SCANNED JUN 2 2 2017

**Return of Organization Exempt From Income Tax** 

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

Open to Public

OMB No 1545-0047

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 and its instructions is at www.lrs.gov/form990.

Inspection

A For the 2015 calendar year, or tax year beginning DEC\_1, 2015 and ending NOV 30. C Name of organization D Employer identification number Address change Boothbay Harbor Yacht Club ]Name ]change 01-0032215 Doing business as ]Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated P.O. Box 497 207 633-5750 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended West Boothbay Harbor, ME 04575 H(a) Is this a group return Applica-F Name and address of principal officer: Eric Hakanson Yes X No for subordinates? pending same as C above H(b) Are all subordinates included? 4947(a)(1) or (insert no.) If "No," attach a list (see instructions) J Website: ▶ www.bhyc.net **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1907 M State of legal domicile; ME Part I | Summary Briefly describe the organization's mission or most significant activities. Encourage all aspects of <u>yachting in the Boothbay Harbor region of Maine</u> Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 17 3 17 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 41 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 5,052. b Net unrelated business taxable income from Form 990-T, line 34 2,934. **Prior Year Current Year** 24,123. Contributions and grants (Part VIII, line 1h) 23,070. 9 608,253 614,027. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,591 277. 10 295,127 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 244,876. 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 929,041 883,303. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. Ο. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 380,349 347,911. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 508,145. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 496,371 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 876,720. 856,056. Revenue less expenses Subtract line 18 from line 12 <u>52,321.</u> 27,247. 3-0SC **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) <u>1,823,163</u> <u>,821,728.</u> JUN 1 9 2017 21 Total liabilities (Part X, line 26) <u>116,460</u> 87,778. Net assets or fund balances Subtract line 21 from line 706,703 733,950. Part II Signature Block 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 Robert Reiser Here Type or print name and title Date, PTIN P/eparer's signature Print/Type preparer's name 5/11/1 Paid hus self-employed Scott E. Nivus, CPA P00476573 Firm's name Gibson LeClair, LLC Preparer Firm's EIN 45-0512128 Use Only Firm's address \sum 150 Capitol Street, Augusta, ME 04330 Phone no. (207) 623-8401 May the IRS discuss this return with the preparer shown above? (see instructions) Yes

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2015)

orm		<u>1-0032215</u>	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u>.</u>	
1	Briefly describe the organization's mission:		. <b>e</b>
	To encourage all aspects of yachting in the Boothbay Harb	or region	01
	Maine		
2	Did the organization undertake any significant program services during the year which were not listed on	· · ·	
_	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	. Tyes	x X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	asured by expense	s.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expenses.	, and
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$		)
	Operation of a waterfront facility on a seasonal basis to		
	aspects of yachting in the Boothbay Harbor region of Main		
	include moorings, launch services, boat races, cruises, a	nd yacıtı	ıg
	regattas. There are approximately 300 participants.		
			<del></del>
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$		)
		<del> </del>	
			<del></del>
4-	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$		<u> </u>
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$		
4d	Other program services (Describe in Schedule O)		
	(Expenses \$\frac{1\text{Including grants of \$}}{\text{Revenue \$}}	)	
4e	Total program service expenses		000 (25 (5)
		Form	990 (2015)

Pa	TIV Checklist of Required Schedules		т	
	•		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_	<b></b> -	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_	X	<del> </del>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3.5
_	public office? If "Yes," complete Schedule C, Part I	_3_	<u> </u>	X
4	Section 501(c)(3) organizations. 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	4_	<u> </u>	├──
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_	1	v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		X
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		<del>  ^</del> -
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
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	-10		
• •	as applicable			ļ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	x	l
ь	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	ļ	Х
С	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		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	,	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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 and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4-	]	17
	complete Schedule G, Part III	19		X

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Note. All Form 990 filers are required to complete Schedule O

01-0032215 Form 990 (2015) Boothbay Harbor Yacht Club Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 14 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 41 filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2h Note. 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? X За X b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, 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 X b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 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 as charitable contributions? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 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 services provided to the payor? 7a 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 file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: 50,724 Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the

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14a

X

organization is licensed to issue qualified health plans

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

c Enter the amount of reserves on hand

13b

13c

Form 990 (2015) Boothbay Harbor Yacht Club 01-0032215 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

_	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 13								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b									
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		х					
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		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6	X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a	X	l					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b	X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		•						
		·	Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		_X_					
b	Other officers or key employees of the organization	15b		<u>X</u>					
	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		_X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed None								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le						
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cıal						
	statements available to the public during the tax year								
20	State the name, address, and telephone number of the person who possesses the organization's books and records:								
	Donna Brewer - 207 633-5750	_							
	Western Avenue, Boothbay Harbor, ME 04575								

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

Check if Schedule O contains a response or note to any line in this Part VII

#### 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 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A) Name and Title	(B) Average hours per week	box	not ci , unle: cer an	Pos heck ss pe	more rson	than	th an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Eric Hakanson	5.00									
Commodore		X		X	L.			0.	0.	0.
(2) Bob Scribner	5.00							_		
Vice Commodore		X		Х			ļ	0.	0.	0.
(3) Dan Hare	5.00									
Rear Commodore		X		X				0.	0.	0.
(4) Betsie Permut	5.00									
Secretary		Х		Х				0.	0.	0.
(5) Robert Reiser	5.00									
Treasurer		X		X		ļ	_	0.	0.	0.
(6) Ralph Drayer	5.00									
Director		X						0.	0.	0.
(7) David Brooks	5.00									
Director		X						0.	0.	0.
(8) Joan Shea	5.00							_		
Director		X						0.	0.	0.
(9) Karen Sutton	5.00									
Director		X						0.	0.	<u> </u>
(10) Linda Burley	5.00									
Director		Х			_			0.	0.	0.
(11) Winston Kipp	5.00									
Director		Х	_	_				0.	0.	0.
(12) Penny Matthews	5.00									
Director		X		_				0.	0.	0.
(13) Paul Schacknow	5.00									
Director		X	_					0.	0.	0.
(14) Sally Smith	5.00		Ì					_		
Director		X	_					0.	0.	0.
(15) Don Snyder	5.00									
Director		X						0.	0.	0.
(16) George Ross	5.00	_								
Director		Х						0.	0.	0.
(17) Rosalie Baker	5.00	_								
Director	L	X	l					0.	0.	0.

\$100,000 of compensation from the organization

NONE	(B) Description of services	(C) Compensation
		1
	NONE	

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		Check if Schedule O conta	uns a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
इइ	1 a	Federated campaigns	1a					
ira Dun	b		1b					
B, E	c		1c					
a it	d		1d					
S, E	е	Government grants (contribution						
isi	f	All other contributions, gifts, grants						
te a		similar amounts not included abov		24,123.				1
E O	g	Noncash contributions included in lines	la-1f \$		1			•
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			24,123.			
				Business Code				
Program Service Revenue		Members dues & a		713990	405,701.	405,701.		
		Waterfront acti		713990	87,301.	87,301.		
S C	С	Sailing program		611600	85,175.	85,175.		
eve	d	Tennis and golf	progra	611600	35,850.	35,850.		
5 P	е							
<u> </u>	f	All other program service rever	nue					
	g	Total, Add lines 2a-2f	· <del></del>		614,027.		··········	
	3	Investment income (including o	dividends, intere	est, and				
		other similar amounts)		▶	277.	277.	. <u></u> .	
ļ	4	Income from investment of tax	exempt bond p	roceeds 🕨			- <del></del>	
ļ	5	Royalties		<b>_</b> _				
ļ			(i) Real	(II) Personal				
J	6 a	Gross rents	9,204.	ļ. <u></u>				
	þ	' ' ' '	$\frac{4,152}{5,050}$					
J		Rental income or (loss)	<u>5,052.</u>	L	5 050			
		Net rental income or (loss)		<b>•</b>	5,052.		5,052.	
Ì	7 a	Gross amount from sales of	(i) Securities	(II) Other				
ļ		assets other than inventory		ļ				
	b	Less: cost or other basis						
		and sales expenses .		<del></del>				,
		Gain or (loss)		<u> </u>				
		Net gain or (loss)		· ·			<del></del>	
ine	g a	Gross income from fundraising	events (not of					
Ver		including \$	<del></del> •	Í				
Other Reve		contributions reported on line Part IV, line 18	•					
her		Less: direct expenses	a					
Ö		: Net income or (loss) from fund	_					
		Gross income from gaming act	-					
	0.0	Part IV, line 19	а					
	ı b	Less: direct expenses	b					
		Net income or (loss) from gami	_	<b></b>	1			
		Gross sales of inventory, less r						
		and allowances	a					
	b	Less: cost of goods sold	b					
		Net income or (loss) from sales	of inventory	<b></b>				
		Miscellaneous Revenue		Business Code				
	11 a	Dining room & b		722100	225,140.			225,140.
	b							
	c							
	c	All other revenue .	•	611600	14,684.	14,684.	·	
	е	Total. Add lines 11a-11d			239,824.			
	12_	Total revenue. See instructions.			883,303.	628,988.	5,052.	225,140.

Form 990 (2015) Boothbay Harbor Yacht Club
Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com			ompiete column (A).	X
	Check if Schedule O contains a respon	Se or note to any line in		(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				<del></del>
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. 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	304,965.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				<u> </u>
9	Other employee benefits	10,269.			
10	Payroll taxes	32,677.			·····
11	Fees for services (non-employees):				
а	Management .			<u>-</u>	
b	Legal .				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	İ			
	column (A) amount, list line 11g expenses on Sch O.)	34,961.			
12	Advertising and promotion				
13	Office expenses .				
14	Information technology .			<u> </u>	<u>.</u>
15	Royalties	<u></u>			
16	Occupancy .				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				<u> </u>
20	Interest	2,246.			·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	94,847.			
23	Insurance .	25,652.			
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	Food, bar and merchandi	124,081.			
b	Repairs and maintenance	36,704.			
С		35,077.			· · · · · · · · · · · · · · · · · ·
d		32,402.	<del></del>		<del>-</del>
е	All other expenses <u>See Sch O</u>	122,175.			
<u>25</u>	Total functional expenses. Add lines 1 through 24e	856,056.		ļ	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			[	
	Check here if following SOP 98-2 (ASC 958-720)			<u> </u>	

Form 990 (2015)
Part X Balance Sheet

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
	·		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing .	201,754.	1	205,059.
	2	Savings and temporary cash investments	25,290.	2	46,728.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	28,454.	4	23,130.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other 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			
ts		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ÿ	8	Inventories for sale or use	13,202.	8	13,069.
	9	Prepaid expenses and deferred charges	1,979.	9	13,069. 15,037.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 3,023,943.			
	ь	Less accumulated depreciation 10b 1,519,017.	1,548,711.	10c	1,504,926.
	11	Investments · publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,773.	15	13,779.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,823,163.	16	1,821,728.
	17	Accounts payable and accrued expenses	10,341.	17	10,303.
	18	Grants payable		18	_ <del></del>
	19	Deferred revenue	6,139.	19	37,495.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
က္	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.		]	
apil		Complete Part II of Schedule L		22	
ت	23	Secured mortgages and notes payable to unrelated third parties	99,980.	23	39,980.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of		1	
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	116,460.	26	87,778.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
S		complete lines 27 through 29, and lines 33 and 34.			
ဦ	27	Unrestricted net assets	1,706,703.	27	1,733,950.
ala	28	Temporarily restricted net assets		28	
d B	29	Permanently restricted net assets		29	
5		Organizations that do not follow SFAS 117 (ASC 958), check here			
P	Ì	and complete lines 30 through 34.		1	
ţ	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	1,706,703.	33	1,733,950.
			1,823,163.		1,821,728.

orm	990 (2015) Boothbay Harbor Yacht Club	01_	003221	5_ P	age 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8	<u>33,</u>	<u> 303.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	8	56,	<u>056.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		27,	<u>247.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,7	06,	<u>703.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities .	6			
7	Investment expenses .	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	] }			
	column (B))	10	1,7	33,	<u>950.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			<del></del>	Yes	s No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.		1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both		ĺ	1	1
	X Separate basis Consolidated basis Both consolidated and separate basis				Ì
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>	X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,			1
	consolidated basis, or both			1	1
	Separate basis Consolidated basis Both consolidated and separate basis				-
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		1	ł
	review, or compilation of its financial statements and selection of an independent accountant?		_20	-	X_
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		L		Ì
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Aud	dit	1	
	Act and OMB Circular A-133?		3a	┼—	X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	dit	1	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			For	n <b>99</b> (	<b>)</b> (2015)

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047 **Open to Public** Inspection

Name of the organization

Employer identification number

	Boothbay Harbor Ya	icht Clu	<u>ıb</u>		01-0032215
Pa	t I Organizations Maintaining Donor Advise	ed Funds o	r Other Similar Fund	s or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6			
		(a) Do	onor advised funds	<b>(b)</b> Fu	nds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
		Luretung that th	a seesta hald in dance advi	and funds	
5	Did the organization inform all donors and donor advisors in	-		sed lulius	
_	are the organization's property, subject to the organization's	-			. Yes No
6	Did the organization inform all grantees, donors, and donor a		- ·	-	
	for charitable purposes and not for the benefit of the donor	or donor advis	or, or for any other purpose	e conferring	
D-	impermissible private benefit?	<del></del>			Yes No
Pa				Part IV, line	7
1	Purpose(s) of conservation easements held by the organizat	•			
	Preservation of land for public use (e.g., recreation or e	education)	Preservation of a his	torically impo	ortant land area
	Protection of natural habitat		Preservation of a cer	tified historic	structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	ified conservat	tion contribution in the form	of a co <u>nser</u>	vation easement on the last
	day of the tax year				Held at the End of the Tax Year
а	Total number of conservation easements .			. 2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic sti	ructure include	ed in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 8/17/06,	and not on a historic struct	ture	
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, re	eleased, exting	uished, or terminated by th		n during the tax
_	year▶		,	<b>J</b>	
4	Number of states where property subject to conservation ea	asement is loca	ated >		
5	Does the organization have a written policy regarding the pe				
Ŭ	violations, and enforcement of the conservation easements		ing, inoposition, nationing of		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		iolations, and enforcing cor	seen/ation ea	
U	Land volunteer riours devoted to morntoning, inspecting,	, nanding of v	iolations, and emoreing cor	iscivation ca	sements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violatie	one and onforcing concern	ation oacoma	ente during the year
•	\$ \$	dirig or violatio	ons, and emorcing conserv	ation easeme	ints during the year
		satisfic tha	requirements of eastion 170	3/b)/4\/D\/0	
8	Does each conservation easement reported on line 2(d) about and appear 170/b/4//D/w/2	ive satisty the	requirements of section 170	)(1)( <del>4</del> )(D)(I)	Yes No
_	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservat		•		
	include, if applicable, the text of the footnote to the organiza	ation's financia	statements that describes	tne organiza	ition's accounting for
По	conservation easements t III   Organizations Maintaining Collections o	f Art High	rical Traccurac or C	ther Simi	lar Assats
Га	Complete if the organization answered "Yes" on Form	•	-	Julei Siiiii	iai Assets.
1a	If the organization elected, as permitted under SFAS 116 (AS	-			
	historical treasures, or other similar assets held for public ex			ance of public	c service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr				
b	If the organization elected, as permitted under SFAS 116 (AS	• • • • • • • • • • • • • • • • • • • •			
	treasures, or other similar assets held for public exhibition, e	education, or re	esearch in furtherance of pu	ublic service,	provide the following amounts
	relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1	•		<b>•</b>	\$
	(ii) Assets included in Form 990, Part X			. •	\$ \$
2	If the organization received or held works of art, historical tre	easures, or oth	er sımılar assets for financı	al gaın, provid	de
	the following amounts required to be reported under SFAS 1				
а	Revenue included on Form 990, Part VIII, line 1		•		\$
	Assets included in Form 990, Part X				\$

		Marbor Ya				<u> </u>		<u>-00322</u>		Page 2		
Par	t III   Organizations Maintaining Co											
3	Using the organization's acquisition, accession	n, and other records,	, check a	any of the fo	ollowing that are	a signif	cant use	of its collect	ion iter	ms		
	(check all that apply):											
а	Public exhibition	đ			ange programs							
Ь	Scholarly research	е	<u></u> ∪ 0t	ther								
С	Preservation for future generations							_				
4	Provide a description of the organization's col	•		•	•			n Part XIII.				
5	During the year, did the organization solicit or					niar ass	ets		_	_		
D	to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes No  art IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or											
Par	reported an amount on Form 990, Part		e if the o	rganization	answered "Yes"	on For	m 990, Pa	art IV, line 9,	or			
	Is the organization an agent, trustee, custodia	in or other intermedia	ary for co	ntributions	or other assets	not incl	uded					
	on Form 990, Part X?		,					Yes		☐ No		
ь	If "Yes," explain the arrangement in Part XIII a	and complete the folio	wing tal	ble <sup>.</sup>								
_		,,				Г		Amou	unt			
С	Beginning balance						1c					
d	Additions during the year			·	_		1d					
е	Distributions during the year					. [	1e					
f	Ending balance					Ī	1f					
2a	Did the organization include an amount on Fo	rm 990, Part X, line 2	1, for es	crow or cus	stodial account li	ability?		Yes		No		
ь	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	lanation	has been p	rovided on Part	XIII						
Par	t V Endowment Funds. Complete if	the organization ansi	wered "Y	es" on For	m 990, Part IV, lii	ne 10						
		(a) Current year	(b) Pric	or year	(c) Two years back	k (d) 1	hree years	back (e) Fo	our year	s back		
1a	Beginning of year balance				<del></del>							
b	Contributions											
С	Net investment earnings, gains, and losses				<del></del>	_						
d	Grants or scholarships											
е	Other expenditures for facilities			}				Ì				
	and programs				<del></del>							
f	Administrative expenses .											
g	End of year balance		_									
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g,	column (a))	held as:							
а	Board designated or quasi-endowment		%									
b	Permanent endowment	%										
С	Temporarily restricted endowment ▶	%										
	The percentages on lines 2a, 2b, and 2c should	ld equal 100%.										
За	Are there endowment funds not in the posses	ssion of the organizat	on that	are held and	d administered fo	or the o	rganızatıo	n				
	by:								Yes	No		
	(i) unrelated organizations .							3a(i	4—	<del> </del>		
	(ii) related organizations	•						3a(i	$\neg$	<del> </del>		
b	If "Yes" on line 3a(ii), are the related organizat	•						_3b	Д	<del></del>		
A Do:	Describe in Part XIII the intended uses of the		ment fu	nds	<del></del>							
Pai	t VI Land, Buildings, and Equipme		D		- F 000 B		40					
	Complete if the organization answered							<del></del>				
	Description of property	(a) Cost or oth	4	(b) Cost of	1 ,	•	nulated	(d) Bo	ook valı	ne		
	Land	basis (investme		basis (o	<del></del>	deprec	auon	+	01 -	20F		
	Land .	38,1			1,143.	777	000			305.		
b	Buildings	34,6	40.	1,257	7,003.	_ / / 2	9,992	· <del> </del>	T T V C	<u>537.</u>		
C	Leasehold improvements	<del></del>		650	162	E1/	065	+	10 1	100		
	Equipment	2,9	56		,163. 3,890.		965			1 <u>98.</u> 786.		
e	Other					448	3,060			786		

Schedule D (Form 990) 2015

532053 09-21-15 Schedule D (Form 990) 2015

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

## 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.lrs.gov/form990.

2015

Open to Public Inspection

Name of the organization Employer identification number Boothbay Harbor Yacht Club 01-0032215 Form 990, Part VI, Section A, line 6: The organization is a membership organization. Form 990, Part VI, Section A, line 7a: The membership elects the governing body. Form 990, Part VI, Section A, line 7b: Member dues and assessments are approved by the membership. Form 990, Part VI, Section B, line 11: The completed Form 990 is reviewed by the organization's treasurer prior to filing. Other officers and board members review the Form 990 after it is filed, at the next scheduled meeting of the board. Any comments or suggestions are brought to the attention of the preparer. Form 990, Part VI, Section B, Line 12c: The organization monitors compliance with its conflict of interest policy at regular meetings of the board of directors. Form 990, Part VI, Section C, Line 19: No governing documents or financial statements are made available to the general public. Form 990, Part IX, Line 24e, All Other Functional Expenses: Utilities 30,387. Equipment rent and leasing 27.146.

Schedule O (Form 990 or 990-EZ) (2015)	Page <b>2</b>
Name of the organization  Boothbay Harbor Yacht Club	Employer identification number 01-0032215
Property tax	22,523.
Committee budgets	14,742.
Postage, licenses & printing	13,435.
Miscellaneous expenses	7,581.
Bad debt expense	5,674.
Recruitment	687.
Total Other Expenses on Form 990, Part IX, line 24e, Col.	A 122,175.
	<del></del>
	_