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Form **990** 

Department of the Treasury
Internal Revenue Service

# **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)

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

2010

Open to Public Inspection

A Fo	r the	2010 ca	llendar year, or tax year beginn	ing 01-01-2010 and ending 12-31-20	10	_		
<b>B</b> Che	eck ıf a	pplicable	C Name of organization Casper Boat Club			D Employ	er ide	entification number
Add	ress ch	hange	Doing Business As			83-60	0315	7
☐ Nar	ne cha	inge	Doing Business As			E Telepho	ne nu	ımber
☐ Inıt	al retu	ırn	Number and street (or P O box if	mail is not delivered to street address)	Room/suite	(307)	237-9	9823
┌ Ter	mınate	ed	PO Box 2123	,		(007)		
_ Am	ended	return	City or town, state or country, and	ZIP + 4		<b>G</b> Gross re	ceipts	\$ 447,429
— App	lication	n pending	Casper, WY 826022123					
		, ,	<b>F</b> Name and address of pr	incinal officer	11/->			- F F
			Nick Hopkins	merpur omeer	n(a) Is this	a group return for	affiliate	es? Yes V No
			PO Box 2123 Casper, WY 826022123		H(b) Are a	ll affiliates inclu	ded?	┌ Yes ┌ No
			Casper, W1 020022123		If"N	lo," attach a	lıst (	(see instructions)
Ta:	k-exen	npt status	\[ \sum_{501(c)(3)} \sum_{501(c)(7)} \div \]	(insert no )	H(c) Gro	up exemptio	n num	nber ►
			perboatclub com		$\dashv$			
			<u> </u>		<u> </u>			
<b>K</b> Forn	n of or	ganızatıon	Corporation Trust Associati	on 🔽 Other 🕨 Social Club	L Year of fo	ormation 1937	M S	State of legal domicile
Pa	rt T	Sum	mary				771	
			<u>-</u>	ion or most significant activities				
		,	de services to members of the o	3				
Activities & Governance								
₫								
藝	,	Check th	us hox •— if the organization d	iscontinued its operations or disposed	l of more than	25% of its n	et ass	sets
ŝ			,	ning body (Part VI, line 1a)			з	8
26 24				of the governing body (Part VI, line 1			4	8
<u>≅</u>				calendar year 2010 (Part V, line 2a)		·	5	12
\$			mber of volunteers (estimate if				6	0
¥				Part VIII, column (C), line 12			7a	50
				from Form 990-T, line 34		_	7b	0
				,	Pri	or Year		Current Year
	8	Contri	butions and grants (Part VIII, I	line 1h)		8,49	0	112,660
≗	9			line 2g)		309,41	. 2	292,799
Revenu	10			in (A), lines 3, 4, and 7d)			0	50
<del>ä</del>	11	Other	revenue (Part VIII, column (A)	, lines 5, 6d, 8c, 9c, 10c, and 11e)		108,50	8	31,564
	12			1 (must equal Part VIII, column (A), lı	ne	456.44		407.070
						426,41		437,073
	13		. ,	t IX, column (A), lines 1-3)		13,40	-	28,800
	14			IX, column (A), line 4)	_		0	0
88	15	Salarie 10)	es, other compensation, employ	ree benefits (Part IX, column (A), lines	5-	96,81	.2	98,076
Expenses	16a	•	sional fundraising fees (Part IX	, column (A ), line 11e)		14,65	50	0
Ě	ь	Total fu	ndraising expenses (Part IX, column (I	D). line 25) <b>▶</b> 0		· · ·		
ш	17			lines 11a-11d, 11f-24f)		271,07	7	294,297
	18			ust equal Part IX, column (A), line 25)		395,93	-	421,173
	19			18 from line 12		30,47	1	15,900
ጅኞ					Beginnin	g of Current		End of Year
<b>8</b> 8						Year		
Net Assets or Fund Balances	20					491,64	2	520,429
<u> </u>	21					31,64	-	44,533
	22			t line 21 from line 20		459,99	6	475,896
Under knowl		lties of particles		ned this return, including accompanying b. Declaration of preparer (other than offic				
		Tk			ı			
c: ~ -		**** Signa	** ature of officer			011-05-02 Date		
Sign Here		1.			_			
	•		Hopkins Commodore or print name and title					
	I	Print/Type	<u> </u>	Preparer's signature	Date	Check if self-		TIN
Data		preparer's	name Michael P Lovelett CPA	Michael P Lovelett CPA	Date	employed 🕨	<b>-</b>   '	TIN
Paid	rer	Fırm's naı	ne 🕨 Lovelett Skogen & Associates PC				F	irm's EIN 🕨
Prepa Use (		Fırm's add	iress 104 South Wolcott Suite 735				Р	hone no 🕨 (307) 234-
USE (	ZIIIY		Casper, WY 826012555					395

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . .

1 01111	990 (2010)				Page Z
Par		nt of Program Service A	ccomplishments to any question in this Part III		F
1		ne organization's mission	to any question in this i are III	<u> </u>	· · ·,
_	rovide services to m	-			
<u> </u>		Tomboro or the oraș			
	Did the organization	on undertake any cianificant nr	ogram services during the year wh	ich ware not listed on	
2		or 990-EZ?			Yes 🔽 No
	If "Yes," describe	these new services on Schedu	le O		
3		on cease conducting, or make	significant changes in how it condu		Yes 🔽 No
	If "Yes," describe	these changes on Schedule O			
4	Section 501(c)(3)	and 501(c)(4) organizations a	each of the organization's three larg and section 4947(a)(1) trusts are r venue, if any, for each program serv	required to report the amount	
4a	(Code	) (Expenses \$	421,173 including grants of \$	) (Revenue \$	304,255 )
	All expenditures are p	primarily for the convenience of the n	nembers of the club		
	-				
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	-				
	-				
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	-				
4d	Other program se	ervices (Describe in Schedule	0)		_
	(Expenses \$	ıncludıng	grants of \$	) (Revenue \$	)
4e	Total program se	rvice expenses <b>⊁</b> \$	421,173		
<u>4e</u>	iotai piogram se	IVICE expenses = 5	421,173		

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Νo
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		Νο
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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		Νο
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		Νo
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Νο
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Νο
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Νο
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Νο
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		Νο
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		Νο
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Νο
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		Νο
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 U S? If "Yes," complete Schedule F, Parts II and IV.	15		No
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 U S ? If "Yes," complete Schedule F, Parts III and IV.	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νο
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV </i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes,"</i> complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
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		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νο
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   Yes   No			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>990</b>	(2010)

Part V	Statements Regarding Other IRS Filings and Tax Compl	iance
	i ciatemicino negaramg cimer ano i imigo ama rax compi	

Form	990 (2010)			Page <b>5</b>
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	•		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 2			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	<b>1b</b> 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return			
b	return			
_		2b	Yes	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		N o
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N o
ь	,			NO
	If "Yes," enter the name of the foreign country 🕨			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6-	Does the organization have applied gross resourts that are normally greater than \$100,000, and did the	5c 6a		N.a
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	0a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
,	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
а	services provided to the payor?	, a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7-		
d	file Form 8282?	7c		
<u>.</u>	The state of the manufactor of the state of			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	70		
f	contract?	7e 7f		
	If the organization, during the year, pay premians, unectry of maneetry, on a personal benefit contract.  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	<b>,</b> ,		
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did	7.11		
_	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Initiation fees and capital contributions included on Part VIII, line 12   10a   4,050			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b  0			
_	facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
_				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	12-		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Chack if Schadula O	contains a response to an	y question in this Part VI									J
Check if Schedule O	contains a response to an	y question in this Fait vi	-	-	•	•	-	•	•		.   *

Se	ction A. Governing Body and Management								
			Yes	No					
	1 1								
1a	Enter the number of voting members of the governing body at the end of the tax  vear								
ь	year								
	independent								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any								
	other officer, director, trustee, or key employee?	2	Yes						
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		No					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No					
6	Does the organization have members or stockholders?	6		Νο					
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the								
	governing body?	7a		No					
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	Yes						
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes						
9									
Se	ection B. Policies (This Section B requests information about policies not required by the Internal								
	venue Code.)								
			Yes	No					
10a	Does the organization have local chapters, branches, or affiliates?	10a		No					
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?	10b							
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
125	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		N o					
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	124		NO					
	to conflicts?	12b							
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c							
13	Does the organization have a written whistleblower policy?	13		No					
14	Does the organization have a written document retention and destruction policy?	14		No					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Yes						
ь	Other officers or key employees of the organization	15b		No					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )								
	(								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No					
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its								
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b							
Se	ection C. Disclosure			<u> </u>					
17	List the States with which a copy of this Form 990 is required to be filed►WY								
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)								

18 Section 6104 requires an organization to make its Form 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

Own website Another's website 🔽 Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 Karen Ewart

PO Box 2123 Casper, WY 82601 (307) 237-9823

# 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 Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organiz	•	lated or	ganı	zatio	n cc	mpen	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) A verage hours	Posi	((	C <b>)</b> (che	cka			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) Lynn Burgess Director	1 00	х						0	0	0
(2) Dave McMahan Director	1 00	х						0	0	0
(3) John Sutherland Dırector	1 00	х						0	0	0
(4) Don Coulter Secretary	2 00			х				0	0	0
(5) Pete Ashbaugh Treasurer	2 00			х				0	0	0
(6) Lee Burgess Vice Commodore	2 00			х				0	0	0
(7) Nick Hopkins Commodore	2 00			х				0	0	0
					1					

\$100,000 in compensation from the organization ▶0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours	1	() Ition that a	(che		II		Repo compe	<b>D)</b> rtable nsation n the	(E) Reportable compensation from related		<b>(F)</b> Estimated amount of other compensation		
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organiza	ation (W- 9-MISC)	organizations (W- 2/1099- MISC)		from organizat relat organiza	the ion and ed	
		_													
				_											
1b	Sub-Total							-							
С.	Total from continuation sheets						<b>•</b>	<u></u>				0		0	
d		<u> </u>								0		0		0	
2	Total number of individuals (inc \$100,000 in reportable comper					ted	above	) who	received	d more tha	n				
													Yes	No	
3	Did the organization list any <b>for</b> on line 1a? <i>If</i> "Yes," complete Sc					eye •	mploy •	ee,o	rhighest • • •	compens	ated employee	3		No	
4	For any individual listed on line organization and related organization											4		No	
5	Did any person listed on line 1a services rendered to the organi		-						_	anızatıon d	or individual for	5		No	
	attan B. Tada and J. J. C.														
1 1	ction B. Independent Cor Complete this table for your five \$100,000 of compensation from	e highest compei		ındep	ende	ent c	ontra	tors	that rec	eived mor	e than				
		(A) me and business ad								Descr	(B) ription of services		(C Comper		
									+						
2	Total number of independent con	tractors (ıncludıı	ng but n	ot lır	nıted	l to	those	liste	d above)	who receiv	ed more than				

Part \		(2010)						Р	age <b>9</b>
	<u> </u>	Statement of Reven	ue			(A) Total revenue	(B) Related or exempt function		(D) Revenue excluded
							revenue		tax under sections 512, 513, or
60 (8)	12	Federated campaigns	1a						514
電管		Membership dues			95,619				
₽ੂੰ					8,285				
ह ≝ ≝		Fundraising events							
ਨੂੰ ਹੁੰਦੂ	d	Related organizations							
<u>Ş</u> .	e	Government grants (contributions)	1e						
Contributions, gifts, grants and other similar amounts	-	All other contributions, gifts, grants similar amounts not included abov Noncash contributions included in I	e		8,756				
	-	Total. Add lines 1a-1f		<b>.</b>		112,660			
	"				Business Code	<u> </u>			
Ĭ	2a	Member Services			900099	292,799	292,799		
93. 34.	ь					,	,		
- O	c								
Ę.	d								
ج ج	e								
Program Service Revenue	f	All other program service re	venue						
Š	_ a	<b>Total.</b> Add lines 2a-2f .				292,799			
	<del>-</del>	Investment income (includii				232,733			
		and other similar amounts)	,			50		50	
	4	Income from investment of tax-ex	kempt bond proceeds	•					
	5	Royalties		•					
			(ı) Real		(11) Personal				
		Gross Rents							
		Less rental expenses							
	C	Rental income or (loss)							
	d	Net rental income or (loss)	<u> </u>						
			(ı) Securities		(II) O ther				
	7a	Gross amount from sales of							
		assets other than inventory							
	ь	Less cost or other basis and							
		sales expenses							
		Gain or (loss)  Net gain or (loss)	<u> </u>						
ά		Gross income from fundraisi							
Other Revenue		(not including	ing events						
eve		\$ 8,285 of contributions reported on	line 1c)						
r Œ		See Part IV, line 18							
÷ E			а		29,128				
Ó		Less direct expenses .			9,020	20 100			20.10
	_	Net income or (loss) from fu				20,108			20,10
		Gross income from gaming a Less direct expenses .							
		Net income or (loss) from ga							
	10a	■ Gross sales of inventory, les	ss						
		returns and allowances .							
	۱,	Lace cost of goods cold	a		1,484				
		Less cost of goods sold .  Net income or (loss) from sa	_		1,336	148	148		
	C				Business Code				
	С	Miscellaneous Revenue			900099	6,733	6,733		1
					اددوووو				
	11a	Miscellaneous Revenue  Reciprocal income  Initiation fees			900099	4,050	4,050		
	11a	Reciprocal income				4,050 450	·		
	11a	Reciprocal income			900099	<u> </u>	450		
	11a	Reciprocal income Initiation fees Reinstatement fees			900099	450 75	450 75		
	11a	P Initiation fees Reinstatement fees All other revenue			900099	450	450 75		

## Part IX Statement of Functional Expenses

Do no	l other organizations must complete column (A) but are not required to c ot include amounts reported on lines 6b, o, 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		.,,	J	
	in the U.S. See Part IV, line 21	28,800			
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	81,198			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
LO	Payroll taxes	16,878			
а	Fees for services (non-employees) Management				
b	Legal				
c	Accounting	16,353			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
2	Advertising and promotion	1,103			
3	Office expenses	3,163			
4	Information technology	23,824			
5	Royalties				
6	Occupancy	34,925			
7	Travel				
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	36,468			
3	Insurance	10,701			
4	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	Food, Bar & gas expense	98,405			
b	Maintenance	30,705			
c	Fireworks expense	10,236			
d	Steward supplies	8,838			
e	Reciprocal club expense	6,624			
f	All other expenses	12,952			
5	Total functional expenses. Add lines 1 through 24f	421,173			
26	Joint costs. Check here ► ☐ If following  SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beginning of year End of year 105,404 134,243 1 Cash—non-interest-bearing . . . . . . . . . 7.023 2 34.823 2 Savings and temporary cash investments . . . . . . . 3 3 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 8 Inventories for sale or use . . . . . . 4,461 13,077 Prepaid expenses and deferred charges . . . . 9 10a Land, buildings, and equipment cost or other basis Complete Part 718.866 10a VI of Schedule D 380.580 374.754 ь Less accumulated depreciation . . . . 10b 10c 338.286 11 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 491,642 16 520,429 Total assets. Add lines 1 through 15 (must equal line 34) . . . 3.905 17 4.044 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 27.741 25 40.489 Other liabilities Complete Part X of Schedule D . . . . . 26 31.646 26 44.533 **Total liabilities.** Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . 27 Temporarily restricted net assets . . . . . 28 28 Fund 29 Permanently restricted net assets . . . . . 29 Organizations that do not follow SFAS 117, check here 🕨 🔽 and complete lines 30 through 34. 5 30 0 30 0 Capital stock or trust principal, or current funds . . . . . Assets 0 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 459,996 32 32 475.896 Retained earnings, endowment, accumulated income, or other funds ¥ 459,996 33 475,896 33 Total net assets or fund balances . . . . 34 Total liabilities and net assets/fund balances . . . . . 491.642 520,429 34

<b>14</b> 01	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)				
2	Total expenses (must equal Part IX, column (A), line 25)	2			137,07 121,17
3	Revenue less expenses Subtract line 2 from line 1	3			15,90
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			159,99
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		4	175,890
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		•	୮	•
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
Ь	Were the organization's financial statements audited by an independent accountant?		2b		Νo
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of taudit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	9	За		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	equired	3b		

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DLN: 93493135003171

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

ernal	Revenue Service Attach to F	Form 990. ► See separate instructions.			ınspect	ion
	ne of the organization ber Boat Club		Emp	loyer identificati	on numbe	г
cas	'CI DOAL CIUD		83-6	5003157		
Pa	rt I Organizations Maintaining Donor A		ınds	or Accounts.	Complet	e if the
	organization answered "Yes" to Form 9	90, Part IV, line 6. (a) Donor advised funds		( <b>b)</b> Funds and oth		
	Total number at end of year	(a) Donor advised funds		(U) Fullus allu oti	iei accour	11.5
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		or advı	sed	┌ Yes	┌ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be conferring impermissible private benefit	nefit of the donor or donor advisor, or for an	y othe	r purpose	☐ Yes	┌ No
a	t II Conservation Easements. Complete	ıf the organızatıon answered "Yes" to	Forn	n 990, Part IV,	lıne 7.	
	Preservation of land for public use (e.g., recreated Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	Preservation of a c	ertifie	d historic structu	re	
				Held at the E	nd of the	Year
a	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easement	-	2b			
C -	Number of conservation easements on a certified hi	` ´	2c			
d	Number of conservation easements included in (c) a	· · ·	2d			
	Number of conservation easements modified, transfithe taxable year   Number of states where property subject to conserv  Does the organization have a written policy regarding	vation easement is located ►	_		41111g	
	enforcement of the conservation easements it holds			violations, and	☐ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, ins					
	A mount of expenses incurred in monitoring, inspect Does each conservation easement reported on line			g the year 🗕 \$		
	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial		•		∏ No
ar	Organizations Maintaining Collection Complete if the organization answered	ons of Art, Historical Treasures, o	or Otl	her Similar A	ssets.	
а	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi	S 116, not to report in its revenue stateme d for public exhibition, education or researc	h ın fu			,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research ir				
	(i) Revenues included in Form 990, Part VIII, line	1		<b>►</b> \$		
	(ii) Assets included in Form 990, Part X			<b>►</b> \$		
	If the organization received or held works of art, his following amounts required to be reported under SFA		r finan			
а	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	•					

**b** Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	t, His	stori	<u>cal Tr</u>	easu	res, or Ot	the	r Similar <i>I</i>	\sse	ts (co	ntınued)
3	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	ne fol	lowing t	:hat are	e a significai	nt us	se of its colle	ction		
а	Public exhibition		d	Γ	Loan	orexch	nange progra	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain hov	w the	y furthe	r the o	rganızatıon':	s ex	empt purpos	e ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	Γ,	res (	┌ No
Par	Part IV, line 9, or reported an an						answered	l "Ye	es" to Form	990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interm	edıary	for c	ontrıbu	tions o	rotherasse	ets n	ot	Γ,	<b>'</b> es	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able		Г			\ mou	nt	
c	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance						<u> </u>	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X. lin	e 21?					1		Γ,	res	┌ No
	If "Yes," explain the arrangement in Part XIV		- <b>-</b>							,	-	
Par			n ans	were	ed "Ye	s" to F	orm 990.	Part	t IV, line 10	).		
		(a)Current Year		<b>)</b> Prior			Years Back		hree Years Bac		Four Ye	ears Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
c	Term endowment ▶											
За	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are held	l and a	dmınıstered	fort	the			
	organization by										Yes	No
	(i) unrelated organizations							•		a(i)		<u> </u>
	(ii) related organizations								3	a(ii)		<u> </u>
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of th	•						•		3b		<u> </u>
	VI Investments—Land, Buildings					90 Da	ırt X lına 1	10				
	<u> </u>	, and Equipme	,,,,,,,		) Cost o		(b)Cost or of		(c) Accumula	ted T		
	Description of investment				sis (inves		basis (othe		depreciatio		( <b>d</b> ) Bo	ook value
	and		•	<u> </u>								
	Buildings		•									
c l	easehold improvements		•				181,	108	38	3,056		143,052
ء است	Equipment			- 1			524.	321	329	,478		194,843
							l					
<b>e</b> (	Other						·	437	13	3,046		391 338,286

Part VIII Investments—Other Securities. See	orm 990, Part X, line 12	2.	
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	(B)Book value	Cost or end-of-	year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line :	13.	
			d of valuation
(a) Description of investment type	(b) Book value		year market value
		I .	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
	e 15.		<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b</b> ) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b</b> ) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	e 15. tion  5)		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  (b) Descrip  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X	e 15. tion  5.) , line 25.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	e 15. tion  5)		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  (b) Descrip  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X	e 15. tion  5.) , line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.) , line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount		(b) Book value
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount	, , , , , , , , , , , , , , , , , , ,	(b) Book value

'ali	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts
L	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
	Excess or (deficit) for the year Subtract line 2 from line 1	3
	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
,	Investment expenses	6
	Prior period adjustments	7
3		8
	Other (Describe in Part XIV)	
•	Total adjustments (net) Add lines 4 - 8	9
)	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
	Reconciliation of Revenue per Audited Financial Statements With Revenue	
	Total revenue, gains, and other support per audited financial statements	1
	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
Ь	Donated services and use of facilities	-
C	Recoveries of prior year grants	
d	Other (Describe in Part XIV)	_
e	Add lines 2a through 2d	2e
	Subtract line <b>2e</b> from line <b>1</b>	3
	A mounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV)	
C	Add lines <b>4a</b> and <b>4b</b>	4c
	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Return
	Total expenses and losses per audited financial statements	1 1
	Amounts included on line 1 but not on Form 990, Part IX, line 25	-
а	Donated services and use of facilities	
b b	Prior year adjustments	-
c	Other losses	-
d	Other (Describe in Part XIV)	1
e	Add lines 2a through 2d	_    2e
	Subtract line 2e from line 1	3
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
	Investment expenses not included on Form 990, Part VIII, line 7b   4a	
a L	· · · · · · · · · · · · · · · · · · ·	-
b	,	- I
С	Add lines 4a and 4b	4c
	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5

Identifier Return Reference Explanation

additional information

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OMB No 1545-0047

**SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Name of the organization Casper Boat Club

**Employer identification number** 

83-6003157 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1	Indicate whether the organ	nization raised funds	through a	ny of the	following activities Ch	neck all that apply	
а	Mail solicitations			е	☐ Solicitation of no	n-government grants	
ь	Internet and e-mail so	licitations		f	☐ Solicitation of go	= =	
c	Phone solicitations			a	_	<del>-</del>	
d	In-person solicitations	•		9	, opediar ianaraisi	ing events	
_	, In person somercations	,					
2a	Did the organization have or key employees listed in						Г <sub>Yes</sub> Г <sub>No</sub>
b	If "Yes," list the ten highes to be compensated at leas						
I	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of utions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
Γota	al			<b>&gt;</b>			
3	List all states in which the	organization is regis	tered or l	ıcensed t	o solicit funds or has b	een notified it is exempt	from registration or

licensing

Pa	rt II	Fundraising Events. Commore than \$15,000 on Form				
			(a) Event #1  Poker Run (event type)	(b) Event #2  (event type)	(c) O ther Events  2 (total number)	(d) Total Events (Add col (a) through col (c))
₽	1	Gross receipts	35,808	3	1,605	37,413
Revenue	2	Less Charitable contributions	8,28!	5		8,285
	3	Gross income (line 1 minus line 2)	27,523	3	1,605	29,128
	4	Cash prizes	3,02!	5		3,025
မာ	5	Non-cash prizes				
Expenses	6	Rent/facility costs				
ă	7	Food and beverages	3,272	2		3,272
Direct	8	Entertainment			1,347	1,347
ā	9	Other direct expenses .	659	9	717	1,376
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	🛌	9,020
	11	Net income summary Combine li	nes 3 and 10 ın column (	d)		20,108
Par	t III	<b>Gaming.</b> Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue		_	(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))
		Gross revenue				
Expenses		Cash prizes				
S De	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	┌ Yes % ┌ No	┌ Yes % ┌ No	┌ Yes % ┌ No	
	7	Direct expense summary Add line	s 2 through 5 ın column (	d)		
	8	Net gaming income summary Com	ibine lines 1 and 7 in colu	ımn (d)	<u> ► </u>	
9 a b	Ist	er the state(s) in which the organiza the organization licensed to operate No," Explain	gaming activities in eac			· Fyes FNo
10a b		re any of the organization's gaming Yes," Explain			the tax year?	· · 「Yes 「No

11	Does the organization operate ga	aming activities with nonmembers?		<b>Г</b> үе	s $\Gamma_{No}$
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mer	nber of a partnership or other entity		
	formed to administer charitable (	jaming?		Г <sub>Yе</sub>	s $\Gamma_{No}$
13	Indicate the percentage of gamin	ng activity operated in			
а	The organization's facility			1	
b	An outside facility			,	
14	Provide the name and address or records	f the person who prepares the organız	ation's gaming/special events books and	d	
	Name 🟲				
	Address 🟲				
15a		ntract with a third party from whom th		_	_
					s No
ь		ning revenue received by the organizated by the third party 🟲 \$	ation <b>&gt;</b> \$ and the		
c	If "Yes," enter name and address	5			
	Name 🟲				
	Address 🟲				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation l	<b>*</b> \$			
	Description of services provided	<b>&gt;</b>			
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions				
а		er state law to make charitable distrib		_	_
p.				·   Ye	s No
D		required under state law distributed activities during the tax year - \$	to other exempt organizations or spent		
Par		<u>-</u>	r responses to question on Schedul	e G (see	
	Identifier	ReturnReference	Explanation		

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Department of the Treasury

Schedule I

(Form 990)

Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

**Grants and Other Assistance to Organizations,** 

Open to Public

Internal Revenue Service   Name of the organization						Employer identifi	Inspection cation number
Casper Boat Club						83-6003157	
Part I General Inform	mation on Grants	and Assistance				I	
Form 990, Part 1	d to award the grants rganization's procedu her Assistance to IV, line 21 for any i	or assistance?	of grant funds in the United States of Granizations in Immore than \$5,000.	Jnited States  the United States Check this box if n	Complete if the order one recipient received	ganızatıon answered	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Jason's Friends Foundation340 W B Street Casper, WY 82601	83-0316451		28,800		Cash		Donation

Enter total number of section 501(c)(3) and government organizations . .

**Ident if ier** 

**Return Reference** 

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistanc

**Explanation** 

Schedule I (Form 990) 2010

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OMB No 1545-0047

2010

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Supplemental Information to Form 990 or 990-EZ

► Attach to Form 990 or 990-EZ.

Name of the organization Casper Boat Club Employer identification number

83-6003157

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Lynn Burgess, director, is the spouse of the Vice Commodore, Lee Burgess

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		A copy of the Form 990 is provided to all Board members for review. The Commodore reviews the Form 990 prior to signing and filing

ldentifier	Return Reference	Explanation
	·	The compensation of the bar and restaurant manager is determined by the Board. A contract is written and reviewed annually by the Board.

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section C, line 19	Documents are available upon request