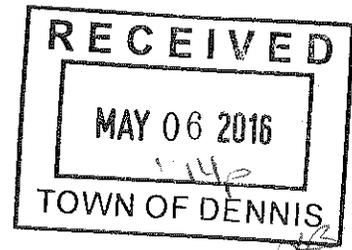


Application for
Dennis Community Preservation Funds
Calendar Year 2016



Synopsis:

1. Project title:

Gutter installation and water diversion for the Jacob Sears Memorial Library.

2. Organization Name:

Jacob Sears Memorial Library, Inc.

3. Amount requested from CPA funds:

\$28,690.00

4. Purpose:

Historic Preservation.

5. Project location:

Jacob Sears Memorial Library
23 Center Street
East Dennis, Massachusetts

6. Synopsis of the project:

The Jacob Sears Memorial Library, also known as the Jacob Sears Memorial Hall, is one of the historic architectural treasures of the town of Dennis. It is listed on the National Historic Register, and is included by name in the inventory of historic places in the Dennis Local Comprehensive Plan. With generous help from local residents and businesses, extensive renovations to the property have been accomplished. A \$15,000.00 grant from Community Preservation funds allowed the renovation of the roof of the south side of the building, protecting the structural integrity of the building.

The harsh conditions of the past two winters have brought another problem to light. Water runoff from the roofs of the building are causing

erosion and subsidence of the soil berm protecting the foundation of the building, most notably on the west side of the building. This runoff is also causing significant erosion and undermining of the stone wall along the south side of the property.

This project will install guttering along the edges of the roof to control direct erosion from falling water, and redirect water from the roof into dry-wells to mitigate erosions elsewhere on the property. Together these should provide an ongoing solution to the water problems affecting the building, allowing it to serve the community for another 100 years.

Applicant Information:

7. Project title:

Gutter installation and water diversion for the Jacob Sears Memorial Library.

8. Organization Name:

Jacob Sears Memorial Library, Inc.

9. Address:

a. 23 Center Street, East Dennis, Massachusetts 02641

b. PO Box 782, East Dennis, Massachusetts 02641

c. www.jacobsearslibrary.org

d. 508-385-8151

e. 508-385-8661 fax

10. Tax ID:

04-2453627

11. Contact person:

Ken Durst, Board of Trustees
durstoncape29@aol.com
508-385-2294

Applicant background:

12. Brief applicant history:

The Jacob Sears Memorial Library, Inc. has been providing community and library services since 1896. Through its board of trustees and advisors it has been managing this property at 23 Center Street for all that time.

13. Names of Trustees:

- a. John Harrison
- b. Ken Durst
- c. Dyanne Cooney

14. Summary of comparable projects completed:

The Trustees of the Jacob Sears Memorial Library managed the roof repairs made possible by a grant from the CPC in fiscal year 2013.

Project information:

15. Project concept:

To install roof guttering and drywells to protect the building foundation and decorative walls from further degradation.

16. Project goals and objectives:

As above.

17. Describe any legal issues, ramifications, impediments, about this project, if any:

None.

18. Describe how this project accomplishes the goals and objectives of the CPA:

Provides for the preservation, rehabilitation, and restoration of an historic resource, specifically a building on the National Historic Register.

19. Describe how this project is relevant to the current and future needs of Dennis:

In addition to providing for the preservation, rehabilitation, and restoration of an historic property, this allows continued use of the building for library services as well as community cultural, educational and entertainment programs.

20. Describe how this project relates to the Dennis Local Comprehensive Plan:

Preservation and rehabilitation of some historic structures in the several villages are desirable, and is an area in need of improvement according to the Dennis Local Comprehensive Plan. This accomplishes that goal.

Project implementation and budget:

21. Total CPA funding request:

\$28,690.00

22. Line item project budget:

- a. \$7,490.00 for gutter installation.
- b. \$9,000.00 for drywell construction.
- c. \$1,000.00 for wall repair and grading.
- d. \$1,200.00 for air conditioning pad reinforcement.
- e. \$10,000.00 contingency for unexpected excavation, machinery, labor or material costs.
(estimates attached.)

23. Evidence of interest from potential lenders:

N/A

24. List of funding sources:

CPA

25. N/A

Support documents:

26. Letters of support:

None solicited.

27. References:

None solicited.

28. Other materials specific to the project:

None.

29. Copy of most recent US Income Tax Form 990:

Attached.

30. Certificate of non-collusion:

Attached.

Date: 5/17/2016

Alex Gutters &
Home Improvement
606 Old Stage Rd
Centerville MA
508 360 2414

TO John
131 Center St.
Dennis MA

SALESPERSON	JOB	PAYMENT TERMS	DUE DATE
Alex	Same as above		

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
	Work to be performed on the right side of the building: Install new fascia board base(2x4 pressure treated) on the soffit along the roof line, install fascia board trim on the new base, paint new trim work, get ready for new gutter install. Labor and material.		1,440 \$
	Install new commercial 6" seamless white aluminum gutters and 3x4 downspouts.		830 \$
	Install gutter leaf guard into new gutters		400 \$
TOTAL			2,670 \$

Quotation prepared by: Alexander Kadolka

This is a quotation on the goods named, subject to the conditions noted below: (Describe any conditions pertaining to these prices and any additional terms of the agreement. You may want to include contingencies that will affect the quotation.)

To accept this quotation, sign here and return:

Thank you for your business!

Date: 5/4/2016

Alex Gutters &
Home Improvement
600 Old Stage Rd
Centerville MA
508 360 2444

TO John
13 Center St
Centerville MA

SALESPERSON	JOB	PAYMENT TERMS	DUE DATE
Alex	Same as above		

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
	Work to be performed on the back side of the building: Install new fascia board base(2x4 pressure treated) on the soffits along the roof lines, install fascia board trim on the new base, paint new trim work, get ready for new gutter install. Labor and material.		2,710 \$
	Install new commercial 6" seamless white aluminum gutters and 3x4 downspouts.		1,485 \$
	Install gutter leaf guard into new gutters		625 \$

TOTAL 4,820 \$

Quotation prepared by: Alexander Kadoika

This is a quotation on the goods named, subject to the conditions noted below: (Describe any conditions pertaining to these prices and any additional terms of the agreement. You may want to include contingencies that will affect the quotation.)

To accept this quotation, sign here and return:

Thank you for your business!

Masterpiece

Masonry and Landscape

Brian McGee
(774)696-3298
300 Nathan Ellis HWY. #40
Mashpee, MA 02649
brianmcgee66@gmail.com

Work Location: Jacob Sears Library

Representative: John Harrison

Overview: To install drywells and subgrade drainage from roof drains to maintain erosion control that is causing issues around foundation and the surrounding landscape. In addition, due to erosion, the air conditioner unit is compromised. This cost estimate is just that. An estimate based on what has been observed on the surface. All estimated cost to complete are subject to change according to site requirements.

Details:

- 1.) Appropriate drywells will be installed on each side of building totaling 2 drywells. The scope of work for these drywells will include the amending of subgrade piping from each roof drain from the front and side of library structure.
- 2.) The site problems caused by failing roof drains and drainage issues has caused previous landscape elements to fail such as the installed, dry-laid stone wall and turf to fail at the middle. This area will be fixed and repaired after the drainage problem is solved.
- 3.) Do to the erosion problem, the existing air conditioning unit base is failing and needs to be re-enforced with blocking and masonry units.

Cost:

- 1.) Drywell 1: \$4,500
- 2.) Drywell 2: \$4,500
- 3.) Wall repair and grade: \$1,000
- 4.) Air Conditioning re-enforcing: \$1,200

Total: \$11,200

Note: This price given is subject to change according to site requirements. It is recommended that the customer budget an extra \$10,000 to cover any additional expenses due to un-expected excavation and machinery/labor/material costs.

Total safe budget: \$21,200

Return of Organization Exempt From Income Tax

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning JULY 1, 2014, and ending June 30, 20 15

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

C Name of organization Jacob Sears Memorial Library Corporation
 Doing business as same
 Number and street (or P.O. box if mail is not delivered to street address) PO Box 782, 23 Center St
 Room/suite _____
 City or town, state or province, country, and ZIP or foreign postal code East Dennis MA 02641

D Employer identification number 04-2453627

E Telephone number 508-385-8151

F Name and address of principal officer:
Dyanne Cooney, Trustee/Treasurer PO Box 2036 East Dennis MA 02641

G Gross receipts \$ 98,538

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)

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

J Website: ▶ www.jacobsearslibrary.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: _____

M State of legal domicile: MA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>Library and Educational Services.</u>		
	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)	<u>3</u>	<u>3</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>3</u>
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<u>5</u>	<u>3</u>
	6	Total number of volunteers (estimate if necessary)	<u>6</u>	<u>10</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>0</u>
	b	Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>0</u>
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year <u>27,261</u>	Current Year <u>44,253</u>
	9	Program service revenue (Part VIII, line 2g)	<u>36,533</u>	<u>41,379</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>19,618</u>	<u>12,636</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>2,445</u>	<u>270</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>85,857</u>	<u>98,538</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>0</u>	<u>0</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>43,789</u>	<u>41,173</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>59,110</u>	<u>41,301</u>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>102,899</u>	<u>82,474</u>
	19	Revenue less expenses. Subtract line 18 from line 12	<u>(17,042)</u>	<u>16,064</u>
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year <u>643,539</u>	End of Year <u>646,120</u>
	21	Total liabilities (Part X, line 26)		
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>643,539</u>	<u>646,120</u>

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 ▶ Dyanne F. Cooney, Trustee/Treasurer Date 11-10-15
 ▶ Dyanne F. Cooney, Trustee/Treasurer
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check if self-employed PTIN _____

Firm's name ▶ _____ Firm's EIN ▶ _____
 Firm's address ▶ _____ Phone no. _____

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:
Library and educational services

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code: _____) (Expenses \$ 82,470 including grants of \$ 0) (Revenue \$ 98,538)

Provided library services to the community.

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

Provided educational lectures and services to community.

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

Provided a series of music concerts to community.

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

4e Total program service expenses ▶

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

		Yes	No
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		<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule I, Parts I and III		<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule J		<input checked="" type="checkbox"/>
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		<input checked="" type="checkbox"/>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		<input checked="" type="checkbox"/>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		<input checked="" type="checkbox"/>
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):		<input checked="" type="checkbox"/>
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<input checked="" type="checkbox"/>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<input checked="" type="checkbox"/>
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<input checked="" type="checkbox"/>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<input checked="" type="checkbox"/>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<input checked="" type="checkbox"/>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<input checked="" type="checkbox"/>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule R, Part I		<input checked="" type="checkbox"/>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		<input checked="" type="checkbox"/>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
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)? If "Yes," complete Schedule R, Part V, line 2		<input checked="" type="checkbox"/>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule R, Part VI		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	

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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, and Form 8282.

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b Enter the number of voting members included in line 1a, above, who are independent		
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?		<input checked="" type="checkbox"/>
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?	<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?	<input checked="" type="checkbox"/>	
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<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?	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body?	<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 in Schedule O		<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?		<input checked="" type="checkbox"/>
10b 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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
11b 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		<input checked="" type="checkbox"/>
12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
13 Did the organization have a written whistleblower policy?		<input checked="" type="checkbox"/>
14 Did the organization have a written document retention and destruction policy?		<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		<input checked="" type="checkbox"/>
b Other officers or key employees of the organization		<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?		<input checked="" type="checkbox"/>
16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► MA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►
Dyane F. Cooney 774 3537408
27 Center St

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) John Harrison Trustee	10 0	✓						0	0	0
(2) Kenneth DWST Trustee	10 0	✓						0	0	0
(3) Dyanne F. Cooney Trustee/Treasurer	20 0	✓						0	0	0
(4) Philip Inman Director	24 0				✓	✓	18,602	0	0	0
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(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 Sub-total							18,602	0	0	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							18,602	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 ▶

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		✓
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? If "Yes," complete Schedule J for such individual		✓
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		✓

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 ▶

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					
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above	1e	11,500			
			1f	32,753			
	g	Noncash contributions included in lines 1a-1f: \$					
h	Total. Add lines 1a-1f		44,253				
Program Service Revenue	2a	Town Stipend	Business Code				
	b	State Support		37,249	37,249	0	
	c			4,130	4,130	0	
	d						
	e						
	f	All other program service revenue .				0	
	g	Total. Add lines 2a-2f		41,379		0	
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		12,636	12,636	0	
	4	Income from investment of tax-exempt bond proceeds				0	
	5	Royalties				0	
	6a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b				
c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities. See Part IV, line 19	a					
b	Less: direct expenses	b					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances	a					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue		270				
e	Total. Add lines 11a-11d		270				
12	Total revenue. See instructions		85,902	54,015	0		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	38,045	38,045		
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				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	3,128	3,128		
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting + bookkeeping	2,294	2,294		
d Lobbying				
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	484	484		
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	3,888	3,888		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Building repairs exp	4,131	4,131		
b Utilities	5,651	5,651		
c Library materials	17,064	17,064		
d Library expenses	6,321	6,321		
e All other expenses	1,468	1,468		
25 Total functional expenses. Add lines 1 through 24e	82,474	82,474		
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> If following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1	2,446	1	24,923
	2	0	2	0
	3	0	3	0
	4	0	4	0
	5	0	5	0
	6	0	6	0
	7	0	7	0
	8	0	8	0
	9	0	9	0
	10a	164,690		
	b	0	10c	164,690
	11	464,023	11	456,507
	12	12,380	12	0
	13	0	13	0
	14	0	14	0
	15	0	15	0
16	643,539	16	646,120	
Liabilities	17	0	17	
	18	0	18	
	19	0	19	
	20	0	20	
	21	0	21	
	22	0	22	
	23	0	23	
	24	0	24	
	25	0	25	
	26	0	26	
Net Assets or Fund Balances	27		27	24,923
	28		28	
	29		29	
	30	478,895	30	456,507
	31	164,644	31	164,690
	32	0	32	
	33	643,539	33	646,120
	34	643,539	34	646,120

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	98,538
2	Total expenses (must equal Part IX, column (A), line 25)	2	82,474
3	Revenue less expenses. Subtract line 2 from line 1	3	16,064
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	643,539
5	Net unrealized gains (losses) on investments	5	2,581
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	646,120

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 in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . .
- 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 in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
1		
2a	<input checked="" type="checkbox"/>	
2b		<input checked="" type="checkbox"/>
2c	<input checked="" type="checkbox"/>	
3a		<input checked="" type="checkbox"/>
3b		