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990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2015

Open to Public

Inspection

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

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.

AF	or the 2	2015 calendar year, or tax year beginning , 2015	, and ending			, 20		
B c	heck if ap	plicable C Name of organization		D Emplo	yer ident	ification number		
	Antique & Classic Boat Society No Cal Tahoe Chapter				77-0466692			
	lame char		Room/suite	E Telephone number				
=	nitial retun	IC/O 25 Citrus Court			650 3	348 5794		
=	inal retur Imended r	City or town, state or province, country, and ZIP or foreign postal code	<u> </u>	F Grou	p Exemp	tion		
=	Application			Num	ber ▶			
=-		ing Method. ☐ Cash ☑ Accrual Other (specify) ▶	н	Check ▶	► ☐ if th	ne organization is not		
	/ebsite:					Schedule B		
		npt status (check only one) — ✓ 501(c)(3)	or			Z, or 990-PF).		
		organization. Corporation Trust Association Other	<u></u>					
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or	more, or if tot	al assets				
					▶ s	186,389		
<u> </u>	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balan	ces (see the	e instruc	tions fo			
	21 6 1	Check if the organization used Schedule O to respond to any question						
_	1	Contributions, gifts, grants, and similar amounts received			1	47,455		
	2	Program service revenue including government fees and contracts		<i>.</i>	2	109,460		
	3	Membership dues and assessments			3	10,570		
	4	Investment income		Ì	4	3,514		
	5a	Gross amount from sale of assets other than inventory 5a	. [
	b	Less: cost or other basis and sales expenses						
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from	line 5a) .		5c			
	6	Gaming and fundraising events						
	a	Gross income from gaming (attach Schedule G if greater than						
9	-	\$15,000)	N					
Revenue	ь	Gross income from fundraising events (not including \$	of contribution	ons				
<u> </u>	-	from fundraising events reported on line 1) (attach Schedule G if the	191					
Revenue	1	sum of such gross income and contributions exceeds \$15,000) . 4 . 20 66	131					
	С	Less: direct expenses from gaming and fundraising events 60		•	2.			
3	ď	Net income or (loss) from gaming and fundraising events (add lines 6a a	d 6b and s	ubtract				
<	_	line 6c)	بسبا		6d			
	7a	Gross sales of inventory, less returns and allowances	1	11,190				
en	ь	Less: cost of goods sold		9,462				
2016	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	1,728		
ರ್	8	Other revenue (describe in Schedule O)			8	4,200		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	176,927		
	10	Grants and similar amounts paid (list in Schedule O)			10	2,950		
	11	Benefits paid to or for members			11			
က္	12	Salanes, other compensation, and employee benefits			12			
nses	13	Professional fees and other payments to independent contractors			13			
Der.		Occupancy, rent, utilities, and maintenance			14			
Expe	15	Printing, publications, postage, and shipping			15	14,530		
	16	Other expenses (describe in Schedule O)			16	172,924		
	17	Total expenses. Add lines 10 through 16			17	190,404		
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-13,477		
ets.	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agr	ee with	200			
\ss		end-of-year figure reported on prior year's return)			19	125,897		
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)			20	-4,058		
ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20			21	108,362		
	<u> : : - : - : - : - : - : - : - : </u>							

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form **990-EZ** (2015)





Pa	Balance Sheets (see the instructions t	•				_
	Check if the organization used Schedule	O to respond to ar	ny question in this			
00	Oach assures and assessments			(A) Beginning of year	100	(B) End of year
22 23	Cash, savings, and investments			104,383	23	95,792
24	Other assets (describe in Schedule O)			28,163		15 610
25	Total assets			132,546	25	15,618 111,410
26	Total liabilities (describe in Schedule O)			6,649		3,048
27	Net assets or fund balances (line 27 of column			125,897		108,362
Par					1	100,302
	Check if the organization used Schedule	•		,		Expenses
Wha						quired for section (c)(3) and 501(c)(4)
as n	ribe the organization's program service accompline in a clear and concise mons benefited, and other relevant information for each	nanner, describe the			orga	anizations, optional for ers.)
28	Five in the water instructional displays of 35 to 92 he approximately 2,200 members of the public and 250 historic artists and along providing their sectors.	chapter members to e				
	historic, antique and classic wood boats, their restoric (Grants \$ 11,925) If this amount		inte chack hara	▶ □	28a	120 525
29	TI,923) II tiis airiount				200	129,522
30	(Grants \$) If this amount	includes foreign gra	ants, check here .	🕨 🛛	29a	1
04		ıncludes foreign gra			30a	1
31	Other program services (describe in Schedule O) (Grants \$) If this amount	includes foreign gra			24.	_
32	Total program service expenses (add lines 28a	through 31a)	ants, check here .	· · · · · ·	31a	-
	List of Officers, Directors, Trustees, and Ke					·
	Check if the organization used Schedule			•		
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS (if not paid, enter -0-	(d) Health benefits, contributions to emplo C) benefit plans, and	yee (e)	
Rob	ert Mullarkey, President					
<u>C/O</u>	25 Citrus Court, Hillsborough, CA 94010-6569	3.0		0	0	
Bart	ara Foster, !st V.P.	_				
CIO	25 Citrus Court, Hillsborough, CA 94010-6569	1.0	,	0	0	
	a Dobbins, 2nd V.P.	-			- 1	
	25 Citrus Court, Hillsborough, CA 94010-6569	.50		0	0	
	Davis, 3rd V.P.					
	25 Citrus Court, Hillsborough, CA 94010-6569	.50	 	0	0	
	Bane, Secretary 25 Citrus Court, Hillsborough, CA 94010-6569	- 25		o	0	
_	d J. Hein, Treasurer	.25		·	+	
	25 Citrus Court, Hillsborough, CA 94010-6569	3.0		o	o	(
	Sold Sold Francisco	- 5.5			Ť	
	·	+		+		
		·-			\perp	
		-				
		1		1	+	
			<u> </u>			
		1	1		,	

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Рап	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	163	√
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		1
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 c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 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 b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 27a	37b 		1
39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved			
b	section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0 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	گرڻ عمر آڏون آڏون آڏون	
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		1 2 3	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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		1
41	List the states with which a copy of this return is filed ▶			
42a		650 34	8 579	4
	Located at ► ZIP + 4 ►			
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)?	42b	+	No
	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).		,	
С	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 Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		·	► □ No
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	Tes	\ \ \
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		1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		V
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	45a		✓
	Form 990-EZ (see instructions)	45b	1	I ✓

Form 99	0-EZ (20	o15)							F	age 4
									Yes	No
46		e organization engage, directly or inc							TORK	
	to car	ndidates for public office? If "Yes," co	mplete Schedule C,	Part I				46		1
Part '	VI.	Section 501(c)(3) organizations	only							
		All section 501(c)(3) organizations	must answer que	stions 47–49b an	d 52, and	comple	te the	tables fo	or lin	es
		50 and 51.	•			•				
		Check if the organization used Scho	edule O to respond	to any question in	n this Part	VI .				
		<u></u>		10 0) 42001.0		···.	<u> </u>	<u> </u>	Yes	No
47	Did ti	ne organization engage in lobbying a	ectivities or have a	section 501/h) elec	tion in effe	et durin	a the t	ax	103	110
••		If "Yes," complete Schedule C, Part				ot dann		47		
48	-	organization a school as described in		00 If "Van " complet	to Cabadula	г.		48	 	-
		=								V /
49a		ne organization make any transfers to	•							
ь ь		s," was the related organization a sec						49b		<u> </u>
50		plete this table for the organization's t								
	empi	byees) who each received more than	\$100,000 of comper	isation from the or				e, enter IN	one.	
			(b) Average	(c) Reportable		alth benef ons to em		(e) Estimate	d amo	unt of
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MIS	bonofit of	ans, and d		other com		
			devoted to position	(1 011113 44-23 1005-14110	con	npensation	<u> </u>			
The or	ganiza	tion has no employees.					T			
					1					
							1			
						-		_		
		· · · ·			1					
				İ						
51	Com	number of other employees paid ove plete this table for the organization's 000 of compensation from the organ	five highest compe	ensated independe	ent contrac	_ tors who	each	received	more	than
	(a)	Name and business address of each independe	ent contractor	(b) Type of	service		(c)	Compensati	on	
The or	ganiza	tion had no contractors reveiving more	than \$100,000 of							
compe	ensatio	n.				j				
						1				
	*****			1						
				1		1				
			······································							
				1						
d	Total	number of other independent contra	ctors each receiving	over \$100 000	<u> </u>					
52		the organization complete Schedul	-		rganizations	muet	attach			
Ű.		pleted Schedule A	e A: Note. All se		-	inast		.► ✓ Yes		No
Lladara						the best				
true, co	penalties prect, an	of perjury, I declare that I have examined this red complete. Declaration of preparer (other than	officer) is based on all info	iying schedules and stat ormation of which preba	rer has any kn	owledge.	or my kn	owieage and	Delle1	, IT IS
		100000	/			7	1-0	- 201	_	
Sign		Signature of officer	<u>~</u>			Date		LUF		
Here						Ja. 3				
пеге		Jared V. Hein, Treasurer Type or print name and title			 					
		· · · · · · · · · · · · · · · · · · ·	Propagate states		Date	γ		PTIN		
Paid		Print/Type preparer's name	Preparer*s signature		Daid		eck 🗆	ıf		
Prep	arer		1		L		lf-employ	/ea		
-	Only	Firm's name >				Firm's Ell				
		Firm's address >	ahawa ahawa Cara	innèn inèla	ļ	Phone no	<u>. </u>			A1 -
May t	ne IRS	discuss this return with the preparer	snown above? See	instructions				► ∐ Yes	<u>: </u>	No

► ☐ Yes ☐ No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2015

Open to Public Inspection

lame of the organization Employer identification number							
Antig	ue & Classic Boat Society No Cal Tal		77-046				
Par							ns.
The c	rganization is not a private founda		•		_	·	
1	A church, convention of church						
2	☐ A school described in section						
3	☐ A hospital or a cooperative hos						
4	A medical research organization	•	onjunction with a hosp	ıtal descr	nbed in s	ection 170(b)(1)(A)(iii). Enter the
	hospital's name, city, and state						
5	An organization operated for section 170(b)(1)(A)(iv). (Com	olete Part II.)					al unit described in
6	A federal, state, or local govern						
7	An organization that normally described in section 170(b)(1)			oort from	a govern	nmental unit or from	the general public
8	A community trust described in	n section 170(b)	(1)(A)(vi). (Complete F	Part II.)			
9	☑ An organization that normally						
	receipts from activities related						
	support from gross investme						() from businesses
	acquired by the organization a						
10	An organization organized and						
11	An organization organized and						
	one or more publicly supported the box in lines 11a through 11						
_							
а	☐ Type I. A supporting organize the supported organization(s)						
	organization. You must con			ci a majo	illy Of the	directors or trustee	s of the supporting
b		•		action w	ith ite eiu	anorted organization	n(e) by baying
J	control or management of th						
	organization(s). You must co			о сао р			, с с с рр с
С				ed in con	nection v	with, and functionall	v integrated with.
Ĭ	its supported organization(s)	(see instructions	s). You must comple	te Part IV	, Section	ns A, D, and E.	
d							
	that is not functionally integr						an attentiveness
	requirement (see instructions						I. Tuno III
е	Check this box if the organized functionally integrated, or Ty						і, туре ііі
	• •	-		or any or	garnzano	11.	
f	Enter the number of supported of Provide the following information						
g	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
	(i) Name of supported organization	(1) 2.14	(described on lines 1–9	listed in you	ır governing		other support (see
			above (see instructions))	docur	ment?	instructions)	instructions)
				Yes	No		
(A)				ļ		_	
(B)							
(C)							
(D)							
				-			
(E)							
			1	1	ļ		

Schedul	e A (Form 990 or 990-EZ) 2015						Page 2
Part							
	(Complete only if you checked th						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support			· · · · · · · · · · · · · · · · · · ·			
	dar 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.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4.			,			
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	_					_
	organization, check this box and stop he			<u> </u>	<u> </u>	<u> </u>	· · · <u></u>
Sect	on C. Computation of Public Suppo					T	
14 15 16a	Public support percentage for 2015 (line Public support percentage from 2014 Sci 331/3% support test—2015. If the organization quality and stop here. The organization quality support test—2015.	hedule A, Part zation did not	II, line 14 . check the box		 d line 14 is 33	14 15 73% or more, o	% % heck this
b	331/2% support test—2014. If the organ	nization did n	ot check a bo	x on line 13 oi	r 16a, and line		
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the organization	O15. If the org eets the "facts- facts-and-circ	anization did n -and-circumsta umstances" te	ot check a box ances" test, che st. The organiz	c on line 13, 16 eck this box a ation qualifies	nd stop here. I as a publicly s	line 14 is Explain in supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part VI how the organization in	ition meets th	e "facts-and-c	ircumstances*	test, check t	his box and st	top here.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support						
Calend	dar 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.")	38,350	50,310	60,514	71,980	58,025	279,179
2	Gross receipts from admissions, merchandise				_		
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	169,900	141,170	124,066	109,566	124,850	669,552
3	Gross receipts from activities that are not an			·			
	unrelated trade or business under section 513	o	o	0	0	o	0
4	Tax revenues levied for the	· ·					
	organization's benefit and either paid						
	to or expended on its behalf	o	o	o	o	ol	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	o	0	o	0	o	0
6	Total. Add lines 1 through 5	208,250	191,480	184,580	181,546	182,875	948,731
	Amounts included on lines 1, 2, and 3	200,200	101,100	10.,000	.0.,0.0		
	received from disqualified persons .	o	o	اه	0	o	0
b	Amounts included on lines 2 and 3	J					
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	o	o	اه	0	o	0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from						<u> </u>
	line 6.)			•	,	10000000000000000000000000000000000000	948,731
Secti	on B. Total Support					•	
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	208,250	191,480	184,580	181,546	182,875	948,731
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .	1,512	10,382	12,770	5,744	3,514	33,922
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses			j			
	acquired after June 30, 1975	ol	0	o	0	o	0
С	Add lines 10a and 10b	1,512	10,382	12,770	5,744	3,514	33,922
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carned on	l ol	0	o	0	l ol	0
12	Other income. Do not include gain or				-		
	loss from the sale of capital assets						
	(Explain in Part VI.)	0	0	0	0	o	. 0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	209,762	201,862	197,350	187,290	186,389	982,653
14	First five years. If the Form 990 is for the	-	i's first, secon	d, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he				· · · · ·	· · · · ·	<u> </u>
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2015 (line	•	•	3, column (f))		15	96.55 %
16	Public support percentage from 2014 Scl			<u> </u>	· · · <u>· · · · · · · · · · · · · · · · </u>	16	96.71 %
<u>Secti</u>	on D. Computation of Investment In			 			
17	Investment income percentage for 2015 (17	.03 %
18	Investment income percentage from 2014					18	.03 %
19a	331/3% support tests—2015. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2014. If the organiz						
	line 18 is not more than 331/3%, check this						_
20	Private foundation. If the organization di	id not check a	box on line 14	, 19a, or 19b, c	check this box	and see instru	ctions 🕨 🔲

Supporting Organizations Part IV

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- Did the organization have any supported organization that does not have an IRS determination of statu under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supporte organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) an satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how th organization made the determination
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(6 purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretio despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determinatio under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(l purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and Eli numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the actio was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity wi regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or mo disqualified persons as defined in section 4946 (other than foundation managers and organizations describe in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal bene from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrate supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

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Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	<u> </u>		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on b. Type ( Supporting Organizations		Yes	NIa
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		res	No
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	}		ء در
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		,	,
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	-	
2	Did the organization operate for the benefit of any supported organization other than the supported	,•	_	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	Ĭ.,	"I'm	
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,		بعبائك	المتمند
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
4			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control	21.4.3		135
	or management of the supporting organization was vested in the same persons that controlled or managed		(خرر نام معد الم	
	the supported organization(s).	ـــَـــــــــــــــــــــــــــــــــ		
Section	on D. All Type III Supporting Organizations	<u> </u>		L
		•	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	X of		777
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	19.00	1	\$\langle \tau_1 \cdot \c
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	* , ′		وات بو فردون سرد
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	****	.ē.,	Ara
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			,
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1		İ
	supported organizations played in this regard.			ļ
Secti	on E. Type III Functionally-Integrated Supporting Organizations	3		
36011				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	s):
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	iructi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		<b> </b>	
L	•	2a		<u> </u>
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organi		1	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	<b></b> -	<b></b>
3	Parent of Supported Organizations. Answer (a) and (b) below.	40	<del>                                     </del>	<del>                                     </del>
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
<b>~</b>	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	<b> </b>	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			<del>                                     </del>
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	l	

Schedule A (Form 990 or 990-EZ) 2015			Page (
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	jani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	j tru	st on Nov. 20, 1970. See	instructions. All
other Type III non-functionally integrated supporting organizations must co			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  7 Other expenses (see instructions)	6		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount	10	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	<u> </u>	
e Discount claimed for blockage or other factors (explain in detail in Part VI):		·	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		٥
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	·	
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2	•	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		

6 Distributable Amount. Subtract line 5 from line 4, unless subject to		
emergency temporary reduction (see instructions)	6	
7 Check here if the current year is the organization's first as a non-functional	y-ın	tegrated Type III supporting organization (see
instructions).		

Part	Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	zations (continuea)		
Secti	on D - Distributions	<u> </u>		Current Year	
1_	Amounts paid to supported organizations to accomplish e				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity				
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	<del></del>	
4_	Amounts paid to acquire exempt-use assets				
	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
	Total annual distributions. Add lines 1 through 6.	<del></del>			
8	Distributions to attentive supported organizations to whic	ponsive			
9	(provide details in Part VI). See instructions.				
	Line 6 amount divided by Line 9 amount	I	(ii)	(iii)	
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015	
_1_	Distributable amount for 2015 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2015				
	(reasonable cause required-see instructions)			<u></u>	
_3_	Excess distributions carryover, if any, to 2015:		<del></del>	<u> </u>	
a_					
b_					
<u>c</u>	5 0040			·····	
<u>d</u>	From 2013		/	*	
<u>e</u>	From 2014				
f_	Applied to underdistributions of prior years				
<u>g</u> h	Applied to diderdistributions of prior years  Applied to 2015 distributable amount				
_ <u>''</u> -	Carryover from 2010 not applied (see instructions)				
<del>-</del>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2015 from Section				
	D, line 7: \$		· · · · · · · · · · · · · · · · · · ·	— ··· · · · · · · · · · · · · · · · · ·	
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2015 distributable amount				
_ <u>c</u>	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount				
	greater than zero, see instructions).				
	Remaining underdistributions for 2015. Subtract lines 3h		·		
U	and 4b from line 1 (if amount greater than zero, see				
	instructions).				
7	Excess distributions carryover to 2016. Add lines 3 _j and 4c.				
8	Breakdown of line 7:			<u> </u>	
<u></u>	Ordan Ormo (				
<u>a</u> b					
<u>c</u>	Excess from 2013	<del>                                     </del>			
d	Excess from 2014	<u> </u>			
	Excess from 2015				
		<del></del>			

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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)		
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#### · SCHEDULE O (Form 990 or 990-EZ)

#### 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.

20**15** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► 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.

Name of the organization Employer identification number Antique and Classic Boat Society No Cal Tahoe Chapter 77-0466692 Part I, Line 8, Other revenue- News letter adds \$4,200. Part I, Line 10, Grants Tahoe Maritime Museum \$1,000, Thunderbird Preservation Society \$650, Sea Scout Ship Challanger 145 \$650, Boys and Girls Club of Lake Tahoe \$650- Total \$2,950. Part I, line 16, Other expenses: Instructional displays \$129,522, Administration \$5,606, Depreciation \$328, Membership, planning and board meetings \$25,449, Kit boat building program inventory writeoff \$4,533, Writeoff of old ships store inventory \$4,426, State filing fees \$410. Miscellaneous other \$2,650- Total \$172,924. Part I, Line 20, Other changes- Unrealized loss on investments \$4,058. Part II, Line 24, Other assets; Accounts receivable \$6,300, Prepaid expenses \$2,155, Inventory held for sale \$2,179, Kit boat program \$3,756, Depreciable assets \$1,228- Total \$15,618. Part II, Line 26, Total liabilities- Accounts payable \$3,048.