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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

<u>A</u>	For the	2011 cale	endar year, or tax year beginning		2011, and end	ding		_ , 20			
В	Check if	applicable	C Name of organization Lake Chan		er identification number						
\Box	Address	change	Doing Business As		•		03-0135975				
$\overline{\Box}$	Name ch	•	Number and street (or P O box if m	all is not delivered to street addre	ess) Room	/suite	E Telephor				
\exists		•	_ volopiloi	802-985-3372							
\vdash	Terminated City or town, state or country, and ZIP + 4 Amended return Shelburne, VT 05482 G Gross receipts \$										
\vdash				Christophor Loonald	720 Calla Dage						
Ш	Applicati	on pending	F Name and address of principal office	er Christopher Leopold, 1	/30 Falls Road	1 ''		for affiliates? Yes V No			
			Shelburne VT 05482					cluded? Yes No			
<u></u>	Tax-exer	npt status	☐ 501(c)(3) ☐ 501(c) () ◀ (insert no) 🔲 4947(a)(1) or 📙 527	If "I	No," attach a	list (see instructions)			
J.	Website	: ► ww	vw.lcyc.info			H(c) Grou	p exemption	number >			
K	Form of c	organization	✓ Corporation Trust Associa	ation ☐ Other ►	L Year of for	nation 1887	M State	of legal domicile VT			
Р	art I	Summ	narv								
	1		escribe the organization's miss	sion or most significant ac	tivities: To i	provide sailing	school an	d sailboat			
	'	-	rograms for members and non-n	-							
8						o choodiage s	annig und				
Activities & Governance]	Sportsing	anship. Discounted sailing scho	oor tuition is offered to local	residents.						
eT	_										
8	2	Check th	nis box 🕨 🗌 if the organization	discontinued its operation	ns or dispose	d of more tha	n 25% of	its net assets.			
9	3	Number	of voting members of the gove	erning body (Part VI, line 1	a)		. 3	13			
S	4	Number	of independent voting membe	rs of the governing body (Part VI, line 1	b)	. 4	13			
ij	5		mber of individuals employed i				. 5	19			
츷	6		mber of volunteers (estimate if	•	•		. 6	150			
¥			•	• .			. 7a	0			
	1		related business revenue from	• •			-				
	<u> </u>	Net unre	elated business taxable income	from Form 990-1, line 34	<u> </u>		. 7b	0			
	1					Prior Y		Current Year			
Ф	8	Contribu	itions and grants (Part VIII, line	164,350	176,150						
Revenue	9	Program	service revenue (Part VIII, line	2g) \			54,998	78,048			
Š	10		ent income (Part VIII, column				515	313			
č	11		venue (Part VIII, column (A) Hin		11e)		0				
	12	Total rev	renue—add lines 8 through 11 (r	must edgal Part VIII. colum	n (Δ) line 12)		219,863	254,511			
								234,511			
	13		ind similar amounts paid (Part)			-	0	<u>U</u>			
	14		paid to or for members (Part I)			ļ	0	0			
S	15		other compensation, employee-				36,805	44,556			
Expenses	16a	Profession	onal fundraising fees (Part	columna (A), line 11e)			0	0			
ď	Ь	Total fun	ndraising expenses (Rartux, co	lumn (D), line 25) ▶		TATE OF SHIP					
ŭ	17		penses (Part IX, column (A), lin				142,702	130,521			
	18		penses. Add lines 13-17 (must		line 25)	-	179,507	175,077			
		-						79434			
	19	Revenue	e less expenses. Subtract line 1	16 Irom line 12	· · · · · ·		40,356	End of Year			
sets or						Beginning of C		 			
set	20	Total ass	sets (Part X, line 16)				355,954	416,474			
Net Ass	21	Total liab	bilities (Part X, line 26)				153,060	124,298			
ž.	22	Net asse	ets or fund balances. Subtract	line 21 from line 20			202,894	292,176			
P	art (I	Signa	iture Block								
Lie	der nena		ury, I declare that I have examined this	return including accompanying	schedules and st	atements, and to	the best of r	ny knowledge and belief, it is			
tru	ie, correct	t, and comp	plete Declaration of preparer (other than	officer) is based on all information	on of which prep	arer has any knov	wledge	.,,			
			"Villa /					- 2012			
e:.				<u></u>			Date	2012			
Sig	_	y Sign	nature of officer	_ T				2 2 21 2			
He	ere		Charles B. Kinz	7 /1/05	CIPCY		4-2	0-2012			
_		Тур	e of print name and title	-							
D	aid	Print/Ty	ype preparer's name	Preparer's signature		Date	Check	PTIN			
		_					self-em				
	epare	1	name ▶	1		F.,	rm's EIN ▶				
Us	se Onl										
N 4 -	4b - 15		address • •	shown above? (acc instri-	ections)	<u> Pr</u>	none no	Yes No			
_			ss this return with the preparer			· · · · ·					
For	Paneru	vork Bodi	uction Act Notice, see the separa	ate instructions	Ca	t No 11282Y		Form 990 (2011)			

Cat No 11282Y

SCANNED MAY 1 0 2012

For Paperwork Reduction Act Notice, see the separate instructions.

Part			tu	
1	Briefly describe the organization's mission	sponse to any question in this Part	III 	<u>.</u> . LJ
'	To provide sailing school and sailboat racin	l. An programs for members and non-members	shara ta manusta haatium aafatu ama	
	sailing and sportsmanship. Discounted sail	ig programs for members and non-men		
	saming and sportsmanship. Discounted sam	ing school tutton is offered to local res	sidents.	
		***************************************		••••
2	Did the organization undertake any signifi	cant program services during the year	ar which were not listed on the	
	prior Form 990 or 990-EZ?]Yes ☑ No
	If "Yes," describe these new services on S	Schedule O.	_	_
3	Did the organization cease conducting,	or make significant changes in he	ow it conducts, any program	
	services?			Yes ☑ No
	If "Yes," describe these changes on Sche		_	
4	Describe the organization's program serv		three largest program services, a	s measured by
-	expenses. Section 501(c)(3) and 501(c)(4	l) organizations and section 4947(a)	(1) trusts are required to report	the amount of
	grants and allocations to others, the total	expenses, and revenue, if any, for ea	ch program service reported.	
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
		•••		
		•••••		
			•	
4b	(Code:) (Expenses \$	including grants of \$) (Bevenue \$,
	•••••			
			••••••	
	•••••			
	•			
		•••••		
		*		
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)

		•••••		
4d	Other program services (Describe in Sche	dule O)		
74	(Expenses \$ including gra		\$ 1	
4e	Total program service expenses ▶) (Lievellue)	
	p5. a ooi 1100 oxpeliaca P			

Part I	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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		▼
9	Did the organization report an amount in Part X, line 21, 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, IX, or X as applicable.	4		*
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	√	
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		1
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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	•	14a		1
b	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	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
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)	17		1
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	18		✓
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	19		✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	\vdash	1
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		+
		4		

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States 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 and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
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		✓
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 25	24a		√
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
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 committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
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):	· *:	dyrur	×2
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
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, Parts II, III, IV, and V, line 1	34		√
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		√ ·
			000	

Part	V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response to any question in this Part V	<u> </u>			
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a			<
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b			
С	Did the organization comply with backup withholding rules for reportable payments to	o vendors and			
0-	reportable gaming (gambling) winnings to prize winners?		1c	✓_	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	0-	٠,	`	-
L	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment to	2a	2b	-,-	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instr		20		
3a	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," 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 o				
	over, a financial account in a foreign country (such as a bank account, securities account, o				
	account)?		4a		✓
b	If "Yes," enter the name of the foreign country: ▶		* 4 ³	,,,	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financi	al Accounts.	Žá.	. , ,	é
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5a_		1
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 \$100,00				,
	organization solicit any contributions that were not tax deductible?		6a		-
b	If "Yes," did the organization include with every solicitation an express statement that such	contributions or			İ
-	gifts were not tax deductible?		6b		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and	nartly for goods		~, <i>*,</i>	350
u	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		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for				
	required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	~	1	X.
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b	enefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene		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		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)				\$
	organizations. Did the supporting organization, or a donor advised fund maintained b	y a sponsoring		*****	
	organization, have excess business holdings at any time during the year?		8	3 - 38	1828m / 45
9	Sponsoring organizations maintaining donor advised funds.			£	
a	Did the organization make any taxable distributions under section 4966?		9a 9b	-	
b 10	Did the organization make a distribution to a donor, donor advisor, or related person?		30	18986×1	/a%
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a			
a 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:	100			
''a	Gross income from members or shareholders	11a			1340
b	Gross income from other sources (Do not net amounts due or paid to other sources			11/200	144
	against amounts due or received from them.)	11b		17	200 m
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .	12b	18 C	, XX	Say 7
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		2.44	S (33	1,3,%
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule	∍ O.		1400	17.13
b	Enter the amount of reserves the organization is required to maintain by the states in which		77.	17 18	12.00
	the organization is licensed to issue qualified health plans	13b		1	\$ ×4
C	Enter the amount of reserves on hand	13c	120	1754	. 61 . 3

Did the organization receive any payments for indoor tanning services during the tax year?
If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.									
	Check if Schedule O contains a response to any question in this Part VI			U//3.						
Section	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 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.	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	,	- 1 - 34						
b 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 14 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	* ;	<i>√</i>						
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		1						
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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?	4 5 6	√	√ √						
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	✓							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	, ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	À							
a b 9	The governing body?	8a 8b	√							
	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	ue C	Yes	No						
10a b	Did the organization have local chapters, branches, or affiliates? 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?	10a 10b		1						
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 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	✓							
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		1						
13 14 15	Did the organization have a written whistleblower policy?	13	>	\						
a b 16a		15a 15b		✓						
b	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?	16a 16b		✓						
	on C. Disclosure									
17 18	List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501	(c)(3):	s only)						
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			policy						
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ► Charles Finn 323 Route 423 Saratoga Springs NY 12866 518-458-5488	of the	9							

Page	

	_	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a	nc
	Independent Contractors	

Check if Schedule O contains a response to any question in this Part VII	
Linger it Schodule () contains a response to any dijection in this Dart VIII	
CHECK II OCHEQUIE O COHIGINA A TEADUNAE IO ANY QUESTION IN THIS PAIL VIII.	

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 noi	r any related	d orga	anız	atıo	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee
				(0	2)					
(A) Name and Title	(B) Average hours per week	box,	unles	eck spe dad	rson	than one that the that the that the that the the the the the the the the the th	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Christopher Leopold, Commodore				√				0	0	o
(2) Charles Finn, Treasurer				1				0	0	0
(3) Douglas White, Vice Commodore				1				0	0	0
(4) Jim Spencer, Rear Commodore				1				0	0	0
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)	-									
(12)										
(13)										
(14)		_								

rart	(A)	(B)	(do n	ot ch	Posi eck	tion more	than c	one	(D)	(E)		(F)
	Name and title	Average hours per week (describe hours for related organizations in Schedule O)	of or directo				된 함 Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportabli compensation related organization (W-2/1099-M	from	Estimated amount of other compensation from the organization and related organizations
(15)			-									
(16)												-
(17)											-	
(18)										<u></u>		
(19)											-	
(20)												
(22)												
(23)												
(24)									 			
(25)												
1b c d	Sub-total	VII, Sectio	n A				•	→ →				
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w	no received m	ore than \$10	00,000	of
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	oloyee, or high	nest compe	nsated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											4
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or ind	ividual 	5 7
Section 1	on B. Independent Contractors Complete this table for your five highest	nomnonast	od in	400	224	ont		oot.	ore that receive	ad mara tha	n \$100 (200 of
	compensation from the organization. Repyear.											
	(A) Name and business add	ress							(B) Description of s	ervices	C	(C) ompensation
								-				
2	Total number of independent contractor	re (maludi	na bi	ıt n	ot .	limit	ed to		nose listed ab	ove) who	30	\$***/· ***
	received more than \$100,000 of compens							ı li	None None	CVG) WIIO	80) - 95% 	

Part	VIII	Statement of Revenue					
	_			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts 1ts	1a	Federated campaigns 1a		t		٤	Α.
3rai	b	Membership dues 1b 1	76,150				
S, (С	Fundraising events 1c					
Gift	d	Related organizations 1d		`			
ini,	е	Government grants (contributions) 1e					,
rtio er S	f	All other contributions, gifts, grants,		,	*	`	, ,
di C		and similar amounts not included above 1f					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f: \$					Sec. 9
a C	h	Total. Add lines 1a–1f	Codo	176,150			
Program Service Revenue	20	Sailing School	Coue	29,144	20 144		
3eve	2a b	Racing Programs		1,886	29,144		
ce F	C	Social Events		12,194	1,886 12,194		
ervi	d	Mooring Sonuco		11,400	11,400		
пŠ	e	Appl Fees, Deposits, Other		23,424	23,424		
grar	f	All other program service revenue .		23,424	23,424		
Pro	g	Total. Add lines 2a–2f	•	78,048	27 17	3 100 100 100	7.7%,
	3	Investment income (including dividends, inter-	erest.				
		and other similar amounts)		313			
	4	Income from investment of tax-exempt bond procee	ds▶				
	5	Royalties	. ▶				
		(I) Real (II) Perso	onal	*	,,	**************************************	,
	6a	Gross rents				Sales S	· · · · · · · · · · · · · · · · · · ·
	ь	Less: rental expenses			3 15 maritis		
	С	Rental income or (loss)			***		
	_d	Net rental income or (loss)	<u>. </u>				
	7a	Gross amount from sales of (i) Securities (ii) Oth	er				
		assets other than inventory					Color Control
	b	Less: cost or other basis and sales expenses .					
	d	Gain or (loss)	_			2222	
Ï	"	Net gain or (loss)	·	5 \ 246 + 566	2	2884 7385	. 45. 13,
re	8a	Gross income from fundraising			Sugar Sayar Sa		
evenue		events (not including \$					
Ŗ		of contributions reported on line 1c).		resident	Janes De	A State of the sta	
er		See Part IV, line 18 a					
Other	b	Less: direct expenses b		***/~ 			, Ag. (
	С	Net income or (loss) from fundraising events	. ▶		in confilled in the		
	9a	Gross income from gaming activities.			, \$7° . \$9°	7.00 - 7.00 / 7.00 - 7.00 / 7.00 - 7.00 /	
		See Part IV, line 19 a					
	b	Less: direct expenses b					74 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	C	Net income or (loss) from gaming activities	<u>. </u>	P. H. 1 . 7 / 2 / 1 / 1 / 2 / 2000	** * * * ******* ** * * * * * * * * *	Material Control of Control of Control of	W. 112 CH 1122 - 242
	10a	, , , , , , , , , , , , , , , , , , ,					
	١.	returns and allowances a					
	b	Less: cost of goods sold b Net income or (loss) from sales of inventory .	_	Har Butte	Tales Marine		
	С	Miscellaneous Revenue Business	Code	C. 13 ja		- 188- 984	
	11a			<u> </u>		- <u>284- 3844</u>	
	l la b					<u> </u>	
	C			-		<u> </u>	
	d	All other revenue					
	e	Total. Add lines 11a–11d	. ▶		All Control		Okt & J
	12	Total revenue. See instructions	. ▶	254,511	78,048		

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) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon	se to any question	in this Part IX		🗆
	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	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22		,	- 7, 2, 2, 4	
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees			A STATE OF S	
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 8	Other salaries and wages	40,666	16,930	23,736	
9 10 11	Other employee benefits	3,890	1,617	2,272	-
a b c d	Management				
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees Other			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
12 13	Advertising and promotion	2,784		2,351	
14 15 16	Information technology	31,317		31,317	
17 18	Travel				
19 20 21	Conferences, conventions, and meetings Interest Payments to affiliates	1,810		1,810	
22 23	Depreciation, depletion, and amortization .	29,700 15,554		29,700 15,554	
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 b	Equipment Social Programs	- 4,586 19,954		4,586 19,954	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
c d e	Racing Programs Mooring maintenance All other expenses	3,157 12,200 12,243		12,200 4,664	
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	175,077		145,793	

Part X Balance Sheet (B) (A) Beginning of year End of year Cash-non-interest-bearing 1 2 -438 2 77.745 Savings and temporary cash investments . . Pledges and grants receivable, net 3 3 4 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 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) 6 Assets 7 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges . . . 9 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a 724,821 Less accumulated depreciation 10b 386,092 356,392 b 10c 338,729 Investments—publicly traded securities 11 11 12 12 investments-other securities. See Part IV, line 11 . . . 13 13 Investments—program-related. See Part IV, line 11 14 14 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 355,954 16 416.474 17 2,458 Accounts payable and accrued expenses 17 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Payables to current and former officers, directors, trustees, key 22 Liabilities employees, highest compensated employees, and disqualified persons. 22 23 Secured mortgages and notes payable to unrelated third parties . . . 128.508 23 121.765 22,100 24 2,000 24 Unsecured notes and loans payable to unrelated third parties . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 26 124,298 26 153,060 Organizations that follow SFAS 117, check here ▶ ☐ and complete **Fund Balances** lines 27 through 29, and lines 33 and 34. 27 27 28 28 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. Assets or 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 32 Retained earnings, endowment, accumulated income, or other funds. 211,977 32 292,176 Š 33 211,977 33 292,176 34 Total liabilities and net assets/fund balances . . . 365,037 34 416,474 Form 990 (2011)

	·				
Form 99	90 (2011)			Pa	ge 12
Part	XI Reconciliation of Net Assets	-			
	Check if Schedule O contains a response to any question in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	4 1			
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses. Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,	-			
0	column (B))	6			
Part	XII Financial Statements and Reporting		-		
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			٠,	. Sp.
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ın			
	Schedule O.	•	1.0	12	(0.33)
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				1
b	Were the organization's financial statements audited by an independent accountant?		2b		7
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	ersight			
	of the audit, review, or compilation of its financial statements and selection of an independent account	_	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
				Str.	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye issued on a separate basis, consolidated basis, or both	ar were			

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

the Single Audit Act and OMB Circular A-133?....

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

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

Form **990** (2011)

3b

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Lake Champlain Yacht Club

► Attach to Form 990 or 990-EZ.

Inspection Employer identification number 03-0135975

Answer to Part VI, Section B, item 11b.
The 990 return is prepared by the Treasurer using financial data from the Club's financial accounting system. The return is delivered to the
members of the Governing body (the Board of Governors) electronically Each member of the Board reviews the return and, if necessary,
asks for clarification or review by the Treasurer Unless there are any concerns expressed by any Board member, the Treasurer files
the return.
Answer to Part VI, Section B, item 19:
The Club does not regularly make its governing documents, conflict of interest policy or financial documents available to the public. As
required by law, the public portion of the tax return is available for public review, but no request for this document has been made by
a member of the public in recent history.

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