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## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

The organization may have to use a copy of this return to satisfy state reporting requirements.

	or the		r, or tax year begin	- see a pain	A	and and	line	4/04/05/05	6035	20.00	
		lo M				2008, and end				er identification number	
	heck if ap	I I I I I I I I I I I I I I I I I I I	ame of organization oing Business As	BOOTHBAY	HARBORY	ACHT CLUR			•	•	
	Address charge label or							E Telephone number			
Li Name change type.								•	633-5750		
	ntial retu	abacine   C	P.A. Box 49 city or town, state or co		4				\ <b>&amp;</b> \(\begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	633-3/50	
$\overline{}$	erminatio	tions.	W. BOOTHER			6-0407			G Gross red	ceipts \$ 594.852	
	mended	E Name an	nd address of principal		JUE 043 /	3-0447					
LJ A	pplication	Dending	JARD LEVITA		0.4005"			-		for affiliates? Yes No	
T .	Tax-exen		(insert no.)	4947(a)(1) or						list (see instructions) H/A	
	Website	·	bhas net	1041(0)(1) 01				H(c) Group e			
			Trust Association	on ☐ Other ▶	<del></del>	L Year of form	nation.			legal domicile: ME	
		Summary		<u> </u>	·	L		1197		101	
			organization's m	esion or most	significant a	ctivities.					
		Encourage a	all aspects	of vachti	ng in the	Boothba	v Ha	arbor F	Region	of Maine	
5 E		-Hurdaya	ant walked an	-y			J				
ia C		·									
Governance	<b>2</b> C	neck this box >	if the organization dis	scontinued its on	erations or disc	osed of more ti	han 25	5% of its as	sets.		
Ğ			nembers of the go	•				.,,	3	17	
es 6	l.	-	ident voting mem		-	•	1b)		4	17	
Activities &			nployees (Part V,	-		-	,		5	38	
Acti	ı		lunteers (estimate	•					6	100	
•	7a T	otal gross unrelate	ed business reven	ue from Part	VIII, line 12/c	olumn-(C)			7a	7.621	
	bΛ	et unrelated busin	ness taxable incor	ne from Form	990-T. line 3	#INED			. 7b	6 389	
						٩	181	Prior Ye	ear	Current Year	
	8 0	ontributions and	grants (Part VIII, li	ine 1h)	&! MAR (	爱2010	[क्रा	10	016	11 420	
Š	l		venue (Part VIII, II			יוטא גאל	(2)	417	247	<u> 432,149</u>	
Revenue	10 li	vestment income	(Part VIII, column	n (A), lines 3, 4	, and 7d)	2012 D. B. 10002	<u>' 141</u>	8,	78/	3,636	
ш	11 (	ther revenue (Part	t VIII, column (A),	lines 5, 6d, 8d	c, 9c, 196, ar	alite)JT.	. []	156	456	144,032	
	12 T	otal revenue -add	lines 8 through 11	(must equal Pa	art VIII, columi	r(A), line 12-)	#_	592,	500	591,237	
	13 (	rants and similar	amounts paid (Pa	art IX, column	(A), lines 1-3					<del></del>	
ú	14 E	enefits paid to or	for members (Par	rt IX, column (	A), line 4) .						
Jse	1	-	oensation, employe	•	•	), lines 5–10)	<u> </u>	264,0	049	257,355	
Expenses	1		using fees (Part IX,				242.54	ar and the second	****		
ũ		-	penses (Part IX, co			lA	🕮				
			art IX, column (A),				-	2965		298,324	
			dd lines 13–17 (mi			•	-	561,6		555,679	
2 8		evenue less expen	ises. Subtract line	16 Irom line 12	<u> </u>	· · · ·	<del>-   -</del>	3/,4 Beginning		35,558 End of Year	
Assets or 1 Balances	- A		V l 10)				$\vdash$				
Ass	20 1	otal assets (Part ) otal liabilities (Par	•		· · · ·		-		789 141	1,399,346	
Net /	22	•	balances. Subtra	ct line 21 fron			•	,	<u>142</u> 647	1 397.205	
	art II	Signature Blo		OC IIIIO E : II OII		<del></del>	- 1	1,391,	5 1 1	1,311,803	
_		Under penalties of per	nury, I declare that I ha							o the best of my knowledge	
		and belief, it is true, o	orrect, and complete	Declaration of pre	parer (other than	officer) is based	i on all	Information	of which p	reparer has any knowledge	
Sig	gn i	1 Allah	UR Hono	11				1	2/17/	2010	
He	re	Signature of office	er:	0				Da	te /	<del></del>	
		SUSA	AN HANEY	TREAS	URER						
		Type or print name									
		Preparer's				Date	Chec self-			identifying number	
Pai	d	signature	2/ . 1 1.1	111		2/2/	emp	loyed 🕨 🛭	(see instruc	ctions)	
_	parer's		Juny g. 14			2/8/10	<u></u>		P00	967116	
	e Only	Firm's name (or yours if self-employed),				., CPA		EIN	<b>&gt;</b>	!	
address, and ZP+4 Box 1, Boothbay Harbor, ME 04538-0001 Phone no ► (207) 633						7,633-4040					
Ma	ay the	RS discuss this re	eturn with the pre	parer shown a	bove? (see ii	nstructions)	<u> </u>	<u> </u>	<u> </u>	Yes No	
Fo	r Privad	y Act and Paperwo	ork Reduction Act	Notice, see the	separate ins	tructions.		Cat. No 1	1282Y	Form <b>990</b> (2008)	

art	Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission: Encourage all aspects of yachting in the Boothbay Harbor Region of Maine
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O.  Describe the exempt purpose achievements for each of the organization's three largest program services by expenses  Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code ) (Expenses \$ Including grants of \$ ) (Revenue \$ ) Operation of a waterfront facility on a seasonal basis to promote all aspects of yachting in the Boothbay Harbor Region of Maine. Services include moorings, launch service, boat racing, cruises and yachting regattas. There are approximately 300 participants.
4b	(Code:) (Expenses \$
4c	(Code ) (Expenses \$ Including grants of \$ ) (Revenue \$ )  Tennis instruction for children and adults. There are approximately  125 participants.
4d	d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
40	e Total program service expenses ►\$ (Must equal Part IX, Line 25, column (B).)

Part	Checklist of Required Schedules		r	
			Yes	No
	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		_x_
	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		NA
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		_N/A
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete	_		
	Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		×
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
12	Parts VI, VIII, IX, or X as applicable	11	<b>X</b>	
'-	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		×
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	LX_
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	-	-X_
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>  × </u>
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions	24a		
<b>.</b>	24b–24d and complete Schedule K. If "No," go to question 25.	24b	+	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240	†	N/
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	1	NIF
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	1	NIA
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		NI
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		NIF
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		×
	and the second of the second o			

Par	t IV Checklist of Required Schedules (continued)			
•			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:	ا مراجع		'
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or	1		
	employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	∛.∕. 28a	,	×
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		×
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		×
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		N/
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		NIE
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37	1	×

Form 990 (2008)

Part	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		-	ž
	U.S. Information Returns. Enter -0- if not applicable	1		· •
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	3.4	: 1	- '
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	×	106.4
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return  2a 38  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	* <b>*</b>	```,
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		, , , , , , , , , , , , , , , , , , ,	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	3a	×	
	this return?	3b	×	
	· · · · · · · · · · · · · · · · · · ·	<del>-</del>		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	<u> </u>	×
b	16 765, eriter the harrie of the foreign country.		)    - 	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	44. E.P.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<b></b>	×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<b></b>	×
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		NIF
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		NIA
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7ã. 7a	- 3	NIA
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		NIA
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		NIF
А	If "Yes," indicate the number of Forms 8282 filed during the year		-	1111
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7e	2	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		NIA
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		NI
э h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			1
•	required?	7h		NIA
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section	V. C.		
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	<u> </u>	NIA
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	Fac .	•	1.
а	Did the organization make any taxable distributions under section 4966?	9a		N/A
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<del> </del>	NIF
10	Section 501(c)(7) organizations. Enter:		-	.]. `
a	Initiation fees and capital contributions included on Part VIII, line 12	1		;
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 33,348	1.30	,ţ	1.
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders		<b>.</b>	1 - 1
a		133	·	1
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	1		1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	NIA
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b   N/A		., .	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sect	ion A. Governing Body and Management			
	·		Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.			` _
	Enter the number of voting members of the governing body		3.5	100
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	15.04
	any other officer, director, trustee, or key employee?	2		L×_
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		×
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		×
6	Does the organization have members or stockholders?	6	×	
7a				
	of the governing body?	7a	×	1
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	×	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	100		
Ū	the year by the following:	- T	, , ,	٧.
а	The governing body?	8a	×	1
	Each committee with authority to act on behalf of the governing body?	8b	×	
	Does the organization have local chapters, branches, or affiliates?	9a	<del>  ^</del>	×
			$\vdash$	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	ļ	NA
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	<u> </u>	LX_
Sec	tion B. Policies		7-	Υ
			Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	<del> </del>	_X_
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		NIA
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	i		
	describe in Schedule O how this is done	12c		NIA
13	Does the organization have a written whistleblower policy?	13		X_
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	-: 1		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	17.5		<u> </u>
а	The organization's CEO, Executive Director, or top management official?	15a		N/A
	Other officers or key employees of the organization?	15b	,L	HIA
	Describe the process in Schedule O. (see instructions)		3	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		×
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		Ţ · .	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		- A - 1	
	the organization's exempt status with respect to such arrangements?	16b	<u>,                                     </u>	NIA
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Nane.			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501)	(c)(3)s	only	
	available for public inspection. Indicate how you make these available. Check all that apply.	, , - , -	3)	
	Own website Another's website Vpon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	t of in	iteresi	ı
-	policy, and financial statements available to the public.	. 🔾. 111		•
20	State the name, physical address, and telephone number of the person who possesses the books and rec	ords -	of the	
	organization. > AONNA GREWER, WESTERN AUE, BOOTHBAY HARBOR MAINE (2			
	,			

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not co (A)	(B)	T		((				(D)	(E)	(F)
Name and Title	Average		on (c	check	ali:	that ap	ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Howard Levitan										
Commodore	5				l			-0-	-0-	-0-
Robert McArtor										
Vice Commodore	5				İ			-0-	-0-	<b>-</b> 0-
Marianne Reynolds										
Rear Commodore	5	1	l				<u> </u>	-0-	-0-	0-
Steven Permut										
Secretary	5					<u> </u>		-0-	-0-	-0-
Susan Haney										
Treasurer	5	<u></u>	L	<u>L</u>		<u> </u>		-0-	-0-	-0-
Ann Hughes										
Director	5		<u> </u>			<b></b>	_	-0-	<del>-</del> 0-	<del>-</del> 0-
Sandy Drayer	ļ				İ					
Director	5	ļ	<del> </del>	ļ	╙	ļ	ـــ	-0-	-0-	-0-
Lynne Nordof							l	_		
Director	5	ļ	<u> </u>	<del> </del>			1	-0-	-0-	-0-
Peter Gardner					ļ					
Director	5	↓	ļ	$\vdash$	_	1	_	-0-	-0-	-0-
William Freidman			ı							_
Director	5	ļ	╁	<u> </u>	<del> </del>	-	↓	-0-	-0-	-0-
Penny McLaughlin Director	5							-0-	-0-	-0-
Jane Scharff										1
Director	5	ļ	1	1	1_	—	↓_	-0-	-0-	-0-
Robert Vawter, Jr.	4									
Director	5	ļ	1	↓_	1_	↓	$\perp$	-0-	-0-	-0-
Charles Koch				-		1				
Director	5	-	1	1	$\perp$	<b> </b>	$\perp$	-0-	-0-	-0-
Dawn Lieb										1
Director	5	<b>_</b>	4_	<del> </del>	1	↓	╄-	-0-	-0-	-0-
Margaret Reiser Director	. 5							-0-	-0-	-0-
Robert McCann					$\top$	T				
Director	5	1	1	1	1			-0-	-0-	-0-

(F) Estimated amount of other compensation
amount of other
other
from the organization and related organizations
<del></del>
<del></del>
<del>1</del>
<del></del> -
<del></del>
-0-
ation from the
Yes N
1522 20
4 7
5 >
0,000 of
(C) Compensation

Part	VIII	Statement of Rev	enue	<del></del>				
\$ 1:4:					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 513 or 514
Contributions, gifts, grants and other similar amounts	b c d	Federated campaigns Membership dues Fundraising events . Related organizations Government grants (contributions, gifts, gifts, gifts, gifts)	rants,					
Contrib and ot		and similar amounts not include Noncash contributions include <b>Total.</b> Add lines 1a–1f	11,430	11,420				
Service Revenue	ь	MEMBER AUES : A: WATER FRANT ACT SALUNG PROGRE	Business Code 713990 713990 611600	314,083 59,543 35,331	314,082 59,548 35,831			
Program Se	e f	All other program service Total. Add lines 2a–2f		611600	432,149	23,394		
	3 4 5	Investment income (income remains) Income from investment of Royalties		🕨	3,636	Towns of Towns Ass	3,636	
	b	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (lo	(i) Real 7,600 3,6/5 3,985	(ii) Personal	3.985		3985	
	7a	Gross amount from sales of assets other than inventory Less cost or other basis	(i) Securities	(ii) Other				
0	d	3 ( )		>				
Other Revenue		Gross income from events (not including \$ of contributions reporte See Part IV, line 18	d on line 1c).					
ğ	c	Less direct expenses Net income or (loss) fro	•					
	b	Gross income from gam See Part IV, line 19 Less: direct expenses. Net income or (loss) from	a					
	b	Gross sales of inverturns and allowances Less: cost of goods so Net income or (loss) from	ory <b>&gt;</b>					
		Miscellaneous Rev	Business Code 733100	140,047		in sie in in	140,047	
	1	I All other revenue	 I1d	<b>&gt;</b>	רויס טויו			1.55.5
		9c, 10c, and 11e			591,237	432.149	7,621	140,047

Par	Part IX Statement of Functional Expenses								
	Section 501(c)(3) and 501(c)(4) organizations must complete all columns.								
	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses				
1	Grants and other assistance to governments and								
	organizations in the U.S. See Part IV, line 21								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22								
3	Grants and other assistance to governments, organizations, and individuals outside the								
	U.S. See Part IV, lines 15 and 16				A. T. C.				
4	Benefits paid to or for members	· · · · · · · · · · · · · · · · · · ·			The state of the s				
5	Compensation of current officers, directors, trustees, and key employees		<del></del>						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		·····						
7	Other salaries and wages	228,137							
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	,							
9	Other employee benefits	6,280							
10	Payroll taxes	22,938							
11	Fees for services (non-employees).	,							
а	Management , , ,								
b	Legal								
С	Accounting	a,435	···						
	Lobbying		Care a delimental mental period in a second	a commence a consumer of the Contract					
	Professional fundraising services. See Part IV, line 17			がなる。					
	Investment management fees								
	Other	380							
12	Advertising and promotion	1,363							
13	Office expenses	7,498			<del></del>				
14	Information technology	830							
15	Royalties	95,275							
16 17	Occupancy	13,813							
18	Payments of travel or entertainment expenses								
40	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings .			<u> </u>					
20	Interest		<del></del>						
21 22	Payments to affiliates	84,996		<u> </u>					
23	Depreciation, depletion, and amortization . Insurance	19.699			<del> </del>				
-				CARL STATE	150 66 CANON 12				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed								
	5% of total expenses shown on line 25 below.)								
а	FOOD AND LIBUOR	53.348	The second secon	- 707					
b	OPERATING SUPPLIES	25,234							
C	BANK CHARGES	6,155							
d	<u> </u>	979							
е	_	232							
f	All other expenses								
	Total functional expenses. Add lines 1 through 24f	555,679							
26	Joint Costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	N/0							
	fundraising solicitation	NIA							

Par	t X	Balance Sheet			
			(A) Beginning of year		(B) End of year
1	1	Cash—non-interest-bearing		_1	
	2	Savings and temporary cash investments	301,588	2	350,767
	3	Pledges and grants receivable, net		3	<del></del>
- 1	4	Accounts receivable, net	2,267	4	630
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L.		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	The constitute of
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	12,151	8	11,861
A	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost basis 10a 1,946,873			
	b		1,062,783	10c	1.035 988
	11	Investments—publicly traded securities	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11	1,000,100
Ì	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11	1	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,378.789	16	1.399 246
	17	Accounts payable and accrued expenses	1	17	1791
	18	Grants payable		18	
	19	Deferred revenue	14.383	19	250
	20	Tax-exempt bond liabilities	,	20	
တ	21	Escrow account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	And the second of the second o
	23	Secured mortgages and notes payable to unrelated third parties	1	23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	17.142	26	2.041
nces		Organizations that follow SFAS 117, check here ▶ 🕱 and complete lines 27 through 29, and lines 33 and 34.			
ă	27	Unrestricted net assets	1361 647	27	1.397 205
Bala	28	Temporarily restricted net assets		28	1,01,00
פַ	29	Permanently restricted net assets		29	
or Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds	The second secon	30	The second secon
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
et	33	Total net assets or fund balances	1,361,647	33	1,397,205
~	34	Total liabilities and net assets/fund balances	1,378 789	34	1.399.246
Pa	rt X	Financial Statements and Reporting			
1	Acc	counting method used to prepare the Form 990:  Cash  Accru	ıal 🗌 Other		Yes No
2		re the organization's financial statements compiled or reviewed by an ir		nt?	2a 🗶
		re the organization's financial statements audited by an independent ac			2b x
		Yes" to lines 2a or 2b, does the organization have a committee that assume		rsiaht	I I I I I I I I I I I I I I I I I I I
		audit, review, or compilation of its financial statements and selection of an	•	-	l l f
3		a result of a federal award, was the organization required to undergo a	•		1 1 1
		Single Audit Act and OMB Circular A-133?			3a ×
1	o If "	Yes," did the organization undergo the required audit or audits?			3b N/

### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

	BOOTHBAY HAR	BOR YACHT CLUB		01 0033215
Par	Organizations Maintaining Do the organization answered "Yes			nds or Accounts. Complete if
_		(a) Donor advised fun-		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year) .		l l	
4	Aggregate value at end of year			
	Did the organization inform all donors and	d depar advisors in writing th	at the assets hold	d in dozer advised
5	funds are the organization's property, sub	pject to the organization's exc	lusive legal conti	rol? Yes No
6	Did the organization inform all grantees, used only for charitable purposes and no	donors, and donor advisors in	or donor advisor	or other
Da	t II Conservation Easements. Con			
				Torri 300, Fare TV, III C 7. A/A
1	Purpose(s) of conservation easements he			
	Preservation of land for public use (e.	g., recreation or pleasure)	_	of an historically important land area
	Protection of natural habitat		☐ Preservation	of certified historic structure
	☐ Preservation of open space			
2	Complete lines 2a-2d if the organization he	eld a qualified conservation co	ntribution in the fo	orm of a conservation easement
	on the last day of the tax year.			im-7/7/4-
				Held at the End of the Year
а	Total number of conservation easements			
b	Total acreage restricted by conservation	easements		2b
С	Number of conservation easements on a			
d	Number of conservation easements inclu			2d
3	Number of conservation easements mod	• • •		rminated by the organization during
3	the taxable year ►			
4	Number of states where property subject			
5	Does the organization have a written pol enforcement of the conservation easeme		nitoring, inspection	1 1 1
6	Staff or volunteer hours devoted to moni	toring, inspecting, and enforc	ing easements d	uring the year ▶
7	Amount of expenses incurred in monitori	ng, inspecting, and enforcing	easements durin	ig the year ► \$
8	Does each conservation easement repor	-		-
Ū	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			Yes ∐ No
9	In Part XIV, describe how the organization			
	balance sheet, and include, if applicable		ne organization's	financial statements that describes
	the organization's accounting for conser	vation easements.	Tue	24L Ciil A 1
Ра	Organizations Maintaining Co Complete if the organization an	swored "Ves" to Form 990	Dort IV line 9	
	Complete if the organization an	Sweled 165 to Fulli 990,	i ait iv, lile o.	NIA
1a	If the organization elected, as permitted	under SFAS 116, not to repo	rt in its revenue s	statement and balance sheet works of
	art, historical treasures, or other similar as	sets held for public exhibition	, education, or res	search in furtherance of public service,
	provide, in Part XIV, the text of the footr	ote to its financial statement	s that describes t	hese items.
<b>h</b>	If the organization elected, as permitted			
U	historical treasures, or other similar asse	ts held for public exhibition	education or rese	earch in furtherance of public service
	provide the following amounts relating to			
	(i) Revenues included in Form 990, Par			<b>▶</b> \$
	(ii) Assets included in Form 990, Part X			
_				
2	If the organization received or held wor following amounts required to be reported	ed under SFAS 116 relating to	these items:	-
а	Revenues included in Form 990, Part VI			
b	Assets included in Form 990, Part X .			• \$
	·			

Part	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)								
	Using the organization's accession items (check all that apply):	and other records, check a	ny of the following	that are a significant u	se of its collection				
а	Public exhibition	d		ange programs					
b	Scholarly research	e	Other						
С	Preservation for future generat	ions							
	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.								
	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Par	Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.								
	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?								
b	b If "Yes," explain the arrangement in Part XIV and complete the following table:								
				<del> </del>	mount				
	•			. 1c					
	Additions during the year			. 1d					
е	Distributions during the year			. <u>1e</u>	<del></del>				
f	Ending balance	· · · <u>· · · · · · · · · · · · · · · · </u>		. 1f					
2a b	b If "Yes," explain the arrangement in Part XIV.								
Par	Endowment Funds. Co	mplete if organization ar							
		(a) Current year (b) Pno	CONTRACTOR OF THE PARTY OF THE	s back (d) Three years bac	THE PERSON NAMED AND DESCRIPTION OF THE				
1a	Beginning of year balance								
b	Contributions	000							
С	Investment earnings or losses .								
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f g	Administrative expenses End of year balance								
2	Provide the estimated percentage of the year end balance held as:								
а	Board designated or quasi-endowment ▶%								
b	Permanent endowment ▶%								
С	Term endowment ▶	%							
3а	Are there endowment funds not in the possession of the organization that are held and administered for the organization by:    Yes   No								
	(i) unrelated organizations				3a(i)				
	(ii) related organizations				3a(ii)				
ь	If "Yes" to 3a(II), are the related org				3b				
4	4 Describe in Part XIV the intended uses of the organization's endowment funds.								
Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.									
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value				
1a	Land	38,162	235,821		273,983				
b	Buildings	25,408	995,619	417,621	603'406				
C	Leasehold improvements		•		· · · · · · · · · · · · · · · · · · ·				
	Equipment		434,609	292,698	141,911				
	Other	2,956	214,298	200,566	16,688				
Tota	I. Add lines 1a-1e (Column (d) should	equal Form 990, Part X, colur	тп (B), line 10(c).) .	<u> </u>	1.035 988				

#### SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Inspection

Employer identification number

	ВО	OTHBAY HARBOR YACHT CLUB	01   0032215			
		The organization is a membership organization.				
		The membership elects the governing body.				
		Members dues and assessments are appro				
	<del>_</del>	The Form 990 is reviewed by the organi to filing. Other officers and members after it is filed at the next schedule	zation's treasurer prior			
		No governing documents are made availa				
Part VIII, Line 11		The organization operates a dining roo and guests; public use is restricted.  do not operate at a profit nor is the profit.	The dining room and bar activity engaged in for			
••••						