

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493319121717

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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

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.irs.gov/form990](#)

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☒ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

LAKE CHAMPLAIN COMMUNITY SAILING CENTER INC

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

PO BOX 64818

City or town, state or province, country, and ZIP or foreign postal code

BURLINGTON, VT 05406

F Name and address of principal officer

OWEN MILNE STARTING 6517

PO BOX 64818

BURLINGTON, VT 05406

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

03-0342594

E Telephone number

(802) 864-2499

G Gross receipts \$ 1,281,309

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW COMMUNITYSAILINGCENTER ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1994

M State of legal domicile VT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

THE LAKE CHAMPLAIN COMMUNITY SAILING CENTER (CSC) ENCOURAGES AND CELEBRATES THE RESPONSIBLE USE AND LONG-TERM STEWARDSHIP OF LAKE CHAMPLAIN BY FOSTERING EDUCATIONAL AND RECREATIONAL OPPORTUNITIES FOR ALL MEMBERS OF OUR COMMUNITY THE CSC IS COMMITTED TO ELIMINATING BARRIERS THAT PREVENT ACCESS TO LAKE CHAMPLAIN, OFFERS EXPERIENTIAL EDUCATION FOR WHICH COURAGE AND LEADERSHIP SKILLS CAN BE DEVELOPED AND PROVIDES AN INCLUSIVE ENVIRONMENT FOR ALL PEOPLE TO LEARN SAILING AND PADDLING

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶157,356

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

Current Year

2,213,151

767,241

418,900

450,059

867

2,425

3,346

16,031

2,636,264

1,235,756

43,574

48,856

0

415,312

420,100

31,250

0

380,100

449,820

870,236

918,776

1,766,028

316,980

Beginning of Current Year

End of Year

3,456,272

3,772,496

57,354

53,398

3,398,918

3,719,098

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 Here

Signature of officer

2017-11-14

Date

OWEN MILNE STARTING 6517 EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

RANDALL L SARGENT CPA

Preparer's signature

RANDALL L SARGENT CPA

Date

2017-11-15

Check ☐ if self-employed

PTIN

P00136499

Firm's name ▶ JMM & ASSOCIATES PC

Firm's EIN ▶ 03-0280081

Firm's address ▶ 336 WATER TOWER CIR STE 801

Phone no (802) 655-5665

COLCHESTER, VT 05446

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

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

THE LAKE CHAMPLAIN COMMUNITY SAILING CENTER (CSC) ENCOURAGES AND CELEBRATES THE RESPONSIBLE USE AND LONG-TERM STEWARDSHIP OF LAKE CHAMPLAIN BY FOSTERING EDUCATIONAL AND RECREATIONAL OPPORTUNITIES FOR ALL MEMBERS OF OUR COMMUNITY. THE CSC IS COMMITTED TO ELIMINATING BARRIERS THAT PREVENT ACCESS TO LAKE CHAMPLAIN, OFFERS EXPERIENTIAL EDUCATION FOR WHICH COURAGE AND LEADERSHIP SKILLS CAN BE DEVELOPED AND PROVIDES AN INCLUSIVE ENVIRONMENT FOR ALL PEOPLE TO LEARN SAILING AND PADDLING.

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 ☒ 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? ☐ Yes ☒ 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 measured by expenses. 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 \$ 132,694 | including grants of \$ 9,511 | (Revenue \$) |
| See Additional Data | | | | |



| | | | | |
|---------------------|---------|----------------------|-------------------------------|---------------|
| 4b | (Code) | (Expenses \$ 148,513 | including grants of \$ 39,345 | (Revenue \$) |
| See Additional Data | | | | |

| | | | | |
|---------------------|---------|---------------------|------------------------|---------------|
| 4c | (Code) | (Expenses \$ 76,764 | including grants of \$ | (Revenue \$) |
| See Additional Data | | | | |

| | | | |
|---------|----------------------|------------------------|---------------|
| (Code) | (Expenses \$ 210,732 | including grants of \$ | (Revenue \$) |
|---------|----------------------|------------------------|---------------|

CUSTOM PROGRAMS CUSTOM PROGRAMS SERVICE COMMUNITY PARTNERS SEEKING UNIQUE BOATING EXPERIENCES ON LAKE CHAMPLAIN CUSTOM PROGRAMS ARE DIVIDED INTO THREE CATEGORIES RECREATION, CORPORATE, OR COLLEGE RECREATION PROGRAMS FEATURE HANDS-ON SAILING INSTRUCTION IN A FUN, ON-WATER ATMOSPHERE CORPORATE PROGRAMS ENGAGE LOCAL BUSINESSES AND EMPLOYEES IN TEAM-BUILDING FACILITATION AND ON-WATER RECREATION COLLEGE PROGRAMS DELIVER FOR-CREDIT SAILING COURSES WITHIN A COLLEGE'S COURSE CATALOG LAKE ACCESS THE LAKE ACCESS PROGRAM BREAKS

Part IV Checklist of Required Schedules

- 1** Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* 
- 2** Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)? 
- 3** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*

| | Yes | No |
|----------|-----|----|
| 1 | Yes | |
| 2 | Yes | |
| 3 | | No |

Part IV Checklist of Required Schedules *(continued)*

| | Yes | No |
|--|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 20b | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | | No |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX | | |

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

| | | Yes | No |
|------------|--|-----|-----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. | 1a | 0 |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | 1b | 0 |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. | 2a | 38 |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). | 2b | Yes |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | No |
| 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 | No |
| 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). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | No |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 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? | 6a | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | 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 | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year. | 7d | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | No |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | No |
| 8 | 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 | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | |
| 10 | Section 501(c)(7) organizations. Enter | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12. | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. | 10b | |
| 11 | Section 501(c)(12) organizations. Enter | | |
| a | Gross income from members or shareholders. | 11a | |
| b | 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 | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | 12b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | 13a | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. | 13b | |
| c | Enter the amount of reserves on hand. | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | No |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | 14b | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒**Section 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 | 1a 16 | | |
| 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 Enter the number of voting members included in line 1a, above, who are independent | 1b 16 | | |
| 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 | | No |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No |
| 6 Did the organization have members or stockholders? | 6 | | No |
| 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 | | No |
| 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 | | No |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a The governing body? | 8a | Yes | |
| b Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 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 | | No |

Section 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 | | No |
| 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 | | No |
| 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 | Yes | |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. | 12c | Yes | |
| 13 Did the organization have a written whistleblower policy? | 13 | | No |
| 14 Did the organization have a written document retention and destruction policy? | 14 | | No |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b Other officers or key employees of the organization | 15b | Yes | |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| b If "Yes," 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 | | |

Section C. Disclosure

| | |
|---|--|
| 17 List the States with which a copy of this Form 990 is required to be filed▶ | |
| 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 financial 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. ▶OWEN MILNE PO BOX 64818 BURLINGTON, VT 05406 (802) 864-2499 | |

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."

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: \$

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) SARAH SEARS TERM ENDED DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (19) MARK NAUD UNITL 6217 2016 EXEC D | 40 00 | | | X | | | | 72,000 | 0 | 0 |
| (20) OWEN MILNE STARTING 6517 EXECUTIVE DI | 0 00 | | | X | | | | 0 | 0 | 0 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 72,000 | | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | No |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | | No |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | No |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line 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 |
|---|--|---------------------------|----------------------|--|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns . . . | 1a | | | | |
| | b Membership dues . . . | 1b | | | | |
| | c Fundraising events . . . | 1c | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 767,241 | | | |
| | g Noncash contributions included in lines 1a-1f \$ _____ | 15,619 | | | | |
| | h Total. Add lines 1a-1f | ▶ | 767,241 | | | |
| Program Service Revenue | | Business Code | | | | |
| | 2a REGISTRATION | 713990 | 279,360 | 279,360 | | |
| | b BOAT RENTALS AND STORAGE | 713990 | 81,833 | 81,833 | | |
| | c SIGNATURE PROGRAMS | 713990 | 77,662 | 77,662 | | |
| | d FACILITY USE | 713990 | 11,204 | 11,204 | | |
| | e _____ | | | | | |
| | f All other program service revenue | | | | | |
| | g Total. Add lines 2a-2f | ▶ | 450,059 | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | ▶ | 2,425 | | | 2,425 |
| | 4 Income from investment of tax-exempt bond proceeds | ▶ | | | | |
| | 5 Royalties | ▶ | | | | |
| | 6a Gross rents | (i) Real (ii) Personal | | | | |
| | b Less rental expenses | | | | | |
| | c Rental income or (loss) | | | | | |
| | d Net rental income or (loss) | ▶ | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities (ii) Other | | | | |
| | b Less cost or other basis and sales expenses | | | | | |
| | c Gain or (loss) | | | | | |
| | d Net gain or (loss) | ▶ | | | | |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | a 57,692 | | | | |
| | b Less direct expenses | b 45,553 | | | | |
| | c Net income or (loss) from fundraising events | ▶ | 12,139 | | | 12,139 |
| | 9a Gross income from gaming activities See Part IV, line 19 | a | | | | |
| | b Less direct expenses | b | | | | |
| | c Net income or (loss) from gaming activities | ▶ | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | |
| b Less cost of goods sold | b | | | | | |
| c Net income or (loss) from sales of inventory | ▶ | | | | | |
| Miscellaneous Revenue | Business Code | | | | | |
| 11a MISCELLANEOUS REVENUE | 713990 | 3,892 | | | 3,892 | |
| b _____ | | | | | | |
| c _____ | | | | | | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | ▶ | 3,892 | | | | |
| 12 Total revenue. See Instructions | ▶ | 1,235,756 | 450,059 | | 18,456 | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|------------------------------------|---|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22. | 48,856 | 48,856 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. | | | | |
| 4 Benefits paid to or for members. | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees. | 74,769 | 18,692 | 18,692 | 37,385 |
| 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. | 286,716 | 264,273 | 8,077 | 14,366 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions). | | | | |
| 9 Other employee benefits. | 23,729 | 21,872 | 668 | 1,189 |
| 10 Payroll taxes. | 34,886 | 32,155 | 983 | 1,748 |
| 11 Fees for services (non-employees): | | | | |
| a Management. | | | | |
| b Legal. | | | | |
| c Accounting. | 35,691 | | 35,691 | |
| d Lobbying. | | | | |
| e Professional fundraising services. See Part IV, line 17. | | | | |
| f Investment management fees. | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). | 98,400 | | 13,400 | 85,000 |
| 12 Advertising and promotion. | 25,833 | 25,833 | | |
| 13 Office expenses. | 50,442 | 7,874 | 42,568 | |
| 14 Information technology. | 17,403 | 2,870 | 14,533 | |
| 15 Royalties. | | | | |
| 16 Occupancy. | 43,675 | 43,675 | | |
| 17 Travel. | 828 | 791 | 37 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 Conferences, conventions, and meetings. | 17,683 | 15,030 | 2,653 | |
| 20 Interest. | 326 | | 326 | |
| 21 Payments to affiliates. | | | | |
| 22 Depreciation, depletion, and amortization. | 111,652 | 38,895 | 55,089 | 17,668 |
| 23 Insurance. | 22,338 | 22,338 | | |
| 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): | | | | |
| a PROGRAM SUPPLIES | 25,549 | 25,549 | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e. | 918,776 | 568,703 | 192,717 | 157,356 |
| 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

| | | | | (A) Beginning of year | | (B) End of year | |
|------------------------------------|--|--|------------|--------------------------|-----------|--------------------|-----------|
| Assets | 1 | Cash—non-interest-bearing | | 405,098 | 1 | 147,147 | |
| | 2 | Savings and temporary cash investments | | 283,312 | 2 | 1,245,384 | |
| | 3 | Pledges and grants receivable, net | | 1,917,933 | 3 | 508,160 | |
| | 4 | Accounts receivable, net | | 12,995 | 4 | 13,950 | |
| | 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 employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. | | | 6 | | |
| | 7 | Notes and loans receivable, net | | | 7 | | |
| | 8 | Inventories for sale or use | | | 8 | | |
| | 9 | Prepaid expenses and deferred charges | | 11,808 | 9 | 8,112 | |
| | 10a | Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D. | 10a | 2,325,371 | | | |
| | b | Less: accumulated depreciation | 10b | 486,669 | 825,126 | 10c | 1,838,702 |
| | 11 | Investments—publicly traded securities | | | 11 | 11,041 | |
| | 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 | | | 15 | | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 3,456,272 | 16 | 3,772,496 | | |
| Liabilities | 17 | Accounts payable and accrued expenses | | 39,465 | 17 | 33,196 | |
| | 18 | Grants payable | | | 18 | | |
| | 19 | Deferred revenue | | 6,860 | 19 | 9,545 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D. | | | 21 | | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | | 22 | | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 11,029 | 23 | 10,657 | |
| | 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 Schedule D. | | | 25 | | |
| 26 | Total liabilities. Add lines 17 through 25 | | 57,354 | 26 | 53,398 | | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | | |
| | 27 | Unrestricted net assets | | 509,143 | 27 | 2,491,394 | |
| | 28 | Temporarily restricted net assets | | 2,889,775 | 28 | 1,227,704 | |
| | 29 | Permanently restricted net assets | | | 29 | | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | | |
| 33 | Total net assets or fund balances | | 3,398,918 | 33 | 3,719,098 | | |
| 34 | Total liabilities and net assets/fund balances | | 3,456,272 | 34 | 3,772,496 | | |

Part XI Reconciliation of Net AssetsCheck 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 | 1,235,756 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 918,776 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 316,980 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 3,398,918 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | 3,200 |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 3,719,098 |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

| | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | No |
| b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | No |
| c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | No |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | |

Additional Data

Software ID:
Software Version:
EIN: 03-0342594
Name: LAKE CHAMPLAIN COMMUNITY SAILING
CENTER INC

Form 990 (2016)

Form 990, Part III, Line 4a:

YOUTH CAMPS - CSC PROVIDES DIVERSE SUMMER CAMP OPPORTUNITIES FOR YOUTH AGES 6-17 THE CAMPS PROVIDE RECREATIONAL OPPORTUNITIES FOR YOUTH WITHOUT REGARD TO FINANCIAL OR PHYSICAL ABILITIES WITH SIGNIFICANT SCHOLARSHIP SUPPORT THE CAMP CURRICULUM INCLUDES SAILING SKILLS, TEAM BUILDING, BOATING SAFETY, AND LAKE STEWARDSHIP THE SUMMER CAMP PROGRAM SERVED 465 YOUTH IN 2016

Form 990, Part III, Line 4b:

SIGNATURE PROGRAMS LEADERSHIP THIS PROGRAM SEEKS TO FACILITATE SYSTEMATIC CHANGE THROUGH INDIVIDUAL GROWTH BY NURTURING AT-RISK YOUTHS' LEADERSHIP POTENTIAL, BUILDING NEW SKILLS, AND MAKING POSITIVE COMMUNITY CONNECTIONS THROUGH THE SPORT OF SAILING THERE ARE MANY CHILDREN WHO LIVE LESS THAN A MILE AWAY FROM LAKE CHAMPLAIN WHO HAVE NEVER HAD THE OPPORTUNITY TO ACCESS LAKE-BASED ACTIVITIES IN THIS PROGRAM, YOUTH FROM ALL CONCEIVABLE BACKGROUNDS LEARN TO PUT DIFFERENCES ASIDE AND WORK TOGETHER TO REALIZE THEIR DREAMS - BIG AND SMALL - PROGRAM DESCRIPTIONS CONTINUED ON SCHEDULE O WOMEN IN WIND THE CSC'S WOMEN IN WIND PROGRAM USES SCIENCE AND SAILING AS THE WAY TO ADDRESS THE UNIQUE CHALLENGES FACED BY VERMONT GIRLS, AND IS DESIGNED TO HELP PARTICIPANTS FEEL SUPPORTED AND ENCOURAGED TO DEVELOP NEW SKILLS IN EACH SESSION, GIRLS EMBARK ON A VOYAGE WITH ADVENTURES AND DISCOVERIES ALONG WITH WAY IT'S AN EXPERIENCE WITH LASTING IMPACT THAT INCLUDES PERSONAL CHALLENGES, TIME FOR REFLECTION, AND TEAM-BUILDING ACTIVITIES, PROVIDING EACH STUDENT WITH AN OPPORTUNITY FOR SUCCESS AWP THE ADAPTIVE WATERSPORT PROGRAM'S MISSION IS TO PROVIDE ON THE WATER OPPORTUNITIES FOR EVERYONE, REGARDLESS OF DISABILITY, AGE, AND ABILITY TO PAY AND AT ALL LEVELS FROM SUPERVISED RECREATIONAL SAILING TO INDEPENDENT RACING COMPETITION THIS PROGRAM ENABLES PEOPLE WITH DISABILITIES TO REALIZE THEIR RECREATIONAL GOALS USING ADAPTED TEACHING METHODS AND A FULL ARRAY OF ADAPTIVE EQUIPMENT IT PROVIDES AN INVALUABLE POINT OF ACCESS TO LAKE CHAMPLAIN AND FACILITATES POSITIVE CHANGE IN PARTICIPANTS' SELF- CONFIDENCE, LEADERSHIP, AND TEAMWORK FLOATING CLASSROOM THIS PROGRAM USES A SCIENCE CURRICULUM TO ENGAGE STUDENTS IN INQUIRY-BASED, ON-SHORE LESSONS, SAILING, AND TEAM-BUILDING ACTIVITIES WE PROVIDE HANDS-ON EXPERIENCES THAT FOCUS ON IMMEDIATE LEARNING AND APPLICATION FLOATING CLASSROOMS BRING VERMONT YOUTH TO THE WATERFRONT TO PARTICIPATE IN SCIENCE FIRST-HAND, USING A PLACE-BASED PEDAGOGY TO BUILD ON STUDENTS' FOUNDATION OF CLASSROOM LEARNING THROUGH SCIENTIFIC SAMPLING AND EXPERIMENTATION THE SAILING CENTER'S "SIGNATURE PROGRAMS" HAD A COMBINED 2,672 PARTICIPANTS IN 2016

Form 990, Part III, Line 4c:

PERFORMANCE SAILING - THE CSC PERFORMANCE SAILING PROGRAM IS COMPRISED OF THE NORTHERN VERMONT HIGH SCHOOL SAILING TEAM AND SUMMER RACE TEAM. THESE YOUNG SAILORS ARE TRAINED TO ACHIEVE INDEPENDENT LEADERSHIP SKILLS, PERSONAL RESPONSIBILITY AND TEAM WORK. AS A COMMUNITY BASED TEAM COMPRISED OF OVER 49 TEENAGE YOUTH REPRESENTING 9 DIVERSE SCHOOLS FROM THE REGION, THE PROGRAM DEVELOPS A STRONG SENSE OF PLACE AND COMMUNITY. ADULT MENTORS AND PEERS FROM THE VARIOUS SAILING VENUES FACILITATE STRONG RELATIONSHIP SKILL DEVELOPMENT. THE PERFORMANCE SAILING PROGRAM HAD 53 PARTICIPANTS IN 2016.

| | | |
|---|--|---|
| 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. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 . | OMB No 1545-0047 |
| | | 2016 Open to Public Inspection |
| Department of the Treasury Internal Revenue Service Name of the organization LAKE CHAMPLAIN COMMUNITY SAILING CENTER INC | | Employer identification number 03-0342594 |

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 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university _____
- 10 ☒ An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- 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- 10 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 | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

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, 8, or 9 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)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.") | | | | | | |
| 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 | | | | | | |

| Section B. Total Support | | | | | | |
|--|---------|---------|---------|---------|---------|----------|
| Calendar year (or fiscal year beginning in) ▶ | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (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. (see instructions) | | | | | 12 | |
| 13 First five years. 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 stop here ▶ <input type="checkbox"/> | | | | | | |

| Section C. Computation of Public Support Percentage | | | | | | |
|---|--|--|--|--|----|--|
| 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) | | | | | 14 | |
| 15 Public support percentage for 2015 Schedule A, Part II, line 14 | | | | | 15 | |
| 16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | | | | | |
| b 33 1/3% support test—2015. 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 stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | | | | | |
| 17a 10%-facts-and-circumstances test—2016. 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 stop here . 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 10%-facts-and-circumstances test—2015. 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 stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | | | | | |
| 18 Private foundation. 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"/> | | | | | | |

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

(Complete only if you checked the box on line 10 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 A. Public Support

| Calendar year (or fiscal year beginning in) ► | | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|--|--|----------------|----------------|----------------|----------------|----------------|-----------------|
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 209,013 | 177,139 | 1,680,277 | 2,207,117 | 767,241 | 5,040,787 |
| 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 | 359,545 | 394,194 | 424,080 | 418,900 | 450,059 | 2,046,778 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | 41,867 | 26,824 | 31,048 | 26,179 | 61,584 | 187,502 |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 610,425 | 598,157 | 2,135,405 | 2,652,196 | 1,278,884 | 7,275,067 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | 10,000 | 15,000 | 621,650 | 1,220,000 | 250,000 | 2,116,650 |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | 1,233,388 | | 1,233,388 |
| c | Add lines 7a and 7b | 10,000 | 15,000 | 621,650 | 2,453,388 | 250,000 | 3,350,038 |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | 3,925,029 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|--|---|----------------|----------------|----------------|----------------|----------------|-----------------|
| 9 | Amounts from line 6 | 610,425 | 598,157 | 2,135,405 | 2,652,196 | 1,278,884 | 7,275,067 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | 128 | 867 | 2,425 | 3,420 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | 128 | 867 | 2,425 | 3,420 |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | 224 | | | | 224 |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 610,425 | 598,381 | 2,135,533 | 2,653,063 | 1,281,309 | 7,278,711 |
| 14 | First five years. 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 stop here ► <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|----------|
| 15 | Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) | 15 | 53.920 % |
| 16 | Public support percentage from 2015 Schedule A, Part III, line 15 | 16 | 52.370 % |

Section D. Computation of Investment Income Percentage

| | | | |
|-----------|--|-----------|-----|
| 17 | Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0 % |
| 18 | Investment income percentage from 2015 Schedule A, Part III, line 17 | 18 | 0 % |

19a 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ► ☒

b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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.
- 2** Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported 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) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.

| | Yes | No |
|-----------|-----|----|
| 1 | | |
| 2 | | |
| 3a | | |
| 3b | | |

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i> | | |
| 11a | | |
| 11b | | |
| 11c | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or 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.</i> | | |
| 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i> | | |
| 1 | | |
| 2 | | |

Section C. Type II Supporting Organizations

| | 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |
| 1 | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |
| 1 | | |
| 2 | | |
| 3 | | |

Section E. Type III Functionally-Integrated Supporting Organizations

| | | |
|---|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test Answer (a) and (b) below. | | |
| a 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? <i>If "Yes," then in Part VI identify 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.</i> | | |
| b 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 engaged in? <i>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.</i> | | |
| 3 Parent of Supported Organizations Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |
| 2a | | |
| 2b | | |
| 3a | | |
| 3b | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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) | 6 | |
| 7 Other expenses (see instructions) | 7 | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |

Section B - Minimum Asset Amount

| | (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) | 1 | |
| a Average monthly value of securities | 1a | |
| 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 | |
| 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 | |
| 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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | Current Year |
|---|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 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 purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2016 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2016 | (iii) Distributable Amount for 2016 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2016 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2016 | | | |
| a | | | |
| b | | | |
| c From 2013. | | | |
| d From 2014. | | | |
| e From 2015. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2016 distributable amount | | | |
| i Carryover from 2011 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2016 from Section D, line 7 \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2016 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | |
| 6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | |
| 7 Excess distributions carryover to 2017. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a | | | |
| b Excess from 2013. | | | |
| c Excess from 2014. | | | |
| d Excess from 2015. | | | |
| e Excess from 2016. | | | |

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).

Facts And Circumstances Test**990 Schedule A, Supplemental Information**

| Return Reference | Explanation |
|-------------------|------------------|
| PART III, LINE 12 | MISC REVENUE 224 |

Schedule A Form 990 or 990-EZ 2016

| | | | | | |
|--|--|--|--|--|--|
| efile GRAPHIC print - DO NOT PROCESS | | As Filed Data - | | DLN: 93493319121717 | |
| <div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div> | | <div>Supplemental Financial Statements</div> <div>► 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.</div> <div>Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</div> | | | <div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div> |
| Name of the organization LAKE CHAMPLAIN COMMUNITY SAILING CENTER INC | | | | Employer identification number 03-0342594 | |
| Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. | | | | | |
| | | (a) Donor advised funds | | (b) Funds 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 | | | | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. | | | | | |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year | | | | |
| a | Total number of conservation easements | Held at the End of the Year | | | |
| b | Total acreage restricted by conservation easements | 2a | | | |
| c | Number of conservation easements on a certified historic structure included in (a) | 2b | | | |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2c | | | |
| | | 2d | | | |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► | | | | |
| 4 | Number of states where property subject to conservation easement is located ► | | | | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ | | | | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements | | | | |
| Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. | | | | | |
| 1a | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items | | | | |
| b | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items | | | | |
| (i) Revenue included on Form 990, Part VIII, line 1 | | ► \$ | | | |
| (ii) Assets included in Form 990, Part X | | ► \$ | | | |
| 2 | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items | | | | |
| a | Revenue included on Form 990, Part VIII, line 1 | ► \$ | | | |
| b | Assets included in Form 990, Part X | ► \$ | | | |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990. | | | | | |
| | | Cat No 52283D | | Schedule D (Form 990) 2016 | |

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a)Current year | (b)Prior year | (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|-------------------|---------------------|--------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 1,118,843 | 486,669 | 632,174 |
| e Other | | 1,206,528 | | 1,206,528 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) | | | | 1,838,702 |

| (a) Description of security or category | (b) Risk | (c) Method of evaluation |
|---|----------|--------------------------|
|---|----------|--------------------------|

| | | | | |
|------------|--|------------|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| 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 | | No |
| 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? <i>If "No," go to line 13</i> | 12a | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | No |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | No |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| (1) Financial derivatives | . | . | . | . | . | . | . | . | . |
| (2) Closely-held equity interests | . | . | . | . | . | . | . | . | . |
| (3) Other _____ | | | | | | | | | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| (F) | | | | | | | | | |
| (G) | | | | | | | | | |
| (H) | | | | | | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) | | | | | | | | | |

| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|-------------------------------|----------------|---|
|-------------------------------|----------------|---|

| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|-------------------------------|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | |
|----------|---|-----------|--|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII) | 2d | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | 5 | |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | |
|----------|--|-----------|--|
| 1 | Total expenses and losses per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII) | 2d | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | 5 | |

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Return Reference | Explanation | |
|------------------|-------------|--|
|------------------|-------------|--|

| | |
|------------------|--|
| Part XIII | Supplemental Information <i>(continued)</i> |
|------------------|--|

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

| | | |
|--|---|---|
| SCHEDULE G (Form 990 or 990-EZ) | Supplemental Information Regarding Fundraising or Gaming Activities <small>Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a ▶ Attach to Form 990 or Form 990-EZ.</small> ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 . | OMB No 1545-0047 2016 Open to Public Inspection |
| Department of the Treasury Internal Revenue Service | Name of the organization LAKE CHAMPLAIN COMMUNITY SAILING CENTER INC | Employer identification number 03-0342594 |

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

☒ Mail solicitations ☐ Solicitation of non-government grants

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| Revenue | | (a) Event #1 STAND UP FOR TH (event type) | (b) Event #2 ROCK THE DOCK (event type) | (c) Other events (total number) | (d) Total events (add col (a) through col (c)) |
|-----------------|---|--|--|------------------------------------|---|
| | | | | | |
| 1 | Gross receipts | 41,523 | 14,391 | | 55,914 |
| 2 | Less Contributions | | | | |
| 3 | Gross income (line 1 minus line 2) | 41,523 | 14,391 | | 55,914 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | 390 | 8,700 | | 9,090 |
| | 8 Entertainment | 300 | 2,590 | | 2,890 |
| | 9 Other direct expenses | 16,194 | 17,356 | | 33,550 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 45,530 |
| | 11 Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | 10,384 |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| Revenue | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
|-----------------|--|---|---|---|---|
| | | | | | |
| 1 | Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| | 7 Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | |
| | 8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶ | | | | |

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

- c** If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
LAKE CHAMPLAIN COMMUNITY SAILING
CENTER INC

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number
03-0342594

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3 Enter total number of other organizations listed in the line 1 table ▶ _____

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| (1) YOUTH CAMP SCHOLARSHIPS | 41 | 9,511 | | | |
| (2) SIG PRG SCHOLARSHIPS | 2538 | 39,345 | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

| Return Reference | Explanation |
|------------------------------------|---|
| SCHEDULE I, PAGE 1, PART I, LINE 2 | FOR EVERYTHING BUT SIGNATURE PROGRAMS, SCHOLARSHIPS ARE BASED ON A REQUEST FOR ASSISTANCE THE ORGANIZATION BUDGETS A CERTAIN AMOUNT FOR SCHOLARSHIPS AT THE BEGINNING OF THE YEAR AND MONITORS THE AMOUNTS AWARDED AS THE SEASON UNFOLDS FOR THE ORGANIZATION'S SIGNATURE PROGRAMS, SCHOOLS PAY WHAT THEY CAN AFFORD THE DIFFERENCE IS PAID BY THE ORGANIZATION |

| | | |
|---|--|--|
| SCHEDULE O (Form 990 or 990-EZ) <small>Department of the Treasury Internal Revenue Service</small> | 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 . | <small>OMB No 1545-0047</small> 2016 Open to Public Inspection |
|---|--|--|

| | |
|---|---|
| Name of the organization LAKE CHAMPLAIN COMMUNITY SAILING CENTER INC | Employer identification number 03-0342594 |
|---|---|

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|--|
| FORM 990 - ORGANIZATION'S MISSION | THE LAKE CHAMPLAIN COMMUNITY SAILING CENTER (CSC) ENCOURAGES AND CELEBRATES THE RESPONSIBLE USE AND LONG-TERM STEWARDSHIP OF LAKE CHAMPLAIN BY FOSTERING EDUCATIONAL AND RECREATIONAL OPPORTUNITIES FOR ALL MEMBERS OF OUR COMMUNITY THE CSC IS COMMITTED TO ELIMINATING BARRIERS THAT PREVENT ACCESS TO LAKE CHAMPLAIN, OFFERS EXPERIENTIAL EDUCATION FOR WHICH COURAGE AND LEADERSHIP SKILLS CAN BE DEVELOPED AND PROVIDES AN INCLUSIVE ENVIRONMENT FOR ALL PEOPLE TO LEARN SAILING AND PADDLING |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PAGE 2, PART III, LINE 4B | <p>WOMEN IN WIND THE CSC'S WOMEN IN WIND PROGRAM USES SCIENCE AND SAILING AS THE WAY TO ADDRESS THE UNIQUE CHALLENGES FACED BY VERMONT GIRLS, AND IS DESIGNED TO HELP PARTICIPANTS FEEL SUPPORTED AND ENCOURAGED TO DEVELOP NEW SKILLS IN EACH SESSION, GIRLS EMBARK ON A VOYAGE WITH ADVENTURES AND DISCOVERIES ALONG WITH WAY IT'S AN EXPERIENCE WITH LASTING IMPACT THAT INCLUDES PERSONAL CHALLENGES, TIME FOR REFLECTION, AND TEAM-BUILDING ACTIVITIES, PROVIDING EACH STUDENT WITH AN OPPORTUNITY FOR SUCCESS AWP THE ADAPTIVE WATERSPORT PROGRAM'S MISSION IS TO PROVIDE ON THE WATER OPPORTUNITIES FOR EVERYONE, REGARDLESS OF DISABILITY, AGE, AND ABILITY TO PAY AND AT ALL LEVELS FROM SUPERVISED RECREATIONAL SAILING TO INDEPENDENT RACING COMPETITION THIS PROGRAM ENABLES PEOPLE WITH DISABILITIES TO REALIZE THEIR RECREATIONAL GOALS USING ADAPTED TEACHING METHODS AND A FULL ARRAY OF ADAPTIVE EQUIPMENT IT PROVIDES AN INVALUABLE POINT OF ACCESS TO LAKE CHAMPLAIN AND FACILITATES POSITIVE CHANGE IN PARTICIPANTS' SELF-CONFIDENCE, LEADERSHIP, AND TEAMWORK FLOATING CLASSROOM THIS PROGRAM USES A SCIENCE CURRICULUM TO ENGAGE STUDENTS IN INQUIRY-BASED, ON-SHORE LESSONS, SAILING, AND TEAM-BUILDING ACTIVITIES WE PROVIDE HANDS-ON EXPERIENCES THAT FOCUS ON IMMEDIATE LEARNING AND APPLICATION FLOATING CLASSROOMS BRING VERMONT YOUTH TO THE WATERFRONT TO PARTICIPATE IN SCIENCE FIRST-HAND, USING A PLACE-BASED PEDAGOGY TO BUILD ON STUDENTS' FOUNDATION OF CLASSROOM LEARNING THROUGH SCIENTIFIC SAMPLING AND EXPERIMENTATION THE SAILING CENTER'S "SIGNATURE PROGRAMS" HAD A COMBINED 2,672 PARTICIPANTS IN 2016</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------------------------|---|
| FORM 990, PAGE 2, PART III, LINE 4D | <p>CUSTOM PROGRAMS CUSTOM PROGRAMS SERVICE COMMUNITY PARTNERS SEEKING UNIQUE BOATING EXPERIENCES ON LAKE CHAMPLAIN CUSTOM PROGRAMS ARE DIVIDED INTO THREE CATEGORIES RECREATION, CORPORATE, OR COLLEGE RECREATION PROGRAMS FEATURE HANDS-ON SAILING INSTRUCTION IN A FUN, ON-WATER ATMOSPHERE CORPORATE PROGRAMS ENGAGE LOCAL BUSINESSES AND EMPLOYEES IN TEAM-BUILDING FACILITATION AND ON-WATER RECREATION COLLEGE PROGRAMS DELIVER FOR-CREDIT SAILING COURSES WITHIN A COLLEGE'S COURSE CATALOG LAKE ACCESS THE LAKE ACCESS PROGRAM BREAKS DOWN BARRIERS TO ACCESS TO LAKE CHAMPLAIN, PROVIDING FACILITY USE, RENTALS AND STORAGE OPPORTUNITIES FOR THE COMMUNITY OVER 1,900 HOURS OF BOAT RENTALS (PADDLING AND SAILING) WERE PROVIDED TO OTHER COMMUNITY MEMBERS IN 2016 ADULT PROGRAMS ADULT INSTRUCTIONAL SAILING PROGRAMS PROVIDE ADULTS WITH OPPORTUNITIES TO GET OUT ON THE WATER AND OPERATE A SAILBOAT WITH CONFIDENCE ADULT PROGRAMS OFFER A VARIETY OF BOATS, INSTRUCTION LEVELS, AND CLASS TIMES TO FIT A VARIETY OF PREFERENCES AND SCHEDULES</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PAGE 6, PART VI, LINE 11B | MANAGEMENT REVIEWS THE FORM 990 IN DETAIL BEFORE PROVIDING A COPY TO THE EXECUTIVE DIRECTOR TO REVIEW AND SIGN |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PAGE 6, PART VI, LINE 12C | ALL BOARD MEMBERS ARE REQUESTED TO SUBMIT A LIST OF ANY POTENTIAL CONFLICTS OF INTEREST IN WRITING ON AN ANNUAL BASIS THE LISTS ARE KEPT ON FILE AND REVIEWED PRIOR TO EACH ANNUAL MEETING |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PAGE 6, PART VI, LINE 15A | EXECUTIVE COMMITTEE REVIEWS PERFORMANCE AND RECOMMENDS ANY COMPENSATION CHANGES TO FINANCE COMMITTEE FOR BUDGET APPROVAL AND FULL BOARD APPROVAL |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PAGE 6, PART VI, LINE 15B | OTHER OFFICER AND KEY EMPLOYEE COMPENSATION IS VOTED ON BY THE EXECUTIVE COMMITTEE THROUGH REGULAR MEETINGS AND/OR SPECIAL SESSIONS |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PAGE 6, PART VI, LINE 19 | THE GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|---|
| FORM 990, PART IX, LINE 11G | CONSULTING 0 13,400 0 FUNDRAISING CONSULTING 0 0 85,000 TOTAL 0 13,400 85,000 |