Board of Selectmen Special Meeting

February 15, 2018 6:00 P.M. Town Hall

Present: Bruce Adams and Chris Garrity.

Also present:

Mr. Adams called the meeting to order at 6:00 p.m.

Rex Newton and Tammy Potter of the Kent Cemetery Association submitted a grant request for \$36,000. Mrs. Potter stated that the full grant would go to the mowing of the cemeteries.

Tony Iovino of the Kent Community Nursery School submitted a grant request for \$15,000. Mr. Iovino stated without the grant the nursery school could not stay open.

Pat Lawrence of Kent Nursing Association thanked the town for years of support and spoke very highly of the work done by Social Service Director Leah Pullaro but stated that the association is not going to ask for a grant this year. The Kent Nursing Association Board would like to see the \$10,000 allocated to the Social Services Department, Leah Pullaro.

Sandra Edelman and Donna Miller of the Kent Memorial Library submitted a grant request in the amount of \$100,500. Ms. Edelman stated that the library looks to continue to play a significant role in the Town's cultural and economic development.

Mr. Garrity made a motion to adjourn the meeting at 6:57 p.m. Mr. Adams seconded the motion and the motion carried.

Joyce Kearns

Administrative Assistant

These are draft minutes and the Board of Selectmen at the subsequent meeting may make corrections. Please refer to subsequent meeting minutes for possible corrections and approval of these minutes.

"An equal opportunity employer and service provider"

RECEIVED FOR RECORD

BOARD OF SELECTMEN SPECIAL MEETING MINUTES, FEBRUARY 20, #FINT TOWN CLERK

2018 MAR -7 A 6: 28

TOWN CHERK

# KENT CEMETERY ASSOCIATION P.O. BOX 16 KENT, CONNECTICUT 06757

February 15, 2018

Kent Board of Selectmen Town of Kent. CT 41 Kent Green Blvd. Kent, CT 06757

Dear Members of the Board of Selectmen:

The Kent Cemetery Association is respectfully submitting its request for the Mowing Grant for the 2018 season.

The Grant request is an increase of \$1000.00 from the last two years to \$36,000.00. The actual cost to mow all six cemeteries last season was \$39,165.00. This amount is due to the prolonged growing seasons that we are experiencing and represents a reduction of \$3,730.00 from reducing the number of mowings in 2017. We can only cut back mowing so far however without the cemeteries becoming unkept in appearance. The Kent Cemetery Association covered the additional \$4,165.00 and an additional \$4,954.00 in annual maintenance.

With the great effort of our Board member Charmain Leone every headstone in all six cemeteries that need repair have been recorded. There are 86 headstones that need restoring. Many of them of historic significance. The Kent Cemetery Association applied for a grant for headstone repair to Kent Presents. We were awarded \$500.00 which we greatly appreciated. It will cost thousands of dollars over the next few years to accomplish the goal. That is where our resources will be concentrated and our hope is that the Town of Kent will gradually cover the complete mowing costs on a yearly basis.

As in the past we appreciate your continued support.

Sincerely.

Tamara Potter

Treasurer

**Kent Cemetery Association** 

## KENT COMMUNITY NURSERY SCHOOL INC Balance Sheet As of January 31, 2018

	Jan 31, 18
ASSETS Current Assets Checking/Savings	
Union Savings Bank - xxx5	13,286.29
Total Checking/Savings	13,286.29
Total Current Assets	13,286.29
Fixed Assets Furniture & Fixtures Accumulated Depreciation	1,349.15 -1,054.00
Total Fixed Assets	295.15
TOTAL ASSETS	13,581.44
LIABILITIES & EQUITY Liabilities Current Liabilities Other Current Liabilities	
Prepaid Tuition- June 2018	3,278.00
Total Other Current Liabilit	3,278.00
Total Current Liabilities	3,278.00
Total Liabilities	3,278.00
Equity Fund Balance Net Income	6,014.23 4,289.21
Total Equity	10,303.44
TOTAL LIABILITIES & EQUITY	13,581.44

### KENT COMMUNITY NURSERY SCHOOL INC Profit & Loss Budget vs. Actual September 2017 through January 2018

	Sep '17 - Jan 18	Budget	\$ Over Budget
Ordinary Income/Expense			
income			0.77.00
Tuition	27,913.28	27,646.00	267.28
Application Fee Income	405.00	420.00	-15.00
Total Income	28,318.28	28,066.00	252.28
Expense	999.10	415.00	-42.82
CT Unemployment Tax Expense	372.18	0.00	118.00
Depreciation Expense	118.00		-215.00
Maintenance	2,035.00	2,250.00	-213.00
Operations	-40	266.00	-5.00
Education	360.00	365.00	-100.00
Inspection Fee	0.00	100.00	-100.00
Insurance			4.00
Day Care Pkg	2,306.00	2,310.00	-4.00
Flexi Plus Five	965.00	960.00	5.00
Workers Compensation Insura	698.60	698.60	0.00
Total Insurance	3,969.60	3,968.60	1.00
Payroll Service Charges	611.04	640.24	-29.20
Payroll Tax Expense	2,653.66	2,685.00	-31.34
Postage	52.00	52.00	0.00
<u> </u>	3,800.00	3,800.00	0.00
Rent	34,688.06	35,110.00	-421.94
Salaries	199.01	110.00	89.01
Supplies Telephone	279.95	260.00	19.95
Total Operations	46,613.32	47,090.84	-477.52
•	63.00	65.00	-2.00
Programs	75.00	75.00	0.00
Repairs & Maintenance Scholarships	1,446.00	1,446.00	0.00
Total Expense	50,722.50	51,341.84	-619.34
•	-22,404.22	-23,275.84	871.62
Net Ordinary Income	-22,404.22	-23,273.04	32
Other Income/Expense			•
Other Income	1.00	1.85	0.04
Interest income	1.89	1,200.00	-188.62
Pancakes with Santa	1,011.38		-45.00
Individual contributions	1,080.00	1,125.00	-50.00
Business contributions	375.00	425.00	0.00
Nonprofit contributions	8,000.00	8,000.00	125.16
United Way Contributions	1,225.16	1,100.00	
Grant-Town of Kent	15,000.00	15,000.00	0.00
Total Other Income	26,693.43	26,851.85	-158.42
Net Other Income	26,693.43	26,851.85	-158.42
Net Income	4,289.21	3,576.01	713.20

# KENT COMMUNITY NURSERY SCHOOL INC Profit & Loss Budget Overview September 2017 through August 2018

	Sep '17 - Aug 18
Ordinary Income/Expense Income	
Tuition	58,011.00
Application Fee Income	420.00
Total Income	58,431.00
Expense	1,190.00
CT Unemployment Tax Expen	4,250.00
Maintenance Operations	7,230.00
Education	365.00
Dues & Licenses	110.00
Inspection Fee	100.00
Insurance	4,738.10
Payroll Service Charges	1,130.54
Payroli Tax Expense	5,160.00
Postage	52.00
Rent	7,600.00
Salaries	67,485.00 170.00
Supplies	624.00
Telephone	
Total Operations	87,534.64
Programs	210.00
Repairs & Maintenance	75.00
Scholarships	3,561.00
Total Expense	96,820.64
Net Ordinary Income	-38,389.64
Other Income/Expense	
Other Income	
Interest income	4.44
Pancakes with Santa	1,200.00
Individual contributions	1,125.00 760.00
Plant Sale	425.00
Business contributions	13,700.00
Nonprofit contributions United Way Contributions	2,800.00
Grant-Town of Kent	15,000.00
Total Other Income	35,014.44
	AND THE PERSON OF THE PERSON O
Net Other Income	35,014.44
Net Income	-3,375.20

Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

For the 2016 calendar year, or tax year beginning and ending D Employer Identification number Check if applicable C Name of organization Address change 06-0887934 KENT COMMUNITY NURSERY SCHOOL, INC. Name change Number and street (or P O bex, if mail is not delivered to street address) E Telephone number Initial return 860-927-1294 P.O. BOX 594 Foral return/terminated City or town, state or province country, and ZIP or foreign postal code F Group Exemption Amended rebunt CT 06757 Number > KENT Application pending if the organization is not Check ▶ Accounting Method: X Cash Accrual Other (specify) ▶ required to attach Schedule B Website: ▶ N/A (Form 990, 990-EZ, or 990-PF) 4947(a)(1) or √ (insert no ) Tax-exempt status (check only one) — X 501(c)(3) 501(c) ( Association Other K Form of organization: X Corporation \$200,000 or more, or if total assets Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts 101,508 (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 940 EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 40.180 Contributions, gifts, grants, and similar amounts received 59,465 2 2 Program service revenue including government fees and contracts Membership dues and assessments 3 4 Investment income ..... Gross amount from sale of assets other than inventory 5b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than 6a S15,000) of contributions b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the 1,859 6b sum of such gross income and contributions exceeds \$15,000) 60 Less: direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundralsing events (add lines 6a and 6b and subtract 1,859 6d 7a Gross sales of inventory, less returns and allowances 7b Less, cost of goods sold 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) я 101,508 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 73.472 12 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 11,683 14 Occupancy, rent, utilities, and maintenance 14 48 15 Printing, publications, postage, and shipping 15 13,710 16 Other expenses (describe in Schedule O) 98,913 17 Total expenses. Add lines 10 through 16 2,595 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 16,308 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) ž 20 18,904 21 Net assets or fund balances at end of year. Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions.

			INC. 06-08			
	s (see the instructions for Pa					$\mathbf{X}_{t}$
Check if the orga	nization used Schedule O to	respond to any c		inning of year	<u>,</u>	(B) End of year
			(A) 50	20,440	22	22,004
2 Cash, savings, and investments				0	23	
				578	24	413
4 Other assets (describe in Sched	ule O)			21,018	25	22,417
				4,710	26	3,513
6 Total liabilities (describe in Sch			· · · · · · · · · · · · · · · · · · ·	16,308	27	18,904
7 Net assets or fund balances	rogram Service Accomp	lichments (see	the instructions for			
	rogram Service Accomp inization used Schedule O to					Expenses
What is the organization's primary ex		respond to any t	acouott iii uno i cit		(Red	quired for section
CHARITABLE, RELIGIOUS, ED					' '	(c)(3) and 501(c)(4)
Describe the organization's program		ch of its three larges	program services.		orga	enizations, optional for
as measured by expenses. In a clea	r and concise manner, describe	he services provide	d, the number of		othe	ers.)
persons benefited, and other relevan						
28 NURSERY SCHOOL FOR AGE						
to total serious serious					1	
- · ·	A STATE OF THE STA					
(Grants \$	) If this amount includes for	oreign grants, check	here	<b></b>	28a	98,748
29					li	
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(Grants S	) If this amount includes f	oreign grants, check	here	<u> ▶ . 1</u>	29a	
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					1 1	
(Grants \$	) If this amount includes I	oreign grants, chect	here	<u>. ▶ i</u>	30a	
31 Other program services (descri		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1	4.45
(Grants S	) If this amount includes t	oreign grants, check	here			
32 Total program service exper	4 440 - 60 4 - 1 64-1				31a	165
Part IV List of Officers, I	ises(add imes 28a through 31a)			<b>&gt;</b>	32	98,913
Chack if the amon	ises(add lines 28a urrough 31a) Directors, Trustees, and Key E Ization used Schedule O to resno	imployees(list each	one even if not comper n this Part IV	<b>&gt;</b>	32	98,913
Check if the organ	ises(add lines 28a through 31a) Directors, Trustees, and Key E Ization used Schedule O to respo	(b) Average	(c) Lebourone	nsated — see the	32 instructi	98,913 ons for Part IV)
Check if the organi	Directors, Trustees, and Key E ization used Schedule O to respo	(b) Average hours per week	compensation (Forms W-2/1099-MISC	sated — see the	instruction	98, 913 ons for Part IV)  e (e) Estimated amount of other compensation
(a) Name	Directors, Trustees, and Key E ization used Schedule O to respo	(b) Average	(c) Reputable	nsated — see the	instruction	98, 913 ons for Part IV)  e (e) Estimated amount of other compensation
(a) Name	Directors, Trustees, and Key E ization used Schedule O to respo	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC	sated — see the  (d) Health be contributions to benefit plan deferred comp	instructions and analysis and ensation	98, 913 ons for Part IV)  e (e) Estimated amount of other compensation
(a) Name KENDRA LINTNER PRESIDENT	Directors, Trustees, and Key E ization used Schedule O to respo	(b) Average hours per week	compensation (Forms W-2/1099-MISC	sated — see the	instructions and analysis and ensation	98, 913 ons for Part IV)  e (e) Estimated amount of other compensation
(a) Name KENDRA LINTNER PRESIDENT BARBARA DEITZ	Directors, Trustees, and Key E ization used Schedule O to respo	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC	sated — see the  (d) Health be contributions to benefit plan deferred comp	instructi enefits, employee a, and ensation	98, 913 ons for Part IV)  e (e) Estimated amount of other compensation  0 0
(a) Name KENDRA LINTNER PRESIDENT BARBARA DEITZ DIRECTOR	Directors, Trustees, and Key E ization used Schedule O to respo	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC	sated — see the  (d) Health be contributions to benefit plan deferred comp	instructi enefits, employee a, and ensation	98, 913 ons for Part IV)  e (e) Estimated amount of other compensation
(a) Name KENDRA LINTNER PRESIDENT BARBARA DEITZ DIRECTOR ANTHONY IOVINO	Directors, Trustees, and Key E ization used Schedule O to respo	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC	sated — see the  (d) Health be contributions to benefit plan deferred comp	instructi enefits, employee a, and ensation	98,913 ons for Part IV)  e (e) Estimated amount of other compensation  0 0 0
(a) Name KENDRA LINTNER PRESIDENT BARBARA DEITZ DIRECTOR ANTHONY IOVINO TREASURER	Directors, Trustees, and Key E ization used Schedule O to respo	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC	sated — see the  (d) Health be contributions to benefit plan deferred comp	instructi enefits, employee a, and ensation	98, 913 ons for Part IV)  e (e) Estimated amount of other compensation  0 0
(a) Name  KENDRA LINTNER  PRESIDENT  BARBARA DEITZ  DIRECTOR  ANTHONY IOVINO  TREASURER  SARAH MARSHALL	Directors, Trustees, and Key E ization used Schedule O to respo	(b) Average hours per week devoted to position  0.00  0.00	compensation (Forms W-2/1099-MISC	(d) Health be combutions to benefit plan deferred comp	instructi enefits, employee a, and ensation	98,913 ons for Part IV)  e (e) Estimated amount of other compensation  0 0 0  0 0
(a) Name  KENDRA LINTNER  PRESIDENT  BARBARA DEITZ  DIRECTOR  ANTHONY IOVINO  TREASURER  SARAH MARSHALL  SECRETARY	Directors, Trustees, and Key E ization used Schedule O to respo	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC	sated — see the  (d) Health be contributions to benefit plan deferred comp	instructi enefits, employee a, and ensation	98,913 ons for Part IV)  e (e) Estimated amount of other compensation  0 0 0  0 0
(a) Name  KENDRA LINTNER  PRESIDENT  BARBARA DEITZ  DIRECTOR  ANTHONY IOVINO  TREASURER  SARAH MARSHALL  SECRETARY  KELLI DARRIN	Directors, Trustees, and Key E ization used Schedule O to respo	(b) Average hours per week devoted to position  0.00  0.00  0.00	compensation (Forms W-2/1099-MISC	(d) Health be contributions to benefit plan deferred comp	instructi enefits, employee a, and ensation	98,913 ons for Part IV)  e (e) Estimated amount of other compensation  0 0 0  0 0
(a) Name  KENDRA LINTNER  PRESIDENT  BARBARA DEITZ  DIRECTOR  ANTHONY IOVINO  TREASURER  SARAH MARSHALL  SECRETARY  KELLI DARRIN  VICE PRESIDENT	Directors, Trustees, and Key E ization used Schedule O to respo	(b) Average hours per week devoted to position  0.00  0.00	compensation (Forms W-2/1099-MISC	(d) Health be combutions to benefit plan deferred comp	instructi enefits, employee a, and ensation	98,913 ons for Part IV)  e (e) Estimated amount of other compensation  0 0 0  0 0
(a) Name  KENDRA LINTNER  PRESIDENT  BARBARA DEITZ  DIRECTOR  ANTHONY IOVINO  TREASURER  SARAH MARSHALL  SECRETARY  KELLI DARRIN  VICE PRESIDENT  ELIZABETH BONIS	Directors, Trustees, and Key E ization used Schedule O to respo	(b) Average hours per week devoted to position  0.00  0.00  0.00  0.00	compensation (Forms W-2/1099-MISC	(d) Health be computed to be present plant deferred computed to be	instructi enefits, employee a, and ensation	98,913 ons for Part IV)  e (e) Estimated amount of other compensation  0 0 0  0 0
(a) Name  KENDRA LINTNER  PRESIDENT  BARBARA DEITZ  DIRECTOR  ANTHONY IOVINO  TREASURER  SARAH MARSHALL  SECRETARY  KELLI DARRIN  VICE PRESIDENT  ELIZABETH BONIS  DIRECTOR	Directors, Trustees, and Key E ization used Schedule O to respo	(b) Average hours per week devoted to position  0.00  0.00  0.00	compensation (Forms W-2/1099-MISC	(d) Health be contributions to benefit plan deferred comp	instructi enefits, employee a, and ensation	98,913 ons for Part IV)  e (e) Estimated amount of other compensation  0 0 0  0 0  0 0
(a) Name  KENDRA LINTNER  PRESIDENT  BARBARA DEITZ  DIRECTOR  ANTHONY IOVINO  TREASURER  SARAH MARSHALL  SECRETARY  KELLI DARRIN  VICE PRESIDENT  ELIZABETH BONIS  DIRECTOR  FRAN GOODSELL	Directors, Trustees, and Key E ization used Schedule O to respo	(b) Average hours per week devoted to position  0.00  0.00  0.00  0.00  0.00	compensation (Forms W-2/1099-MISC	(d) Health be computed to be present plant deferred computed to be	instructi enefits, employee a, and ensation	98,913 ons for Part IV)  e (e) Estimated amount of other compensation  0 0 0  0 0  0 0
(a) Name  KENDRA LINTNER  PRESIDENT  BARBARA DEITZ  DIRECTOR  ANTHONY IOVINO  TREASURER  SARAH MARSHALL  SECRETARY  KELLI DARRIN  VICE PRESIDENT  ELIZABETH BONIS  DIRECTOR	Directors, Trustees, and Key E ization used Schedule O to respo	(b) Average hours per week devoted to position  0.00  0.00  0.00  0.00	compensation (Forms W-2/1099-MISC	asated — see the  (d) Health be compositions to be nefit plan deferred composition of the	instructi enefits, employee a, and ensation	98,913 ons for Part IV)  e (e) Estimated amount of other compensation  0 0 0  0 0  0 0  0 0  0 0  0 0
(a) Name  KENDRA LINTNER  PRESIDENT  BARBARA DEITZ  DIRECTOR  ANTHONY IOVINO  TREASURER  SARAH MARSHALL  SECRETARY  KELLI DARRIN  VICE PRESIDENT  ELIZABETH BONIS  DIRECTOR  FRAN GOODSELL	Directors, Trustees, and Key E ization used Schedule O to respo	(b) Average hours per week devoted to position  0.00  0.00  0.00  0.00  0.00	compensation (Forms W-2/1099-MISC	asated — see the  (d) Health be compositions to be nefit plan deferred composition of the	instructi enefits, employee a, and ensation	98,913 ons for Part IV)  e (e) Estimated amount of other compensation  0 0 0  0 0  0 0  0 0  0 0  0 0
(a) Name  KENDRA LINTNER  PRESIDENT  BARBARA DEITZ  DIRECTOR  ANTHONY IOVINO  TREASURER  SARAH MARSHALL  SECRETARY  KELLI DARRIN  VICE PRESIDENT  ELIZABETH BONIS  DIRECTOR  FRAN GOODSELL	Directors, Trustees, and Key E ization used Schedule O to respo	(b) Average hours per week devoted to position  0.00  0.00  0.00  0.00  0.00	compensation (Forms W-2/1099-MISC	asated — see the  (d) Health be compositions to be nefit plan deferred composition of the	instructi enefits, employee a, and ensation	98,913 ons for Part IV)  e (e) Estimated amount of other compensation  0 0 0  0 0  0 0  0 0  0 0  0 0
(a) Name  KENDRA LINTNER  PRESIDENT  BARBARA DEITZ  DIRECTOR  ANTHONY IOVINO  TREASURER  SARAH MARSHALL  SECRETARY  KELLI DARRIN  VICE PRESIDENT  ELIZABETH BONIS  DIRECTOR  FRAN GOODSELL	Directors, Trustees, and Key E ization used Schedule O to respo	(b) Average hours per week devoted to position  0.00  0.00  0.00  0.00  0.00	compensation (Forms W-2/1099-MISC	asated — see the  (d) Health be compositions to be nefit plan deferred composition of the	instructi enefits, employee a, and ensation	98,913 ons for Part IV)  e (e) Estimated amount of other compensation  0 0 0  0 0  0 0  0 0  0 0  0 0
(a) Name  KENDRA LINTNER  PRESIDENT  BARBARA DEITZ  DIRECTOR  ANTHONY IOVINO  TREASURER  SARAH MARSHALL  SECRETARY  KELLI DARRIN  VICE PRESIDENT  ELIZABETH BONIS  DIRECTOR  FRAN GOODSELL	Directors, Trustees, and Key E ization used Schedule O to respo	(b) Average hours per week devoted to position  0.00  0.00  0.00  0.00  0.00	compensation (Forms W-2/1099-MISC	asated — see the  (d) Health be compositions to be nefit plan deferred composition of the	instructi enefits, employee a, and ensation	98,913 ons for Part IV)  e (e) Estimated amount of other compensation  0 0 0  0 0  0 0  0 0  0 0  0 0
(a) Name  KENDRA LINTNER  PRESIDENT  BARBARA DEITZ  DIRECTOR  ANTHONY IOVINO  TREASURER  SARAH MARSHALL  SECRETARY  KELLI DARRIN  VICE PRESIDENT  ELIZABETH BONIS  DIRECTOR  FRAN GOODSELL	Directors, Trustees, and Key E ization used Schedule O to respo	(b) Average hours per week devoted to position  0.00  0.00  0.00  0.00  0.00	compensation (Forms W-2/1099-MISC	asated — see the  (d) Health be compositions to be nefit plan deferred composition of the	instructi enefits, employee a, and ensation	98,913 ons for Part IV)  e (e) Estimated amount of other compensation  0 0 0  0 0  0 0  0 0  0 0  0 0

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	_		
	instructions for Part V) Check if the organization used Goresburg O to respond to any quotient in the Visit V		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			x
	detailed description of each activity in Schedule O	33		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed		l	
	copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the	34	- 1	X
	change on Schedule O (see instructions)	1 34 1		
35a	Did the organization have unrelated business gross income of \$1.000 or more during the year from business	35a	l	X
	activities (such as those reported on lines 2, 6a. and 7a, among others)?  If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		<u> </u>
	Was the organization a section 501(c)(4). 501(c)(5). or 501(c)(6) organization subject to section 6033(e) notice,			
C	reporting and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	ı (	X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
30	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	3 3 3		1000
b	Did the organization fire Form 1120-POL for this year?	37Ь		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	33302 2004		200
000	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		<u> </u>
ь	If "Yes," complete Schedule L. Part II and enter the total amount involved 38b	- 1111		
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	_		
b	Gross receipts, included on line 9, for public use of club facilities	_		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶; section 4912 ▶; section 4955 ▶	.		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	l		•
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part 1	40b	-	X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958	•		1
d		191		
	40c reimbursed by the organization	- 1000		
6	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		x
	transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed > NONE	<u> </u>		
41	List the states with which a copy of this return is filed ► NONE  The organization's books are in care of ► ANTHONY IOVINO Telephone no ► 86	50-92	27-1	294
42a	P.O. BOX 594			
	Localed at ▶ KENT CT ZIP+4 ▶ O	6757		
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	_	X
	If "Yes," enter the name of the foreign country: ▶	<b>-</b> 1000		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	154		
	Financial Accounts (FBAR).	400		x
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		
	If "Yes," enter the name of the foreign country.	-		
43	Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
	The state of the s		1	1
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	44:	a	X
	completed instead of Form 990-EZ  Old the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			100
Þ		441	ь	X
_	completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?	44		X
9	Old the organization receive any payments for indoor tanting services during the year?  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			100
d	If "Yes" to time 44c, has the diganization filed a Form 720 to report these payments? If 74c, provide on explanation in Schedule O	44	<u>d </u>	4
AS-	10 to	45	a	X
45a b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
J	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45		X
DAA		Form S	90-E	Z (201

	(2016) KENT COMMUNITY NURSER	RY SCHOOL,	INC. 06-08	87934	Page 4
5:44					Yes No
	e organization engage, directly or indirectly, in political conditions of the condition of		in bentall of or ill opposition		46 X
Pårt VI	Section 501(c)(3) organizations only All section 501(c)(3) organizations must ans 50 and 51. Check if the organization used Schedule O t				,
	e organization engage in lobbying activities or have a se	ection 501(h) election	n in effect during the lax		Yes No
8 Is the	organization a school as described in section 170(b)(1)(	(A)(ii)? If "Yes," com	plete Schedule E		48 X
	e organization make any transfers to an exempt non-cha				49a X
	s," was the related organization a section 527 organization		that they officer dispeto	re inscione and kay	49b
0 Comp	olete this table for the organization's five highest compensivees) who each received more than \$100,000 of compe	sated employees (o ensation from the or	ther than bricers, director panization. If there is none	e, enter "None."	
emplo	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to employee benefit plans and deferred compensation	(e) Estimated amount of other compensation
NONE					
1 Comp	number of other employees paid over \$100,000 clete this table for the organization's five highest comper ,000 of compensation from the organization. If there is n	nsated independent one, enter "None."			
	(a) Name and business address of each independent con	tractor	(b) Typ	oe of service	(c) Compensation
NONE					
d Total 52 Did ti	I number of other independent contractors each receivin the organization complete Schedule A? Note: All section		tions must attach a		▶ X Yes : No
d Total	he organization complete Schedule A7 Note: All section pleted Schedule A	1501(c)(3) organiza	nedules and statements, and	I to the best of my knowled mowledge.	
d Total 52 Did ti comp Under penaltrue correct,	he organization complete Schedule A? Note: All section pleted Schedule A	1501(c)(3) organiza	nedules and statements, and of which preparer has any t	8/11/18	
d Total 52 Did th comp Under penalitrue correct, Sign	the organization complete Schedule A? Note: All section pleted Schedule A ties of perjury. I declare that I have examined this return, include, and complete Declaration of preparer (other Man officer) is be Signature of officer ANTHONY IOVINO	1501(c)(3) organiza	nedules and statements, and of which preparer has any t	Date	▶ 'X Yes No ge and belief, it is
d Total 52 Did to comp Under penal true correct, Sign Here	the organization complete Schedule A? Note: All section pleted Schedule A ties of perjury. I declare that I have examined this return, include, and complete Declaration of preparer (other than officer) is be	1501(c)(3) organiza	nedules and statements, and of which preparer has any l	Date Date Date Calculation Date Date	
d Total 52 Did to comp Under penalitrue correct, Sign Here	the organization complete Schedule A? Note: All section pleted Schedule A titles of perjury. I declare that I have examined this return, include, and complete Declaration of preparer (other trian officer) is be signature of officer ANTHONY IOVINO Type or print name and title	1501(c)(3) organiza	nedules and statements, and of which preparer has any l	Date Date Date Calculation Date Date	ge and belief, it is  nock from from PTIN  if employed
d Total 52 Did to comp Under penalitrue correct, Sign Here	the organization complete Schedule A? Note: All section pleted Schedule A tiles of perjury. I declare that I have examined this return, include, and complete Declaration of preparer (other than officer) is be signature of officer ANTHONY IOVINO Type or print name and title  Print/Type preparer's name  THIS TAX RETURN	in 501(c)(3) organizating accompanying sclased on all information	nedules and statements, and of which preparer has any l	Date Colored C	ge and belief, it is  nock from from PTIN  if employed

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

**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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is about Schedule A (Form 990 or 990-EZ) and its instructions is about Schedule A (Form 990 or 990-EZ) and its instructions is about Schedule A (Form 990 or 990-EZ) and its instructions is about Schedule A (Form 990 or 990-EZ) and its instructions is about Schedule A (Form 990 or 990-EZ) and its instructions is about Schedule A (Form 990 or 990-EZ) and its instructions is about Schedule A (Form 990 or 990-EZ).

OMB No. 1545-0047

Open to Public Inspection

Department of the Tressury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Name of the organization

KENT COMMUNITY NURSERY SCHOOL, INC.

Employer identification number 06-0887934

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For times 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(II). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) A community trust described in section 170(b)(1)(A)(vI).(Complete Part II.) 8 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-tand grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. Type III functionally Integrated A supporting organization operated in connection with, and functionally integrated with. C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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. Check this box if the organization received a written determination from the IRS that it is a 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). (vi) Amount of (iv) is the occanization (v) Amount of monetary (III) Type of organization (i) Name of supported ther support (soo listed in your governing support (see (described on lines 1-10 organization enstructions) instructions) abava (soa instructions) document? Yes No (A) (B) (C) (D)

(E)

Part II

Schedule A (Form 990 or 990-EZ) 2016

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.)

	ion A. Public Support					<del></del>	
alen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,240	13,795	4,932	44,732	40,180	110,879
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	7,240	13,795	4,932	44,732	40,180	110,879
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on the 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						110,879
	tion B. Total Support						
Caler	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Tolal
7	Amounts from line 4	7,240	13,795	4,932	44,732	40,180	110,879
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	28	26	5			59
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)					2012111 (2015) - 111 (1.2)	
11	Total support. Add lines 7 through 10				Manager And Add Add Add Add Add Add Add Add Add		110,938
12	Gross receipts from related activities, etc. (	see instructions)				12	61,328
13	First five years. If the Form 990 is for the		, second, third, fau	th, or litth lax year	as a section 501(c)	(3)	. <b>.</b>
<u> </u>	organization, check this box and stop here tion C. Computation of Public Su		200				
	Public support percentage for 2016 (line 6,			<u>(0)</u>		14	99,95%
14	Public support percentage from 2015 Sche				*	15	99.82%
15 16a	33 1/3% support test—2016. If the organi	zation did not che	: 14 ck the hox on line 1	3. and line 14 is 33	1/3% or more, che	ck this	
IVa	box and stop here. The organization quali	ies as a publicly s	uccorted organizat	ion			► X
b	33 1/3% support test—2015.If the organi	zation did not che	ck a box on line 13	or 16a, and line 15	is 33 1/3% or mor	e, check	
-	this box and stop here. The organization of	valifies as a publi	cly supported organ	nization			• • • • • • • • • • • • • • • • • • •
17a	10%-facts-and-circumstances test-20	16. If the organizat	tion did not check a	l box on line 13, 16	a, or 16b, and line	14 is	
	10% or more, and if the organization meets	the "facts-and-ci	rcumstances" test,	check this box and	stop here. Explain	າ ເກ	
	Part VI how the organization meets the "fa	cts-and-circumsta	nces" test. The org	anization qualifies i	as a publicly suppo	rted	•
	organization		**	. haw an Inc 42 46	a 16h ar 17a and	line	
b	10%-facts-and-circumstances test—20	15. If the organiza	tion did not check t	1 DOX ON FIRE 13, 19	v and ston here.	i iii iiG	
	15 is 10% or more, and if the organization	meels the "tacts-a	ind-circumstances	test, check this bu of The emprisation	x and stop here. x analifies as a mih	licly	
	Explain in Part VI how the organization me	eis ine "iacis-and	·cırcumstances * te	ः ।।।८ प्राप्तवास्थाप	i dasuuca aa a bas	<del></del> j	▶ [
	supported organization	l mai abach a bass	an line 12 16a 46	h 17a or 17h che		rain da de la composition della composition dell	
18	Private foundation. If the organization di	тот спеск а вох					<b>▶</b> '
	instructions						990 oc 990-F71 201

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

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

	ion A. Public Support				1.000.00	(0) 2012		(f) Total
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	+	(1) LOSAI
1	Gits, grants, contributions, and membership fees received (On not include any "unusual grants.")						4	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
3	Gross receipts from activities that are not an unrelated trade or business under section 513						$\bot$	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						_	
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5						+	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
с 8	Add lines 7a and 7b  Public support. (Subtract line 7c from						56	
<del></del>	tion B. Total Support	<u>Uggar mereka ajada a</u>	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	I selve by the or	*			
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016		(f) Total
9	Amounts from line 6	(4) 2016	1-,25.0		1			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b						-	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						_	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is for the organization, check this box and stop here		t, second, third, fou	rth, or lifth tax yea	r as a section 501(	c)(3)		<u> </u>
Sec	ction C. Computation of Public Su		tage					
15	Public support percentage for 2016 (line 8,			ı (f))			15	%
16	Public support percentage from 2015 Sche	edule A, Part III, li	ne 15		<u> </u>		16	<u> </u>
Se	ction D. Computation of Investme	nt Income Pe	rcentage	<del></del>		<del></del>	47	9/
17	Investment income percentage for 2016 (I			column (f))		ŀ	17 18	9
18	Investment income percentage from 2015	Schedule A, Part	III, line 17		Abr - 00 4 70	v and line	10	
19a	33 1/3% support tests—2016.If the orga	enization did not c	heck the box on line	14, and line 15 is	more than 33 1/3%	o, eno une		•
	17 is not more than 33 1/3%, check this be	ox and stop here	. The organization of	quaunes as a publi	cıy supported orgal	10 22 1/28 and		•
b	33 1/3% support tests—2015.If the orga	anization did not c	heck a box on line	14 or line 19a, and	une 10 is more in	ui oa 11076, 8110 Waariyation		•
	line 18 is not more than 33 1/3%, check th	is box and stop I	nere. The organizat	ion quaimes as a f	inniinh anbhoilen (	vud vanteenou		•
20	Private foundation. If the organization di	o not check a box	: on line 14, 19a, or	IAD' CUGCK IUR DO	nadio see disticed	D113 .		

Page 4

Part IV Supporting Organizations

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

Section A.	All S	upporting	Organ	ıizations

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

1 2 3a 3b 3c 4a 4b 4b 5a 5b 5c 6 6 7 8 8 9 9 9 9 10a		Yes	No
3a			
3a			
3c		£Bu	legger:
3c	36		
4a		: 12 12	
4c	4a		
4c	4b		
5a   5b   5c   7   8   8   9a   9b   9c   10a   10a	11.		
5c   6   7   8   9a   9a   9c   9c   10a   10a			
5c   6   7   8   9a   9c   9c   10a   10a	5a	331	
6 7 8 9a 9b 9c 10a	_	+	
7 8 9a 8b 9c	6		
9a	7		1
9c 10a	8		
9c 9c			
9c 10a			
10a			
	10		
10b   A (Form 990 or 990-EZ) 20	10	)b	990-EZ) 201

Part I	(Form 990 or 990-EZ) 2016 KENT COMMUNITY NURSERY SCHOOL, INC. 06-088  Supporting Organizations (continued)			Page 5
	Cappening Cappen		Yes	No
1 H	as the organization accepted a gift or contribution from any of the following persons?	55		
a A	person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	elow, the governing body of a supported organization?	11a		
ь А	family member of a person described in (a) above?	11b		
	35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c, provide detail in Part VI.	11c		
ction	B. Type I Supporting Organizations		·	
			Yes	No
D	id the directors, trustees, or membership of one or more supported organizations have the power to			
	gularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1 1	- 1	
	x year? If "No," describe in Part VI how the supported organization(s) effectively operated. supervised, or		1	
	ontrolled the organization's activities. If the organization had more than one supported organization,		. 1	
	escribe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	ganizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1 467.60	32 4 4 7 7 1 4	• i = 1 ; .
D	id the organization operate for the benefit of any supported organization other than the supported			
	rganization(s) that operated, supervised, or controlled the supporting organization? If "Yes." explain in Part	3,44		Mil.
	I how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
	upervised, or controlled the supporting organization.			
CUO	C. Type II Supporting Organizations		Yes	No
1.4	Vere a majority of the organization's directors or trustees during the tax year also a majority of the directors			
ı v	r trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	153		
	r management of the supporting organization was vested in the same persons that controlled or managed			
		1 1		
	ne supported organization(s). D. All Type III Supporting Organizations			
.01101	. D. All Type III explorating organization		Yes	No
	id the organization provide to each of its supported organizations, by the last day of the fifth month of the	2.53	i i i i i i i i i i i i i i i i i i i	
	rganization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	3.0		
v	ear, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
,	rganization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2 V	Vere any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	rganization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
h	he organization maintained a close and continuous working relationship with the supported organization(s).	2		
3 E	by reason of the relationship described in (2), did the organization's supported organizations have a			
•	lignificant voice in the organization's investment policies and in directing the use of the organization's			
i	ncome or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3_	<u> </u>	
ectio	n E. Type III Functionally-Integrated Supporting Organizations			
1 (	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instruction	ons).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C ,	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	urucuons).		
	this Test. Annual (a) and (b) holow		Yes	N
2 Ac	tivities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1.00
a l	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify			
1	the supported organization(s) to which the organization was responsive? If Test, then be real of techniques, those supported organizations and explainhow these activities directly furthered their exempt purposes.			188
	mose supported organizations and explains on these sections and how the organization determined			
	how the organization was responsive to those supported digenzations, and now the organization determined that these activities constituted substantially all of its activities.	2a		
	that these activities constituted substantially an of its activities.  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	130		
b	Did the activities described in (a) constitute activities that, but for the diganization's fivedventent, one of more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
,	or the organization is supported organization(s) would have used engaged out it it out, expedit or the expedit of the expedit		1	
	reasons for the organization's position that its supported organization(s) would have engaged in these	21	,	
	activities but for the organization's involvement		1, 1	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3	.	-
	trustees of each of the supported organizations? Provide details in Part VI.	<u> </u>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1 - 1	1	

1

2

3

4

emergency temporary reduction (see instructions).

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

Adjusted net income for prior year (from Section A, line 8, Column A)

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

2 Enter 85% of line 1.

4 Enter greater of line 2 or line 3.5 Income tax imposed in prior year

Schedule A (Form 990 or 990-EZ) 2016

KENT COMMUNITY NURSERY SCHOOL, INC. 06-0887934 Page 7 Schedule A (Form 990 or 990-EZ) 2016 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2016 from Section C. line 6 Line 8 amount divided by Line 9 amount 10 (111) (i) (11) Distributable **Underdistributions** Excess Distributions Section E - Distribution Allocations (see instructions) Amount for 2016 Pre-2016 Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI) See instructions. Excess distributions carryover, if any, to 2016: c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2016 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2017.Add lines 3j and 4c. Breakdown of line 7: b Excess from 2013 c Excess from 2014 d Excess from 2015

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

Part VI

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

#### Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

#### Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Attach to Form 990, Form 990-EZ, or Form 990-FF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Name of the organization

Employer identification number

06-0887934 KENT COMMUNITY NURSERY SCHOOL, INC. Organization type (check one): Filers of: Section: 3 ) (enter number) organization X 501(c)( Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VtII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the fiting requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
KENT COMMUNITY NURSERY SCHOOL, INC.

PAGE 1 OF 1 Page 2
Employer identification number
06-0887934

(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 1	Name, address, and ZIP+4  TOWN OF KENT 41 KENT GREEN BLVD  KENT CT 06757	s 15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	KENT CHILDREN'S CENTER INC P.O. BOX 204 KENT CT 06757	s 6,546	Person Payroll Noncash (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZtP + 4	(c) Total contributions	(d) Type of contribution
3	KENT PRESENTS P.O. BOX 678  KENT CT 06757	s 7,500	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, addiess, and the Y	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions )

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

➤ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions ist www.irs.gov/form990

OMB No. 1545-0047

2016

Open to Public Inspection
Employer identification number

06-0887934 KENT COMMUNITY NURSERY SCHOOL, INC. FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES AMOUNT DESCRIPTION **EXPENSES** 566 OFFICE SUPPLIES 3,575 **INSURANCE** 385 **EDUCATION** 500 DUES & LICENSE 100 INSPECTION FEES 630 TELEPHONE EXPENSE MISECLIANEOUS EXPENSES 158 243 **PROGRAMS** 1,128 PAYROLL SERVICE CHARGES 6,260 **SCHOLARSHIPS** 165 NON-INVESTMENT DEPRECIATION 13,710 FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES AMOUNT DESCRIPTION 1 ROUNDING FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS END OF YEAR BEG. OF YEAR DESCRIPTION 1,349 1,349 \$ 771 S 936 \$ LESS ACCUMULATED DEPRECIATION 413 578 \$ TOTAL \$

Employer Identification number

06-0887934

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

KENT COMMUNITY NURSERY SCHOOL, INC.

DESCRIPTION

BEG. OF YEAR END OF YEAR

PREPAID TUITION

\$ . . . . . . .

FORM 990-EZ, PART III, LINE 31 - ALL OTHER ACCOMPLISHMENT

NURSERY SCHOOL FOR AGES 3 THRU 10 YEARS OLD.

PAGE 1 OF 1

# Form 4562

#### **Depreciation and Amortization**

(Including Information on Listed Property)

OMB No 1545-0172

➤ Attach to your tax return.
➤ Information about Form 4562 and its separate instructions is alwaw.irs.gov/form4562. Reportment of the Treasury Internal Revenue Service Identifying number Name(s) shows an return 06-0887934 KENT COMMUNITY NURSERY SCHOOL, INC. Rusiness or activity to which this form relates INDIRECT DEPRECIATION Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I. 500,000 Maximum amount (see instructions) 1 2 Total cost of section 179 property placed in service (see instructions) 2 2,010,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) Δ Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Oollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (b) Cast (business use arriv) (c) Elected cost (a) Description of property 6 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 9 9 10 Carryover of disallowed deduction from line 13 of your 2015 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2017, Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.) Part II Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 Property subject to section 168(f)(1) election Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property.) (See instructions.) Section A 165 MACRS deductions for assets placed in service in tax years beginning before 2016 If you are electing to group any assets placed in service during the lax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only-see instructions) (b) Month and year (g) Depreciation doduction tf3 Method (e) Convention (a) Classification of property placed in period service 19a 3-year property ь 5-year property 7-year property 10-year property 15-year property 20-year property SA 25 vrs 25-year property S/L MM 27.5 yrs Residential rental MM S/L property 27.5 yrs. MM S/L 39 yrs Nonresidential real мм S/L property Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs b 12-year 40 yrs. SIL c 40-year Summary (See instructions.) Part IV 21 Listed property. Enter amount from line 28

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter

here and on the appropriate lines of your return Partnerships and S corporations—see instructions

For assets shown above and placed in service during the current year, enter the

22

165

**FEBRUARY 15, 2018** 

TOWN OF KENT/ SELECTMANS MEETING.

AFTER SEVERAL BOARD MEETINGS (AND MUCH SOUL SEARCHING) THE BOARD OF DIRECTORS OF THE KENT NURSING ASSOCIATION RESPECTFULLY RELINQUISH OUR REQUEST FOR THE \$10,000. GRANT. WE THANK THE TOWN OF KENT FOR SUPPORTING OUR NON-PROFIT FOR SO MANY YEARS. WE FEEL THAT AT THIS POINT IT WOULD NOT BE APPROPRIATE FOR US TO ACCEPT ANY MONIES FROM THE TOWN OF KENT.

WE WOULD LIKE TO SUGGEST THAT THESE MONIES BE ALLOCATED TO THE SOCIAL WORK DEPT (LEAH PULLARO). MS PULLARO HAS BEEN A CONDUIT FOR US IN TERMS OF IDENTIFYING NEEDS OF KENT RESIDENTS, AND HAS DONE A WONDERFUL JOB AS A CONSULTANT TO OUR BOARD. WITHOUT HER KNOWLEDGE AND EXPERTISE, WE FEEL THAT WE MAY HAVE MISSED MANY OPPORTUNITIES TO HELP KENT RESIDENTS. WE ARE TRULY GRATEFUL FOR HER HARD WORK AND ASSISTANCE.

THE KNA LOOKS FOREWARD TO WIDENING THE SCOPE OF OUR MISSION, AND TO CONTINUE OUR SUPPORT OF KENT RESIDENTS IN NEED.

RESPECTFULLY,

PATRICIA A. LAWRENCE RN BSN PRESIDENT, BOARD OF DIRECTORS KENT NURSING ASSOCIATION FEBRUARY 15, 2018

TOWN OF KENT BOARD OF SELECTMAN

KENT NURSING ASSOCIATION

KNA FINANCIALLY SUPPORTS NM VNA, SALISBURY VNA, AND NORTHWEST VNA

STATISTICS FOR 7/1/16 - 7/1/17

SKILLED NURSING VISITS FOR KENT RESIDENTS - 151

LIFE LINE - 6 RESIDENTS

BLOOD PRESSURE CLINICS - 22

FLU CLINICS - 3

SPONSORED CLASSES ON LYME DISEASE AND DIABETIC EDUCATION CARE GIVERS GROUP -MEETS MONTHLY AT NUTRITION CENTER.

PARICIA A. LAWRENCE, RN BSN PRESDENT, BOARD OF DIRECTORS KENT NURSING ASSOCIATION



#### **Kent Library Association**

Officers
Co-Presidents
Sandra Edelman
Jim Blackketter

Vice President Sharon Hartwick

Treasurer Mark Sebetic

Secretary
Michaela Lawrence

**Board Members** Janette Bornn Kenneth Cooper Ellen Horovitz Eve Iselin Carol Linn Rudy Moiho Paul-Henri Nargeolet Sharon Norton Ruth O'Meara Elizabeth Radday Janet Rivkin Betty Ruddy Julie Saxton Rick Vizzari John Youngblood

Friends' Chair Roz Molho

Staff Library Director Donna Miller

Director, Children's Services Sarah Marshall Teen Librarian Kimberly Seeger

Marketing Director Lucy C. Pierpont

Technical Services/ Circulation Mary Ellen Casey

Library Assistants
Catherine Sweet
Abigail Parker

Administrative Secretary Maria LaFontan Bruce Adams, First Selectman Town of Kent P.O. Box 678 Kent, CT 06757

Dear Bruce and Selectmen,

We respectfully ask that the Kent Memorial Library be granted a Town grant request of \$100,500 for the 2018-19 fiscal year. This represents the same appropriation as in 2016-17 and in 2015-16.

January 23, 2018

The library looks to continue to play a significant role in the Town's cultural and economic development. The funding that the Town provides will help in enabling the library to remain an indispensable and vital agency of the Town of Kent and its principal library.

Sincerely,

Sandra Edelman and Jim Blackketter

Library Board Co-presidents

PO Box 127 Kent CT 06757

T: 860-927-3761 kentmemoriallibrary.org F: 860-927-1427

### Kent Library Association Statement of Operating Revenues and Expenses Four years ended December 31, 2017

		2014		2015	3	2010	3	201	7
		Actual	Pct	Actual	Pct	Actual	Pct	Actual	Pct
Revenue							•••		
Town of Kent	\$	82,500	26%	\$ 86,000	26%	\$ 94,250		\$ 100,500	32%
Town of Kent Book Sale Tarps Contribution							0%		0%
State of CT		1,865	1%	1,633	0%	1,564	0%	323	0%
Fundraising, net of cost of raffle car		202,830	63%	198,516	59%	175,087	55%	264,530	83%
Grants		-		15,300	5%	13,122	4%	16,000	5%
Donations (restricted and unrestricted)		2,729	1%	10,786	3%	10,751	3%	6,746	2%
Fees and charges		8,697	3%	3,289	1%	3,428	1%	3,213	1%
Interest and other income		254	0%	15	0%	35	0%	31	0%
Endowment transfer		21,300	7%	19,481	6%	20,365	6%	(18,400)	-6%
Total income		320,174	100%	333,020	100%	318,601	100%	372,943	117%
Less: other fundraising costs		(23,336)	_	(21,879)	-	(25,847)	_	(26,446)	
Net revenue		296,839		311,142		292,754		346,497	
Expense									
Operating Expenses									
Personnel		178,924	66%	194,070	61%	198,481	68%	202,872	69%
Technology		19,574	7%	41,539	13%	28,208	10%	22,658	8%
Materials and supplies		23,704	9%	24,628	8%	24,030	8%	22,000	7%
Programs		2,112	1%	7	0%	924	0%	2,313	1%
Administrative		14,377	5%	14,569	5%	14,312	5%	16,682	6%
Maintenance and repairs		8,103	3%	21,926	7%	11,291	4%	15,420	5%
Utilities		16,888	6%	16,405	5%	12,711	4%	13,681	5%
Firehouse expenses		5,478	2%	5,474	2%	3,440	1%	2,956	1%
Olher									
Total operating expenses		269,160	100%	318,620	100%	293,399	100%	298,582	102%
Non-operating & Capital Expenses-		18,020		26,055		12,913		•	
Excess of revenues over expenses	s	9,658	\$	(33,533)	:	\$ (13,558)	5	47,915	

# Connecticut's Public Libraries: A Statistical Profile, July 2016 - June 2017 - Municipal Data

Connecticut's Public Libraries: a Statistical Profile, July 2016 - June 2017 Municipal Data Municipalities with multiple reporting libraries are in gray	Population of Service Area 2016	AENGLC Wealth Rank 2017,	Principal Library Municipal or Assoc.?	Library's Municipal Appropriation 2016/2017	Municipal Appro. As a % of Library's Operating Income
STATEWIDE AVERAGE	21,875			<b>了</b> 的人,不是	88.1%
MUNICIPAL MEDIAN	13,912	<b>2084</b>	Mun:102	\$501,958	92.6%
STATEWIDE TOTAL	3,578,452		Assn:63	\$169,297,6081	Arusan i
TOWN/CITY REPORTING	185	<b>2165</b> 23	165	2231653125	1652
Use Sort & Filter Tool → →					
Hartland Hartland	2,117	103	Municipal	\$8,975	100%
West Hartford	62,903	51 127	Municipal	\$3,306,425	100% 100%
Voluntown Chaplin	2,565 2,246	132	Municipal Municipal	\$73,920 \$70,256	100%
East Hartford	50,237	158	Municipal	\$1,087,324	100%
Rocky Hill	20,119	69	Municipal	\$1,002,004	99%
Plymouth	11,749	145	Municipal	\$454,220	99%
Shelton	41,334	56	Municipal	\$1,174,568	99%
Bolton	4,930	76	Municipal	\$265,348	99%
Wolcott		114	Municipal	\$419,515	99%
Sprague		150	Municipal	\$71,467	99%
Oxford		50	Municipal	\$266,008	99%
East Hampton	12,869	91	Municipal	\$440,717	99%
Watertown	21,790	113	Association	\$770,000	99%
Newington		108	Municipal	\$2,522,609	99%
Danbury		124	Municipal	\$2,074,877	99%
Thempson		138	Municipal	\$352,755	99%
Bioconfield		75 465	Municipal	\$1,746,022	99%
Bridgeport Brookfold		165 34	Municipal	\$5,825,185	98% 98%
Brookfield Preston		117	Municipal Municipal	\$719,592 \$177,594	98%
Enfield		142	Municipal	\$1,718,948	98%
Prospect		102	Municipal	\$298,576	98%
Waodbury		52	Municipal	\$642,998	98%
Cromwell		95	Municipal	\$570,285	98%
Putnam		156	Municipal	\$506,062	98%
Southington		104	Municipal	\$1,401,258	98%
South Windson		77	Municipal	\$1,541,762	98%
Eastford		93	Municipal	\$46,768	98%
Orange		32	Municipal	\$676,339	97%
New Britain		167	Association	\$3,025,000	97%
Mansfield		159	Municipal	\$955,270	97%
Bethe		79	Municipal	\$847,143	97%
Middiebury Brooklyr		46 149	Municipal Association	\$404,842 \$135,030	97% 97%
Hamder		135	Municipal	\$2,066,490	97%
Andove		111	Municipal	\$113,400	97%
Berlin		72	Municipal	\$995,619	97%
Bristo		140	Municipal	\$2,116,075	97%
Coventry		110	Association	\$449,624	97%
Ashford		125	Municipal	\$184,000	96%
Canto	10,287	54	Municipal	\$590,593	96%
Cheshin		68	Municipal	\$1,740,006	96%
Milford		49	Municipal	\$1,612,368	96%
Mancheste	r 57,873	134	Municipal	\$3,053,576	96%

Connecticut's Public Libraries: A Statistical Profile, July 2016 - June 2017 - Municipal Data

Connecticut's Public Libraries: a Statistical Profile, July 2016 -					
June 2017 Municipal Data		4		Agricult	Municipal
Municipalities with multiple		10.2	Principal	Library's	Appro. As a %
reporting libraries are in gray		AENGLC	Library	Municipal	of Library's
	Population of	Wealth	Municipal or	Appropriation	Operating
	Service Area 2016	Rank 2017	Assoc.?	2018/2017	Income
STATEWIDE AVERAGE	21,875	- 3			86.1%
MUNICIPAL MEDIAN	43,912		Mun:102	<b>\$501,958</b>	92.6%
STATEWIDE TOTAL	3 576;452:		Assn:63	<b>1\$169,297,608</b> 1	Will lawares
TOWN/CITY REPORTING	165	<b>165</b>	165	<b>165</b>	<b>165</b>
Jse Sort & Filter Tool → →					
Wethersfield	26,195	101	Municipal	<b>\$1,875,449</b>	96%
Meriden	59,622	160	Municipal	\$2,226,299	96%
Granby	11,247	55	Municipal	\$520,967	96%
Waterbury	108,272	166	Municipal	\$2,211,876	96%
Weston	10,302	5	Municipal	\$449,228	96%
Woodbridge	8,842	25	Municipal	\$781,659	96%
Norwalk	88,438	38	Municipal	\$3,633,373	96%
Durham	7,255	58	Municipal	\$505,635	96%
Deep River	4,482	66	Municipal	\$226,265	96%
Old Saybrock	10,093	21 92	Municipal	\$754,667	96% 96%
Windsor	28,875	16	Municipal Municipal	\$1,678,988 \$824,807	96%
Easton Union	7,561 840	88	Municipal	\$37,445	95%
Colchester	16,061	116	Municipal	\$717,265	95%
New Fairfield	14,005	53	Municipal	\$477,060	95%
Westbrook		29	Municipal	\$429,080	95%
Plainfield		153	association	\$66,837	95%
Somers		130	Municipal	\$446,200	95%
Chester		61	Municipal	\$143,566	95%
Columbia		89	Association	\$381,690	95%
Franklin		85	Municipal	\$66,165	95%
North Haven		63	Municipal	\$972,745	95%
North Branford		98	Municipal	\$614,681	95%
Portland	9,349	87	Municipal	\$656,250	95%
Bethlehem	3,447	60	Municipal	\$127,717	94%
Ledyard	14,911	120	Municipal	\$588,512	94%
Glastonbury		37	Municipal	\$1,641,346	94%
Ellingtor		107	Municipal	\$756,018	94%
Gosher		30	Municipal	\$145,965	94%
Middletown		133	Association	\$2,777,021	94%
West Haver		161	association	\$1,596,000	94%
Stratford		109	Association	\$3,017,923	94%
Middlefield		83	Association	\$294,285	94%
Avoi		24	Association	\$1,632,129	93%
Killingi		146 122	Municipal Municipal	\$538,518 \$251,679	93% 93%
Beacon Fall			Municipal	\$477,531	93%
Ansoni		162 100	Municipal	\$477,531	93%
Suffiel Plainvill		128	Municipal	\$699,779	93%
Plainvill Burlingto		73	Municipal	\$354,111	92%
Willingto		121	Municipal	\$188,414	92%
Windsor Lock		81	Association		92%
Tolian		82	Municipal	\$417,302	92%
Saler		97	Municipal	\$254,258	92%
Wallingfor		94	Association		92%

Connecticut's Public Libraries: A Statistical Profile, July 2016 - June 2017 - Municipal Data

Connecticut's Public Libraries: a					
Statistical Profile, July 2016 -					
June 2017 Municipal Data	den same a financia	<b>G</b>			Municipal
Municipalities with multiple	7月1日2日月月1日	174 July 1	Principal	Library's	Appro. As a %
eporting libraries are in gray		AENGLO	Library	Municipal	of Library's
	Population of	Wealth	Municipal or	Appropriation	Operating
and the second s	Service Area 2016	Rank 2017	Assoc.?	2016/2017	Income
STATEWIDE AVERAGE	21,67,5				86.1%
	13,912	84	Mun:102	\$501,958	92.6%
	3 578 452		Assn:63	\$169,297,6061	120
TOWN/CITY REPORTING		<b>2165</b>	165	165	1165
Use Sort & Filter Tool → →					
Windham	24,727	168	Municipal	\$674,044	92%
Thomaston	7,595	131	Municipal	\$474,220	92%
Monroe	19,658	42	Municipal	\$756,249	91%
Simsbury	24,407	45	Municipal	\$1,525,172	91%
Hebron	9,529	99	Municipal	\$444,226	91%
New Haven	129,934	163	Municipal	\$4,169,359	91%
East Lyme	18,886	70	Association	\$1,120,845	91%
Pomfret	4,149	115	Municipal	\$100,490	91%
Waterford	19,101	35	Association	\$1,021,164	90%
Farmington	25,524	27	Association	\$2,426,064	90%
East Haven	28,807	139	Association	\$791,799	90%
New London	26,984	164	Association	\$787,500	90%
Stafford	11,758	147	Municipal	\$519,482	90%
Marlborough	6,402	80	Association	\$332,092	89%
Southbury	19,572	59	Municipal	\$643,794	89%
Madison	18,151	22	Association	\$1,290,441	87%
Branford		44	Association	\$1,537,534	86%
New Milford	27,151	67	Municipal	\$1,039,165	86%
Trumbull	36,237	39	Municipal	\$1,568,801	86%
Bethany Bethany	5,488	57	Association	\$240,000	86%
Stamford	129,113	31	Association	\$7,904,000	85%
Clinton		64	Association	\$751,000	85%
Harwinton Harwinton	5,466	71	Municipal	\$173,468	85%
Lebanon		112	Municipal	\$276,148	84%
Canterbury		136	Municipal	\$135,395	84%
Seymour		129	Municipal	\$558,601	83%
Norwich		157	Association	\$1,063,000	82%
Scotland		143	Municipal	\$41,449	82%
East Haddam		84	Municipal	\$295,196	81% 80%
Westport		62	Association Association	\$4,617,851 \$345,156	79%
Haddam		47	Association	\$1,272,100	79%
Newtown Wilton		+ 7 7	Association	\$2,738,453	79%
Guilford		26	Association	\$1,056,246	79%
Hartford		169	Association	\$7,860,851	78%
Greenwich		1 1	Association		78%
Morris		48	Municipal	\$83,033	77%
New Canaar		3	Association		77%
Naugatuci		154	Association		76%
Fairfiek		17	Municipal	\$4,127,191	75%
Darier		2	Association		74%
Sterling		152	Municipal	\$67,800	74%
Lymo		13	Municipal	\$170,411	72%
North Canaar		126	Municipal	\$90,740	72%
Killingworti		41	Association		70%

Connecticut's Public Libraries: a Statistical Profile, July 2016 - June 2017 Municipal Data Municipalities with multiple reporting libraries are in gray	Population of Service Area 2016	AENGLC Wealth Rank 2017	Principal Library Municipal or Assoc.?	Library's Municipal Appropriation 2016/2017	Municipal Appro, As a % of Library's Operating ilncome
STATEWIDE AVERAGE	21,675				<b>20186.1%</b>
MUNICIPAL MEDIAN	13,912	<b>三月84</b> 至到	Mun:102	\$501,958	92.6%
STATEWIDE TOTAL	3,576,452	20575 (81772)	Assn:63	\$169,297,6061	<u></u>
TOWN/CITY REPORTING	165	3165	165		<b>165</b>
Use Sort & Filter Tool → →					
Groton	39,261	106	Municipal	\$1,791,272	70%
Woodstock	7,823	105	Association	\$65,280	70%
Ridgefield	25,063	10	Association	\$1,885,455	69%
East Windsor	11,355	118	Association	\$256,955	69%
Winchester	15,848	144	Association	<b>\$264,94</b> 5	67%
Hampton	1,837	123	Association	\$32,680	66%
East Granby	5,170	74	Association	\$201,000	65%
New Hartford		86	Association	\$281,070	64%
Bridgewater		12	Association	\$87,988	64%
Montville		141	Association	\$45,000	59%
L. Essex	6,539	23	Association	\$390,559	59%
Griswold		151	Association	\$105,000	57%
Redding	9,216	18	Association	\$501,958	57%
Sherman	3,641	15	Association	\$150,000	52%
Roxbury	2,176	6	Municipal	\$125,279	51%
Vernon	29,148	137	Association	\$460,000	48%
Derby	12,631	155	Municipal	\$484,522	43%
Old Lyme	7,469	20	Association	\$315,000	43%
Litchfield	8,175	43	Association	\$351,000	43%
Stonington	18,647	36	Association	\$171,000	42%
Salisbury		9	Association	\$178,385	39%
Warrer	1,408	14	Association	\$29,000	37%
Ken	t2,819	28 <u></u>	Association	\$100,500	34%
Washington	3,452	8	Association	\$167,000	33%
Canaai		40	Association	\$45,000	30%
Cornwa		19	Association	\$42,000	29%
Sharo	2,714	11	Association	\$60,000	18%
North Stonington	5,271	78	association	\$30,000	18%
Torringto		148	Association	\$25,000	4%
Norfol		33	Association	\$2,500	1%

Kent Memorial Library
DID YOU KNOW THAT IN 2017
We served the entire community and beyond:
45,492 people visited the library.
8,001 people attended programs sponsored by the library.
947 Kent adults had a library card.
3,662 adults attended 523 library programs.
954 people attended 30 off-site library sponsored programs.
Adults borrowed 8,976 books.
Adults borrowed 1,338 audiobooks.
Adults borrowed 2,480 DVDs.
Interlibrary Loan:
KML loaned 1,532 items to other libraries.
KML borrowed 1,552 items from other libraries for our users.
We served children, teens and families:
vie serveu cimuren, teens and rannies.
222 Kent children had a library card.
4,339 children & teens attended 254 library programs.
Staff did 62 outreach programs at Kent nursery schools, KCS & summer camp.
1,146 children attended nursery school & off-site programs given by KML.
Children borrowed 10,541 books.
Teens borrowed 885 Young Adult books.
Children & teens borrowed 469 audiobooks.
Children & teens borrowed 2,092 DVDs.
We served technology, digital and business needs:
*We upgraded to Fiber Optic Cable for faster, more reliable Internet service
We started a new Twitter account and sent out 328 Tweets.
We sent out 539 Facebook posts to reach more people on social media.
5,358+ people used the computers and printers.
Wi-Fi Internet access was heavily used throughout the library and on the patio.
We provided public copier/Fax/Scanning services which were used daily.
556 downloadable e-books were borrowed.
662 downloadable audiobooks were borrowed.  The library's website was visited 25,274 times.
1,235 people received our Constant Contact e-mail newsletter.
96 people subscribed to the Wowbrary e-mail alerts for new books & DVDs.
30 people subscribed to the vowbrary e-mail alerts for new books & DVDs.
Our community was involved:
Our Community was involved.
5,004+ hours were volunteered to help KML with the book sale, fundraising, etc.
264 people were members of the Kent Library Association.
Lot people trote intellibete of the front similary / tecesiation.

/12/2018	KENT	MEMORIAL LIBRARY				
	a e a laterija			an areas is	·,	
	CAPITAL EXPENS	ES AND REPAIRS June 2013-present				
NOTE: Th	e Town does not provide the lib	rary with any capital funds.	<u> </u>			
					Pro bono value	
3/14/13	Fenyes Plumbing	Replace A/C condensate pump, flood cleanup	\$	825.00	4070.00	Land Diek Wagen
7/15/13	Cottonwood Construction	Replaced split rail fence behind library	ļ		\$800.00	pro bono, Rick Vizarri
11/1/13	Cornerstone Restoration, Inc.	Replaced 1922 roof, dormers & gutters		30,000.00		
6/5/14	Fenyes Plumbing	Replaced bathroom drain trap/pipe	\$	199.05		
3/5/14	Bantam Fuel	A/C leaking, clean & replace filters	\$	230.44		
3/10/14	Bantam Fuel	Clean A/C coils & part for A/C pump	\$	182.47		
6/30/14	Bantam Fuel	Clean A/C coils again, still leaking	\$	120.03		
7/10/14	Cottonwood Construction	Replaced vandalized firehouse door	\$	275.00		
B/4/14	Fenyes Plumbing	Replaced adult public toilet	\$	595.00		
10/10/14	William Perotti & Sons, Inc.	Replaced library boiler & air intake	\$	18,378.00		
10/20/14	Sawing High Climbers, LLC	Cut down dead tree on property				\$200 pro bono, Russell Plumb
2/17/15	B.L. Gleason & Son	New cabling for computer network			\$200.00	\$200 pro bono, John Gleason
2/27/15	Yucatech, Inc.	Replace computer network	\$	21,187.00		
8/31/15	William Perotti & Sons, Inc.	Replace firehouse furnace	\$	4,868.00		Sanding
		Replaced old rotted Library sign on front patio with a new sign			\$1,547.00	Board member, Sandra Edelman, & Burton Visotzky donated cost \$1,547
	Palindrome Design Co.	Replaced refrigerator-old one died		\$428.00		
12/15/15	Home Depot	Replaced public copier/scanner/fax		\$6,370.00		Cost: \$6,370. \$3,000 paid for by Harcourt Grant, the balance pai for by solicited donations
5/24/16	A & A Office Systems, Inc.		1	00,00000	\$237.50	\$237.50 pro bono, Russell Plumb
10/20/16	Sawing High Climbers, LLC	Pruned cedar by flag pole & front maple	╁		<b>Q201.00</b>	
4/9/17	Sawing High Climbers, LLC	Removed dead, broken tree trunk from Sugar Maple in back , hanging on wires of utility pole	_			\$500 pro bono, Russell Plumi \$500 pro bono, Luke Soule
4/9/17	Soule Tree & Property Mgmt.	Helped Russell Plumb remove dead tree	╄	0000.00	ຈວນບ.ບບ	1 100 bio nono, Eure cours
4/13/17	All American Locksmiths, LLC	Replaced broken strike plate on front door	╄	\$209.00		pro bono, John Gleason
4/20/17	Gleason Electric	Installed security cameras for car raffle auto	-	0440.05		Più nono, aonin Gisason
4/20/17	Yucatech, Inc.	Configured security cameras for car raffle auto	1	\$446.25		
1/5/17	American Bio-Tech	Bird & Bat remediation in library attic, patched 2 holes in the library roof	_	\$475.00		
5/11/17	Northeast Bldng. Supply	Newpadlock for old firehouse door	$\bot$	\$45.39		
5/22/17	Bantam Fuel	A/C & fan wouldn't turn on. A/C serviced & replaced malfunctioning old thermostat		\$346.00		

2/12/2018 5/31/17	Fenyes Plumbing	Firehouse toilet & sink backed up, plumbers had to snake the main sewer line and removed a root ball plugging the pipe		\$1,324. <u>24</u>			Cleared out obstruction, but roots out 35 ft., roots may return.
6/1/17	American Bio-Tech	Animals in firehouse ceiling		\$585.00			
10/2/17	Ace Hardware	Primer & paint for front entrance of library		\$23.34			Rick Vizzari painted pro bono
10/9/17	Stanley Steemer	Spot & steam clean all library carpets		\$857.00			
10/9/17	Kent Glass	3 library windows, replaced cracked window glass, repaired one storm window frame		\$217.50	*	2017	TOTAL: \$5,528.72
	B & D Controlled Air Corp.	A/C unit installed in Library Loft		\$2,958.00			
1/16/18		A/C unit installed in Library Loft		\$1,972.00			
1/30/18	B & D Controlled Air Corp.	AC unit instance in Clotery Con	_	<u> </u>			*Pro bono should be added to
		TOTAL	\$	93,116.71	\$	3,984.50	total cost
		TOTAL including pro hone	S	97,101,21			
	L COD 450 STEA	P grant to renovate the old firchouse, but did n	ot g	et it, resubn	aitte	ed it for 20	)16, did not get
In 2014/15	we submitted a 399,450 STEA	tion for 2017, no response. Bruce Adams said no	ot to	hother to s	laa	y in 2018.	
Resubmit	ted same STEAP grant applicat	ion for 2017, no response, bide Adams sale in					
To edit go	to: Director/My Documents/Bud	get/Capital & Repair Expenses 2013-present			<u> </u>		

I/CIA1 IAI	ENORIAL LIDITARY DOLLDING	GS, CAPITAL & REPAIR NEEDS, Rev. 1			
THE BIGGEST NEEDS:			EST. COST	Actual cost	Done
LIBRARY:					
Replace book sale tarps	All tarps need replacement ASAP, most are leaking	Tarps replaced in 2012 for cost of \$5,490. Town of Kent gave the library a one time contribution of \$4,000 towards tarp replacement.	12,864.00	12,864.00	03/01/1
Replace computer Network	Computers & WAPS replaced March 2015. Should update every 5 yrs.	Replace 17 PCs + server, all wireless access points, network equipment and printers as needed	25,000.00		
A/C Compressor, rear of bidng. Roof & gutters replacement,	Replace compressor  One addition has a 1958 roof, second addition has a 1994 roof	5 yrs. out Original 1922 slate roof was replaced in Dec. 2013. Skylights leaking now.	6,000.00 12,000.00		
Library 2nd floor Library Loft	Air handling-no hot air return in loft	get a return installed  LIBRARY NEEDS SUBTOTAL:	2,000.00 45,000.00		
FIREHOUSE:					
Roof & gutters replacement, Firehouse	Roof is leaking now, ice dams damaged roof & gutters	Building built in 1952.	20,000.00		
		LIBRARY,& FIREHOUSE NEEDS SUBTOTAL:	65,000.00	-	
LIBRARY INTERIOR:		service and the service of the servi			
LOCATION	WHAT/REPLACEMENT/REPAIR	DETAILS	EST. COST		
foyer, main entrance	paint walls, trim, door & recarpet		500.00		
admin office	technology upgrades-replace printers	need multi-purpose printer/fax/scanner	1,500.00 250.00		
main library & admin office  Circulation area	light fixtures missing grids circ desk & counter behind need replacement	laminate cabinet hinges need repair, keep loosening up	1,200.00		
Across from circulation desk	anchor 2 used book shelves	tall book shelves not anchored to wall for safety	100.00		
all windows	windows need washing inside	also clean away dust on frames before painting	300.00	pro bono	8/15/1
large window above adult PCs	Remove light filtering film from window	film is cracked and wrinkled-no longer need check roof for leak, fix problem, tar & patch	800.00		1 -, -, -
main hall	2 skylights-one is leaking	replace missing light grates where needed	400.00		
main library, admin office, Jr. Rm. Janitor's closet	Missing light grates adjust door tension—too tight	tighten bracket & fix loose door knob	100.00		

/12/2018	walls & ceiling need painting	one coat	750.00	
unior Room	carpet needs replacing		4,000.00	
unior Room	carpet neeus replacing	needs new battery or bulb, buy a curtain for the		
	1	window	600.00	
unior Room bathroom	needs painting	Window		
		door hinges are sagging-fix hinges, build more		
			1,000.00	Ì
lunior Room Office	needs patching & painting, new carpet	shelves for storage on wall to right of desk	500.00	
Donations alcove	needs patching & painting		300.00	
		l	2,000.00	
Fiction room	light fixtures plastic cracked & broken	replace plastic or replace with new light fixtures	750.00	
Two side doors	weather stripping gone, replace	inside door bottom coming apart-fix	730.00	_
	get both fireplaces & chimney		250.00	
Reading Room & Loft	inspected & cleaned			_
Reading Room carpet	carpet needs replacing		1,200.00	9/7/1
Reading Room	window near book drop cracked	replace window pane	75.00	9/7/1
Reading Room	window near storage closet cracked	replace window pane	75.00	
Reading Room	storm window on front came loose	fix storm window	50.00	9/7/1
Stairway to loft	patch hole in wall for wiring	security camera wiring holes made up high	50.00	
Stairway to loft	stairs need painting, kick plates worn		750.00	
2nd floor Loft	needs painting		1,200.00	
2nd floor Loft	carpet needs replacing		1,200.00	0/7/1
2nd floor Loft	2 window panes cracked	replace window panes	100.00	9/7/1
ZIIB IIBOI LOIT		painted shut-can we get it to open and get a		
_	and a deviate days about atnimums	screen for ventilation?	50.00	
2nd floor Loft	arched window above stairway			
FURNITURE:		DETAILC		·
LOCATION	WHAT/REPLACEMENT/REPAIR	DETAILS	<del>                                     </del>	
1 Admin. Office, 2 in new bk.				
section, 3 in Reading Rm., 1 at	7 wooden Windsor chairs need	a destablished webble	2,000.00	
Tech/Serv desk	refinishing and/or repair	Some also need stabilization, wobbly	250.00	
at adult catalog computer	1 wooden chair	needs refinishing	1,500.00	
in non-fiction 1st fl. area	rectangular table & 4 matching chairs	all need refinishing	250.00	
near DVD shelves	1 black painted wooden chair	needs refinishing	750.00	
Reading Room	3 black painted wooden chairs	need refinishing	250.00	
Reading Room	small wooden newspaper table	needs refinishing	200.00	
Reading Room	3 upholstered wing chairs	upholstery needs cleaning	500.00	
in loft, basement	2 heavy wooden chairs	need refinishing		
le Room	4 stool tons at children's table	need reupholstering	400.00	

#### 2/12/2018

2/12/2018					<u> </u>
Jr. Room	story hour bench top	needs reupholstering	300.00		
Adult computer workstations	need 3 new computer chairs	old chairs do not slide well, ugly	600.00		
		currently using 3 old mis-matched tables & odd			
Loft/Board meeting room	need new board table & 16 chairs	chairs	6,000.00		
		Library furniture subtotal: \$13,000.00			
LIBRARY EXTERIOR:				-	
LOCATION	WHAT/REPLACEMENT/REPAIR	DETAILS			
exterior library siding	Powerwash library siding	bldng.	750.00		
entire building	Exterior painting	Front entrance, all trim, windows, doors, shutters	2,000.00		
Front entrance	pillars trim is rotten	needs replacement/fixing, then painting	250.00		
Front entrance	paint is peeling and has fallen off	needs scraping & painting (see above)	250.00	23.34	9/26/17
all windows	windows need washing		500.00		-
back of library	2 rear outside spotlights are missing	replace spotlights/bulbs	200.00		
chimney	"splash" on top of chimney	needs to be repointed + brick	750.00		
gutter above side door	needs an extension, drops water over	doorway like a waterfall	300.00		
front of library	remove outside light at old front door	add 2 motion lights to library front	500.00		
GROUNDS, PARKING LOT:					
LOCATION	WHAT/REPLACEMENT/REPAIR	DETAILS			
behind library	Tree needs to be taken down	Near RR crossing, tracks, road & parking	1,500.00		
parking lot, left side	pave left side of parking lot	Take up crooked bluestones, tripping hazard	2,000.00		
sidewalk, parking lot side	pave new sidewalk full length	tree roots, cracks in sidewalk, tripping hazard- above			
OLD front door entrance	2 dirt patches, cover with bluestone	put down 2 bluestones on either side of front step	200.00		
boxwood hedge, patio	boxwood has leaf miner, some died	boxwood needs systemic pesticide treatment	250.00		
boxwood hedge, patio	put in new boxwood	fill in dirt areas where dead boxwood was dug out	300.00		
gardens around building	gardens all need new mulch		300.00		
FIREHOUSE INTERIOR:					
LOCATION	WHAT/REPLACEMENT/REPAIR	DETAILS			
		\$99,450 STEAP grant applied for in 2015 & 2016.			
		Would only partially update existing bldg., not pay			
Firehouse	*PLEASE NOTE:	for elevator, 2 handicap bathrooms and connecting			

	check all smoke/fire detectors,	Luctura on headown heattering dead?	500.00	
ntire firehouse building	hardwired	missing or backup batteries dead?	4,000.00	_
entire firehouse building	paint walls	paint is old and dirty	4,000.00	
entire firehouse building	remove old radio equipment & wiring		500.00	
entire firehouse building	Bring electrical up to code	may need new panels (\$2,000)	7,000.00	
entire firehouse building	Install additional insulation	insulation inadequate, need more	3,500.00	
Old office, ground floor	mold remediation	water leaks have created mold issues	500.00	
Old office, ground floor	replace ceiling & paint, re-sheetrock	ruined due to water leaks & mold	1,500.00	
Old office, ground floor	paint floor		500.00	
Old office, ground floor	paint walls		500.00	
Old office, ground floor	fix the lights		500.00	
Old office, ground floor	remove wall air conditioner	unit	500.00	
ground floor	paint concrete floor		2,500.00	
ground floor	side & back door & frames & locks	need to be replaced	3,000.00	
stairway, interior	paint walls, check if to code		1,500.00	
2nd floor, program room	paint panelling	paint walls	1,200.00	_
2nd floor, program room	remove old whiteboard		100.00	
2nd floor, program room	remove axe cabinet		200.00	
2nd floor, program room	needs A/C and air returns	see above		
2nd floor, back room	replace electrical fuse panel	new sub panel and new wiring	2,500.00	
FIREHOUSE EXTERIOR:				
LOCATION	WHAT/REPLACEMENT/REPAIR	DETAILS		
Fi accord	repair	Needs to be to code, clear brush out from beneath	1,500.00	
Fire escape outside	improve drainage around building	improve slope & drainage behind rear door &	750.00	
outside, rear of building	replace rear chain link fence	fence along RR tracks needs to be higher & longer	1,800.00	
chimney	repoint mortar joints		300.00	
wannie y				
outside trim	scrape & paint all wooden trim	includes \$2,500 replacement of other door trim	3,500.00	
brick siding	take "junk" off sides of building	repoint brick mortar	1,200.00	
outside light fixtures	replace all fixtures		3,000.00	
3 garage doors	service, paint, repair if needed		750.00	
<del></del>	right side of firehouse, redo asphalt			
sidewalk to oil tank fill	sidewalk		750.00	
main driveway & parking lot	crack fill & re-coat asphalt		2,000.00	

2

SUBTOTAL: 88,950.00
LIBRARY & FIREHOUSE GRAND TOTAL: 153,950.00

:/12/2018

BY DOWN CLERK