

Rainbow Water Company Inc.

Case 16-W-0019

Supporting Documents

Part II - pages 126 - 255

Table of Contents

I	General - Overview	1
	1 General Ledger	2
	2 Typical Customer Bill	25
	3 Comparative Income Statement	30
II	Repairs & Maintenance	32
	1 2013	33
	2 2014	55
	3 2015	84
III	Electricity/Purchased Power	99
	1 2013	100
	2 2014	102
	3 2015	114
IV	Salaries	126
	1 Plant Operator	127
	2 Operator Certification	128
	3 Officer Salaries	132
	a) Operations	133
	b) Accounting	140
	c) Rate Case Expense	141
V	Water Testing	142
	1 Water Testing Bills	143
	2 Water Tests Required by DOH	180
	3 Testing Responsibility	195
	4 Putnam County DOH inspection Reports	196
	5 Chlorine Bills	200
VI	Taxes	212
VII	Insurance	234

Salaries

1	Plant Operator	127
2	Operator Certification	128
3	Officer Salaries	132
	a) Operations	133
	b) Accounting	140
	c) Rate Case Expense	141

Plant Operator

The plant is operated by Allied Pollution Control Inc.
We are charged \$372.67 on a monthly basis for chlorine monitoring and the operation of our disinfection equipment.
The monthly charge includes the cost of coliform testing.

Operator Certification

- 1 Allied Pollution Operator Certification
- 2 Putnam County DOH Operating Permit
- 3 Operator Certification for Joseph Maggi, President of Rainbow Water Co. Inc.

STATE OF NEW YORK
DEPARTMENT OF HEALTH



This is to certify that:

John P. Muro

129 possesses the qualifications prescribed by Subpart 5-4 of the State Sanitary Code, for
a grade C-Plant or Distribution System Water System Operator

<i>Certificate Number</i>	<i>Expiration Date</i>	<i>Issuance Date</i>
NY0032623	7/31/2017	4/25/2014

*Roger C. Sokol, Ph.D., Director
Bureau of Water Supply Protection*



**2016 PERMIT TO OPERATE
A
COMMUNITY WATER SYSTEM**

This is to certify that

Joe Maggi

Owner of

Rainbow Water Water System
Federal ID #NY3905699

Mary Ellen Odell
County Executive

Michael J Nesheiwat, M.D.
Interim Commissioner of Health

And Operated by

Allied Pollution control

In the Town of

Carmel

Is granted permission to operate said facility in compliance with the provisions of Subpart 5-1 of the New York State Sanitary Code and Article 5 of the Putnam County Sanitary Code under the following conditions:

- (1) This permit is granted subject to any and all applicable State, Local and Municipal Laws, Ordinances, Codes, Rules and Regulations.
- (2) Compliance with all applicable sections of NYS Subpart 5-1.
- (3) Compliance with all applicable sections of Putnam County Sanitary Code Article 13.

February 1, 2016
Date of Issue


Interim Commissioner of Health

Permit is NON-TRANSFERABLE

**This permit expires on January 31, 2017 and may be revoked or suspended for cause.
This permit should be posted conspicuously at the facility.**

130

STATE OF NEW YORK
DEPARTMENT OF HEALTH



This is to certify that:

Joseph J. Maggi

*possesses the qualifications prescribed by Subpart 5-4 of the State Sanitary Code, for
a grade C-Plant or Distribution System Water System Operator*

<i>Certificate Number</i>	<i>Expiration Date</i>	<i>Issuance Date</i>
NY0033747	7/31/2016	4/22/2013

Handwritten signature of Roger C. Sokol in black ink.

Roger C. Sokol, Ph.D., Director
Bureau of Water Supply Protection

Important: Display this document as proof of your qualifications to operate a water system for the above referenced grade.

131

Officer Salaries

Officers Salaries-Operations	\$28,850/yr
Accounting Request	\$2,325/yr
Rate Case Expense Request	\$500/yr

Officer Salaries- Operations

There are two officers:

Alan Lemberger – Vice President

Alan's main responsibility is customer billing and collections. He assists in problem solving and maintenance management as well as business decisions.

Joseph Maggi – President

Joe's main responsibility is operations management. He interacts with and manages all vendors and part time workers. He is the main interface with maintenance management and with the plant operator. He also provides accounting services and financial advice.

Officer Salaries - Time consumed

Alan Lemberger	Qtrly	Annual	Annual Total
Quarterly billing	30		
Final Qtrly report	3	2	
Post billing calls	5		
Customer moves	2		
New customer discussions	1		
Late payment billing	10		
Receipts management	15		
Customer clarifications	4		
Banking Activities	6		
Accounting reports	2	10	
Business Discussions	10		
Meter reading prep & issues	5		
Letters to customers	4		
Consumer Conf. Report		5	
Maintenance management	5		
Site visits	10		
Misc.	3		
Total	115	17	477 hrs

Officer Salaries – Time consumed

Joseph Maggi	Qtrly	Annual	Annual Total
Reviewing mail	12		
Review & pay bills	15		
Manage:			
Maintenance	15		
Insurance		15	
Water treatment	6		
UFPO requests	4		
Reports:			
PSC reports		20	
EFC reports	2	2	
CCR report		20	
Banking operations	10		
Customer issues	5		
Business discussions	10		
Misc.	5		
Training		10	
Total	84	67	403

Officer Salaries

Approach #1

2006 PSC proposed X CPI (2007-2015) = Requested Rate
Allowance

\$21,574 X 1.198 = \$25,850

Officer Salaries

Approach 2

Annual Hours consumed:

Alan Lemberger - 477

Joseph Maggi - 403

Total = 880 annual hours

Rate = \$72,930 annual wage for Office manager
(National Salary Data)

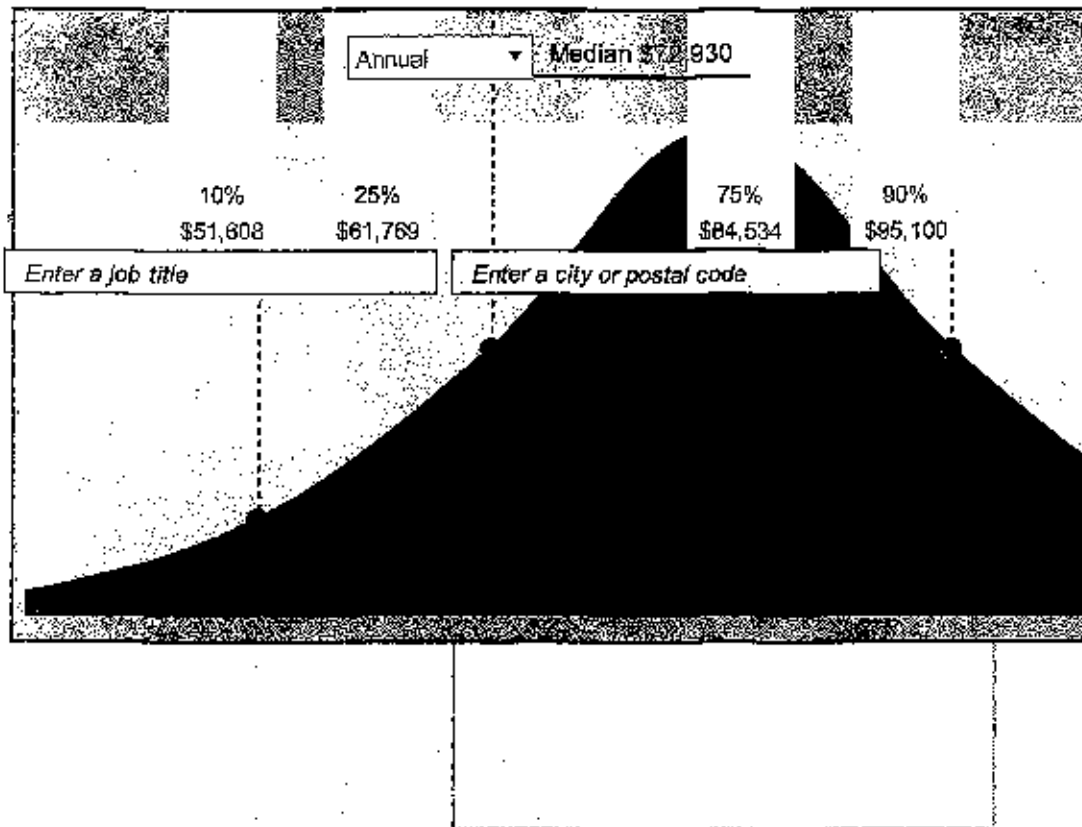
Average benefit cost = 25%
(Bureau of Labor Statistics)

Hours x Labor Rate x Benefit cost = Officer Salary

880 x \$35.00 x 1.25 = \$38,500

Officers Salaries = \$38,500

Back-up data on following 2 pages.



This is NATIONAL SALARY DATA

Get more specific data by entering your city, state or zip code here.

About this chart

Job Description for Office Manager

**GOOD JOB
BUT YOU'VE
ONLY JUST
BEGUN!**

If you're a manager or you run a small business, Salary.com offers solutions for:

- Detailed Skills & Competencies Reports for specific positions
- Job and Employee Pricing Reports
- Compensation Data Tools and Subscriptions

Don't stop now! GET INFO YOU NEED BY [CLICKING HERE](#)

View Administrative, Support, and Clerical Jobs by Salary Range: [<\\$30K](#), [\\$30K-\\$50K](#), [\\$50K-\\$80K](#), [\\$80K-\\$100K](#), [>\\$100K](#)

Categories: [Administrative](#), [Support](#), and [Clerical](#)

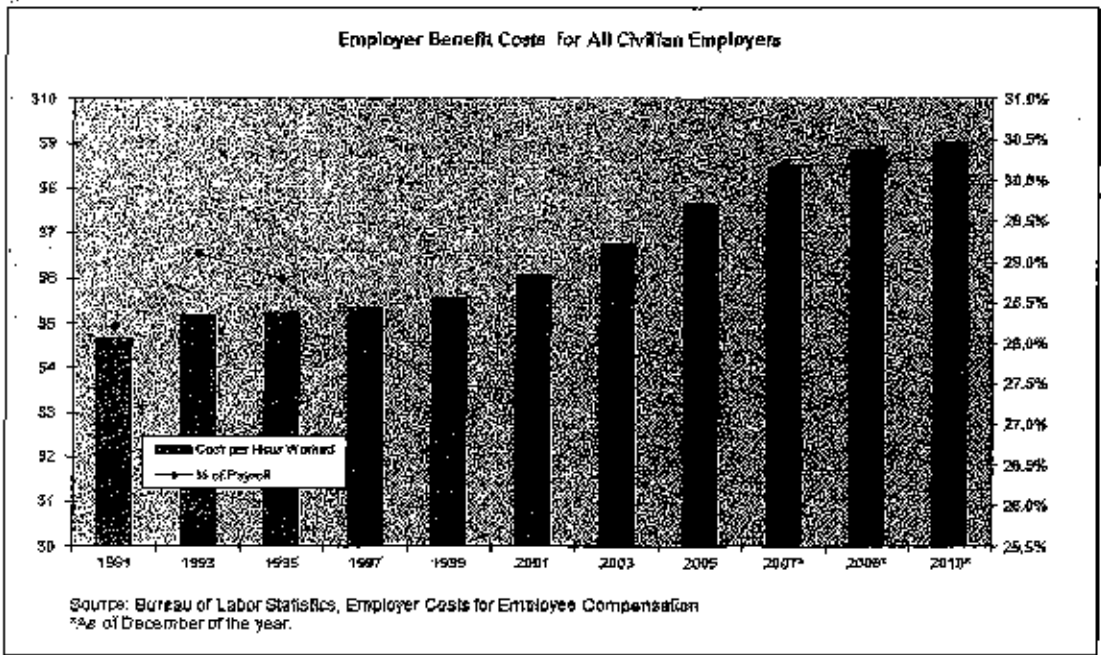
Industries: [Aerospace & Defense](#), [Biotechnology](#), [Business Services](#), [Chemicals](#), [Construction](#), [Edu., Gov't. & Nonprofit](#), [Energy & Utilities](#), [Financial Services](#), [Healthcare](#), [Hospitality & Leisure](#), [Insurance](#), [Internet](#), [Media](#), [MFG Durable](#), [MFG Nondurable](#), [Pharmaceuticals](#), [Retail & Wholesale](#), [Software & Networking](#), [Telecom](#), [Transportation](#)

Similar Job Titles: [Program Management Office Manager](#), [Business Office Manager](#), [Office Manager - Home Care](#), [Retail Store Office Manager](#), [Business Office Manager - Healthcare](#), [Front Office Manager - Casino](#), [Ticket Office](#)

FAQs About Benefits—General Overview

How much do benefits cost employers?

In the early 1990s, benefit costs as a percentage of total compensation costs increased from 28.2 percent in 1991 to 29.2 percent in 1994. After 1994, those costs steadily declined reaching a low of 27.4 percent in 2000 and 2001. Beginning in 2002 benefits costs increased again. By December 2010, benefit costs as a percentage of total compensation costs were 30.3 percent.



[Chart Data](#)

139

Accounting Cost

Approach 1

2006 PSC proposed X CPI = 2015 allowance
allowance

$$\$1,875 \times 19.8\% = \$2,250 + \$75 \text{ for 2015} = \$2,325 \text{ for 2016}$$

Approach 2

Hours spent on task	Qrtly	Annual	
Federal & State Income Tax		20	
Quarterly income/expense projection, tracking & review	5		
Bank reconciliation	2		
PSC reporting		4	
EFC tracking/ interface	2		
Misc.		6	
Total	9	30	66 hours

Hours x Rate x Benefits = Expense

$$66 \times \$35 \times 1.25 = \$2,887 \text{ Accounting Expense}$$

Officer's Salaries – Rate Case Expense

Hours expended

Accounting Prep.	20
Data gathering, organizing	30
Billing/Consumption calculations	15
PSC interaction	20
Misc.	15
Total	100 hours

100 hours x \$35/hr x 1.25 (benefits) = \$4,400

Water Testing

		page
1	Water testing bills	143
2	Water tests required by Putnam County DOH	180
3	Testing responsibility	195
4	Putnam County DOH inspection reports	196
5	Chlorine Bills	200

Water Testing Bills

Water Testing Expense Consists of:

- 1 Monthly operation service provided by Allied Pollution Control (Bills follow)
- 2 Daily chlorine testing performed at one end of the system by Ms. A. Casey.
Cost = \$185/qtr = \$740/year
- 3 Daily chlorine testing performed at the other end of the system, interface with DOH by Ms. K. Romanych.
Cost = No charge for water = \$200/qtr = \$800/yr

ALLIED POLLUTION CONTROL, INC.

Invoice

WATER AND WASTEWATER SPECIALISTS

1273 Route 311

Patterson, New York 12563

PH: (845) 878-0007

Fax: (845) 878-2104

Date	Invoice #
1/1/2013	24950

Bill To
 Rainbow Water Company
 c/o Joe Maggi
 21 Tröon Drive
 Hilton Head Island, SC 29928

Ship To
 Charges reflected are for services rendered this month

P.O. No.	Terms	Project
	Net 30	

Quantity	Description	Rate	Amount
1	Rainbow water systems monthly operations service	346.67	346.67
1	Rainbow monthly total coliform samples	26.00	26.00

Total \$372.67

Payments/Credits	\$0.00
-------------------------	--------

Balance Due	\$372.67
--------------------	----------

Thank you for your business.

144

ALLIED POLLUTION CONTROL, INC.

Invoice

WATER AND WASTEWATER SPECIALISTS

1273 Route 311
Patterson, New York 12563

PH: (845) 878-0007

Fax: (845) 878-2104

Date	Invoice #
2/1/2013	25129

Bill To
 Rainbow Water Company
 c/o Joe Maggi
 21 Troon Drive
 Hilton Head Island, SC 29928

Ship To
 Charges reflected are for services rendered this month

P.O. No.	Terms	Project
	Net 30	

Quantity	Description	Rate	Amount
1	Rainbow water systems monthly operations service	346.67	346.67
1	Rainbow monthly total coliform samples	26.00	26.00

Total \$372.67

Payments/Credits	\$0.00
-------------------------	--------

Balance Due	\$372.67
--------------------	----------

Thank you for your business.

145

ALLIED POLLUTION CONTROL, INC.

Invoice

WATER AND WASTEWATER SPECIALISTS

1273 Route 311
Patterson, New York 12563

PH: (845) 878-0007

Fax: (845) 878-2104

Date	Invoice #
3/1/2013	25296

Bill To
Rainbow Water Company
c/o Joe Maggi
21 Troon Drive
Hilton Head Island, SC 29928

Ship To
Charges reflected are for services rendered this month

P.O. No.	Terms	Project
	Net 30	

Quantity	Description	Rate	Amount
1	Rainbow water systems monthly operations service	346.67	346.67
1	Rainbow monthly total coliform samples	26.00	26.00

Total \$372.67

Thank you for your business.

Balance Due \$372.67

146

ALLIED POLLUTION CONTROL, INC.

Invoice

WATER AND WASTEWATER SPECIALISTS
1273 Route 311
Patterson, New York 12563
PH: (845) 878-0007
Fax: (845) 878-2104

Date	Invoice #
4/1/2013	25470

Bill To
Rainbow Water Company
c/o Joe Maggi
21 Tron Drive
Hilton Head Island, SC 29928

Ship To
Charges reflected are for services rendered this month.

P.O. No.	Terms	Project
	Net 30	

Quantity	Description	Rate	Amount
1	Rainbow water systems monthly operations service	346.67	346.67
1	Rainbow monthly total coliform samples	26.00	26.00

Total \$372.67

Thank you for your business.

Balance Due \$372.67

147

ALLIED POLLUTION CONTROL, INC.

Invoice

WATER AND WASTEWATER SPECIALISTS

1273 Route 311
Patterson, New York 12563

PH: (845) 878-0007

Fax: (845) 878-2104

Date	Invoice #
5/1/2013	25651

Bill To
Rainbow Water Company
c/o Joe Maggi
21 Troon Drive
Hilton Head Island, SC 29928

Ship To
Charges reflected are for services rendered this month

P.O. No.	Terms	Project
	Net 30	

Quantity	Description	Rate	Amount
1	Rainbow water systems monthly operations service	346.67	346.67
1	Rainbow monthly total coliform samples	26.00	26.00
Total			\$372.67

Thank you for your business.

Balance Due \$372.67

148

ALLIED POLLUTION CONTROL, INC.

Invoice

WATER AND WASTEWATER SPECIALISTS

1273 Route 311
Patterson, New York 12563

PH: (845) 878-0007

Fax: (845) 878-2104

Date	Invoice #
6/1/2013	25804

Bill To
Rainbow Water Company
c/o Joe Maggi
21 Troon Drive
Hilton Head Island, SC 29928

Ship To
Charges reflected are for services rendered this month

P.O. No.	Terms	Project
	Net 30	

Quantity	Description	Rate	Amount
1	Rainbow water systems monthly operations service	346.67	346.67
1	Rainbow monthly total coliform samples	26.00	26.00
Total			\$372.67

Thank you for your business.

Balance Due \$372.67

149

ALLIED POLLUTION CONTROL, INC.

Invoice

WATER AND WASTEWATER SPECIALISTS

1273 Route 311
Patterson, New York 12563

PH: (845) 878-0007

Fax: (845) 878-2104

Date	Invoice #
7/1/2013	25943

Bill To
Rainbow Water Company
c/o Joe Maggi
21 Troon Drive
Hilton Head Island, SC 29928

Ship To
Charges reflected are for services rendered this month

P.O. No.	Terms	Project
	Net 30	

Quantity	Description	Rate	Amount
1	Rainbow water systems monthly operations service	346.67	346.67
1	Rainbow monthly total coliform samples	26.00	26.00

Total \$372.67

Thank you for your business.

Balance Due \$372.67

150

ALLIED POLLUTION CONTROL, INC.

Invoice

WATER AND WASTEWATER SPECIALISTS

1273 Route 311

Patterson, New York 12563

PH: (845) 878-0007

Fax: (845) 878-2104

Date	Invoice #
8/1/2013	26105

Bill To
Rainbow Water Company
c/o Joe Maggi
21 Troon Drive
Hilton Head Island, SC 29928

Ship To
Charges reflected are for services rendered this month

P.O. No.	Terms	Project
	Net 30	

Quantity	Description	Rate	Amount
1	Rainbow water systems monthly operations service	346.67	346.67
1	Rainbow monthly total coliform samples	26.00	26.00

Total \$372.67

Thank you for your business.

Balance Due \$372.67

151

ALLIED POLLUTION CONTROL, INC.

Invoice

WATER AND WASTEWATER SPECIALISTS

1273 Route 311

Patterson, New York 12563

PH: (845) 878-0007

Fax: (845) 878-2104

Date	Invoice #
9/1/2013	26252

Bill To
Rainbow Water Company
c/o Joe Maggi
21 Troop Drive
Hilton Head Island, SC 29928

Ship To
Charges reflected are for services rendered this month

P.O. No.	Terms	Project
	Net 30	

Quantity	Description	Rate	Amount
1	Rainbow water systems monthly operations service	346.67	346.67
1	Rainbow monthly total coliform samples	26.00	26.00

Total \$372.67

Thank you for your business.

Balance Due \$372.67

152

ALLIED POLLUTION CONTROL, INC.

Invoice

WATER AND WASTEWATER SPECIALISTS

1273 Route 311
Patterson, New York 12563

PH: (845) 878-0007

Fax: (845) 878-2104

Date	Invoice #
10/1/2013	26413

Bill To
Rainbow Water Company
c/o Joe Maggi
21 Troon Drive
Hilton Head Island, SC 29928

Ship To
Charges reflected are for services rendered this month

		P.O. No.	Terms	Project
			Net 30	
Quantity	Description	Rate	Amount	
1	Rainbow water systems monthly operations service	346.67	346.67	
1	Rainbow monthly total coliform samples	26.00	26.00	
			Total	3372.67

Thank you for your business.

Balance Due 3372.67

153

ALLIED POLLUTION CONTROL, INC.

Invoice

WATER AND WASTEWATER SPECIALISTS

1273 Route 311

Patterson, New York 12563

PH: (845) 878-0007

Fax: (845) 878-2104

Date	Invoice #
11/1/2013	26609

Bill To
 Rainbow Water Company
 c/o Joe Maggi
 21 Troon Drive
 Hilton Head Island, SC 29928

Ship To
 Charges reflected are for services rendered this month

P.O. No.	Terms	Project
	Net 30	

Quantity	Description	Rate	Amount
1	Rainbow water systems monthly operations service	346.67	346.67
1	Rainbow monthly total coliform samples	26.00	26.00
Total			\$372.67

Thank you for your business.

Balance Due	\$372.67
--------------------	-----------------

154

ALLIED POLLUTION CONTROL, INC.

Invoice

WATER AND WASTEWATER SPECIALISTS

1273 Route 311

Patterson, New York 12563

PH: (845) 878-0007

Fax: (845) 878-2104

Date	Invoice #
12/1/2013	26730

Bill To
Rainbow Water Company
c/o Joe Maggi
21 Troon Drive
Hilton Head Island, SC 29928

Ship To
Charges reflected are for services rendered this month

P.O. No.	Terms	Project
	Net 30	

Quantity	Description	Rate	Amount
1	Rainbow water systems monthly operations service	346.67	346.67
1	Rainbow monthly total coliform samples	26.00	26.00

Total \$372.67

Thank you for your business.

Balance Due \$372.67

155

Invoice

ALLIED POLLUTION CONTROL, INC.

WATER AND WASTEWATER SPECIALISTS

1273 Route 311

Patterson, New York 12563

PH: (845) 878-0007

Fax: (845) 878-2104

Date	Invoice #
1/1/2014	26857

Bill To
 Rainbow Water Company
 c/o Joe Maggi
 21 Troon Drive
 Hilton Head Island, SC 29928

Ship To
 Charges reflected are for services rendered this month

P.O. No.	Terms	Project
	Net 30	

Quantity	Description	Rate	Amount
1	Rainbow water systems monthly operations service	346.67	346.67
1	Rainbow monthly total coliform samples	26.00	26.00
Total			\$372.67

Thank you for your business.

Balance Due \$372.67

156

ALLIED POLLUTION CONTROL, INC.

Invoice

WATER AND WASTEWATER SPECIALISTS

1273 Route 311
Patterson, New York 12563

PH: (845) 878-0007

Fax: (845) 878-2104

Date	Invoice #
2/1/2014	27000

Bill To
 Rainbow Water Company
 c/o Joe Maggi
 21 Troon Drive
 Hilton Head Island, SC 29928

Ship To
 Charges reflected are for services rendered this month

P.O. No.	Terms	Work Request
	Net 30	

Quantity	Description	Rate	Amount
1	Rainbow water systems monthly operations service	346.67	346.67
1	Rainbow monthly total coliform samples	26.00	26.00

Total \$372.67

Balance Due \$372.67

Thank you for your business.

137

ALLIED POLLUTION CONTROL, INC.

Invoice

WATER AND WASTEWATER SPECIALISTS

1273 Route 311

Patterson, New York 12563

PH: (845) 878-0007

Fax: (845) 878-2104

Date	Invoice #
3/1/2014	27172

Bill To
Rainbow Water Company
c/o Joe Maggi
21 Troon Drive
Hilton Head Island, SC 29928

Ship To
Charges reflected are for services rendered this month

P.O. No.	Terms	Project
	Net 30	

Quantity	Description	Rate	Amount
1	Rainbow water systems monthly operations service	346.67	346.67
1	Rainbow monthly total coliform samples	26.00	26.00
Total			\$372.67

Thank you for your business.

Balance Due \$372.67

158

ALLIED POLLUTION CONTROL, INC.

Invoice

WATER AND WASTEWATER SPECIALISTS

1273 Route 311

Patterson, New York 12563

PH: (845) 878-0007

Fax: (845) 878-2104

Date	Invoice #
4/1/2014	27348

Bill To
 Rainbow Water Company
 c/o Joe Maggi
 21 Troon Drive
 Hilton Head Island, SC 29928

Ship To
 Charges reflected are for services rendered this month

P.O. No.

Terms

Work Request

Net 30

Quantity	Description	Rate	Amount
1	Rainbow water systems monthly operations service	346.67	346.67
1	Rainbow monthly total coliform samples	26.00	26.00
Total			\$372.67

Thank you for your business.

Balance Due	\$372.67
--------------------	-----------------

159

ALLIED POLLUTION CONTROL, INC.

Invoice

WATER AND WASTEWATER SPECIALISTS

1273 Route 311
Patterson, New York 12563

PH: (845) 878-0007

Fax: (845) 878-2104

Date	Invoice #
5/1/2014	27523

Bill To
Rainbow Water Company
c/o Joe Maggi
21 Troon Drive
Hilton Head Island, SC 29928

Ship To
Charges reflected are for services rendered this month

P.O. No.

Terms

Work Request

Net 30

Quantity	Description	Rate	Amount
1	Rainbow water systems monthly operations service	346.67	346.67
1	Rainbow monthly total coliform samples	26.00	26.00
Total			\$372.67

Thank you for your business.

Balance Due \$372.67

160

ALLIED POLLUTION CONTROL, INC.

Invoice

WATER AND WASTEWATER SPECIALISTS

1273 Route 311
Patterson, New York 12563

PH: (845) 878-0007

Fax: (845) 878-2104

Date	Invoice #
6/1/2014	27664

Bill To
Rainbow Water Company
c/o Joe Maggi
21 Troon Drive
Hilton Head Island, SC 29928

Ship To
Charges reflected are for services rendered this month

P.O. No.

Terms

Work Request

Net 30

Quantity	Description	Rate	Amount
1	Rainbow water systems monthly operations service	346.67	346.67
1	Rainbow monthly total coliform samples	26.00	26.00
Total			\$372.67
Balance Due			\$372.67

Thank you for your business.

161

ALLIED POLLUTION CONTROL, INC.

Invoice

WATER AND WASTEWATER SPECIALISTS
1273 Route 311
Patterson, New York 12563
PH: (845) 878-0007
Fax: (845) 878-2104

Date	Invoice #
7/1/2014	27801

Bill To
Rainbow Water Company
c/o Joe Maggi
21 Troon Drive
Hilton Head Island, SC 29928

Ship To
Charges reflected are for services rendered this month

P.O. No. Terms Work Request

Net 30

Quantity	Description	Rate	Amount
1	Rainbow water systems monthly operations service	346.67	346.67
1	Rainbow monthly total coliform samples	26.00	26.00
Total			\$372.67

Thank you for your business.

Balance Due	\$372.67
--------------------	-----------------

162

ALLIED POLLUTION CONTROL, INC.

Invoice

WATER AND WASTEWATER SPECIALISTS
1273 Route 311
Patterson, New York 12563
PH: (845) 878-0007
Fax: (845) 878-2104

Date	Invoice #
8/1/2014	27936

Bill To
Rainbow Water Company
c/o Joe Maggi
21 Troon Drive
Hilton Head Island, SC 29928

Ship To
Charges reflected are for services rendered this month

P.O. No. Terms Work Request

Net 30

Quantity	Description	Rate	Amount
1	Rainbow water systems monthly operations service	346.67	346.67
1	Rainbow monthly total coliform samples	26.00	26.00
Total			\$372.67

Thank you for your business.

Balance Due \$372.67

168

ALLIED POLLUTION CONTROL, INC.

Invoice

WATER AND WASTEWATER SPECIALISTS
1273 Route 311
Patterson, New York 12563
PH: (845) 878-0007
Fax: (845) 878-2104

Date	Invoice #
9/1/2014	28062

Bill To
Rainbow Water Company
c/o Joe Maggi
21 Troon Drive
Hilton Head Island, SC 29928

Ship To
Charges reflected are for services rendered this month

P.O. No. Terms Work Request

Net 30

Quantity	Description	Rate	Amount
1	Rainbow water systems monthly operations service	346.67	346.67
1	Rainbow monthly total coliform samples	26.00	26.00
Total			\$372.67

Thank you for your business.

Balance Due	\$372.67
--------------------	-----------------

164

ALLIED POLLUTION CONTROL, INC.

Invoice

WATER AND WASTEWATER SPECIALISTS

1273 Route 311
Patterson, New York 12563

PH: (845) 878-0007

Fax: (845) 878-2104

Date	Invoice #
10/1/2014	28300

Bill To
 Rainbow Water Company
 c/o Joe Maggi
 21 Troon Drive
 Hilton Head Island, SC 29928

Ship To
 Charges reflected are for services rendered this month

P.O. No.

Terms

Work Request

Net 30

Quantity	Description	Rate	Amount
1	Rainbow water systems monthly operations service	346.67	346.67
1	Rainbow monthly total coliform samples	26.00	26.00
Total			\$372.67
Balance Due			\$372.67

Thank you for your business.

165

ALLIED POLLUTION CONTROL, INC.

Invoice

WATER AND WASTEWATER SPECIALISTS

1273 Route 311

Patterson, New York 12563

PH: (845) 878-0007

Fax: (845) 878-2104

Date	Invoice #
11/1/2014	28470

Bill To
Rainbow Water Company
c/o Joe Maggi
21 Troon Drive
Hilton Head Island, SC 29928

Ship To
Charges reflected are for services rendered this month

P.O. No. Terms Work Request

Net 30

Quantity	Description	Rate	Amount
1	Rainbow water systems monthly operations service	346.67	346.67
1	Rainbow monthly total coliform samples	26.00	26.00
Total			\$372.67

Thank you for your business.

Balance Due \$372.67

166

ALLIED POLLUTION CONTROL, INC.

Invoice

WATER AND WASTEWATER SPECIALISTS

1273 Route 311

Patterson, New York 12563

PH: (845) 878-0007

Fax: (845) 878-2104

Date	Invoice #
12/1/2014	28632

Bill To
Rainbow Water Company
c/o Joe Maggi
21 Troon Drive
Hilton Head Island, SC 29928

Ship To
Charges reflected are for services rendered this month

P.O. No.

Terms

Work Request

Net 30

Quantity	Description	Rate	Amount
1	Rainbow water systems monthly operations service	346.67	346.67
1	Rainbow monthly total coliform samples	26.00	26.00
Total			\$372.67

Thank you for your business.

Balance Due \$372.67

167

ALLIED POLLUTION CONTROL, INC.

Invoice

WATER AND WASTEWATER SPECIALISTS

1273 Route 311
Patterson, New York 12563

PH: (845) 878-0007

Fax: (845) 878-2104

Date	Invoice #
1/1/2015	28796

Bill To
Rainbow Water Company
c/o Joe Maggi
21 Troon Drive
Hilton Head Island, SC 29928

Ship To
Charges reflected are for services rendered this month

P.O. No. Terms Work Request

Net 30

Quantity	Description	Rate	Amount
1	Rainbow water systems monthly operations service	346.67	346.67
1	Rainbow monthly total coliform samples	26.00	26.00
Total			\$372.67

Balance Due \$372.67

Thank you for your business.

168

ALLIED POLLUTION CONTROL, INC.

Invoice

WATER AND WASTEWATER SPECIALISTS

1273 Route 311
Patterson, New York 12563

PH: (845) 878-0007

Fax: (845) 878-2104

Date	Invoice #
2/1/2015	28963

Bill To
Rainbow Water Company
c/o Joe Maggi
21 Troon Drive
Hilton Head Island, SC 29928

Ship To
Charges reflected are for services rendered this month

P.O. No. Terms Work Request

Net 30

Quantity	Description	Rate	Amount
1	Rainbow water systems monthly operations service	346.67	346.67
1	Rainbow monthly total coliform samples	26.00	26.00

Total \$372.67

Thank you for your business.

Balance Due \$372.67

169

ALLIED POLLUTION CONTROL, INC.

Invoice

WATER AND WASTEWATER SPECIALISTS
1273 Route 311
Patterson, New York 12563
PH: (845) 878-0007
Fax: (845) 878-2104

Date	Invoice #
4/1/2015	29312

Bill To
Rainbow Water Company
c/o Joe Maggi
21 Tröon Drive
Hilton Head Island, SC 29928

Ship To
Charges reflected are for services rendered this month

P.O. No. Terms Work Request

Net 30

Quantity	Description	Rate	Amount
1	Rainbow water systems monthly operations service	346.67	346.67
1	Rainbow monthly total coliform samples	26.00	26.00
Total			\$372.67
Balance Due			\$372.67

Thank you for your business.

171

ALLIED POLLUTION CONTROL, INC.

Invoice

WATER AND WASTEWATER SPECIALISTS

1273 Route 311

Patterson, New York 12563

PH: (845) 878-0007

Fax: (845) 878-2104

Date	Invoice #
5/1/2015	29522

Bill To
Rainbow Water Company
c/o Joe Maggi
21 Troon Drive
Hilton Head Island, SC 29928

Ship To
Charges reflected are for services rendered this month

P.O. No.

Terms

Work Request

Net 30

Quantity	Description	Rate	Amount
1	Rainbow water systems monthly operations service	346.67	346.67
1	Rainbow monthly total coliform samples	26.00	26.00
Total			\$372.67

Thank you for your business.

Balance Due	\$372.67
--------------------	-----------------

172

ALLIED POLLUTION CONTROL, INC.

Invoice

WATER AND WASTEWATER SPECIALISTS
1273 Route 311
Patterson, New York 12563
PH: (845) 878-0007
Fax: (845) 878-2104

Date	Invoice #
6/1/2015	29674

Bill To
Rainbow Water Company
c/o Joe Maggi
21 Troon Drive
Hilton Head Island, SC 29928

Ship To
Charges reflected are for services rendered this month.

P.O. No. Terms Work Request

Net 30

Quantity	Description	Rate	Amount
1	Rainbow water systems monthly operations service	346.67	346.67
1	Rainbow monthly total coliform samples	26.00	26.00
Total			\$372.67

Thank you for your business.

Balance Due	\$372.67
--------------------	-----------------

173

ALLIED POLLUTION CONTROL, INC.

Invoice

WATER AND WASTEWATER SPECIALISTS

1273 Route 311

Patterson, New York 12563

PH: (845) 878-0007

Fax: (845) 878-2104

Date	Invoice #
7/1/2015	29841

Bill To
Rainbow Water Company
c/o Joe Maggi
21 Troon Drive
Hilton Head Island, SC 29928

Ship To
Charges reflected are for services rendered this month

P.O. No.

Terms

Work Request

Net 30

Quantity	Description	Rate	Amount
1	Rainbow water systems monthly operations service	346.67	346.67
1	Rainbow monthly total coliform samples	26.00	26.00
Total			\$372.67

Thank you for your business.

Balance Due	\$372.67
--------------------	-----------------

174

ALLIED POLLUTION CONTROL, INC.

WATER AND WASTEWATER SPECIALISTS

1273 Route 311
Patterson, New York 12563

PH: (845) 878-0007

Fax: (845) 878-2104

Invoice

Date	Invoice #
8/1/2015	30013

Bill To
Rainbow Water Company
c/o Joe Maggi
21 Troon Drive
Hilton Head Island, SC 29928

Ship To
Charges reflected are for services rendered this month

P.O. No.

Terms

Work Request

Net 30

Quantity	Description	Rate	Amount
1	Rainbow water systems monthly operations service	346.67	346.67
1	Rainbow monthly total coliform samples	26.00	26.00
Total			\$372.67
Balance Due			\$372.67

Thank you for your business.

175

ALLIED POLLUTION CONTROL, INC.

Invoice

WATER AND WASTEWATER SPECIALISTS

1273 Route 311
Patterson, New York 12563

PH: (845) 878-0007

Fax: (845) 878-2104

Date	Invoice #
9/1/2015	30151

Bill To
Rainbow Water Company
c/o Joe Maggi
21 Troon Drive
Hilton Head Island, SC 29928

Ship To
Charges reflected are for services rendered this month

P.O. No.

Terms

Work Request

Net 30

Quantity	Description	Rate	Amount
1	Rainbow water systems monthly operations service	346.67	346.67
1	Rainbow monthly total coliform samples	26.00	26.00
Total			\$372.67

Balance Due \$372.67

Thank you for your business.

176

ALLIED POLLUTION CONTROL, INC.

Invoice

WATER AND WASTEWATER SPECIALISTS

1273 Route 311

Patterson, New York 12563

PH: (845) 878-0007

Fax: (845) 878-2104

Date	Invoice #
10/1/2015	30367

Bill To
Rainbow Water Company
c/o Joe Maggi
21 Troon Drive
Hilton Head Island, SC 29928

Ship To
Charges reflected are for services rendered this month

P.O. No. Terms Work Request

Net 30

Quantity	Description	Rate	Amount
1	Rainbow water systems monthly operations service	346.67	346.67
1	Rainbow monthly total coliform samples	26.00	26.00
Total			\$372.67

Thank you for your business.

Balance Due	\$372.67
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177

ALLIED POLLUTION CONTROL, INC.

WATER AND WASTEWATER SPECIALISTS

1273 Route 311
Patterson, New York 12563

PH: (845) 878-0007

Fax: (845) 878-2104

Invoice

Date	Invoice #
12/1/2015	30685

Bill To
Rainbow Water Company
c/o Joe Maggi
21 Troon Drive
Hilton Head Island, SC 29928

Ship To
Charges reflected are for services rendered this month

P.O. No. Terms Work Request

Net 30

Quantity	Description	Rate	Amount
1	Rainbow water systems monthly operations service	346.67	346.67
1	Rainbow monthly total coliform samples	26.00	26.00
Total			\$372.67

Thank you for your business.

Balance Due \$372.67

179

Water Tests Required by DOH

2013	\$1704
2014	2269
2015	1509
2016	DOH required testing schedule

ALLIED POLLUTION CONTROL, INC.

Invoice

WATER AND WASTEWATER SPECIALISTS

1273 Route 311
Patterson, New York 12563

PH: (845) 878-0007

Fax: (845) 878-2104

Date	Invoice #
2/11/2013	25192

Bill To
Rainbow Water Company
c/o Joe Maggi
21 Troon Drive
Hilton Head Island, SC 29928

Ship To
Year 2013 Water System Samples
taken on 1/30/2013

P.O. No.	Terms	Project
	Net 30	

Quantity	Description	Rate	Amount
2	M.T.B.E. Water Sample	130.00	260.00
Total			\$260.00

All work is complete!

Balance Due \$260.00

181

Invoice

Date Invoice #
2/12/2013 25196

Bill To
Rainbow Water Company
c/o Joe Maggi
21 Troon Drive
Hilton Head Island, SC 29928

Ship To
Year 2013 Water System Samples
taken on 1/30/2013

	P.O. No.	Terms	Project
		Net 30	
Quantity	Description	Rate	Amount
2	EPA 524.2 w/ MTBE Volatile Organic Compound Water Sample	200.00	400.00
1	Inorganic Metals I and Fluoride, Cyanide Water Samples	350.00	350.00
1	Inorganic Metals II Water Samples	350.00	350.00
1	Nitrate Water Sample	24.00	24.00

Total \$1,124.00

All work is completed

182

ALLIED POLLUTION CONTROL, INC.

Invoice

WATER AND WASTEWATER SPECIALISTS

1273 Route 311
Patterson, New York 12563

PH: (845) 878-0007

Fax: (845) 878-2104

Date	Invoice #
2/25/2013	25215

Bill To
Rainbow Water Company
c/o Joe Maggi
21 Troon Drive
Hilton Head Island, SC 29928

Ship To
PCHD Inspection on
2/13/2013 of the Rainbow
Water Supply

P.O. No.	Terms	Project
	Net 30	

Quantity	Description	Rate	Amount
1	Co-ordinated and attended site inspection with the Putnam County Health Department.	60.00	60.00
Total			\$60.00

All work is complete!

Balance Due \$60.00

183

ALLIED POLLUTION CONTROL, INC.

Invoice

WATER AND WASTEWATER SPECIALISTS

1273 Route 311

Patterson, New York 12563

PH: (845) 878-0007

Fax: (845) 878-2104

Date	Invoice #
7/22/2013	26013

Bill To
Rainbow Water Company
c/o Joe Maggi
21 Troon Drive
Hilton Head Island, SC 29928

Ship To
Year 2013 Water System Samples
taken on 7/11/2013

P.O. No.	Terms	Project
	Net 30	

Quantity	Description	Rate	Amount
2	M.T.B.E. Water Sample	130.00	260.00
Total			\$260.00

All work is complete!

Balance Due \$260.00

184

ALLIED POLLUTION CONTROL, INC.

Invoice

WATER AND WASTEWATER SPECIALISTS
 1273 Route 311
 Patterson, New York 12563
 PH: (845) 878-0007
 Fax: (845) 878-2104

Date	Invoice #
2/19/2014	27084

Bill To
 Rainbow Water Company
 c/o Joe Maggi
 21 Troon Drive
 Hilton Head Island, SC 29928

Ship To
 Year 2014 Water System Samples
 taken on 2/10/2014

P.O. No.	Terms	Project
	Net 30	

Quantity	Description	Rate	Amount
2	M.T.B.E. Water Sample	130.00	260.00
Total			\$260.00

All work is complete!

Balance Due \$260.00

185

ALLIED POLLUTION CONTROL, INC.

WATER AND WASTEWATER SPECIALISTS

1273 Route 311

Patterson, New York 12563

PH: (845) 878-0007

Fax: (845) 878-2104

Invoice

Date	Invoice #
3/18/2014	27249

Bill To
Rainbow Water Company
c/o Joe Maggi
21 Troon Drive
Hilton Head Island, SC 29928

Ship To
Year 2014 Water System Samples
taken on 2/10/2014

P.O. No. Terms Work Request

Net 30

Quantity	Description	Rate	Amount
2	EPA 524.2 w/ MTBE Volatile Organic Compound Water Sample	200.00	400.00
1	Nitrate Water Sample	24.00	24.00
Total			\$424.00

All work is complete!

Balance Due	\$424.00
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186

ALLIED POLLUTION CONTROL, INC.

Invoice

WATER AND WASTEWATER SPECIALISTS
1273 Route 311
Patterson, New York 12563
PH: (845) 878-0007
Fax: (845) 878-2104

Date	Invoice #
3/19/2014	27256

Bill To
Rainbow Water Company
c/o Joe Maggi
21 Troon Drive
Hilton Head Island, SC 29928

Ship To
Year 2014 Water System Samples
taken on 2/10/2014 from
Wells #1 & #2

P.O. No. Terms Work Request

Net 30

Quantity	Description	Rate	Amount
2	Radiological Water Sample Set (Gross Alpha, Radium 226 & Radium 228, Uranium)	500.00	1,000.00
Total			\$1,000.00

All work is complete!

Balance Due \$1,000.00

187

ALLIED POLLUTION CONTROL, INC.

Invoice

WATER AND WASTEWATER SPECIALISTS

1273 Route 311

Patterson, New York 12563

PH: (845) 878-0007

Fax: (845) 878-2104

Date

Invoice #

9/19/2014

28206

Bill To

Rainbow Water Company
c/o Joe Maggi
21 Troon Drive
Hilton Head Island, SC 29928

Ship To

2014 Water Supply Samples
Taken on 8/20/14

P.O. No.

Terms

Work Request

Net 30

Quantity	Description	Rate	Amount
1	M.T.B.E. Water Sample - Well #1	130.00	130.00
1	M.T.B.E. Water Sample - Well #2	130.00	130.00
1	BPA 552 - Haloacetic Acids	175.00	175.00
1	BPA 502.2 - Trihalomethanes	150.00	150.00
Total			\$585.00

Thank you for your business.

Balance Due	\$585.00
--------------------	-----------------

108

ALLIED POLLUTION CONTROL, INC.

Invoice

WATER AND WASTEWATER SPECIALISTS

1273 Route 311
Patterson, New York 12563

PE: (845) 878-0007

Fax: (845) 878-2104

Date	Invoice #
2/25/2015	29064

Bill To
Rainbow Water Company
c/o Joe Maggi
21 Troon Drive
Hilton Head Island, SC 29928

Ship To
Year 2015 Water System Samples
Taken on 2/13/15
WELL 1 AND 2

P.O. No. Terms Work Request

Net 30

Quantity	Description	Rate	Amount
1	Nitrate Water Sample	24.00	24.00
2	EPA 524.2 Volatile Organic Compound Water Samples	200.00	400.00
2	M.T.B.E. Water Sample	130.00	260.00
Total			\$684.00

Thank you for your business.

Balance Due \$684.00

189

ALLIED POLLUTION CONTROL, INC.

Invoice

WATER AND WASTEWATER SPECIALISTS

1273 Route 311
Patterson, New York 12563

PH: (845) 878-0007

Fax: (845) 878-2104

Date	Invoice #
9/16/2015	30252

Bill To
 Rainbow Water Company
 c/o Joe Maggi
 21 Troon Drive
 Hilton Head Island, SC 29928

Ship To
 Year 2015 Water System Samples
 Taken on 8/21/2015

P.O. No. Terms Work Request
 Net 30

Quantity	Description	Rate	Amount
1	EPA 552 - Haloacetic Acids	175.00	175.00
1	EPA 502.2 - Trihalomethanes	150.00	150.00
Total			\$325.00
Balance Due			\$325.00

All work is complete!

190

ALLIED POLLUTION CONTROL, INC.

WATER AND WASTEWATER SPECIALISTS

1273 Route 311

Patterson, New York 12563

PH: (845) 878-0007

Fax: (845) 878-2104

Invoice

Date	Invoice #
9/30/2015	30291

Bill To
Rainbow Water Company
c/o Joe Maggi
21 Troon Drive
Hilton Head Island, SC 29928

Ship To
Year 2015 Water System Samples
Taken on 9/21/15

P.O. No.

Terms

Work Request

Net 30

Quantity	Description	Rate	Amount
2	M.T.B.E. Water Sample - well #1 and well #2	130.00	260.00
Total			\$260.00
Balance Due			\$260.00

Thank you for your business.

191

ALLIED POLLUTION CONTROL, INC.

Invoice

WATER AND WASTEWATER SPECIALISTS

1273 Route 311
Patterson, New York 12563

PH: (845) 878-0007

Fax: (845) 878-2104

Date	Invoice #
10/1/2015	30298

Bill To
Rainbow Water Company
c/o Joe Maggi
21 Troon Drive
Hilton Head Island, SC 29928

Ship To
Year 2015 Water System Samples
Taken on 9/18/15

P.O. No. Terms Work Request

 Net 30

Quantity	Description	Rate	Amount
5	Lead and Copper Water Samples (First draw samples)	48.00	240.00
Total			\$240.00

All work is complete!

Balance Due	\$240.00
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192

Testing Responsibility

All lab tests are performed by Allied Pollution Control, the system operator

The daily chlorine readings are performed by Ms. A. Casey and Ms. K. Romanych, residents in the system community.

Putnam County DOH Annual Inspection Reports



ALLEN BEALS, M.D., J.D.
Commissioner of Health

MARYELLEN ODELL
County Executive

ROBERT MORRIS, P.E.
Director of Environmental Health

DEPARTMENT OF HEALTH

1 Geneva Road, Brewster, New York 10509

Phone # (845) 808-1390

Fax # (845) 278-7921

Joe Maggi
21 Troon Drive
Hilton Head Isl., SC 29928

February 15, 2013

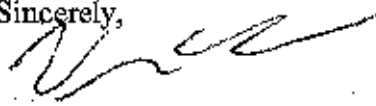
Subject: RAINBOW WATER
WATER SUPPLY INSPECTION

On February 13, 2013, an inspection of the above-referenced water supply was conducted by a representative of this Department in order to determine compliance with Part 5 of the New York State Sanitary Code. The inspection indicated that the physical water supply was in compliance with Part 5 of the State Sanitary Code at the time of the inspection.

Required Part 5-1 sampling must be completed per the schedule that was provided by this Department under separate cover. You are reminded that all sample results should be submitted to this office by the tenth day after the close of the specified sampling period.

If you have any questions relative to the above, or wish to arrange a meeting with the writer to discuss these matters in depth, please call me at 808-1390 ext. 43131.

Sincerely,


Vincent Perrin
Public Health Technician

Cc: VP, file

197

ALLEN BEALS, M.D., J.D.
Commissioner of Health



MARYELLEN ODELL
County Executive

ROBERT MORRIS, P.E.
Director of Environmental Health

DEPARTMENT OF HEALTH

1 Geneva Road, Brewster, New York 10509

Phone # (845) 808-1390

Fax # (845) 278-7921

Joe Maggi
21 Troon Drive
Hilton Head Isl., SC 29928

March 12, 2014

**Subject: RAINBOW WATER
WATER SUPPLY INSPECTION**

On March 12, 2014, an inspection of the above-referenced water supply was conducted by a representative of this Department in order to determine compliance with Part 5 of the New York State Sanitary Code. The inspection indicated that the physical water supply was in compliance with Part 5 of the State Sanitary Code at the time of the inspection.

Required Part 5-1 sampling must be completed per the schedule that was provided by this Department under separate cover. You are reminded that all sample results should be submitted to this office by the tenth day after the close of the specified sampling period.

Please be reminded that the proposed Putnam County Sanitary Code Article 13's revisions were accepted in December 2013 and the revised deadline for certain items are now in effect. Should you need a copy feel free to contact the PCDOH.

If you have any questions relative to the above, or wish to arrange a meeting with the writer to discuss these matters in depth, please call me at 808-1390 ext. 43131.

Sincerely,

A handwritten signature in black ink, appearing to read "Vincent Perrin", is written over a horizontal line.

Vincent Perrin
Public Health Technician

Co: VP, file

198



ALLEN BEALS, M.D., J.D.
Commissioner of Health

MARYELLEN ODELL
County Executive

ROBERT MORRIS, P.E.
Director of Environmental Health

DEPARTMENT OF HEALTH

1 Geneva Road, Brewster, New York 10509

Phone # (845) 808-1390

Fax # (845) 278-7921

Joe Maggi
21 Troon Drive
Hilton Head Isl., SC 29928

January, 14, 2015

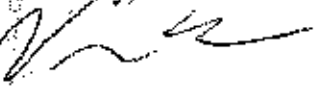
Subject: RAINBOW WATER
WATER SUPPLY INSPECTION

On January, 14, 2015, an inspection of the above-referenced water supply was conducted by a representative of this Department in order to determine compliance with Part 5 of the New York State Sanitary Code and Article 13 of the Putnam County Sanitary Code. The inspection indicated that the physical water supply was in compliance with applicable Local and State Sanitary Code items at the time of the inspection.

Required Part 5-1 sampling must be completed per the schedule that was provided by this Department under separate cover. You are reminded that all sample results should be submitted to this office by the tenth day after the close of the specified sampling period.

If you have any questions relative to the above, or wish to arrange a meeting with the writer to discuss these matters in depth, please call me at 808-1390 ext. 43131.

Sincerely,


Vincent Perrin
Public Health Technician

Cc: VP, file

199

Chlorine Bills

2013	\$530
2014	231
2015	363

ALLIED MAINTENANCE & SALES INC
 WATER AND WASTEWATER SERVICES
 1273 Route 311
 Patterson, New York 12563
 PH: (845) 878-0007
 Fax: (845) 878-2104

Invoice

Date	Invoice #
5/24/2013	18067

Bill to
 Rainbow Water Company
 21 Troon Drive
 Hilton Head Island, SC 29928

Ship to
 Chlorine delivered
 12/10/2012 & 2/5/2013

		P.O. No.	Terms	Project
			Due on receipt	
Quantity	Description		Rate	Amount
5	NSF Certified Sodium Hypochlorite Case		30.50	152.50
	Putnam County Sales Tax		8.375%	12.77
Total				\$165.27
Balance Due				\$165.27

All work is complete!

201

ALLIED MAINTENANCE & SALES INC
 WATER AND WASTEWATER SERVICES
 1273 Route 311
 Patterson, New York 12563
 PH: (845) 878-0007
 Fax: (845) 878-2104

Invoice

Date	Invoice #
11/7/2013	18506

Bill to
 Rainbow Water Company
 21 Troon Drive
 Hilton Head Island, SC 29928

Ship to
 Chlorine delivered
 8/30 & 10/25/2013

P.O. No.	Terms	Project
	Due on receipt	

Quantity	Description	U/M	Rate	Amount
5	NSF Certified Sodium Hypochlorite Case		30.50	152.50
	Putnam County Sales Tax		8.375%	12.77
Total				\$165.27
Balance Due				\$165.27

All work is complete!

202

ALLIED MAINTENANCE & SALES INC
 WATER AND WASTEWATER SERVICES
 1273 Route 311
 Patterson, New York 12563
 PH: (845) 878-0007
 Fax: (845) 878-2104

Invoice

Date	Invoice #
12/20/2013	18635

Bill to
 Rainbow Water Company
 21 Tron Drive
 Hilton Head Island, SC 29928

Ship to
 Sodium Hypochlorite
 delivered 12/19/2013

P.O. No.	Terms	Project
	Due on receipt	

Quantity	Description	UM	Rate	Amount
3	NSF Certified Sodium Hypochlorite Case		30.50	91.50
	Punam County Sales Tax		8.375%	7.66
Total				\$99.16
Balance Due				\$99.16

All work is complete!

203



Account Status

Toll Free: (800) 227-4224

Fax: (970) 862-8708

Phone: (970) 869-3050

=====

RAINBOW WATER CO
PO Box 585
Pleasant Valley NY 12589-0585

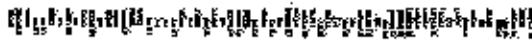
Page: 1 of 1

Print Date: 01/07/2013

1 483

Customer Number: 125682

Bill To: 258799



Name To: 2207 Collections Center Drive
CHICAGO IL 60663

Invoice No.	Invoice Date	Transaction	Due Date	PO Number	Invoice Amount	Balance Due
5058382	12/05/2012	Domestic Invoice	01/04/2013	CATHEREN 12/04/2012	100.91	100.91
Current	1-30 Days	31- 60 Days	61 - 90 Days	91 - 120 Days	> 120 Days	Total Amount Due
100.91	.00	.00	.00	.00	.00	100.91

Chlorine Test strips

204

ALLIED MAINTENANCE & SALES INC
 WATER AND WASTEWATER SERVICES
 1273 Route 311
 Patterson, New York 12563
 PH: (845) 878-0007
 Fax: (845) 878-2104

Invoice

Date	Invoice #
9/19/2014	19205

Bill to
 Rainbow Water Company
 21 Troon Drive
 Hilton Head Island, SC 29928

Ship to
 Sodium Hypochlorite delivered
 9/4/14

P.O. No.	Terms	Project
	Due on receipt	

Quantity	Description	U/M	Rate	Amount
2	NSF Certified Sodium Hypochlorite Case		30.50	61.00
	Putnam County Sales Tax		8.375%	5.11
Total				\$66.11
Balance Due				\$66.11

Thank you for your business.

205

ALLIED MAINTENANCE & SALES INC
WATER AND WASTEWATER SERVICES

1273 Route 311
 Patterson, New York 12563
 PH: (845) 878-0007
 Fax: (845) 878-2104

Invoice

Date	Invoice #
10/27/2014	19341

Bill to
 Rainbow Water Company
 21 Troon Drive
 Hilton Head Island, SC 29928

Ship to
 Sodium Hypochlorite delivered
 9/29/14

P.O. No.	Terms	Project
	Due on receipt	

Quantity	Description	U/M	Rate	Amount
2	NSF Certified Sodium Hypochlorite Case		30.50	61.00
	Putnam County Sales Tax		8.375%	5.11
Total				\$66.11
Balance Due				\$66.11

Thank you for your business.

206

ALLIED MAINTENANCE & SALES INC
 WATER AND WASTEWATER SERVICES
 1273 Route 311
 Patterson, New York 12563
 PH: (845) 878-0007
 Fax: (845) 878-2104

Invoice

Date	Invoice #
8/18/2014	19106

Bill to
 Rainbow Water Company
 21 Troon Drive
 Hilton Head Island, SC 29928

Shlp to
 Sodium Hypochlorite delivered
 7/23/14

P.O. No.	Terms	Project
	Due on receipt	

Quantity	Description	U/M	Rate	Amount
3	NSF Certified Sodium Hypochlorite Case		30.50	91.50
	Putnam County Sales Tax		8.375%	7.66
Total				\$99.16
Balance Due				\$99.16

207

ALLIED MAINTENANCE & SALES INC
 WATER AND WASTEWATER SERVICES
 1273 Route 311
 Patterson, New York 12563
 PH: (845) 878-0007
 Fax: (845) 878-2104

Invoice

Date	Invoice #
12/14/2015	20508

Bill to
 Rainbow Water Company
 21 Troon Drive
 Hilton Head Island, SC 29928

Ship to
 Sodium Hypochlorite Delivered on
 11/20/15

P.O. No. Terms Project

Due on receipt

Quantity	Description	U/M	Rate	Amount
2	NSF Certified Sodium Hypochlorite Case		30.50	61.00
	Putnam County Sales Tax		8.375%	5.11
Total				\$66.11
Balance Due				\$66.11

Thank you for your business.

208

ALLIED MAINTENANCE & SALES INC
 WATER AND WASTEWATER SERVICES
 1273 Route 311
 Patterson, New York 12563
 PH: (845) 878-0007
 Fax: (845) 878-2104

Invoice

Date	Invoice #
10/14/2015	20334

Bill to
 Rainbow Water Company
 21 Troon Drive
 Hilton Head Island, SC 29928

Ship to
 Sodium Hypochlorite delivered
 9/2/15

P.O. No. Terms Project
 Due on receipt

Quantity	Description	U/M	Rate	Amount
3	NSF Certified Sodium Hypochlorite Case		30.50	91.50
	Putnam County Sales Tax		8.375%	7.66
			Total	\$99.16
			Balance Due	\$99.16

Thank you for your business.

209

ALLIED MAINTENANCE & SALES INC
 WATER AND WASTEWATER SERVICES

1273 Route 311
 Patterson, New York 12563
 PH: (845) 878-0007
 Fax: (845) 878-2104

Invoice

Date	Invoice #
7/24/2015	20030

Bill to
 Rainbow Water Company
 21 Troon Drive
 Hilton Head Island, SC 29928

Ship to
 Sodium Hypochlorite delivered
 4/6/15

P.O. No. Terms Project

Due on receipt

Quantity	Description	U/M	Rate	Amount
2	NSF Certified Sodium Hypochlorite Case		30.50	61.00
	Putnam County Sales Tax		8.375%	5.11
Total				\$66.11
Balance Due				\$66.11

Thank you for your business.

210

ALLIED MAINTENANCE & SALES INC
 WATER AND WASTEWATER SERVICES
 1273 Route 311
 Patterson, New York 12563
 PH: (845) 878-0007
 Fax: (845) 878-2104

Invoice

Date	Invoice #
3/1/2015	19640

Bill to
 Rainbow Water Company
 21 Troon Drive
 Hilton Head Island, SC 29928

Ship to
 Sodium Hypochlorite delivered
 11/21/14 and 1/20/15

P.O. No. Terms Project

Due on receipt

Quantity	Description	U/M	Rate	Amount
4	NSF Certified Sodium Hypochlorite Case		30.50	122.00
	Non-Resale Sales Tax		10.22	10.22
Total				\$132.22
Balance Due				\$132.22

Thank you for your business.

211

Taxes

Summary

	2013	2014	2015
NYS Corp. Tax	\$50	\$50	\$50
NYS Sales Tax	14	14	20
County & Town Tax	3,030	3,143	3,308
School Tax	10,177	10,463	9,701
Total	\$13,271	\$13,670	\$13,079

**Lakeland Central School District
2013 SCHOOL TAX RECEIPT**

For Fiscal Year July 1, 2013 - June 30, 2014

Bill No.: 000368

Warrant Date: 8/28/2013
Estimated State Aid: \$36,517,854

TAX COLLECTOR, LAKELAND CSD
DEPT # 116036 / PO BOX 5211
BINGHAMTON, NY 13902-5211
Phone: 914-245-1700

85.11-1-3
RAINBOW WATER CO INC
21 TROON DR
HILTON HEAD ISLAND, SC 29928

Property & Legal Description
Swis: 372000
SBL: 85.11-1-3
Address: WOOD ST
3.11 Acres
Property Class: 822 Roll Sect.: 1
Bank Code:

Property Taxpayer's Bill of Rights

The Assessor estimates the Full Market Value of this property as of 07/01/2011 was: \$239,617

The Assessed Value of this property as of 07/01/2013 was: \$150,000

The Uniform Percentage of Value used to establish assessment was: 100%

Please read below for "How to file a complaint on your assessment".

Exemption Value Tax Purpose

<u>Tax Type</u>	<u>Total Tax Levy</u>	<u>% Change from prior year</u>	<u>Taxable Assessed Value (No Star)</u>	<u>Rate per 1,000</u>	<u>Tax Amount</u>
School	\$111,361,730	2.93	150000	44.520856	\$6,678.13
Total Taxes Due:					\$6,678.13

<u>Payment Schedule</u>	<u>Penalty</u>	<u>Service charge</u>	<u>Amount</u>	<u>Total Due</u>
Full Pay By: 9/30/2013	0.00	0.00	\$6,678.13	\$6,678.13
First Half Pay By: 09/16/2013	0.00	133.56	3,339.06	\$3,472.62
2nd Half Pay By: 03/15/2014				

2013 Lakeland Central School Tax

Bill No.: 000368
SBL: 85.11-1-3

RAINBOW WATER CO INC
21 TROON DR
HILTON HEAD ISLAND, SC 29928

First Half \$3,339.06 PAID ON: 9/16/2013 THANK YOU
Second Half \$3,339.07 PAID ON: 9/16/2013 THANK YOU

213

Property Taxpayer's Bill of Rights

If you feel your assessment is too high, you have a right to seek a reduction in the future. For further information, please ask your assessor for the booklet "How to File a Complaint on Your Assessment". Please note that the time period for filing complaints on the above assessment has passed.

**Lakeland Central School District
2013 SCHOOL TAX RECEIPT**

For Fiscal Year July 1, 2013 - June 30, 2014

Bill No.: 000369

Warrant Date: 8/28/2013

Estimated State Aid: \$36,517,854

TAX COLLECTOR, LAKELAND CSD
DEPT # 116036 / PO BOX 5211
BINGHAMTON, NY 13902-5211
Phone: 914-245-1700

85.15-1-75
RAINBOW WATER CO INC
21 TROON DR
HILTON HEAD ISLAND, SC 29928

Property & Legal Description
Swis: 372000
SBL: 85.15-1-75
Address: 4 WOOD ST
4.03 Acres
Property Class: 822 Roll Sect.: 1
Bank Code:

Property Taxpayer's Bill of Rights

The Assessor estimates the Full Market Value of this property as of 07/01/2011, was: \$125,559

The Assessed Value of this property as of 07/01/2013 was: \$78,600

The Uniform Percentage of Value used to establish assessment was: 100%

Please read below for "How to file a complaint on your assessment".

Exemption Value Tax Purpose

<u>Tax Type</u>	<u>Total Tax Levy</u>	<u>% Change from prior year</u>	<u>Taxable Assessed Value (No Star)</u>	<u>Rate per 1,000</u>	<u>Tax Amount</u>
School	\$111,361,730	2.93	78600	44.520856	\$3,499.34
Total Taxes Due:					\$3,499.34

<u>Payment Schedule</u>	<u>Penalty</u>	<u>Service charge</u>	<u>Amount</u>	<u>Total Due</u>
Full Pay By: 9/30/2013	0.00	0.00	\$3,499.34	\$3,499.34
First Half Pay By: 09/16/2013	0.00	69.99	1,749.67	\$1,819.66
2nd Half Pay By: 03/15/2014				

2013 Lakeland Central School Tax

Bill No.: 000369

SBL: 85.15-1-75

RAINBOW WATER CO INC
21 TROON DR
HILTON HEAD ISLAND, SC 29928

First Half \$1,749.67 PAID ON: 9/16/2013 THANK YOU
Second Half \$1,749.67 PAID ON: 9/16/2013 THANK YOU

214

Property Taxpayer's Bill of Rights

If you feel your assessment is too high, you have a right to seek a reduction in the future. For further information, please ask your assessor for the booklet "How to File a Complaint on Your Assessment". Please note that the time period for filing complaints on the above assessment has passed.

MAKE CHECKS PAYABLE TO:
 KATHLEEN S. KRAUS, RECEIVER
 TOWN OF CARMEL
 P.O. BOX 887
 MAHOPAC, NY 10541

TO PAY IN PERSON
 CARMEL TOWN HALL
 60 MC ALPIN AVENUE
 MAHOPAC, NY 10541

PROPERTY ADDRESS & LEGAL DESCRIPTION
 Address: WOOD ST
 Village: Roll Sect. 1
 Bank Code:
 Property Class Name: 822 - Water Supply
 Parcel Dimensions: Acreage = 3.11
 School: LAKELAND CENTRAL
 Est State Aid: TOWN: \$140,362

372000 / 85.11-1-3

RAINBOW WATER CO INC
 21 TROON DR
 HILTON HEAD ISLAND, SC 29

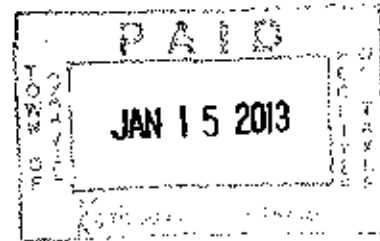
PROPERTY TAXPAYER'S BILL OF RIGHTS

Assessor estimates the FULL MARKET VALUE of property as of 07/1/2011: \$250,000
 The ASSESSED VALUE of this property as of 07/1/2011 was: \$150,000
 The UNIFORM PERCENT OF VALUE used to establish assessment was: 60.00%
 If you feel your assessment is too high, you have the right to seek a reduction in the future. For further information please ask your Assessor for the booklet "How to File a Complaint on Your Assessment." Please note that the period for filing complaints on the current assessment has passed.

Exemption	Value	TaxPurpose	Full Value Estimate	Exemption	Value	TaxPurpose	Full Value Estimate
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PROPERTY TAXES

Taxing Purpose	Total Tax Levy	% Change From Prior Year	Taxable Value	Tax Rate Per \$1000	Tax Amount
County Tax	\$38,612,467	1.30	\$150,000	4.787727	\$718.16
Town Tax	\$19,601,248	7.30	\$150,000	7.408899	\$1,111.33
Fire #1	\$922,900	0.00	\$150,000	1.059386	\$158.91



Property description(s): 12700000010180000000 002600000000000000311 127-1-18

PAYMENT SCHEDULE	Penalty/Int	Amount Due	Total Due
Pay By 1/31/2013	0.00	\$1,988.40	\$1,988.40
2/28/2013	\$19.88	\$1,988.40	\$2,008.28

TOTAL TAXES DUE \$1,988.40

Apply for Third Party Notification by: 1/1/2013
 Taxes Paid By _____

215

MAKE CHECKS PAYABLE TO:

KATHLEEN S. KRAUS, RECEIVER
TOWN OF CARMEL
P.O. BOX 887
MAHOPAC, NY 10541

TO PAY IN PERSON

CARMEL TOWN HALL
60 MC ALPIN AVENUE
MAHOPAC, NY 10541

PROPERTY ADDRESS & LEGAL DESCRIPTION

Address: 4 WOOD ST
Village: Roll Sect. 1
Bank Code:
Property Class Name: 822 - Water Supply
Parcel Dimensions: Acreage = 4.03
School: LAKBLAND CENTRAL
Est State Aid: TOWN: \$140,362

372000 / 85.15-1-75

PROPERTY TAXPAYER'S BILL OF RIGHTS

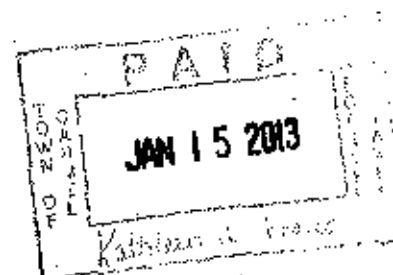
RAINBOW WATER CO INC
21 TROON DR
HILTON HEAD ISLAND, SC 29

Assessor estimates the FULL MARKET VALUE of property as of 07/1/2011: \$131,000
The ASSESSED VALUE of this property as of 07/1/2011 was: \$78,600
The UNIFORM PERCENT OF VALUE used to establish assessment was: 60.00%
If you feel your assessment is too high, you have the right to seek a reduction in the future. For further information please ask your Assessor for the booklet "How to File a Complaint on Your Assessment." Please note that the period for filing complaints on the current assessment has passed.

Exemption	Value	Tax Purpose	Full Value Estimate	Exemption	Value	Tax Purpose	Full Value Estimate
-----------	-------	-------------	---------------------	-----------	-------	-------------	---------------------

PROPERTY TAXES

Taxing Purpose	Total Tax Levy	% Change From Prior Year	Taxable Value	Tax Rate Per \$1000	Tax Amount
County Tax	\$38,612,467	1.30	\$78,600	4.787727	\$376.32
Town Tax	\$19,601,248	7.30	\$78,600	7.408899	\$582.34
Fire #1	\$922,900	0.00	\$78,600	1.059386	\$83.27




Property description(s): 17600000010050000000 00171000000000000403 176-1-5

PAYMENT SCHEDULE	Penalty/Tot	Amount Due	Total Due
Pay By 1/31/2013	0.00	\$1,041.93	\$1,041.93
2/28/2013	\$10.42	\$1,041.93	\$1,052.35

TOTAL TAXES DUE \$1,041.93

Apply for Third Party Notification by: 1/1/2013
Taxes Paid By _____

216


 The New York State Department of Taxation and Finance
 Andrew M. Cuomo - Governor • Thomas H. Mattox - Commissioner

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Sales Tax Web File
 Taxpayer ID: 141498748 Taxpayer name: RAINBOW WATER COMPANY, INC.

Transaction Confirmation
 The New York State Tax Department received your transaction. This confirms only that we received your return filing and payment information. You may incur penalty and interest if you entered an incorrect bank account number that prevents your payment from processing.

- Select [Print](#) to print this confirmation page for your records.
- Select [View/Print Form\(s\)](#) to save or print a copy of the form you filed for your records.

Confirmation	
Confirmation number:	SW1300293239
Transaction date/time:	03/06/2013 11:00AM
Filing period:	03/01/2012 - 02/28/2013
Main form:	Annual Sales and Use Tax Return (ST-102)
Filing Type:	Original
Claiming disaster relief:	No
Schedules filed:	

Note - annual filer
 If you're filing your annual return early, you must include all taxable sales, purchases subject to tax, and applicable credits from March 1, until the date you filed your return. If, after filing this return, you conduct any business during the remainder of this filing period, you must file an amended return to report the additional business activity.

Payment details	
Bank name:	FIRST NIAGARA BANK
Bank routing number:	222970400
Bank account number:	XXXXX5242
Account type:	Business Checking
Account holder:	Rainbow Water Co. Inc.
Due date:	03/28/2013
Payment date:	03/06/2013
Payment amount (\$):	13.53
Total amount due (\$):	13.53

Web survey
 Provide feedback about this online service through our [Web Survey](#).

| | |

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217



New York S Corporation Franchise Tax Return

CT-3-S

Tax Law - Articles 9-A and 22

All filers must enter tax period:

Final return (see instr. page 5) Amended return

beginning 1/1/12 ending 12/31/12

Employer identification number (EIN) 14-1493748	File number	Business telephone number (843) 842-2924	If you have a ny subsidiary incorporated outside NYS, mark an X in the box <input type="checkbox"/>	If you claim an overpayment, mark an X in the box <input type="checkbox"/>
Legal name of corporation Rainbow Water Co. Inc.		Trade name/DBA		
Mailing name (if different from legal name above) c/o		State or country of incorporation NY	Date received (for Tax Department use only)	
Number and street or PO box 21 Troon Drive		Date of incorporation 1962		
City Hilton Head Island SC		ZIP code 29928	Foreign corporations: date began business in NYS	
NAICS business code number (from federal return) 221300	If address/phone above is new, mark an X in the box <input type="checkbox"/>	If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See Business Information in Form CT-1.		Audit (for Tax Department use only)
Principal business activity Community Water System				
Has the corporation revoked its election to be treated as a New York S corporation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, enter effective date:		Number of shareholders 3		

A Pay amount shown on line 46. Make payable to: New York State Corporation Tax	Payment enclosed 50 00
Attach your payment here. Detach all check stubs. (See instructions for details.)	

You must attach a copy of the following: (1) federal Form 1120S as filed; (2) Form CT-34-SH; (3) Form CT-3-S-ATT (if required; see instructions); and (4) any applicable credit claim forms.

- B If you filed a return(s) other than federal Form 1120S, enter the form number(s) here
- C If you included a qualified subchapter S subsidiary (QSSS) in this return, mark an X in the box and attach Form CT-60-QSSS.....
- D Have you underreported your tax due on past returns? To correct this without penalty, visit our Web site (see instructions).
- E Enter your business allocation percentage (if you did not complete Form CT-3-S-ATT, Schedule A, you must enter either 0 or 100) •
- F Enter your investment allocation percentage (if you did not complete Form CT-3-S-ATT, Schedule B, you must enter either 0 or 100) •
- G Did the S corporation make an IRC section 338 or 453 election? Yes No
- H Did this entity have an interest in real property located in New York State during the last three years? Yes No
- I Has there been a transfer or acquisition of a controlling interest in this entity during the last three years? Yes No
- J If the IRS has completed an audit of any of your returns within the last five years, list years....
- K If this return is for a New York S termination year, mark an X in the appropriate box to indicate which method of accounting was used for the New York S short year (see instructions, page 5)..... Normal accounting rules Daily pro rata allocation
- L Issuer's allocation percentage (see instructions).....
- M Mark an X in the box if you are filing Form CT-3-S as a result of the mandatory New York S election of Tax Law, Article 22, section 660(f).....
- N Eligible qualified New York manufacturers mark an X in this box (see instructions).....
- O Did you include a disregarded entity in this return? (mark an X in the appropriate box) Yes No
If Yes, enter the name and EIN below. If more than one, attach list with names and EINs.

440001120094



Legal name of disregarded entity	EIN
----------------------------------	-----

218

Provide the information for lines 1 through 10 from the corresponding lines on your federal Form 1120S, Schedule K, total amount column. (Show any negative amounts with a minus (-) sign; do not use parentheses or brackets.)

1 Ordinary business income or loss	1	17062
2 Net rental real estate income or loss	2	
3 Other net rental income or loss	3	
4 Interest income	4	1884
5 Ordinary dividends	5	133
6 Royalties	6	
7 Net short-term capital gain or loss	7	
8 Net long-term capital gain or loss	8	
9 Net section 1231 gain or loss	9	
10 Other income or loss	10	
11 Loans to shareholders (from federal Form 1120S, Schedule L, line 7, columns b and d)		
Beginning of tax year	0	0
End of tax year	0	0
12 Total assets (from federal Form 1120S, Schedule L, line 15, columns b and d)		
Beginning of tax year	418,859	400,007
End of tax year		
13 Loans from shareholders (from federal Form 1120S, Schedule L, line 19, columns b and d)		
Beginning of tax year	98,960	83,923
End of tax year		

Provide the information for lines 14 through 21 from the corresponding lines on your federal Form 1120S, Schedule M-2. (Show any negative amounts with a minus (-) sign; do not use parentheses or brackets.)

	A Accumulated adjustments account	B Other adjustments account	C Shareholders' undistributed taxable income previously taxed
14 Balance at beginning of tax year	37,515		
15 Ordinary income from federal Form 1120S, page 1, line 21	17062		
16 Other additions			
17 Loss from federal Form 1120S, page 1, line 21			
18 Other reductions			
19 Add lines 14 through 18	54,577		
20 Distributions other than dividend distributions	32,154		
21 Balance at end of tax year. Subtract line 20 from line 19	22,623		22,623

Computation of tax (see instructions)

You must enter an amount on line 22; if none, enter 0.

22 New York receipts	22	123,021
23 Fixed dollar minimum tax	23	50
24 Recapture of tax credits	24	
25 Total tax after recapture of tax credits (add lines 23 and 24)	25	50
26 Special additional mortgage recording tax credit (from Form CT-43)	26	
27 Tax due after tax credits (subtract line 26 from line 25)	27	50

First installment of estimated tax for the next tax period:

28 Enter amount from line 27	28	
29 If you filed a request for extension, enter amount from Form CT-5.4, line 2	29	
30 If you did not file Form CT-5.4 and line 28 is over \$1,000, enter 25% (.25) of line 28. Otherwise enter 0	30	
31 Add line 28 and line 29 or 30	31	



**Lakeland Central School District
2014 SCHOOL TAX RECEIPT**

Bill No.: 000374

For Fiscal Year July 1, 2014 - June 30, 2015

Warrant Date: 8/19/2014
Estimated State Aid: \$37,559,770

TAX COLLECTOR, LAKELAND CSD
DEPT # 116036 / PO BOX 5211
BINGHAMTON, NY 13902-5211
Phone: 914-245-1700

Property & Legal Description
Swis: 372000
SBL: 85.11-1-3
Address: WOOD ST
3.11 Acres
Property Class: 822 Roll Sect.: 1
Bank Code:

85.11-1-3
RAINBOW WATER CO INC
21 TROON DR
HILTON HEAD ISLAND SC 29928

Property Taxpayer's Bill of Rights

The Assessor estimates the Full Market Value of this property as of 07/01/2013 was: \$150,000

The Assessed Value of this property as of 07/01/2013 was: \$150,000

The Uniform Percentage of Value used to establish assessment was: 100%

Please read below for "How to file a complaint on your assessment".

<u>Exemption</u>	<u>Value</u>	<u>Tax Purpose</u>
none		

<u>Tax Type</u>	<u>Total Tax Levy</u>	<u>% Change from prior year</u>	<u>Taxable Assessed Value</u>	<u>Rate per 1,000</u>	<u>Tax Amount</u>
School	\$111,918,539	0.50	150000	45.768055	\$6,865.21

<u>Payment Schedule</u>	<u>Penalty</u>	<u>Service charge</u>	<u>Amount</u>	<u>Total Due</u>
Full Pay By: 9/30/2014	0.00	0.00	\$6,865.21	\$6,865.21
First Half Pay By: 09/15/2014	0.00	137.30	3,432.60	\$3,569.90
2nd Half Pay By: 03/16/2015				

2014 Lakeland Central School Tax

Bill No.: 000374
SBL: 85.11-1-3

RAINBOW WATER CO INC
21 TROON DR
HILTON HEAD ISLAND SC 29928

First Half	\$3,432.60	PAID ON: 9/16/2014 THANK YOU
Second Half	\$3,432.61	PAID ON: 9/16/2014 THANK YOU

220

Property Taxpayer's Bill of Rights

If you feel your assessment is too high, you have a right to seek a reduction in the future. For further information, please ask your assessor for the booklet "How to File a Complaint on Your Assessment". Please note that the time period for filing complaints on the above assesment has passed.

**Lakeland Central School District
2014 SCHOOL TAX RECEIPT**

Bill No.: 000375

For Fiscal Year July 1, 2014 - June 30, 2015

Warrant Date: 8/19/2014
Estimated State Aid: \$37,559,770

TAX COLLECTOR, LAKELAND CSD
DEPT # 116036 / PO BOX 5211
BINGHAMTON, NY 13902-5211
Phone: 914-245-1700

Property & Legal Description
Swis: 372000
SBL: 85.15-1-75
Address: 4 WOOD ST
4.03 Acres
Property Class: 822 Roll Sect.: 1
Bank Code:

85.15-1-75
RAINBOW WATER CO INC
21 TROON DR
HILTON HEAD ISLAND SC 29928

Property Taxpayer's Bill of Rights

The Assessor estimates the Full Market Value of this property as of 07/01/2013 was: \$78,600

The Assessed Value of this property as of 07/01/2013 was: \$78,600

The Uniform Percentage of Value used to establish assessment was: 100%

Please read below for "How to file a complaint on your assessment".

<u>Exemption</u>	<u>Value</u>	<u>Tax Purpose</u>
none		

<u>Tax Type</u>	<u>Total Tax Levy</u>	<u>% Change from prior year</u>	<u>Taxable Assessed Value</u>	<u>Rate per 1,000</u>	<u>Tax Amount</u>
School	\$111,918,539	0.50	78600	45.768055	\$3,597.37

<u>Payment Schedule</u>	<u>Penalty</u>	<u>Service charge</u>	<u>Amount</u>	<u>Total Due</u>
Full Pay By: 9/30/2014	0.00	0.00	\$3,597.37	\$3,597.37
First Half Pay By: 09/15/2014	0.00	71.95	1,798.68	\$1,870.63
2nd Half Pay By: 03/16/2015				

2014 Lakeland Central School Tax

Bill No.: 000375
SBL: 85.15-1-75

RAINBOW WATER CO INC
21 TROON DR
HILTON HEAD ISLAND SC 29928

First Half	\$1,798.68	PAID ON: 9/16/2014 THANK YOU
Second Half	\$1,798.69	PAID ON: 9/16/2014 THANK YOU

221

Property Taxpayer's Bill of Rights

If you feel your assessment is too high, you have a right to seek a reduction in the future. For further information, please ask your assessor for the booklet "How to File a Complaint on Your Assessment". Please note that the time period for filing complaints on the above assesment has passed.

**COUNTY OF PUTNAM & TOWN OF CARMEL
2014 COUNTY & TOWN TAXES**

Bill No. 009262
Sequence No. 5408
Page No. 1 of 1

* For Fiscal Year 01/01/2014 to 12/31/2014 * Warrant Date 12/20/2013

MAKE CHECKS PAYABLE TO:

KATHLEEN S. KRAUS
Receiver of Taxes
P O Box 887
Mahopac, NY 10541
845-628-1500

Rainbow Water Co Inc
21 Troon Dr
Hilton Head Island, SC 29928

TO PAY IN PERSON

Carmel Town Hall
January 2nd thru January 31st
Mon - Fri, 8:30AM to 4:30PM
SATURDAY HOURS IN JANUARY
9 AM TO NOON

SWIS S/B/L ADDRESS & LEGAL DESCRIPTION & CK DIGIT

372000 85.11-1-3
Address: Wood St
Town of: Carmel
School: Lakeland Central
NYS Tax & Finance School District Code:
822 - Water supply Roll Sect. 1
Parcel Dimensions: 260.00 X 0.00
Account No. 354049
Bank Code

Estimated State Aid: TOWN 140,362

PROPERTY TAXPAYER'S BILL OF RIGHTS

The Total Assessed Value of this property is: 150,000
The Uniform Percentage of Value used to establish assessments in your municipality was: 62.60
The assessor estimates the Full Market Value of this property as of July 1, 2012 was: 239,617

If you feel your assessment is too high, you have the right to seek a reduction in the future. A publication entitled "Contesting Your Assessment in New York State" is available at the assessor's office and on-line: www.tax.ny.gov. Please note that the period for filing complaints on the above assessment has passed.

Exemption	Value	Tax Purpose	Full Value Estimate	Exemption	Value	Tax Purpose	Full Value Estimate
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PROPERTY TAXES

Taxing Purpose	Total Tax Levy	% Change From Prior Year	Taxable Assessed Value or Units	Rates per \$1000 or per Unit	Tax Amount
County Tax	39,253,434	1.6	150,000.00	4.784814	717.72
Town Tax	20,741,846	5.8	150,000.00	7.834179	1,175.13
Fire #1	983,410	6.5	150,000.00	1.130755	169.61
TOTAL					

SEE WHERE YOUR COUNTY TAX DOLLARS GO: WWW.PUTNAMCOUNTYNY.GOV

JAN 24 2014
Kathleen S. Kraus

Property description(s): 12700000010180000000 00260000000000000311 127-1-18

PENALTY SCHEDULE	Penalty/Interest	Amount	Total Due	TOTAL TAXES DUE	\$2,062.46
Due By: 01/31/2014	3.00	2,062.46	2,062.46		
02/28/2014	20.62	2,062.46	2,083.08		

Apply For Third Party Notification By: 11/15/2014
Taxes paid by _____ CA CH

RETURN THE ENTIRE BILL WITH PAYMENT AND PLACE A CHECK MARK IN THIS BOX IF YOU WANT A RECEIPT OF PAYMENT. THE RECEIVER'S STUB MUST BE RETURNED WITH PAYMENT.

222

**COUNTY OF PUTNAM & TOWN OF CARMEL
2014 COUNTY & TOWN TAXES**

Bill No. 009263
Sequence No. 5409
Page No. 1 of 1

* For Fiscal Year 01/01/2014 to 12/31/2014 * Warrant Date 12/20/2013

MAKE CHECKS PAYABLE TO:

KATHLEEN S. KRAUS
Receiver of Taxes
P O Box 887
Mahopac, NY 10541
845-628-1500

TO PAY IN PERSON

Carmel Town Hall
January 2nd thru January 31st
Mon - Fri, 8:30AM to 4:30PM
SATURDAY HOURS IN JANUARY
9 AM TO NOON

SWIS S/B/L ADDRESS & LEGAL DESCRIPTION & CK DIGIT

372000 85.15-1-75
Address: 4 Wood St
Town of: Carmel
School: Lakeland Central
NYS Tax & Finance School District Code:
822 - Water supply Roll Sect. 1
Parcel Dimensions: 171.00 X 0.00
Account No. 353954
Bank Code

Rainbow Water Co Inc
21 Troon Dr
Hilton Head Island, SC 29928

Estimated State Aid: TOWN 140,362

PROPERTY TAXPAYER'S BILL OF RIGHTS

The Total Assessed Value of this property is: 78,600
The Uniform Percentage of Value used to establish assessments in your municipality was: 62.60
The assessor estimates the Full Market Value of this property as of July 1, 2012 was: 125,559
If you feel your assessment is too high, you have the right to seek a reduction in the future. A publication entitled "Contesting Your Assessment in New York State" is available at the assessor's office and on-line: www.tax.ny.gov. Please note that the period for filing complaints on the above assessment has passed.

Exemption	Value	Tax Purpose	Full Value Estimate	Exemption	Value	Tax Purpose	Full Value Estimate
-----------	-------	-------------	---------------------	-----------	-------	-------------	---------------------

PROPERTY TAXES

Taxing Purpose	Total Tax Levy	% Change From Prior Year	Taxable Assessed Value or Units	Rates per \$1000 or per Unit	Tax Amount
County Tax	39,253,434	1.6	78,600.00	4.784814	376.09
Town Tax	20,741,846	5.8	78,600.00	7.834179	615.77
Fire #1	983,410	6.5	78,600.00	1.130755	88.88
TOTAL					

SEE WHERE YOUR COUNTY TAX DOLLARS GO: WWW.PUTNAMCOUNTYNY.GOV

JAN 24 2014

Property description(s): 17600000010050000000 00171000000000000403 176-1-5

PENALTY SCHEDULE	Penalty/Interest	Amount	Total Due	TOTAL TAXES DUE	\$1,080.74
Due By: 01/31/2014	0.00	1,080.74	1,080.74		
02/28/2014	10.81	1,080.74	1,091.55		

Apply For Third Party Notification By: 11/15/2014
Taxes paid by _____ CA CH

RETURN THE ENTIRE BILL WITH PAYMENT AND PLACE A CHECK MARK IN THIS BOX IF YOU WANT A RECEIPT OF PAYMENT. THE RECEIVER'S STUB MUST BE RETURNED WITH PAYMENT.

223



The New York State Department of Taxation and Finance
Andrew M. Cuomo - Governor - Thomas H. Martax - Commissioner

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Entire Site

Home

Help

Sales Tax Web File

Taxpayer ID: 24489778

Taxpayer name: RAINBOW WATER COMPANY, INC

Transaction Confirmation

The New York State Tax Department received your transaction. This confirms only that we received your return filing and payment information. You may incur penalty and interest if you entered an incorrect bank account number that prevents your payment from processing.

- Select [Print](#) to print this confirmation page for your records.
- Select [View/Print Form\(s\)](#) to save or print a copy of the form you filed for your records.

Confirmation

Confirmation number: **SW140596600**
 Transaction date/time: **03/05/2014 01:24PM**
 Filing period: **03/01/2013 - 02/28/2014**
 Main form: **Annual Sales and Use Tax Return (ST-100)**
 Filing type: **Original**
 Schedule filed:

Payment details

Bank name: **FIRST NIBGARA BANK**
 Bank routing number: **222370440**
 Bank account number: **XXXXXX5242**
 Account type: **Business Checking**
 Account holder: **Rainbow Water Co. Inc.**
 Due date: **03/20/2014**
 Payment date: **03/05/2014**
 Payment amount (\$): **14.40**
 Total amount due (\$): **14.40**

Web survey

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224



New York S Corporation Franchise Tax Return

CT-3-S

Tax Law - Articles 9-A and 22

All filers must enter tax period:

Final return (see instr., page 5) Amended return

beginning 1/1/13 ending 12/31/13

Employer identification number (EIN) <u>14-1493748</u>		File number	Business telephone number <u>(843) 842-2924</u>	If you have any subsidiaries incorporated outside NYS, mark an X in the box <input type="checkbox"/>	If you claim an overpayment, mark an X in the box <input type="checkbox"/>
Legal name of corporation <u>Rainbow Water Co. Inc.</u>			Trade name/DBA		
Mailing name (if different from legal name above) <u>c/o</u>			State or country of incorporation <u>NY</u>	Date received (for Tax Department use only)	
Number and street or PO box <u>21 Troon Drive</u>			Date of incorporation <u>1982</u>		
City or town <u>Hilton Head Is</u>		State <u>SC</u>	ZIP code <u>29928</u>	Foreign corporations: date began business in NYS	
NAICS business code number (from NYS Pub 910) <u>221300</u>	If address/phone above is new, mark an X in the box <input type="checkbox"/>	If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business Information</i> in Form CT-1.		New York S election effective date	
NYS principal business activity <u>Community Water System</u>			Audit (for Tax Department use only)		
Has the corporation revoked its election to be treated as a New York S corporation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, enter effective date:			Number of shareholders <u>3</u>		
A Pay amount shown on line 46. Make payable to: New York State Corporation Tax				Payment enclosed	
Attach your payment here. Detach all check stubs. (See instructions for details.)				A <u>50</u> <u>00</u>	

You must attach a copy of the following: (1) federal Form 1120S as filed; (2) Form CT-34-SH; (3) Form CT-3-S-ATT (if required; see instructions); (4) Form CT-60-QSSS (if required; see instructions); and (5) any applicable credit claim forms.

- B If you filed a return(s) other than federal Form 1120S, enter the form number(s) here
- C If you included a qualified subchapter S subsidiary (QSSS) in this return, mark an X in the box and attach Form CT-60-QSSS.....
- D Have you underreported your tax due on past returns? To correct this without penalty, visit our Web site (see instructions).
- E Enter your business allocation percentage (if you did not complete Form CT-3-S-ATT, Schedule A, you must enter either 0 or 100) •
- F Enter your investment allocation percentage (if you did not complete Form CT-3-S-ATT, Schedule B, you must enter either 0 or 100) •
- G Did the S corporation make an IRC section 338 or 453 election? Yes No
- H Did this entity have an interest in real property located in New York State during the last three years? Yes No
- I Has there been a transfer or acquisition of a controlling interest in this entity during the last three years? Yes No
- J If the IRS has completed an audit of any of your returns within the last five years, list years
- K If this return is for a New York S termination year, mark an X in the appropriate box to indicate which method of accounting was used for the New York S short year (see instructions, page 5)..... Normal accounting rules Daily pro rata allocation
- L Issuer's allocation percentage (see instructions).....
- M Mark an X in the box if you are filing Form CT-3-S as a result of the mandatory New York S election of Tax Law, Article 22, section 680(i).....
- N Eligible qualified New York manufacturers mark an X in this box. (see instructions)
- O Did you include any disregarded entities in this return? (mark an X in the appropriate box)..... Yes No
If Yes, enter the name(s) and EIN(s) on Form CT-60-QSSS and attach it to your return.

440001130094



P If you filed as a New York C corporation in previous years, enter the last year filed as such •

225

Provide the information for lines 1 through 10 from the corresponding lines on your federal Form 1120S, Schedule K, total amount column. (Show any negative amounts with a minus (-) sign; do not use parentheses or brackets.)

1 Ordinary business income or loss.....	1	14,120	
2 Net rental real estate income or loss.....	2		
3 Other net rental income or loss.....	3		
4 Interest income.....	4	2,193	
5 Ordinary dividends.....	5	130	
6 Royalties.....	6		
7 Net short-term capital gain or loss.....	7	339	
8 Net long-term capital gain or loss.....	8	160	
9 Net section 1231 gain or loss.....	9		
10 Other income or loss.....	10	126	
11 Loans to shareholders (from federal Form 1120S, Schedule L, line 7, columns b and d) Beginning of tax year • <input type="text" value="0"/> End of tax year • <input type="text" value="0"/>			
12 Total assets (from federal Form 1120S, Schedule L, line 15, columns b and d) Beginning of tax year • <input type="text" value="400,007"/> End of tax year • <input type="text" value="397,469"/>			
13a Loans from shareholders (from federal Form 1120S, Schedule L, line 19, columns b and d) Beginning of tax year • <input type="text" value="83,923"/> End of tax year • <input type="text" value="87,141"/>			
13b If any portion of such loans was used as basis to deduct current or suspended loss, enter the amount used •	13b		

Provide the information for lines 14 through 21 from the corresponding lines on your federal Form 1120S, Schedule M-2. (Show any negative amounts with a minus (-) sign; do not use parentheses or brackets.)

	A Accumulated adjustments account	B Other adjustments account	C Shareholders' undistributed taxable income previously taxed
14 Balance at beginning of tax year.....	32,154		
15 Ordinary income from federal Form 1120S, page 1, line 21.....	14,120		
16 Other additions.....			
17 Loss from federal Form 1120S, page 1, line 21.....			
18 Other reductions.....			
19 Add lines 14 through 18.....	46,274		
20 Distributions other than dividend distributions.....	23,651		
21 Balance at end of tax year. Subtract line 20 from line 19.....	22,623		22,623

Computation of tax (see instructions)

You must enter an amount on line 22; if none, enter 0.

22 New York receipts (see instructions).....	22	111,950
23 Fixed dollar minimum tax (see instructions).....	23	50
24 Recapture of tax credits (see instructions).....	24	
25 Total tax after recapture of tax credits (add lines 23 and 24).....	25	50
26 Special additional mortgage recording tax credit (current year or deferred; see instructions).....	26	
27 Tax due after tax credits (subtract line 26 from line 25).....	27	50
First installment of estimated tax for the next tax period:		
28 Enter amount from line 27.....	28	
29 If you filed a request for extension, enter amount from Form CT-5.4, line 2.....	29	
30 If you did not file Form CT-5.4 and line 28 is over \$1,000, enter 25% (.25) of line 28. Otherwise enter 0.....	30	
31 Add line 28 and line 29 or 30.....	31	

Yes

No



226

**COUNTY OF PUTNAM & TOWN OF CARMEL
2015 COUNTY & TOWN TAXES**

Bill No. 009261
Sequence No. 5643
Page No. 1 of 1

iscal Year 01/01/2015 to 12/31/2015 * Warrant Date 12/22/2014

<u>THE CHECKS PAYABLE TO:</u>	<u>TO PAY IN PERSON</u>	<u>SWIS S/B/L ADDRESS & LEGAL DESCRIPTION & CK DIGIT</u>
THLEEN S. KRAUS Receiver of Taxes P.O. Box 887 Mahopac, NY 10541 845-628-1500	Carmel Town Hall January 2nd thru January 31st Mon - Fri, 8:30AM to 4:30PM SATURDAY HOURS IN JANUARY 9 AM TO NOON	372000 85.15-1-75 Address: 4 Wood St Town of: Carmel School: Lakeland Central NYS Tax & Finance School District Code: 822 - Water supply Roll Sect. 1 Parcel Dimensions: 171.00 X 0.00 Account No. 353954 Bank Code
Rainbow Water Co Inc 21 Troon Dr Hilton Head Island, SC 29928		Estimated State Aid: TOWN 140,362

PROPERTY TAXPAYER'S BILL OF RIGHTS

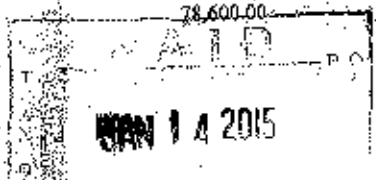
The Total Assessed Value of this property is: **78,600**
 The Uniform Parcel Identifier used to establish assessments in your municipality was: **6260**
 The assessor estimates the Full Market Value of this property as of July 1, 2013 was: **125,559**
 If you feel your assessment is too high, you have the right to seek a reduction in the future. A publication entitled "Contesting Your Assessment in New York" is available at the assessor's office and on-line: www.tax.ny.gov. Please note that the period for filing complaints on the above assessment has passed.

<u>Exemption</u>	<u>Value</u>	<u>Tax Purpose</u>	<u>Full Value Estimate</u>	<u>Exemption</u>	<u>Value</u>	<u>Tax Purpose</u>	<u>Full Value Estimate</u>

PROPERTY TAXES

<u>Taxing Purpose</u>	<u>Total Tax Levy</u>	<u>% Change From Prior Year</u>	<u>Taxable Assessed Value or Units</u>	<u>Rates per \$1000 or per Unit</u>	<u>Tax Amount</u>
County Tax	40,592,368	3.4	78,600.00	4.954206	389.40
Town Tax	21,257,624	2.4	78,600.00	6.028041	631.00
Fire #1	TOTAL 1,016,510	3.3	78,600.00	1.166504	91.72
Recd Library	TOTAL 227,800	100.0	78,600.00	3.19920	25.15

See Where your County tax dollars go: www.putnamcountyny.gov



Property description(s): 17600000010050000000 00171000000000000403 176-1-5

<u>PENALTY SCHEDULE</u>	<u>Penalty/Interest</u>	<u>Amount</u>	<u>Total Due</u>	TOTAL TAXES DUE	\$1,137.27
Due By: 01/31/2015	0.00	1,137.27	1,137.27		
02/28/2015	11.37	1,137.27	1,148.64		

Apply For Third Party Notification By: 11/15/2015

Taxes paid by _____ CA CH

RETURN THE ENTIRE BILL WITH PAYMENT AND PLACE A CHECK MARK IN THIS BOX IF YOU WANT A RECEIPT OF PAYMENT. THE RECEIVER'S STUB MUST BE RETURNED WITH PAYMENT.

223

**COUNTY OF PUTNAM & TOWN OF CARMEL
2015 COUNTY & TOWN TAXES**

Bill No. 009260
Sequence No. 5642
Page No. 1 of 1

* For Fiscal Year 01/01/2015 to 12/31/2015 * Warrant Date 12/23/2014

MAKE CHECKS PAYABLE TO:

KATHLEEN S. KRAUS
Receiver of Taxes
P O Box 887
Mahopac, NY 10541
845-628-1500

TO PAY IN PERSON

Carmel Town Hall
January 2nd thru January 31st
Mon - Fri, 8:30AM to 4:30PM
SATURDAY HOURS IN JANUARY
9 AM TO NOON

SWTS S/B/L ADDRESS & LEGAL DESCRIPTION & CK DIGIT

372000 85.11-1-3
Address: Wood St
Town of: Carmel
School: Lakeland Central
NYS Tax & Finance School District Code:
822 - Water supply Roll Sect. 1
Parcel Dimensions: 260.00 X 0.00
Account No. 354049
Bank Code

Rainbow Water Co Inc
21 Troon Dr
Hilton Head Island, SC 29928

Estimated State Aid: TOWN 140,362

PROPERTY TAXPAYER'S BILL OF RIGHTS

The Total Assessed Value of this property is: 150,000
The Uniform Percentage of Value used to establish assessments in your municipality was: 62.60
The assessor estimates the Full Market Value of this property as of July 1, 2013 was: 239,617

If you feel your assessment is too high, you have the right to seek a reduction in the future. A publication entitled "Contesting Your Assessment" is available at the revenue office and on line: www.tax.ny.gov. Please note that the period for filing complaints on the above assessment has passed.

Exemption	Value	Tax Purpose	Full Value Estimate	Exemption	Value	Tax Purpose	Full Value Estimate
-----------	-------	-------------	---------------------	-----------	-------	-------------	---------------------

PROPERTY TAXES

Taxing Purpose	Total Tax Levy	% Change From Prior Year	Taxable Assessed Value or Units	Rates per \$1000 or per Unit	Tax Amount
County Tax	40,592,368	3.4	150,000.00	4.954206	743.13
Town Tax	21,257,624	2.4	150,000.00	8.028041	1,204.21
Fire #1	TOTAL 1,016,510	3.3	150,000.00	1.166904	175.04
Rec'd Library	TOTAL 227,800	100.0	150,000.00	.319920	47.99

See Where your County tax dollars go: www.putnamcountyny.gov

JAN 1 2015

Property description(s): 12700000010180000000 002600000000000000311 127-1-3

PENALTY SCHEDULE	Penalty/Interest	Amount	Total Due	TOTAL TAXES DUE	\$2,170.37
Due By: 01/31/2015	0.00	2,170.37	2,170.37		
02/28/2015	21.70	2,170.37	2,192.07		

Apply For Third Party Notification By: 11/15/2015

Taxes paid by _____ CA CH

RETURN THE ENTIRE BILL WITH PAYMENT AND PLACE A CHECK MARK IN THIS BOX IF YOU WANT A RECEIPT OF PAYMENT. THE RECEIVER'S STUB MUST BE RETURNED WITH PAYMENT.

223

**Lakeland Central School District
2015 SCHOOL TAX RECEIPT**

Bill No.: 000379

For Fiscal Year July 1, 2015 - June 30, 2016

Warrant Date: 8/19/2015
Estimated State Aid: \$39,069,673

TAX COLLECTOR, LAKELAND CSD
DEPT # 116036 / PO BOX 5211
BINGHAMTON, NY 13902-5211
Phone: 914-245-1700

Property & Legal Description
Swis: 372000
SBL: 85.15-1-75
Address: 4 WOOD ST
4.03 Acres
Property Class: 822 Roll Sect.: 1
Bank Code:

85.15-1-75
RAINBOW WATER CO INC
21 TROON DR
HILTON HEAD ISLAND SC 29928

Property Taxpayer's Bill of Rights

The Assessor estimates the Full Market Value of this property as of 07/01/2014 was: \$78,600

The Assessed Value of this property as of 07/01/2014 was: \$78,600

The Uniform Percentage of Value used to establish assessment was: 100%

Please read below for "How to file a complaint on your assessment".

<u>Exemption</u>	<u>Value</u>	<u>Tax Purpose</u>
none		

<u>Tax Type</u>	<u>Total Tax Levy</u>	<u>% Change from prior year</u>	<u>Taxable Assessed Value</u>	<u>Rate per 1,000</u>	<u>Tax Amount</u>
School	\$0	0.00	78600	0.000000	\$3,335.61

<u>Payment Schedule</u>	<u>Penalty</u>	<u>Service charge</u>	<u>Amount</u>	<u>Total Due</u>
Full Pay By: 9/30/2015	0.00	0.00	\$3,335.61	\$3,335.61
First Half Pay By: 09/15/2015	0.00	66.71	1,667.80	\$1,734.51
2nd Half Pay By: 03/16/2016				

2015 Lakeland Central School Tax

Bill No.: 000379
SBL: 85.15-1-75

RAINBOW WATER CO INC
21 TROON DR
HILTON HEAD ISLAND SC 29928

First Half \$1,667.80 PAID ON: 9/16/2015 THANK YOU
Second Half \$1,667.81 PAID ON: 9/16/2015 THANK YOU

229

Property Taxpayer's Bill of Rights

If you feel your assessment is too high, you have a right to seek a reduction in the future. For further information, please ask your assessor for the booklet "How to File a Complaint on Your Assessment". Please note that the time period for filing complaints on the above assessment has passed.

**Lakeland Central School District
2015 SCHOOL TAX RECEIPT**

Bill No.: 000378

For Fiscal Year July 1, 2015 - June 30, 2016

Warrant Date: 8/19/2015
Estimated State Aid: \$39,069,673

TAX COLLECTOR, LAKELAND CSD
DEPT # 116036 / PO BOX 5211
BINGHAMTON, NY 13902-5211
Phone: 914-245-1700

Property & Legal Description
Swis: 372000
SBL: 85.11-1-3
Address: WOOD ST
3.11 Acres
Property Class: 822 Roll Sect: 1
Bank Code:

85.11-1-3
RAINBOW WATER CO INC
21 TROON DR
HILTON HEAD ISLAND SC 29928

Property Taxpayer's Bill of Rights

The Assessor estimates the Full Market Value of this property as of 07/01/2014 was: \$150,000

The Assessed Value of this property as of 07/01/2014 was: \$150,000

The Uniform Percentage of Value used to establish assessment was: 100%

Please read below for "How to file a complaint on your assessment".

<u>Exemption</u>	<u>Value</u>	<u>Tax Purpose</u>
none		

<u>Tax Type</u>	<u>Total Tax Levy</u>	<u>% Change from prior year</u>	<u>Taxable Assessed Value</u>	<u>Rate per 1,000</u>	<u>Tax Amount</u>
School	\$0	0.00	150000	0.000000	\$6,365.67

<u>Payment Schedule</u>	<u>Penalty</u>	<u>Service charge</u>	<u>Amount</u>	<u>Total Due</u>
Full Pay By: 9/30/2015	0.00	0.00	\$6,365.67	\$6,365.67
First Half Pay By: 09/15/2015	0.00	127.31	3,182.83	\$3,310.14
2nd Half Pay By: 03/16/2016				

2015 Lakeland Central School Tax

Bill No.: 000378
SBL: 85.11-1-3

RAINBOW WATER CO INC
21 TROON DR
HILTON HEAD ISLAND SC 29928

First Half \$3,182.83 PAID ON: 9/16/2015 THANK YOU
Second Half \$3,182.84 PAID ON: 9/16/2015 THANK YOU

230

Property Taxpayer's Bill of Rights

If you feel your assessment is too high, you have a right to seek a reduction in the future. For further information, please ask your assessor for the booklet "How to File a Complaint on Your Assessment". Please note that the time period for filing complaints on the above assessment has passed.



New York S Corporation Franchise Tax Return

Tax Law - Articles 9-A and 22

CT-3-S

All filers must enter tax period:

Final return (see instr., page 6) Amended return

beginning 1/1/14 ending 12/31/14

Employer identification number (EIN) <u>14-1493748</u>	File number	Business telephone number <u>(843) 842-2924</u>	If you have any subsidiaries incorporated outside NYS, mark an X in the box <input type="checkbox"/>	If you claim an overpayment, mark an X in the box <input type="checkbox"/>
Legal name of corporation <u>Rainbow Water Co. Inc.</u>		Trade name/DBA		
Making return (if different from legal name above) D/O		State or country of incorporation <u>NY</u>	Date received (for Tax Department use only)	
Number and street or PO box <u>26 Troon Drive</u>		Date of incorporation <u>1962</u>		
City <u>H. (Tan) Head Island</u>	State <u>SC</u>	ZIP code <u>29928</u>	Foreign corporation? date began business in NYS	
NAICS business code number (from NYS Pub 010) <u>221300</u>	If address/phone above is new, mark an X in the box <input type="checkbox"/>	If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See Business Information in Form CT-1.	New York S election effective date <u>1972</u>	Audit (for Tax Department use only)
NY's principal business activity <u>Community Water System</u>		Has the corporation revoked its election to be treated as a New York S corporation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, enter effective date:		
		Number of share holders <u>2</u>		
A Pay amount shown on line 46. Make payable to: New York State Corporation Tax			Payment enclosed	
◆ Attach your payment here. Detach all check stubs. (See instructions for details.)			A <u>50.00</u>	

You must attach a copy of the following: (1) federal Form 1120S as filed; (2) Form CT-34-SH; (3) Form CT-3-S-ATT (if required; see instructions); (4) Form CT-60-QSSS (if required; see instructions); and (5) any applicable credit claim forms.

- B If you filed a return(s) other than federal Form 1120S, enter the form number(s) here
- C If you included a qualified subchapter S subsidiary (QSSS) in this return, mark an X in the box and attach Form CT-60-QSSS.....
- D Have you underreported your tax due on past returns? To correct this without penalty, visit our Web site (see instructions).
- E Enter your business allocation percentage (if you did not complete Form CT-3-S-ATT, Schedule A, you must enter either 0 or 100) 100%
- F Enter your investment allocation percentage (if you did not complete Form CT-3-S-ATT, Schedule B, you must enter either 0 or 100) 100%
- G Did the S corporation make an IRC section 338 or 459 election? Yes No
- H Did this entity have an interest in real property located in New York State during the last three years? Yes No
- I Has there been a transfer or acquisition of a controlling interest in this entity during the last three years? Yes No
- J If the IRS has completed an audit of any of your returns within the last five years, list years....
- K If this return is for a New York S termination year, mark an X in the appropriate box to indicate which method of accounting was used for the New York S short year (see instructions, page 5) Normal accounting rules Daily pro rata allocation
- L Issuer's allocation percentage (see instructions)..... 100%
- M Mark an X in the box if you are filing Form CT-3-S as a result of the mandatory New York S election of Tax Law, Article 22, section 660(i).....
- N If you are one of the following, mark an X in one box: QETC Qualified New York manufacturer Eligible qualified New York manufacturer
- O Did you include any disregarded entities in this return? (mark an X in the appropriate box) Yes No
If Yes, enter the name(s) and EIN(s) on Form CT-60-QSSS and attach it to your return.

440001140094



- P If you filed as a New York C corporation in previous years, enter the last year filed as such
- Q Are you a residual interest holder in a real estate mortgage investment conduit (REMIC)? Yes No

231

Provide the information for lines 1 through 10 from the corresponding lines on your federal Form 1120S, Schedule K, total amount column. (Show any negative amounts with a minus (-) sign; do not use parentheses or brackets.)

1	Ordinary business income or loss	1	10,235	-
2	Net rental real estate income or loss	2		
3	Other net rental income or loss	3		
4	Interest income	4	1798	-
5	Ordinary dividends	5	52	-
6	Royalties	6		
7	Net short-term capital gain or loss	7	63	-
8	Net long-term capital gain or loss	8	155	-
9	Net section 1231 gain or loss	9		
10	Other income or loss	10		
11	Loans to shareholders (from federal Form 1120S, Schedule L, line 7, columns b and d)			
	Beginning of tax year		0	
	End of tax year		0	
12	Total assets (from federal Form 1120S, Schedule L, line 15, columns b and d)			
	Beginning of tax year		397,469	
	End of tax year		402,280	
13a	Loans from shareholders (from federal Form 1120S, Schedule L, line 19, columns b and d)			
	Beginning of tax year		87,141	
	End of tax year		71,590	
13b	If any portion of such loans was used as basis to deduct current or suspended loss, enter the amount used	13b		

Provide the information for lines 14 through 21 from the corresponding lines on your federal Form 1120S, Schedule M-2. (Show any negative amounts with a minus (-) sign; do not use parentheses or brackets.)

	A Accumulated adjustments account	B Other adjustments account	C Shareholders' undistributed taxable income previously taxed
14	Balance at beginning of tax year	22,623	
15	Ordinary income from federal Form 1120S, page 1, line 21	10,235	
16	Other additions		
17	Loss from federal Form 1120S, page 1, line 21		
18	Other reductions		
19	Add lines 14 through 18	32,858	
20	Distributions other than dividend distributions		
21	Balance at end of tax year. Subtract line 20 from line 19	32,858	32,858

Computation of tax (see instructions)

Have you been convicted of an offense, or are you an owner of an entity convicted of an offense, defined in New York State Penal Law Article 200 or 496, or section 195.20? (see Form CT-1, mark an X in one box) Yes No

You must enter an amount on line 22; if none, enter 0.

22	New York receipts (see instructions)	22	111,680	
23	Fixed dollar minimum tax (see instructions)	23	50	-
24	Recapture of tax credits (see instructions)	24		
25	Total tax after recapture of tax credits (add lines 23 and 24)	25	50	-
26	Special additional mortgage recording tax credit (current year or deferred; see instructions)	26		
27	Tax due after tax credits (subtract line 26 from line 25)	27	50	-

First Installment of estimated tax for the next tax period:

28	Enter amount from line 27	28		
29	If you filed a request for extension, enter amount from Form CT-5.4, line 2	29		
30	If you did not file Form CT-5.4 and line 28 is over \$1,000, enter 25% (.25) of line 28. Otherwise enter 0	30		
31	Add line 28 and line 29 or 30	31		





New York State and Local Sales and Use Tax Web Filed Return

Filing period

03/01/2014 - 02/28/2015

Sales tax identification number ▶	14-1493748
Legal name	RAINBOW WATER COMPANY, INC.
Mailing address	21 TROON DR HILTON HEAD, SC 29928-5162 US

Due date:

03/20/2015

You will be responsible for penalty and interest if your return is not submitted by this date.

Business Information changes

Final return Amended return

Has your responsible persons information changed? Yes No

Has your business address or phone number(s) changed? Yes No

Is the income from this business being reported "under" the identification number shown above?
Enter the ID number of the entity reporting the income: Yes No

Annual filers

Would you like to voluntarily begin filing returns on a quarterly basis? Yes No

Summary of business activity

Gross sales (include all taxable and exempt sales but not sales tax)	9,305.00
Total non-taxables sales	9,036.00
Gross credit and debit card deposits	

Return Summary

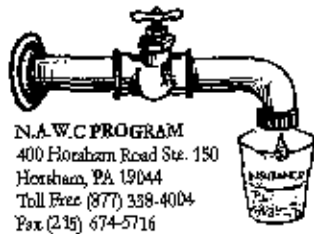
Part	Net taxable sales & services	Net purchases subject to tax	Total net sales & use tax
Main form	0.00	239.00	20.02
	0.00	239.00	20.02

233

Insurance

Summary

	2013	2014	2015
Disability	\$21	\$125	\$125
Workman's Comp	1,009	1,144	1,398
Property & Liability	4,294	4,321	4,321
Total	\$5,324	\$5,589	\$5,844



N.A.W.C PROGRAM
 400 Horsham Road Ste. 150
 Horsham, PA 19044
 Toll Free (877) 338-4004
 Fax (215) 674-5716

Rainbow Water Company and Sunrise Water Company
 21 TROON DRIVE
 HILTON HEAD ISLAND, SC 29928

INVOICE

Customer	Rainbow Water Company and Sunrise Water Company 2260
Date	09/09/2013
Customer Service	Marilyn Schuck
Page	1 of 1

Payment Information	
Invoice Summary	4,293.52
Payment Amount	
Payment for	Invoice #49258
GWPKG0065308	

Thank You

Customer: Rainbow Water Company and Sunrise Water Company

Invoice	Effective	Transaction	Description	Amount
49258	09/17/2013	Renew policy	Policy #GWPKG0065308 09/17/2013-09/17/2014 Arch Insurance Company Water Package - Renew policy Other Misc Taxes & Surcharges - Renew policy Due Date: 9/27/2013	4,286.00 7.52
				Total
				4,293.52

PAID

Grundy Insurance

(866)338-4006

Date

09/09/2013

235



105 CORPORATE PARK DR, STE 200, WHITE PLAINS, NEW YORK 10604-3814

Any questions, call 1-888-375-5700

744522

W 633 173-0 [S 6 R 1] 2390

RAINBOW WATER CO INC
% JOSEPH MAGGI
21 TROON DRIVE
HILTON HEAD SC 29928

MARSHALL & STERLING INC
PO BOX 120
CARMEL NY 10512

Policy Number
W 633 173-0

Group Number
90

BAF Number
19574152

BAF Date
3/01/2013

Minimum Amount Due

\$1,009.30
By 3/31/2013

Previous Balance
\$1,061.40

Payments Received
\$1,001.40

Other Credits
\$26.70

New Charges
\$1,035.81

Other Debits
\$0.00

Current Balance
\$1,009.30

Workers' Compensation Activity Period - 3/02/2012 to 3/01/2013

Transaction Date	Reference #	Payment/Credit Status	Charges	Credits
March 1, 2012		Previous Balance	\$1,061.40	
March 26, 2012	005262	Payment Received - Thank You		\$1,061.40-
April 26, 2012	t354508	Payroll Report Statement(04/01/2011 to 04/01/2012)		\$2.70-
July 18, 2012	t427536	Audit Statement(04/01/2011 to 04/01/2012)		\$23.51-
New Charges				
July 17, 2012	t426217	Earned Premium Rescind(04/01/2011 to 04/01/2012)	\$2.70	
February 11, 2013	r493358	Renewal Pol. 100% Down Payment(04/01/2013 to 04/01/2014)	\$1,032.81	
		New Charges	\$1,009.30	

Your current 'Total Account Balance' is \$1,009.30. Payment of this amount is required to avoid service charges and/or future interest charges. See reverse side (Page 2) for details.

236

Zurich American Insurance Company
Zurich Towers, 1400 American Lane
Schaumburg, IL 60196-1056



ZURICH AMERICAN INSURANCE COMPANY

SUNRISE RIDGE WATER
21 TROON DRIVE
HILTON HEAD ISLAND SC 29928

Check Date		Check Number		Vendor Number	ONETIMENYI
02/18/2013		3332244244		\$*****21.33	
ZURICH NORTH AMERICA PO BOX 9102 Plainview NY 11803-9002					
1542777001		Gross Amount		Discount Amount	
20130218-NYDHL		21.33		0.00	
RE: DBL REFUND				Net Amount	
154277700101130214016757				21.33	
NON-NEGOTIABLE					



237



Your Receipt

Your payment has been approved. Thank you for using this service to pay electronically.

Confirmation Number: **1518083137**



Account Information		Payment Information	
Policyholder Name:	RAINBOW WATER CO. INC. DBA SUNRISE RIDGE	Company:	Rainbow Water Co. Inc.
Policy Number:	D419673	Name:	Joseph Maggi
		Address1:	21 Troon Drive
		Address2:	
		City:	Hilton Head Is.
		State:	South Carolina
		Zip:	29928
		Phone:	843-842-2924
		Email:	maggidj@roadrunner.com
Payment Summary			
Payment Amount:	\$125.00	Transaction ID:	3E01-0FF9-7F15-44D7
Total Payment:	\$125.00	Method:	Company Checking
		Status:	Approved
		Payment Date:	12/07/2013 12:06:28 PM

Secure Area

Coverage for 2014

238

105 CORPORATE PARK DR, STE 200, WHITE PLAINS, NEW YORK 10604-3814

Any questions, Call 1-888-875-5790

745972

W 633 173-0 [S 7 R 1] 2417

RAINBOW WATER CO INC
% JOSEPH MAGGI
21 TROON DRIVE
HILTON HEAD SC 29928

MARSHALL & STERLING INC
PO BOX 120
CARMEL NY 10512

Policy Number
W 633 173-0

Group Number
90

Bill Number
20804848

Bill Date
3/03/2014

Minimum Amount Due

\$265.96

Previous Balance
\$1,009.30

Payments Received
\$1,009.30

Other Credits
\$0.00

New Charges
\$265.96

Other Debits
\$0.00

Current Balance
\$265.96

Workers' Compensation Activity Period - 3/02/2013 to 3/03/2014

Transaction Date	Reference #	Payment/Credit Status	Charges	Credits
March 1, 2013		Previous Balance	\$1,009.30	
March 12, 2013	005262	Payment Received - Thank You		\$1,009.30-
New Charges				
April 15, 2013	t643288	Payroll Report Statement(04/01/2012 to 04/01/2013)	\$0.11	
February 11, 2014	r733811	Renewal Pol. 25% Down Payment(04/01/2014 to 04/01/2015)	\$265.85	
		New Charges	\$265.96	

Your current Total Account Balance is \$1,069.51. Payment of this amount is required to avoid service charges and/or future interest charges. See reverse side (Page 2) for details.

239

105 CORPORATE PARK DR, STE 200, WHITE PLAINS, NEW YORK 10604-3814

W 633 173-0 [S 6 R 1] 2942

RAINBOW WATER CO INC
% JOSEPH MAGGI
21 TROON DRIVE
HILTON HEAD SC 29928

Minimum Amount Due

\$98.62
By 4/30/2014

Workers' Compensation Activity Period - 3/04/2014 to 4/01/2014

Transaction Date	Reference #	Payment/Credit Status	Charges	Credits
March 9, 2014		Previous Balance	\$265.96	
March 13, 2014	005262	Payment Received - Thank You		\$265.96-
New Charges				
April 1, 2014	4438447	Installment 1 of 9 (04/01/2014)	\$88.62	
April 1, 2014	>617019	Service Charge	\$10.00	
		New Charges	<u>\$98.62</u>	
Your current 'Total Account Balance' is \$807.55. Payment of this amount is required to avoid service charges and/or future interest charges. See reverse side (Page 2) for details.				

163 CORPORATE PARK DR, STE 200, WHITE PLAINS, NEW YORK 10604-3814

W 633 173-0 [S 6 R 1] 1809

RAINBOW WATER CO INC
% JOSEPH MAGGI
21 TROON DRIVE
HILTON HEAD SC 29928

10/31/2013
2013/12/31
\$98.51

Minimum Amount Due
\$98.51
By 5/31/2014

Policy Number
W 633 173-0

Group Number
1809

Effective Date
04/01/2014

Expire Date
03/31/2015

Previous Balance
\$98.51

Service Charge
\$10.00

Interest
\$0.00

Current Balance
\$108.51

Payment Due
\$108.51

Workers' Compensation Activity Period - 4/02/2014 to 5/01/2014

Transaction Date	Reference #	Payment/Credit Status	Charges	Credits
April 1, 2014		Previous Balance	\$98.62	
April 15, 2014	005238	Payment Received - Thank You		\$98.62-
April 18, 2014	1967458	Payroll Report Statement(04/01/2013 to 04/01/2014)		\$0.11-
New Charges				
May 1, 2014	4522518	Installment 2 of 9 (04/01/2014)	\$98.62	
May 1, 2014	> 692052	Service Charge	\$10.00	
		New Charges	\$98.51	
Your current "Total Account Balance" is \$718.82. Payment of this amount is required to avoid service charges and/or future interest charges. See reverse side (Page 2) for details.				

241

105 CORPORATE PARK DR, STE 200, WHITE PLAINS, NEW YORK 10604-3214

W-633 173-0 [S 7 R 1] 3360

RAINBOW WATER CO INC
 % JOSEPH MAGGI
 21 TROON DRIVE
 HILTON HEAD SC 29928

Minimum Amount Due

\$98.62

By: 6/30/2014

Workers' Compensation Activity Period - 5/02/2014 to 6/02/2014

Transaction Date	Reference #	Payment/Credit Status	Charges	Credits
May 1, 2014		Previous Balance	\$98.51	
May 14, 2014	005238	Payment Received - Thank You		\$98.51-
New Charges				
June 2, 2014	4698685	Installment 3 of 9 (04/01/2014)	\$88.62	
June 2, 2014	> 766028	Service Charge	\$10.00	
		New Charges	\$98.62	
Your current Total Account Balance is \$630.31. Payment of this amount is required to avoid service charges and/or future interest charges. See reverse side (Page 2) for details.				

105 CORPORATE PARK DR. STE. 200, WHITE PLAINS, NEW YORK 10604-3814

W 633 173-0 [S 6 R 1] 2171

RAINBOW WATER CO INC
% JOSEPH MAGGI
21 TROON DRIVE
HILTON HEAD SC 29928

Minimum Amount Due

\$98.62
By 7/31/2014

Workers' Compensation Activity Period - 6/03/2014 to 7/01/2014

Transaction Date	Reference #	Payment/Credit Status	Charges	Credits
June 2, 2014		Previous Balance	\$98.62	
June 17, 2014	005238	Payment Received - Thank You		\$98.62-
New Charges				
July 1, 2014	4696083	Installment 4 of 9 (04/01/2014)	\$98.62	
July 1, 2014	> 847546	Service Charge	\$10.00	
		New Charges	\$98.62	
Your current 'Total Account Balance' is \$541.69. Payment of this amount is required to avoid service charges and/or future interest charges. See reverse side (Page 2) for details.				

243

105 CORPORATE PARK DR. STE 200, WHITE PLAINS, NEW YORK 10604-3814

W 633 173-0 [S 6 R 1] 2359

RAINBOW WATER CO INC
 % JOSEPH MAGGI
 21 TROON DRIVE
 HILTON HEAD SC 29928

Minimum Amount Due

\$98.61
 By 8/31/2014

Workers' Compensation Activity Period - 7/02/2014 to 8/01/2014

Transaction Date	Reference #	Payment/Credit Status	Charges	Credits
July 1, 2014		Previous Balance	\$98.62	
July 15, 2014	005236	Payment Received - Thank You		\$98.62-
New Charges				
August 1, 2014	4785359	Installment 5 of 9 (04/01/2014)	\$88.61	
August 1, 2014	>927644	Service Charge	\$10.00	
		New Charges	\$98.61	
Your current "Total Account Balance" is \$453.07. Payment of this amount is required to avoid service charges and/or future interest charges. See reverse side (Page 2) for details.				



105 CORPORATE PARK DR, STE 200, WHITE PLAINS, NEW YORK 10604-3814

W-633 173-0 [S 8 R 1] 3923

RAINBOW WATER CO INC
% JOSEPH MAGGI
21 TROON DRIVE
HILTON HEAD SC 29928

Minimum Amount Due

\$98.62
By 9/30/2014

Workers' Compensation Activity Period - 8/02/2014 to 9/02/2014

Transaction Date	Reference #	Payment/Credit Status	Charges	Credits
August 1, 2014		Previous Balance	\$98.61	
August 15, 2014	005238	Payment Received - Thank You		\$98.61-
New Charges				
September 2, 2014	4875121	Installment 6 of 9 (04/01/2014)	\$88.62	
September 2, 2014	004549	Service Charge	\$10.00	
		New Charges	\$98.62	
Your current 'Total Account Balance' is \$364.46. Payment of this amount is required to avoid service charges and/or future interest charges. See reverse side (Page 2) for details.				

245

105 CORPORATE PARK DR, STE 200, WHITE PLAINS, NEW YORK 10604-3814

W 633 173-0 [S 5 R 1] 3778

RAINBOW WATER CO INC
% JOSEPH MAGGI
21 TROON DRIVE
HILTON HEAD SC 29928

Minimum Amount Due

\$98.61
By 10/31/2014

Workers' Compensation Activity Period - 9/03/2014 to 10/01/2014

Transaction Date	Reference #	Payment/Credit Status	Charges	Credits
September 2, 2014		Previous Balance	\$98.62	
September 16, 2014	005238	Payment Received - Thank You		\$98.62-
New Charges				
October 1, 2014	4964065	Installment 7 of 9 (04/01/2014)	\$88.61	
October 1, 2014	088728	Service Charge	\$10.00	
		New Charges	\$98.61	
Your current "Total Account Balance" is \$275.64. Payment of this amount is required to avoid service charges and/or future interest charges. See reverse side (Page 2) for details.				

246

W 633 173-0 [S 7 R 1] 23

RAINBOW WATER CO INC
% JOSEPH MAGGI
21 TROON DRIVE
HILTON HEAD SC 29928

Minimum Amount Due

\$98.62
By 11/30/2014

Workers' Compensation Activity Period - 10/02/2014 to 11/03/2014

Transaction Date	Reference #	Payment/Credit Status	Charges	Credits
October 1, 2014		Previous Balance	\$98.61	
October 16, 2014	005238	Payment Received - Thank You		\$98.61-
New Charges				
November 3, 2014	5050273	Installment 8 of 9 (04/01/2014)	\$88.62	
November 3, 2014	166481	Service Charge	\$10.00	
		New Charges	<u>\$98.62</u>	

Your current 'Total Account Balance' is **\$187.23**. Payment of this amount is required to avoid service charges and/or future interest charges. See reverse side (Page 2) for details.

Policy Number
GWPKG0065309

COMMON POLICY DECLARATIONS
ARCH INSURANCE COMPANY

Named Insured RAINBOW WATER COMPANY AND

Effective Date: 09-17-14

12:01 A.M., Standard Time

Agent Name GRUNDY INSURANCE

Agent No. GW001

Item 1. Named Insured and Mailing Address

Agent Name and Address

RAINBOW WATER COMPANY AND SUNRISE
WATER COMPANY
21 TROON DRIVE
HILTON HEAD ISLAND SC 29928

GRUNDY INSURANCE
400 HORSHAM ROAD
HORSHAM PA 19044

Agent No. GW001

Item 2. Policy Period

From: 09-17-2014

To: 09-17-2015

at 12:01 A.M., Standard Time at your mailing address shown above.

Item 3. Business Description:

Form of Business: CORPORATION

Item 4. In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Coverage Part(s)	Premium
Commercial Property Coverage Part	\$ 1,141.00
Commercial General Liability Coverage Part	\$ 2,891.00
Commercial Crime Coverage Part	\$ 100.00
Commercial Inland Marine Coverage Part	NOT COVERED
Commercial Auto (Business or Truckers) Coverage Part	\$ 181.00
Commercial Garage Coverage Part	NOT COVERED
TAX OR SURCHARGE	\$ 7.63
Total Policy Premium	\$ 4,320.63

Item 5. Forms and Endorsements

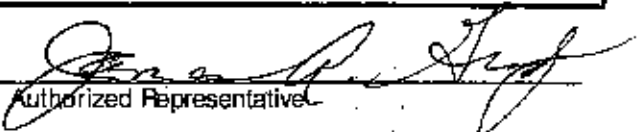
Forms(s) and Endorsement(s) made a part of this policy at time of issue:

See Schedule of Forms and Endorsements

Countersigned:

Date: 10-14-14

By:


Authorized Representative

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

FAIC-SKLBUS-CPD (6/01)

248

Dorothy & Joseph Maggi

From: "ShelterPoint" <admin@shelterpoint.com>
 To: <maggidj@roadrunner.com>
 Sent: Monday, January 05, 2015 6:52 PM
 Subject: Payment Confirmation

Your Payment information has been received for processing. If there are any issues, we will contact you. Thank you for us! electronically.



Confirmation Number: 54AB23CF66EE88CF9A5D71275E9D24CF81895378
 Request ID: 167290
 Policyholder Name: RAINBOW WATER CO. INC. DBA SUNRISE RIDGE
 Policy Number: D419673
 Payment Method: Check
 Date: 1/5/2015 6:52:47 PM

Description	Payment Amo
DBL and BaseLine Policy	\$125.00

If you have questions about your bill or payment, please contact [Customer service](#) or call 1-800-366-4999.
 This is a system generated email. Please do not respond to this email address.

Best Regards,
 ShelterPoint Life Customer Service

2015 Coverage

249

105 CORPORATE PARK DR, STE 200, WHITE PLAINS, NEW YORK 10604-3874

W 693 173-0 [S 6 R 1] 1387

RAINBOW WATER CO INC
% JOSEPH MAGGI
21 TROON DRIVE
HILTON HEAD SC 29928

MARSHALL & STERLING INC

Minimum Amount Due

\$96.52
By 5/31/2015

Workers' Compensation Activity Period - 4/02/2015 to 5/01/2015

Transaction Date	Reference #	Payment/Credit Status	Charges	Credits
April 1, 2015		Previous Balance	\$96.52	
April 14, 2015	005238	Payment Received - Thank You		\$96.52-
New Charges				
May 1, 2015	5544017	Installment 2 of 9 (04/01/2015)	\$86.52	
May 1, 2015	613910	Service Charge	\$10.00	
		New Charges	\$96.52	
Your current "Total Account Balance" is \$702.18. Payment of this amount is required to avoid service charges and/or future interest charges. See reverse side (Page 2) for details.				

105 CORPORATE PARK DR, STE 200, WHITE PLAINS, NEW YORK 10604-3514

W 633 173-0 [S 6 R 1] 1975

RAINBOW WATER CO INC
 % JOSEPH MAGGI
 21 TROON DRIVE
 HILTON HEAD SC 29928

Minimum Amount Due

\$96.52
 By 4/30/2015

Workers' Compensation Activity Period - 3/03/2015 to 4/01/2015

Transaction Date	Reference #	Payment/Credit Status	Charges	Credits
March 2, 2015		Previous Balance	\$259.56	
March 16, 2015	005238	Payment Received - Thank You		\$259.56-
New Charges				
April 1, 2015	5459812	Installment 1 of 9 (04/01/2015)	\$86.52	
April 1, 2015	537528	Service Charge	\$10.00	
		New Charges	<u>\$96.52</u>	
Your current 'Total Account Balance' is \$788.68. Payment of this amount is required to avoid service charges and/or future interest charges. See reverse side (Page 2) for details.				

251

105 CORPORATE PARK DR, SUITE 200, WHITE PLAINS, NY, 10604-8814

W 633 173-0

RAINBOW WATER CO INC
% JOSEPH MAGGI
21 TROON DRIVE
HILTON HEAD SC 29928

Minimum Amount Due
\$0.00

Workers' Compensation Activity Period - 05/02/2015 to 06/01/2015

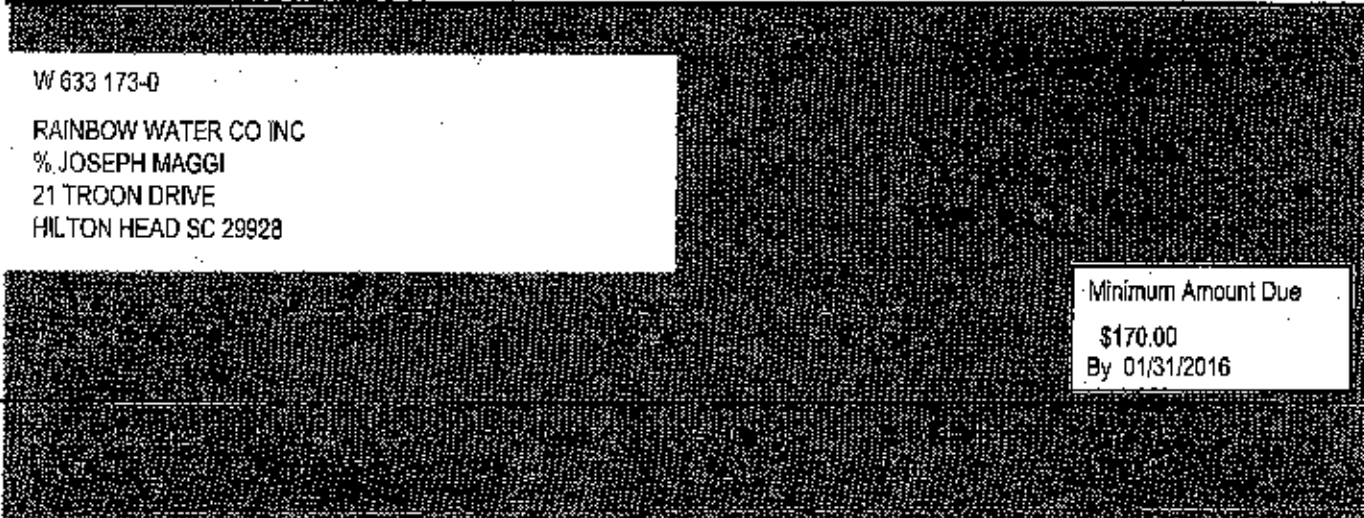
Transaction Date	Reference #	Payment/Credit Status	Charges	Credits
May 01, 2015		Previous Balance	\$96.52	
May 16, 2015	005238	Payment Received - Thank You		\$702.16-
May 15, 2015	690518	Service Charge Reversal		\$20.00-
New Charges				
May 15, 2015	P023302	Remaining Installments	\$605.64	
		Account Balance		\$20.00-

To ensure proper credit, please mail payment & remittance slip 7 days prior to the due date to the address below.

252



105 CORPORATE PARK DR, SUITE 200, WHITE PLAINS, NY, 10604-3814



W 633 173-0
RAINBOW WATER CO INC
% JOSEPH MAGGI
21 TROON DRIVE
HILTON HEAD SC 29928

Minimum Amount Due
\$170.00
By 01/31/2016

Workers' Compensation Activity Period - 12/02/2015 to 01/04/2016

Transaction Date	Reference #	Payment/Credit Status	Charges	Credits
December 01, 2015		Previous Balance	\$340.02	
December 14, 2015	005238	Payment Received - Thank You		\$171.70-
New Charges				
January 04, 2016	4423124	Interest	\$1.88	
>>>Your current Total Account Balance is \$170.00. Payment of this amount is required to avoid service charges and/or future interest charges. See reverse side (Page 2) for details.				

253



New York State Insurance Fund

WORKERS' COMPENSATION

105 CORPORATE PARK DR, SUITE 200, WHITE PLAINS, NY, 10604-3814

W 633 173-0

RAINBOW WATER CO INC
% JOSEPH MAGGI
21 TROON DRIVE
HILTON HEAD SC 29928

Minimum Amount Due

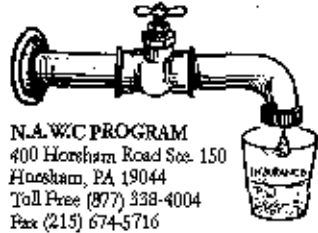
\$171.70

By 12/31/2015

Workers' Compensation Activity Period - 11/03/2015 to 12/01/2015

Transaction Date	Reference #	Payment/Credit Status	Charges	Credits
November 02, 2015		Previous Balance	\$504.98	
November 30, 2015	005238	Payment Received - Thank You		\$168.33-
New Charges				
December 01, 2015	3954533	Interest	\$9.37	
>>>Your current Total Account Balance is \$340.02. Payment of this amount is required to avoid service charges and/or future interest charges. See reverse side (Page 2) for details.				

254



N.A.W.C PROGRAM
 400 Horsham Road Svc. 150
 Horsham, PA 19044
 Toll Free (877) 338-4004
 Fax (215) 674-5716

INVOICE

Rainbow Water Company and Sunrise Water Company	2260
07/27/2015	
Marilyn Schuck	
1 of 1	

Rainbow Water Company and Sunrise Water Company
 21 TROON DRIVE
 HILTON HEAD ISLAND, SC 29928

	4,320.63
	Invoice#85490
GWPKG0085310	

Thank You

Please detach and return with payment

Customer: Rainbow Water Company and Sunrise Water Company

85490	09/17/2015	Renew policy	Policy #GWPKG0065310 09/17/2015-09/17/2016 Arch Insurance Company Water Package - Renew policy Other Misc Taxes & Surcharges - Renew policy Due Date: 9/27/2015	4,313.00 7.63
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PAID

4,320.63

Thank You

Grundy Insurance
 P.O. Box 1957 400 Horsham Road, Suite 150
 Horsham, PA 19044

(866)338-4006

07/27/2015

255