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# Form **990**

# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2016

Open to Public

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

A	For the	2016 cale	ndar year, or tax year beginning , 2016, and ending			, 20	
В	Check if	applicable	C Name of organization Beaver Lake Sailing Club, Inc.		D Employ	er identification nur	nber
	Address	change	Doing business as			71-0536267	
	Name ch		Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephoi	ne number	
	Initial retu	•	P.O. Box 4345			479-643-2282	
		rvterminated	City or town, state or province, country, and ZIP or foreign postal code	<u>}</u>		470 040 EEGE	
$\Box$	Amended			1.	<b>G</b> Gross re	occupte \$	100 004
$\exists$			F Name and address of principal officer Mike Carron				<u>166,824</u> ☑ No
لــا	Application	on pending					
	<u> </u>					s included? <b>Yes</b> I list (see instruction	
<u>⊹</u>		npt status	□ 501(c)(3)				3)
<u>''</u>	Website:			H(c) Group 6			
_			✓ Corporation Trust Association Other ► L Year of formation	1979	M State	of legal domicile	AR
Р	art I	Summ					
	1	Briefly de	scribe the organization's mission or most significant activities: Provide re-	creational	sailing f	acilities for	
Governance		approxim	ately 300 members. This includes boat launch, mooring/docking, picnic shelter	and club	house fa	cilities	
nar							
Je I	2	Check th	s box ▶☐ if the organization discontinued its operations or disposed of m	ore than	25% of	ıts net assets.	
ő			of voting members of the governing body (Part VI, line 1a)		3		6
જ			of independent voting members of the governing body (Part VI, line 1b)		4		6
ies			nber of individuals employed in calendar year 2016 (Part V, line 2a)		5		. 0
₹			nber of volunteers (estimate if necessary)		6		100
Activities &	1		elated business revenue from Part VIII, column (C), line 12		7a	-	0
_			ated business taxable income from Form 990-T, line 34		7b		<u>o</u>
		1101 011101	according to the control of the cont	Prior Yea		Current Yea	
	8	Contribut	ions and grants (Part VIII, line 1h)		-		
Revenue	1		· · · · · · · · · · · · · · · · · · ·				72,146
Ver	1	-					93,458
æ	I .		nt income (Part VIII, column (A), lines 3, 4, and 7d)				1220
	I .		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0
	1		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)				166,824
	1		nd similar amounts paid (Part IX, column (A), lines 1-3)				0
	1		paid to or for members (Part IX, column (A), line 4)			· · · · · · · · · · · · · · · · · · ·	0
es	l .		other compensation, employee benefits (Part IX, column (A), lines 5–10)				0
Expenses	1		nal fundraising fees (Part IX, column (A), line 11e)			<del> </del>	0
ğ			draising expenses (Part IX, column ( <u>D), line</u> 25) ▶ 0		,		
ш	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)				236,000
			enses. Add lines 13-17 (must equal Part-IX-column-(A),-Ilne-25)				236,000
	19	Revenue	less expenses. Subtract line 18 from line 12				(69,176)
Net Assets or Fund Balances				nning of Cur	rent Year	End of Year	
sets	20	Total ass	ets (Part X, line 16)		493,793		716,463
A Ass	21	Total liab	litties (Part X, line 26)		0		0
훒	22		s or fund balances. Subtract line 21 from line 20		493,793		716,463
	art II		ure Block		.00,.00		, 10, 100
			y, I declare that I have examined this return, including accompanying schedules and statement	ts and to th	e hest of n	ny knowledge, and h	nelief it is
tru	e, correct	, and compl	ete Declaration of preparer (other than officer) is based on all information of which preparer has	any knowle	dge	ny miomoago ana s	,01101, 11 13
			Thomas Unages	1	1/28	12017	
Sig	เท	Signa	ature of officer	Date	<del></del>	2011	
He		7	HOMAS UNGER TREASURER		_		
			or print name and title				
_			pe preparer's name Preparer's signature Date		<del></del>	PTIN	
Pa			Date		Check [	_  "	
	eparei	1			self-emp	pioyed	
Us	e Only			Firm'	s EIN ▶	<del></del>	
N / -	. Ab - 10		ddress •	Phon	e no		
ма	y tne IR	S aiscuss	this return with the preparer shown above? (see instructions)	<u> </u>		· · 🔲 Yes	☐ No

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Page 2
<u> D</u>
shelter and
res ☑No
∕es ☑No
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measured by ns to others,
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shelter and g events
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Part	
1	Check if Schedule O contains a response or note to any line in this Part III
•	Provide recreational sailing facilities for approximately 300 members. This includes boat launch, mooring/docking, picnic shelter and
	clubhouse facilities.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	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?
	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.
	and to the control of
4a	(Code:) (Expenses \$) (Revenue \$)
	Provide recreational sailing facilities for approximately 300 members. This includes boat launch, mooring/docking, picnic shelter and
	clubhouse facilities. Spring, Fall & Arkansas Cup Club races were held as well as two Regattas. A number of social sailing events
	were held which benefited the vast majority of Club members.
	<u></u>
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶

Part	V Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<b>✓</b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<b>√</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>√</b>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	•	1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		· ✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<b>✓</b>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- <del></del>		•
	Schedule D, Parts XI and XII	12a		✓
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.			1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	14b		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	15		<b>√</b>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	16		<b>√</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	17		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	18		<u>√</u>
		דו		▼

Part	Checklist of Required Schedules (continued)		_	
			Yes	No
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		✓
ь 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	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? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<b>√</b>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	056		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committed member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		,	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		/
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	;		
32	Part I	31		<b>✓</b>
	complete Schedule N, Part II	32		<b>✓</b>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		<b>✓</b>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	Joan		_
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		<b>✓</b> _
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38		
			000	

Form **990** (2016)

Part				
	Check 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 2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	اما		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		<u> </u>
Lu				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
•	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
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		<u> </u>
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		✓
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		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		,
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>✓</b>
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	ا ۱		
7	gitts were not tax deductible?	6b		
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	-	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
9	sponsoring organization have excess business holdings at any time during the year?	8		
э a	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	_		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	อม		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b 0			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	ŀ		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which		l	
~	the organization is licensed to issue qualified health plans			
С	Total the same of the			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	140		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14a 14b		<u> </u>
		ועדי		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, ar								
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	tructi	ions.					
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u> </u>	<u> </u>					
Secti	on 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 <u>1a</u> <u>6</u>								
	If there are material differences in voting rights among members of the governing body, or			ļ					
	If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
_									
ь 2	Enter the number of voting members included in line 1a, above, who are independent .    1b 6  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?								
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		<b>/</b> _					
_	supervision of officers, directors, or trustees, or key employees to a management company or other person? .								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	_	1					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1					
6	Did the organization have members or stockholders?	6	<b>✓</b>						
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	✓						
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		<b>✓</b>					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during								
_	the year by the following:	_							
a	The governing body?	_8a 8b	<b>V</b>	├					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	OD	<u> </u>	<del> </del> -					
J	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1					
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)	<u>                                     </u>					
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		<b>✓</b>					
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	✓						
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		<b>✓</b>					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u> </u>					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c							
13									
14	Did the organization have a written whistleblower policy?	13		1					
15	Did the process for determining compensation of the following persons include a review and approval by	1-		<del>                                     </del>					
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		✓					
b	Other officers or key employees of the organization	15b		<b>V</b>					
	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	ļ	<b>✓</b>					
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?	466							
Section	on C. Disclosure	16b		L					
17	List the states with which a copy of this Form 990 is required to be filed ▶ None		•						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	i 501(	c)(3)s	only)					
	available for public inspection. Indicate how you made these available. Check all that apply.	- • (	·,(-, <b>-</b>	, ,					
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	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 re-	cords	: <b>&gt;</b>						
	Thomas Unger, 18931 Briarfield Rd, Elkins, AR 72727 479-643-2282								

Form	990	(201)	6)
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Part VII	Compensation of Officers, Directors,	Trustees, Key Employees	Highest Compensated Employees, and
	Independent Contractors		

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☑ Check this box if neither the organization no	r any relate	d org	aniz	atio	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individua	unles er and	Pos eck s pe	rson	e than of the state of the stat	n an	(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
(1) Michael Carron - Commodore	6	1		<b>✓</b>		8		0	0	0
(2) Betsy Harrell - Rear Commodore	4	1		<u> </u>			1	0		0
(3) Thomas Unger - Treasurer	6	1		\ \{\langle}				0		0
(4) Joe Benson - Director	2	1		_				0		0
(5) Kyle Flynn - Director	2	1			<del></del>			0		0
(6) Jimmie White - Director	2	1						0		0
(7)							ļ'-			· · · · · · · · · · · · · · · · · · ·
(8)										
(9)										
(10)	1									
(11)							,			
(12)										
(13)										
(14)	<u> </u>									

Part	Section A. Officers, Directors, Trust	ees, key E	mpio	yees			iignes	ii C	ompensated E	inployees (con	Tirrued			
	(B) Average	(do not check more tha						(D)	<b>(E)</b> Reportable			(F) mated		
	hours per			•	s person is both I a director/truste			compensation	compensation fro	m	amo	unt of		
		week (list any hours for	익호	፲	Q	Key	en H	균	from the	related organizations			ther ensatro	'n
		related	dre	Stitu	Officer	y ei	ghes	Former	organization	(W-2/1099-MISC	)		n the	
		organizations	c d a	g	, ,	employee	st co	4	(W-2/1099-MISC)			-	nization	
		below dotted line)	ੇ ਤੂ	alt		oye	duic						related izations	
			Individual trustee or director	Institutional trustee		Φ;	Highest compensated employee							
(15)							<u> </u>							
(16)											+-			
(17)														
(18)				-							<b></b>			
(19)			<u> </u>											
								1						
				-		_								
			<u> </u>	ļ	<u></u>	<u> </u>								
					-	-		_						
			1					<u> </u>	-		_			
			ļ								_			
(25)			-											
1b	Sub-total			•	•		•	<b>•</b>	0		0			0
C	Total from continuation sheets to Part	-		٠	•	•	•		0	<del> </del>	0			0
d	Total (add lines 1b and 1c)							<u> </u>	0	<del></del>	0	,		0
2	Total number of individuals (including bureportable compensation from the organ		d to th	nose	e list	ted	above	e) w	ho received m	ore than \$100	o 000,	1		
3	Did the organization list any former of	ficer, direc	tor. c	or tr	ruste	ee.	kev e	, emr	olovee, or high	nest compens	ated	<u> </u>	Yes	No
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	ıvid	ual				-	3		1
4	For any individual listed on line 1a, is the													
	organization and related organizations individual	greater th	an \$	150,	טטנ,	)? [	r "Ye	s, "	complete Scr	neaule J tor s	sucn			1
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indivi		5		
Section	on B. Independent Contractors	700, 0	301116	-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-	oder, percer,	<del> </del>	•		<u> </u>	
1	Complete this table for your five highest	compensat	ed in	dep	end	ent	contr	act	ors that receive	ed more than	S100.0	000 of	:	
	compensation from the organization. Repyear.													ax
	(A) Name and business address							(B) Description of services			Co	(C) mpens	ation	
								<del> </del>						
2	Total number of independent contractor received more than \$100,000 of compens							) tl	nose listed ab	ove) who		-		

Form **990** (2016)

Part	VIII	Statement of Revenue				-		· _
	•	Check if Schedule O contain	ns a resp	oonse or note to	(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
						function revenue	revenue	under sections 512-514
nts	1a	Federated campaigns	. 1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	. 1b	0				
	С	Fundraising events		0				
	d	Related organizations		0	İ			
ns,	е	Government grants (contribution		72,146				
rtio er S	f	All other contributions, gifts, gran						
rie E		and similar amounts not included abo		0	1			
ont	g	Noncash contributions included in line		<u>_</u> _0				
	h	Total. Add lines 1a-1f		Business Code	72,146			
Program Service Revenue	0.0	Mambarahin Duas 9 Fass				22.22		
teve	2a	Membership Dues & Fees		713990	90,897	90,897		
Se F	b	Regattas		900090	2,100	2,100		
Š	C d							
Š	e							
grar	f	All other program service rev	enue	0	0	0	-	
P	g			•	92997	<u> </u>		
	3	Investment income (includii		ends, interest,	32337			
				. 1	o			
	4	Income from investment of tax-	exempt bo	ond proceeds ▶	0			
	5	Royalties		▶	0	ı		
		(1)	Real	(ii) Personal				v
	6a	Gross rents	0	0		<u>,</u>		1
	b	Less rental expenses	0	0				
	С	Rental income or (loss)	0	0		• * •	,	
	d	Net rental income or (loss)	·_ ·_	🕨	0			
	7a	arood arrivative from daroo of	curities	(II) Other		,		
		assets other than inventory	0	1,220				,
	b	Less cost or other basis				",	*	
		and sales expenses	0	0			. 1	
	C	Gain or (loss)	0	1,220			4	
	d	Net gain or (loss)		▶	1,220	1220		
Other Revenue	8a	Gross income from fundraising events (not including \$	-		1			
ě		of contributions reported on lin	0 10					
ř.		See Part IV, line 18	•					
the	h	Less: direct expenses	_	0				
0	C	Net income or (loss) from fun		events .	o			-
		Gross income from gaming ac		CVOING . P	<u>`</u>			
		See Part IV, line 19		o				
	b	Less: direct expenses		0				
	С	Net income or (loss) from gar		vities ▶	اه			
	10a	Gross sales of inventory			-,			
		returns and allowances .	a	461	+			
	b	Less: cost of goods sold .	b	0				
	С	Net income or (loss) from sale	es of inve	entory 🕨	461	461		
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	C							
	d	All other revenue					<del></del>	
	12	Total. Add lines 11a-11d.  Total revenue. See instruction		🟲	0			<del> </del>
	14	i otal revellue, dee instructio	IIIS	🗩 1	166 024	OACTO!		Ī

Form 990 (201	16)	Page 10
Part IX	Statement of Functional Expenses	
Section 50	1(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	se or note to any lir	ne in this Part IX .	<u> </u>	<u> </u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations		•		
	and domestic governments. See Part IV, line 21	0	0		
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22	o	0		
3	Grants and other assistance to foreign	-			
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	О	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,				
	trustees, and key employees	0	·0		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	0		
7	Other salaries and wages	0	0		
8	Pension plan accruals and contributions (include		·		
	section 401(k) and 403(b) employer contributions)	0	0		
9	Other employee benefits	0	0		
10	Payroll taxes	0	0		
11	Fees for services (non-employees):		ı		
а	Management	0	0		
b	Legal	0	0		
C	Accounting	0	0		<del></del>
d	Lobbying	0	0		
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column	0	0		
g	(A) amount, list line 11g expenses on Schedule O)	7 620	7.020		
12	Advertising and promotion	7,620	7,620		
13	Office expenses	180	180		
14	Information technology	1,286	1,286		
15	Royalties	0	0		
16	Occupancy	29,425	29,425		
17	Travel	0	0		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	o	0		
19	Conferences, conventions, and meetings .	806	806		
20	Interest	0	; 0		
21	Payments to affiliates [	0	0		
22	Depreciation, depletion, and amortization .	0	0		
23	Insurance	0	0		
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If		ļ		
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	j			
_	· •				
a	Dock Expansions Pumpout Boat & Boat Lift	99,562	99,562		
b	Stone Retaining Wall	76,236	76,236	<del></del>	<del></del>
c d	Dages & Departure	12,646	12,646	<del></del>	
e	All other expenses	6,091 2,148	6,091 2,148		
25	Total functional expenses. Add lines 1 through 24e	236,000	236,000	<del></del>	
26	Joint costs. Complete this line only if the	230,000	230,000		
	organization reported in column (B) joint costs	1	\		
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				
	***			·· <del>·</del>	200

Form 990 (2016)

Part X Balance Sheet (A) (B) Beginning of year End of year 82,293 13,117 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 Prepaid expenses and deferred charges . . . . . . . . ol Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a 10b Less: accumulated depreciation . . . . 411,500 10c 703,346 Investments—publicly traded securities . . . . . Investments – other securities. See Part IV, line 11 . . . . . . . . Investments—program-related. See Part IV, line 11 . . . . . . . . . 0 14 ol Total assets. Add lines 1 through 15 (must equal line 34) . . . . . 493,793 716,463 o Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X Total liabilities. Add lines 17 through 25 . . . . . . . Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 493,793 716,463 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . . . Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds . 493,793 716,463 Total liabilities and net assets/fund balances . . . . . . . . . . . 493,793 716,463

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			. 🗸	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1(	66,824	
2	otal expenses (must equal Part IX, column (A), line 25)				236,000	
3	Revenue less expenses. Subtract line 2 from line 1	3		(69,176)		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		49	93,793	
5	Net unrealized gains (losses) on investments	5			0	
6	Donated services and use of facilities	6			0	
7	Investment expenses	7			0	
8	Prior period adjustments	8			0	
9	Other changes in net assets or fund balances (explain in Schedule O)	9		29	91,846	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		7	16,463	
Part	· · · · · · · · · · · · · · · · · · ·				_	
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	· · ·		$\sqcup$	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash Accrual Other		-	İ		
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain ir	ן י		ĺ	
_					١,	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			┼	<b>/</b>	
	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:	ollea o	r j	1		
	Separate basis Consolidated basis Both consolidated and separate basis		۱.	1 .		
D	Were the organization's financial statements audited by an independent accountant?		2b	<del> </del>	<b>-</b>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	ea on a	<b>a</b>			
С	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	oreigh	.			
C	of the audit, review, or compilation of its financial statements and selection of an independent account			1		
	If the organization changed either its oversight process or selection process during the tax year, ex			+-		
	Schedule O.	piairi	`		}	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth ir	,			
	the Single Audit Act and OMB Circular A-133?		За		1	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rao the		+	┻	
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b			
	, , , , , , , , , , , , , , , , , , , ,		***	rm <b>990</b>	(2016)	
			, ,		,=0.0)	

## **SCHEDULE D** (Form 990)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

Open to Public Inspection

121116 0	. Sio organization		Employer identification number
	Lake Sailing Club, Inc.		71-0536267
Par			
	Complete if the organization answered '		
		(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 h	eld in donor advised
	funds are the organization's property, subject to th		
6	Did the organization inform all grantees, donors, a	_	
-	only for charitable purposes and not for the benef		
	conferring impermissible private benefit?		
Part			
	Complete if the organization answered '	'Yes" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the		
•	Preservation of land for public use (e.g., recreat		f a historically important land area
	Protection of natural habitat		f a nistorically important land area f a certified historic structure
	Protection of natural nabitat  Preservation of open space	□ Freservation o	, a commod motorio attubitite
2	Complete lines 2a through 2d if the organization he	ald a qualified consequation contribute	on in the form of a conservation
_	easement on the last day of the tax year.	one a quannea conservation contribution	Held at the End of the Tax Year
_			
a		<i></i>	<b>—————————————————————————————————————</b>
b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified h		
d	Number of conservation easements included in		
_		oforred relegand extinguished or terr	
3	Number of conservation easements modified, trans	sierreu, reieasea, extinguished, or terr	minated by the organization during the
_	tax year ►	nation consument in least 15	
4	Number of states where property subject to conse		postion bondling of
5	Does the organization have a written policy requipolations, and enforcement of the conservation ea		·
_			
6	Staff and volunteer hours devoted to monitoring, inspect	ting, nandling of violations, and enforcing (	conservation easements during the year
_	Amount of annual and annual ann	a bandles of the	
7	Amount of expenses incurred in monitoring, inspectin	g, nandling of violations, and enforcing	conservation easements during the year
_	Dog and appropriation accompany apported as line	0/4) abases and 5 11	1 1 1 - 1 - 1 - 1 - 1 - 1 - 1
8	Does each conservation easement reported on line		
	and section 170(h)(4)(B)(ii)?		<del></del>
9	In Part XIII, describe how the organization reports of		
	balance sheet, and include, if applicable, the text o		nancial statements that describes the
	organization's accounting for conservation easeme		
Part			
	Complete if the organization answered "		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the for		
b	If the organization elected, as permitted under S.	FAS 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, ed	lucation, or research in furtherance of
	public service, provide the following amounts relati	ng 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 S	FAS 116 (ASC 958) relating to these it	tems:
	Revenue included on Form 990, Part VIII, line 1 .	_	
	Assets included in Form 990. Part X		• •

Part								
3	Using the organization's acquisition, collection items (check all that apply):	accession, and otl	her reco	rds, chec	k any of the	follov	ving that are a	significant use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	e prog	rams	
b	☐ Scholarly research		е	Other	r			
С	☐ Preservation for future generations	3						
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?							
Part	IV Escrow and Custodial Arra							
	Complete if the organization 990, Part X, line 21.							
1a	Is the organization an agent, trustee, included on Form 990, Part X?							
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing ta	able:			
								Amount
С	Beginning balance					10		<u> </u>
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
<b>2</b> a	Did the organization include an amoun							
	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the e	xplanatio	n has been	provide	ed on Part XIII	<u> </u>
Par			_					
_	Complete if the organization						· · · · · · · · · · · · · · · · · · ·	<del></del>
		(a) Current year	<b>(b)</b> Pri	or year	(c) Two year	s back	(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses				1			
g	End of year balance							
2	Provide the estimated percentage of t	he current year en	d balanc	e (line 1g	, column (a	)) held	as:	
а	Board designated or quasi-endowmen	nt 🕨	%					
b	Permanent endowment ▶	%						
С	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and	2c should equal 10	00%.					,
<b>3</b> a	Are there endowment funds not in the	e possession of th	e organi	zation tha	at are held	and ad	ministered for	the
	organization by:							Yes No
	(i) unrelated organizations							. 3a(i)
	(ii) related organizations							. 3a(ii)
b	If "Yes" on line 3a(ii), are the related o							. 3b
4	Describe in Part XIII the intended uses		n's endo	owment f	unds.			
Part	VI Land, Buildings, and Equip		_					
_	Complete if the organization	answered "Yes"	' on For	m 990, F	Part IV, line	<u> 11a.</u>	See Form 990	), Part X, line 10.
	Description of property	(a) Cost or other (investment)		1	or other basis other)		Accumulated epreciation	(d) Book value
1a	Land				247,750			247,750
b	Buildings			<u> </u>	180,450		0	180,450
С	Leasehold improvements				0		0	0
d	Equipment			ļ	77,146		0	77,146
е	Other	.			198,000		0	198,000
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	90, Part 2	X, columr	n (B), line 10	)c.) .		703,346

,	(a) Description of security or category	(b) Book value		nod of valuation
	(including name of security)			of-year market value
) Fınancial	derivatives			
2) Closely-h	eld equity interests	· ·		
) Other				
(A)			<del></del>	
(B)			ļ	
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	o) must equal Form 990, Part X, col. (B) line 12 ) ► Investments—Program Related.			
Part VIII	Complete if the organization answered "Yes" o	n Form 990 Part IV lir	ne 11c See Form	990 Part X line 15
	(a) Description of investment	(b) Book value		hod of valuation
	(a) Description of investment	(b) Book value		of-year market value
(4)			<u> </u>	
(1)				
2)				
3) 4)				
<del>5)</del>				
6)				
				-
(8)				
(8) (9)	o) must equal Form 990, Part X, col. (B) line 13.} ▶			
(8) (9) otal. (Column (	o) must equal Form 990, Part X, col. (B) line 13.} ► Other Assets.			
(8) (9) otal. (Column (		n Form 990, Part IV, lir	ne 11d. See Form	990, Part X, line 1
(8) (9) otal. (Column (	Other Assets.	on Form 990, Part IV, lin	ne 11d. See Form	1 990, Part X, line 1 (b) Book value
(8) (9) otal. (Column ( Part IX	Other Assets. Complete if the organization answered "Yes" o	on Form 990, Part IV, lir	ne 11d. See Form	
(8) (9) otal. (Column (i Part IX	Other Assets. Complete if the organization answered "Yes" o	on Form 990, Part IV, lin	ne 11d. See Form	
(8) (9) otal. (Column ( Part IX (1)	Other Assets. Complete if the organization answered "Yes" o	on Form 990, Part IV, lin	ne 11d. See Form	
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Part		Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	<u> </u>
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 b	Net unrealized gains (losses) on investments	1
C	Donated services and use of facilities	
d	Other (Describe in Part XIII.)	
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:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
c	Add lines <b>4a</b> and <b>4b</b>	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part		er 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	
b	Prior year adjustments         2b           Other losses         2c	
c d	Other losses	
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:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
C	Add lines <b>4a</b> and <b>4b</b>	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
	Supplemental Information.	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in	
_, , u, .	An, in 100 20 and 10, and 1 are An, in 100 20 and 40. Also complete this part to provide any additional in	iorriation.
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Schedule D (Fo	rm 990) 2016	Page <b>5</b>
Part XIII	Supplemental Information (continued)	
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## **SCHEDULE 0** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

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

**Open to Public** Inspection

Name of the organization	Em	ployer identification number
Beaver Lake Sailing Club, Inc.		71-0536267
Part VI, Line 6 - Did the organization have members or stockholders? The or	ganization has members as	defined in it's bylaws.
Part VI, Line 7a - Did the organization have members, stockholders, or other powerning body? Members elect the governing body and		
Part VI, Line 11b - Describe in Schedule O the process, if any , used by the orgonistic specific process. If any , used by the orgonistic specific process is given to each member of the governing body for review and approval at		
Part XI, Line 9 - Other changes in net assets or fund balances.  Rapid appreciation in recent years as reflected in the 2016 property assess reflect Fair Market Value (FMV).  Note: 2016 FMV is based on the 2016 Benton County, Arkansas Real & Per	ments requires an adjustme	ent in assets to more appropriately
Note: 2010 FMV 15 based on the 2010 Benton County, Arkansas Real & Per	sonai Property Assessment	······
Beginning Ending* 2016	MV Adjustment	
Land and Buildings\$ 265,700 \$ 265,700 \$ 428	,200 ,\$ 162,500	
Equipment\$ 5,000 \$ 5,000 \$ 77	,146 \$ 72,146	
•	8,000 \$ 52,200	
T-1-1	2 240	
Total \$411,500 \$411,500 \$ 70	3,346 \$ 291,846	
* Ending value prior to adjustments		