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Form 990-EZ

## Short Form

OMB No. 1545-1150

## Return of Organization Exempt From Income Tax

2015

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

<b>A For the 2015 calendar year, or tax year beginning</b> <input style="width: 100px; border: none; border-bottom: 1px solid black; margin-bottom: 5px;" type="text" value="2015, and ending"/> <b>B Check if applicable</b>		<b>C Name of organization</b> <input style="width: 100%; border: none; border-bottom: 1px solid black; margin-bottom: 5px;" type="text" value="OCEAN POINT COLONY TRUST"/> <b>D Employer identification number</b> <input style="width: 100%; border: none; border-bottom: 1px solid black; margin-bottom: 5px;" type="text" value="23-7185846"/> <b>E Telephone number</b> <input style="width: 100%; border: none; border-bottom: 1px solid black; margin-bottom: 5px;" type="text" value="(207) 633-2321"/> <b>F Group Exemption Number</b> <input style="width: 100%; border: none; border-bottom: 1px solid black; margin-bottom: 5px;" type="text" value="N/A"/>	
<b>G Accounting Method.</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ► <input style="width: 100px; border: none; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/>		<b>H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).</b>	
<b>I Website:</b> ► <input style="width: 100%; border: none; border-bottom: 1px solid black; margin-bottom: 5px;" type="text" value="www.oceanpointcolonytrust.org"/>		<b>J Tax-exempt status (check only one)</b> — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>K Form of organization</b> <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.</b> ► <input style="width: 100px; border: none; border-bottom: 1px solid black; margin-bottom: 5px;" type="text" value="\$ 44,255"/>	
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>			
<b>Revenue</b> 21 2016 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 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**Part II Balance Sheets (see the instructions for Part II)**Check if the organization used Schedule O to respond to any question in this Part II 

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	79,898	22
23	Land and buildings	16,009	23
24	Other assets (describe in Schedule O)	24	
25	<b>Total assets</b>	95,907	25
26	<b>Total liabilities</b> (describe in Schedule O)	26	
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	95,907	27
		101,572	101,572

**Part III Statement of Program Service Accomplishments (see the instructions for Part III)**Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? STEWARDSHIP OF PROPERTY FOR PUBLIC USE

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28	<b>PROVIDED EDUCATIONAL AND RECREATIONAL PROGRAMS FOR AREA YOUTH AND THEIR FAMILIES.</b>  (500 PARTICIPANTS) SEE ADDITIONAL COMMENTS ON SCHEDULE O.		
	(Grants \$ -0-) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	28,389
29	<b>DONATED MONEY TO 6 IRC SECTION 501(c)(3) CHARITABLE ORGANIZATIONS THAT PROVIDED BENEFITS TO THE BOOTHBAY REGION OF MAINE POPULACE.</b>		
	(Grants \$ 3,250) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	3,250
30	<b>PRESERVED AND MAINTAINED OVER 14 ACRES OF LAND (INCLUDING 1,000 FT. OF OCEAN FRONTAGE) FOR THE USE AND ENJOYMENT OF THE GENERAL PUBLIC.</b>		
	(Grants \$ -0-) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	750
31	Other program services (describe in Schedule O)		
	(Grants \$ -0-) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a)	32	32,389

**Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)**Check if the organization used Schedule O to respond to any question in this Part IV 

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<b>MATT LINDLEY</b> <b>PRESIDENT</b>	5.0	-0-	-0-	-0-
<b>MICHAEL ANDERSON</b> <b>VICE PRESIDENT</b>	0.5	-0-	-0-	-0-
<b>ROBERT DANA</b> <b>SECRETARY</b>	3.0	-0-	-0-	-0-
<b>JENNIFER KLEIN</b> <b>TREASURER</b>	5.0	-0-	-0-	-0-
<b>MARYELLEN BERTRAND</b> <b>TRUSTEE</b>	0.5	-0-	-0-	-0-
<b>MALIES BOYD</b> <b>TRUSTEE</b>	0.5	-0-	-0-	-0-
<b>HELENE CASS</b> <b>TRUSTEE</b>	0.5	-0-	-0-	-0-
<b>ALEC DUN</b> <b>TRUSTEE</b>	0.5	-0-	-0-	-0-
<b>PETER WEBSTER</b> <b>TRUSTEE</b>	0.5	-0-	-0-	-0-
<b>GEORGE YERRALL</b> <b>TRUSTEE</b>	0.5	-0-	-0-	-0-

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	35c	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b> -0-	37a	-0-
b Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9 . . . . .	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► -0- ; section 4912 ► -0- ; section 4955 ► -0-	40a	-0-
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ► -0-	40c	-0-
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ► -0-	40d	-0-
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	40e	✓
41 List the states with which a copy of this return is filed ► <b>NONE</b>		
42a The organization's books are in care of ► <b>JENNIFER KLEIN</b> Telephone no. ► (207) 633-2321		
Located at ► <b>P.O. BOX 642, EAST BOOTHBAY, MAINE</b> ZIP + 4 ► 04544-0642		
b 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)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	✓
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ►	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► <b>43</b> ► <input type="checkbox"/>		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44b	✓
c Did the organization receive any payments for indoor tanning services during the year? . . . . .	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	45a	✓
b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .	45b	✓

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	46	<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No	
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	47	<input checked="" type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	<input checked="" type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	<input checked="" type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization? . . . . .	49b	<input checked="" type="checkbox"/>
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<b>NONE</b>				

f Total number of other employees paid over \$100,000 . . . . ► -0-

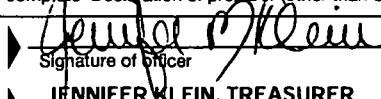
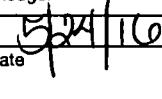
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

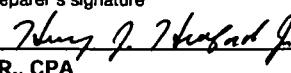
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
<b>NONE</b>		

d Total number of other independent contractors each receiving over \$100,000 . . . ► -0-

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ►  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	►  Signature of officer JENNIFER KLEIN, TREASURER Type or print name and title	Date  5/16/16
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Paid Preparer Use Only	Print/Type preparer's name HENRY J. HURFORD, JR.	Preparer's signature 	Date 5/16/16	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01207388
	Firm's name ► HENRY J. HURFORD, JR., CPA		Firm's EIN ►		
	Firm's address ► P.O. BOX 1, BOOTHBAY HARBOR, ME 04538-0001		Phone no. (207) 633-4040		

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ►  Yes  No

**SCHEDULE A**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

OMB No 1545-0047

**2015**Open to Public  
Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

OCEAN POINT COLONY TRUST

23-7185846

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33½% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I**. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B**.
  - b  **Type II**. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C**.
  - c  **Type III functionally integrated**. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E**.
  - d  **Type III non-functionally integrated**. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V**.
- e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .	22,463	20,975	29,850	24,042	31,886	129,216
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . .						
<b>4 Total.</b> Add lines 1 through 3 . . .	<b>22,463</b>	<b>20,975</b>	<b>29,850</b>	<b>24,042</b>	<b>31,886</b>	<b>129,216</b>
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						444
<b>6 Public support.</b> Subtract line 5 from line 4.						<b>128,772</b>

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4 . . . . .	22,463	20,975	29,850	24,042	31,886	129,216
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	568	728	916	810	561	3,583
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						<b>132,799</b>
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	64,199
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	96.97 %
15 Public support percentage from 2014 Schedule A, Part II, line 14 . . . . .	15	96.45 %
<b>16a 33 1/3% support test—2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		► <input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		► <input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		► <input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		► <input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		► <input type="checkbox"/>

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.► Attach to Form 990 or 990-EZ.  
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**Open to Public  
Inspection

Name of the organization

OCEAN POINT COLONY TRUST

Employer identification number

23-7185846

**PART I, LINE 8 - OTHER REVENUE:**

Rental income \$450

**PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID:**

Name of Organization Amount

Life Flight Foundation \$ 450

Boothbay Region Food Pantry 750

Boothbay Region Ambulance Service 1,100

Boothbay Region Land Trust 250

Boothbay Fire Department 600

Burnt Island Lighthouse 100

Total \$3,250

**PART I, LINE 16 - OTHER EXPENSES:**

Depreciation \$2,904

Program supplies 1,765

Other supplies 367

Annual report fee 35

Total \$5,071

**PART V, LINE 35 - COMMENTS ON NON FILING OF FORM 990-T:**

Program fees charged for tennis court usage help subsidize the cost of providing and maintaining adequate facilities and qualified instruction for clean sport and physical well-being for area youth and their families. This is one of the organization's stated missions and it is not an activity unrelated to its exempt purpose.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**  
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Form 990 or 990-EZ or to provide any additional information.  
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**ADDITIONAL COMMENTS ON PROGRAM SERVICE ACCOMPLISHMENTS**  
**PART III**

The Ocean Point Colony Trust ("OPCT") is dedicated to responsible stewardship of properties and resources and to creating programs and activities at Ocean Point, Maine for the enjoyment of all.

During the year ended December 31, 2015 the OPCT allowed public access to all of its properties. Presently, the OPCT preserves and maintains over 14 acres of land, the majority of which is in a "forever wild" state.

Included in its holdings are woodlands, a playground, ballfields, tennis courts, a casino building, a beach and parking area, and 1000 feet of ocean frontage which the OPCT has protected from development. Countless thousands of visitors to the Boothbay Region as well as local citizenry enjoy these properties at no charge.

During the year the OPCT continued its woodlot management program and development of a planned trail system for hikers of all ages and abilities.

In addition to fulfilling its primary mission of responsible property stewardship, the OPCT provided:

(A) athletic activities for young children through teens including soccer, softball, volleyball, tennis, capture the flag and kickball;

(B) tennis lessons from the beginner level to the intermediate level, tennis clinics and fielded a teen tennis team;

(C) arts and crafts workshops for children;

(D) reading programs, including an afternoon story hour for children, and a lending library;

(E) social and dining activities for people of all ages including a chicken barbecue, a lobster bake, ball game cookouts, and pancake breakfasts;

(F) encouragement and opportunities to young people to participate in activities that develop a sense of camaraderie and volunteerism such as fund raising events for other non-profit organizations and maintaining the OPCT's properties.