2,000.00)
Increase in Accrued Interest	11,150.04	
Increase (Decrease) in Deferred Revenues	1,000.00	400.00
(Increase) Decrease in Accounts Receivable	25,000.00	(75,000.00)
Net Cash Used in Operating Activities	<u>\$ (104,698.67)</u>	<u>\$ (302,702.92)</u>

The accompanying notes are an integral part of the financial statements

BOOTHBAY REGION HEALTH CARE, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019

NOTE A - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Organization and Purpose

Boothbay Region Health Care, Inc. is an exempt organization under Internal Revenue Code 501(c)(3). Boothbay Region Health Care, Inc. is chartered to work with the community residents to identify health and wellness needs and to support and sponsor local organizations that can meet those needs with affordable and accessible local solutions. Boothbay Region Health Care, Inc. strives to promote the health and wellness of all residents, visitors, and those who have ties to the community.

Use of Estimates

The presentation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Basis of Presentation

The financial statements have been prepared in accordance with U.S. Generally Accepted Accounting Principles ("US GAAP"), which require the Organization to report information regarding its financial position and activities according to the following net asset classifications:

Net Assets with Donor Restrictions:

These are net assets subject to stipulations imposed by donors, and grantors. Some donor restrictions are temporary in nature; those 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 increases 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.

Net Assets without Donor Restrictions:

These are net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. These net assets may be used at the discretion of the Organization and the Board of Directors.

Cash and Cash Equivalents

For purposes of preparing the accompanying statement of cash flows, cash and cash equivalents include cash on hand and all amount due from banks.

Contributions

Boothbay Region Health Care, Inc. has also adopted SFAS No. 116, *Accounting for Contributions Received and Contributions Made*. Contributions received are recorded as unrestricted or restricted support depending on the existence or nature of any donor restrictions.

BOOTHBAY REGION HEALTH CARE, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019

NOTE A - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D):

Basis of Accounting

The accompanying financial statements have been prepared on the cash basis of accounting whereby revenues are recognized when received and expenditures are recognized when paid.

Inventory

Inventory is valued using the first-in, first-out method. No allowance is made for damaged and obsolete items.

Property, Plant, and Equipment

Property, plant, and equipment are valued at cost less accumulated depreciation. Depreciation of property, plant, and equipment is provided on a straight-line basis over the estimated useful lives of the asset. Maintenance and repairs are charged to operations when incurred; improvements are capitalized. When property, plant, and equipment are retired or otherwise disposed of, the asset account and related accumulated depreciation account is reduced, and any gain or loss is included in operations.

Estimated useful lives of the depreciable assets are as follows:

	<u>YEARS</u>
Land Improvements	15
Machinery and Equipment	5-39
Office Furniture and Equipment	5-7
Transportation Equipment	5-7
Leasehold Improvements	5-40

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 that 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 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, 2019. The standard requires retroactive application to previously issued financial statements for 2019 and 2018, if presented. Management is currently evaluating the impact of adoption on its financial statements.

BOOTHBAY REGION HEALTH CARE, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019

NOTE A - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D):

Subsequent Events

On April 10, 2020 Boothbay Region Healthcare, Inc. received \$109,600.00 in Paycheck Protection Program funds. This loan from Bath Savings Institution has a forgivable portion that allows for a full loan forgiveness if Boothbay Region Health Care, Inc. reaches a certain forgiveness threshold. The portion of the loan that is not forgivable is due within 5 years. As of the date of the issuance of the reports, the forgiveness portion of the loan cannot be calculated. The loan will be shown as a liability and will be recorded as revenue as the forgiveness portion of the loan is calculated.

On May 19, 2020 Boothbay Region Health Care, Inc. received \$150,000.00 in Economic Injury Disaster Loan funds. This loan carries a 2.75% interest rate and is payable over 30 years.

After Boothbay Region Health Care, Inc.'s year end the community was impacted by the COVID-19 Virus. Boothbay Region Health Care, Inc. has reviewed their operations and is currently evaluating the impact of the crisis on their operations. While there is a financial impact to Boothbay Region Health Care, Inc. it is currently unknown the full extent this crisis will have on its operations and funding.

NOTE B - CASH AND CASH EQUIVALENTS:

At year-end the carrying amount of the Boothbay Region Health Care, Inc.'s deposits (checking, certificates of deposit, and savings accounts) was \$3,516.25 and the bank balance was \$24,996.07. Of the bank balance, \$24,996.07 was covered by federal depository insurance.

NOTE C - INCOME TAXES:

As of January 25, 2013, Boothbay Region Health Care, Inc. was awarded exempt status under Internal Revenue Code Section 501(c)(3). The exempt status awarded to Boothbay Region Health Care, Inc. exempts them from paying the tax on investment income.

Tax-exempt organizations could incur income taxes as the result of a tax position they have historically taken on various tax exposure items including unrelated business income or tax status. Under guidance issued by the Financial Accounting Standards Board, assets and liabilities are established for uncertain tax positions taken or positions expected to be taken in income tax returns when such positions are judged to not meet the "more-likely-than-not" threshold, based upon the technical merits of the position. Estimated interest and penalties, if applicable, related to uncertain tax positions are included as a component of income tax expense.

The Organization has evaluated the position taken on its filed tax returns. The Organization has concluded no uncertain income tax positions exist at December 31, 2019. The Organization's tax year from 2017, 2018 and 2019 are open and subject to examination.

NOTE D - ACCOUNTS RECEIVABLE:

At December 31, 2019, Boothbay Region Health Care, Inc. had a Grant Receivable in the amount of \$50,000.00. This is to be received \$25,000.00 a year for the next two years.

BOOTHBAY REGION HEALTH CARE, INC.
 NOTES TO FINANCIAL STATEMENTS
 DECEMBER 31, 2019

NOTE E - ACCOUNTS PAYABLE:

There were no Accounts Payable at December 31, 2019.

NOTE F - NOTES PAYABLE:

As of December 31, 2019, Notes Payable consists of the following:

	BALANCE JANUARY 1, 2019	ADDITIONS	SUBTRACTIONS	BALANCE DECEMBER 31, 2019
Lynn Thompson	\$ -0-	\$ 20,000.00	\$ 19,560.28	\$ 439.74
Nancy Oliphant	38,800.00	-0-	38,800.00	-0-
Patricia Seybold	79,000.00	224,000.00	125,000.00	178,000.00
	<u>\$ 117,800.00</u>	<u>\$ 244,000.00</u>	<u>\$ 183,360.26</u>	<u>\$ 178,439.74</u>

Lynn Thompson - 0% interest

Nancy Oliphant - Installment purchase of client list from Nancy Oliphant. Payments of \$17,500.00 to be made quarterly until paid in full. Interest is at 5%. Note was paid off in 2019.

Patricia Seybold - 5% interest. Payments to be made monthly on interest accrued beginning June 23, 2018. On June 23, 2022, monthly payments of principal and interest are due each month in an amount that allows the balance to be paid off on May 23, 2026.

NOTE G - COMMITMENTS:

The Organization leases its community center on a month to month basis. The Organization paid \$2,000.00 as a security deposit on the location and pays monthly rent. Rent expense for the year ended December 31, 2019 totaled \$22,000.00, as rent for December 2019 was not paid until January 3, 2020.

Town of Boothbay - Fiscal Year 2022

(FY 2022 : July 1, 2021 - June 30, 2022)

**Application for Support Organization Funding to the Board of Selectmen for Consideration
at Town Meeting in May 2021**

Name of Organization:

Hallowell Community Band

Address of Organization:

c/o 93 Adams St.
Gardiner ME 04345

Requested amount of funding for FY 2022: \$ 800.00

Amount approved by the Town in FY 2021: \$ _____ FY 2020: \$ _____

What is your organization's total budget for this period? \$ 2500

Total # of people served from the Town of Boothbay in the last year: 100 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):

We will provide 4 free concerts to public
on Commons during 2021 summer

We have to pay conductor and for
copyrighted music

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: 1952

Are you receiving funding from other communities or organizations?

for parades
elsewhere
concerts
elsewhere

If so, indicate which town/organization and the amount

\$ _____

(provided no pandemic)

Print name of person completing form:

Myra Broadway

Signature of person completing form:

M Broadway

Position in organization: president Phone/Cell: 441-7848 email: myra.broadway@yahoo.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 Deputy

From: Boothbay Deputy
Sent: Tuesday, December 08, 2020 10:55 AM
To: myrabroadway@yahoo.com
Subject: Town of Boothbay application for funding

Hi Myra,

The Town of Boothbay has your application for a request of funding in the amount of \$800.00 on file. Could you please provide us with your last three years of financial statements for our review.

Thank you
Sally

Sally Carroll
Deputy Town Clerk/Tax Collector
Town of Boothbay
PO Box 106, 7 Corey Lane
Boothbay, ME 04537
(207)633-2051 X12
Fax: (207)633-6620

Sheet3

Hallowell Community Band 2017

Balance 1-1-2017	7,518.48		
Receipts	2,885.83	Performances	
Expenses	1,825.00	Gardiner	200.00
Balance 12-31-2017	8,579.31	Augusta	250.00
		Hallowell	250.00
		Richmond	250.00
		Rockland	500.00
		Bowdoinham 2016	200.00
		Bowdoinham	200.00
		Boothbay Harbor	1,000.00
		Total	2,850.00
Receipts			
Contributions	2.00	Contributions	2.00
Performances	2,850.00		
Interest	3.83		
Shirts	30.00		
Total	2885.83		
Expenses		Supplies	
Donations	250.00	Stands	
Picnic	540.00	Other	
Supplies		Trailer	
Conductor	1,000.00	McGee	
Filing	35.00	Driver	
Fall Meeting		Donations	
Other		HDHS	250.00
Total	1,825.00	Boothbay Railway Museum	
Balance 4/10/2018	8,213.16		

Sheet4

Hallowell Community Band 2018

Performances

Balance 1-1-2018 8,579.31
 Receipts 3,760.15
 Expenses 3,375.88
 Balance 12-31-2018 8,963.58

Gardiner .00
 Augusta 250.00
 Hallowell 300.00
 Richmond 250.00
 Rockland 500.00
 Bowdoinham 200.00
 Boothbay Harbor 1,000.00
 Gardens Aglow 300.00
 Total 2,800.00

Receipts

Contributions 956.00
 Performances 2,800.00
 Interest 4.15
 Total 3760.15

Contributions

Old Shirts 44.00
 Shirts 532.00
 70th 380.00
 Total 956.00

Expenses

Donations 100.00
 Picnic 600.00
 Supplies 952.92
 Conductor 1,500.00
 Filing 60.00
 Fall Meeting 0.00
 Other 162.96
 Total 3,375.88

Supplies

Shirts 503.93
 Music 306.99
 Drum Parts 77.00
 Copying 65.00
 Total 952.92

Other

Adam's Event 60.55
 70th 102.41
 Total 162.96

Donations

Boothbay Railway Museum 100.00

Balance 4/10/2019 8,669.31

Sheet5

Hallowell Community Band 2019

Balance 1-1-2019	8,963.58			
Receipts	2,870.15			
Expenses	3,092.24			
Balance 12-31-2019	8,741.49			
				Performances
				Gardiner 200.00
				Augusta 250.00
				Hallowell 300.00
				Richmond 300.00
				Rockland 500.00
				Moxie Day 300.00
				Boothbay Harbor 1,000.00
				Total 2,850.00
Receipts				
Contributions 16.00				
Performances 2,850.00				
Interest 4.15				
Total 2870.15				
				Contributions
				Old Shirts 16.00
				Total 16.00
				Supplies
				Music 265.73
				Copying 18.99
				Misc. 44.07
				70 th 30.00
				Total 358.79
Expenses				
Donations 100.00				
Picnic 560.00				
Supplies 358.79				
Conductor 750.00				
Filing 35.00				
Fall Meeting 0.00				
Insurance 500.00				
Other 788.45				
Total 3,092.24				
				Other
				Trailer Welding 285.09
				Painting 312.38
				Drivers 175.00
				Flags 15.98
				Total 788.45
				Donations
				Boothbay Railway Museum 100.00
Balance 4/12/2020	8,242.96			

Town of Boothbay – Fiscal Year 2022

(FY 2022 : July 1, 2021 - June 30, 2022)

Application for Support Organization Funding to the Board of Selectmen for Consideration at Town Meeting in May 2021

Name of Organization: Lincoln County Dental

Address of Organization: PO BOX 243, Wiscasset, ME. 04576

Requested amount of funding for FY 2022: \$ 3000

Amount approved by the Town in FY 2021: \$ 0 FY 2020: \$ 0

What is your organization's total budget for this period? \$ 828,000

Total # of people served from the Town of Boothbay in the last year: n/a In the previous year: n/a

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 lack of affordable and accessible dental care in Lincoln County has resulted in greater numbers of people living with untreated pain and infection. We are seeing patients with extremely high acuity and fully expect this to remain a trend for an extended period of time. Therefore, the provision of comprehensive dental care for people who have limited or no access will be effective in mitigating the impact of infection and disease while improving the overall health of the person. We are the only Medicaid accepting dental practice in Lincoln County. We also work on a sliding fee scale and are open to all people in the county although our mission and focus remains on people with lower incomes who cannot afford a dentist.

Now that we have opened our clinic, we will have an opportunity to develop more baseline information about our patients and develop oral health outcome measures. By collecting patient data, we will assess the effectiveness of our dental treatment services. This evidence will be informative and will help our organization develop dental practice procedures used for consistent practice and outcomes. This will provide feedback to our funders about the use of dollars to create improved outcomes for our population served.

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: 2011

Are you receiving funding from other communities or organizations? yes

If so, indicate which town/organization and the amount *newly opened 11/2020*

Print name of person completing form: Holly B. Stover

Signature of person completing form: _____

Position in organization: 4 Phone/Cell: 207-633-5979 email: hstover@lcdental.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.

We do not conduct an annual audit because our budget was less than 200K. We have not had sufficient revenue to meet the necessity for an audit.

Lincoln County Dental, Inc.
Balance Sheet Prev Year Comparison
As of December 31, 2019

	<u>Dec 31, 19</u>	<u>Dec 31, 18</u>	<u>\$ Change</u>	<u>% Change</u>
ASSETS				
Current Assets				
Checking/Savings				
Savings	144,399.58	209,156.01	-64,756.43	-30.96%
The First	87,205.13	16,310.21	70,894.92	434.67%
Total Checking/Savings	<u>231,604.71</u>	<u>225,466.22</u>	<u>6,138.49</u>	<u>2.72%</u>
Other Current Assets				
Grants Receivable	0.00	3,760.00	-3,760.00	-100.0%
Total Other Current Assets	<u>0.00</u>	<u>3,760.00</u>	<u>-3,760.00</u>	<u>-100.0%</u>
Total Current Assets	<u>231,604.71</u>	<u>229,226.22</u>	<u>2,378.49</u>	<u>1.04%</u>
Fixed Assets				
Building 93 Churchill Street	292,285.06	0.00	292,285.06	100.0%
Furniture and Equipment	41,716.96	32,605.57	9,111.39	27.94%
Office Equipment - pc's	6,837.42	6,837.42	0.00	0.0%
Sm. Dental Equipment hand tools	42,904.05	42,904.05	0.00	0.0%
Vehicles	24,612.10	24,612.10	0.00	0.0%
Z - Accumulated Depreciation	-84,162.00	-84,162.00	0.00	0.0%
Total Fixed Assets	<u>324,193.59</u>	<u>22,797.14</u>	<u>301,396.45</u>	<u>1,322.08%</u>
Other Assets				
Grant Receivable	15,000.00	0.00	15,000.00	100.0%
Total Other Assets	<u>15,000.00</u>	<u>0.00</u>	<u>15,000.00</u>	<u>100.0%</u>
TOTAL ASSETS	<u><u>570,798.30</u></u>	<u><u>252,023.36</u></u>	<u><u>318,774.94</u></u>	<u><u>126.49%</u></u>
LIABILITIES & EQUITY				
Liabilities				
Current Liabilities				
Accounts Payable				
Accounts Payable	1,858.99	32.00	1,826.99	5,709.34%
Total Accounts Payable	<u>1,858.99</u>	<u>32.00</u>	<u>1,826.99</u>	<u>5,709.34%</u>
Other Current Liabilities				
Unapplied Grant Funds				
Hochgraf Charitable Fnd low inc	4,088.60	4,036.10	52.50	1.3%
McEvoy Foundation	30,389.33	2,216.33	28,173.00	1,271.16%
UGF Stephen & Tabitha King Fnd	50,000.00	0.00	50,000.00	100.0%
Un Grant Funds Burns Elder	22,319.92	29,591.24	-7,271.32	-24.57%
Un Grant Funds MCF Children	30,689.85	43,890.51	-13,200.66	-30.08%
Unapplied Grant Funds D Taylor	83,201.79	90,165.35	-6,963.56	-7.72%
United Way	4,122.00	7,844.50	-3,722.50	-47.45%
Unapplied Grant Funds - Other	12,000.00	7,000.00	5,000.00	71.43%
Total Unapplied Grant Funds	<u>236,811.49</u>	<u>184,744.03</u>	<u>52,067.46</u>	<u>28.18%</u>
Total Other Current Liabilities	<u>236,811.49</u>	<u>184,744.03</u>	<u>52,067.46</u>	<u>28.18%</u>
Total Current Liabilities	<u>238,670.48</u>	<u>184,776.03</u>	<u>53,894.45</u>	<u>29.17%</u>
Long Term Liabilities				
Loan Building	237,107.58	0.00	237,107.58	100.0%
Other Liabilities	0.00	-13.57	13.57	100.0%

Lincoln County Dental, Inc.
Balance Sheet Prev Year Comparison
As of December 31, 2019

	<u>Dec 31, 19</u>	<u>Dec 31, 18</u>	<u>\$ Change</u>	<u>% Change</u>
Total Long Term Liabilities	<u>237,107.58</u>	<u>-13.57</u>	<u>237,121.15</u>	<u>1,747,392.41%</u>
Total Liabilities	<u>475,778.06</u>	<u>184,762.46</u>	<u>291,015.60</u>	<u>157.51%</u>
Equity				
Retained Earnings	<u>67,260.90</u>	<u>65,915.95</u>	<u>1,344.95</u>	<u>2.04%</u>
Net Income	<u>27,759.34</u>	<u>1,344.95</u>	<u>26,414.39</u>	<u>1,963.97%</u>
Total Equity	<u>95,020.24</u>	<u>67,260.90</u>	<u>27,759.34</u>	<u>41.27%</u>
TOTAL LIABILITIES & EQUITY	<u><u>570,798.30</u></u>	<u><u>252,023.36</u></u>	<u><u>318,774.94</u></u>	<u><u>126.49%</u></u>

Lincoln County Dental, Inc.
Balance Sheet Prev Year Comparison
As of November 30, 2020

	<u>Nov 30, 20</u>	<u>Nov 30, 19</u>	<u>\$ Change</u>	<u>% Change</u>
ASSETS				
Current Assets				
Checking/Savings				
Savings	104,267.64	144,392.22	-40,124.58	-27.79%
The First	3,467.36	53,288.85	-49,821.49	-93.49%
Total Checking/Savings	<u>107,735.00</u>	<u>197,681.07</u>	<u>-89,946.07</u>	<u>-45.5%</u>
Other Current Assets				
Grants Receivable	50,000.00	0.00	50,000.00	100.0%
Total Other Current Assets	<u>50,000.00</u>	<u>0.00</u>	<u>50,000.00</u>	<u>100.0%</u>
Total Current Assets	<u>157,735.00</u>	<u>197,681.07</u>	<u>-39,946.07</u>	<u>-20.21%</u>
Fixed Assets				
Building 93 Churchill Street	292,285.06	292,285.06	0.00	0.0%
Furniture and Equipment	41,716.96	41,716.96	0.00	0.0%
Office Equipment - pc's	6,837.42	6,837.42	0.00	0.0%
Sm. Dental Equipment hand tools	46,982.01	42,904.05	4,077.96	9.51%
Vehicles	24,612.10	24,612.10	0.00	0.0%
Z - Accumulated Depreciation	-84,162.00	-84,162.00	0.00	0.0%
Total Fixed Assets	<u>328,271.55</u>	<u>324,193.59</u>	<u>4,077.96</u>	<u>1.26%</u>
Other Assets				
Grant Receivable	15,000.00	0.00	15,000.00	100.0%
Total Other Assets	<u>15,000.00</u>	<u>0.00</u>	<u>15,000.00</u>	<u>100.0%</u>
TOTAL ASSETS	<u><u>501,006.55</u></u>	<u><u>521,874.66</u></u>	<u><u>-20,868.11</u></u>	<u><u>-4.0%</u></u>
LIABILITIES & EQUITY				
Liabilities				
Current Liabilities				
Accounts Payable				
Accounts Payable	-3,409.55	32.00	-3,441.55	-10,754.84%
Total Accounts Payable	<u>-3,409.55</u>	<u>32.00</u>	<u>-3,441.55</u>	<u>-10,754.84%</u>
Other Current Liabilities				
SBA PPP Loan	12,400.00	0.00	12,400.00	100.0%
Unapplied Grant Funds				
Hochgraf Charitable Fnd low inc	3,280.10	88.60	3,191.50	3,602.14%
McEvoy Foundation	29,968.33	15,389.33	14,579.00	94.73%
UGF Stephen & Tabitha King Fnd	-21,311.21	0.00	-21,311.21	-100.0%
Un Grant Funds Burns Elder	22,103.36	21,600.02	503.34	2.33%
Un Grant Funds MCF Children	25,045.69	33,789.79	-8,744.10	-25.88%
Unapplied Grant Funds D Taylor	75,055.81	89,441.21	-14,385.40	-16.08%
Unapplied Grant Funds Fisher Ch	5,000.00	0.00	5,000.00	100.0%
United Way	8,347.25	2,391.50	5,955.75	249.04%
Unapplied Grant Funds - Other	12,000.00	12,000.00	0.00	0.0%
Total Unapplied Grant Funds	<u>159,489.33</u>	<u>174,700.45</u>	<u>-15,211.12</u>	<u>-8.71%</u>
Total Other Current Liabilities	<u>171,889.33</u>	<u>174,700.45</u>	<u>-2,811.12</u>	<u>-1.61%</u>
Total Current Liabilities	<u>168,479.78</u>	<u>174,732.45</u>	<u>-6,252.67</u>	<u>-3.58%</u>
Long Term Liabilities				

Lincoln County Dental, Inc.
Balance Sheet Prev Year Comparison
As of November 30, 2020

	<u>Nov 30, 20</u>	<u>Nov 30, 19</u>	<u>\$ Change</u>	<u>% Change</u>
Loan Building	233,924.40	237,686.34	-3,761.94	-1.58%
Total Long Term Liabilities	<u>233,924.40</u>	<u>237,686.34</u>	<u>-3,761.94</u>	<u>-1.58%</u>
Total Liabilities	402,404.18	412,418.79	-10,014.61	-2.43%
Equity				
Retained Earnings	95,020.24	67,260.90	27,759.34	41.27%
Net Income	3,582.13	42,194.97	-38,612.84	-91.51%
Total Equity	<u>98,602.37</u>	<u>109,455.87</u>	<u>-10,853.50</u>	<u>-9.92%</u>
TOTAL LIABILITIES & EQUITY	<u><u>501,006.55</u></u>	<u><u>521,874.66</u></u>	<u><u>-20,868.11</u></u>	<u><u>-4.0%</u></u>

