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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2014

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 Publ Inspection

<u>A</u>	For the	2014 cale	ndar year	r, or tax year	beginning	Jani	uary 1	, 2014	I, and endi	ing	Decem	1ber 31	, 20 14					
В	Check If	applicable	C Name of	f organization	Lake Champ	olaın Yacht	Club					D Employ	er identification n	number				
	Address	change	Doing bi	usiness as									03-0135975					
П	Name ch	-	Number	and street (or I	PO box if ma	ıl ıs not delive	ered to street a	ddress)	Room/s	suite		E Telepho	ne number					
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\exists		rn/terminated	<u> </u>	own, state or p	rovince count	rv. and ZIP o	r foreign posta	code				• • • • • • • • • • • • • • • • • • • •	002 000-0072					
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	Website	mpt status			30 I(c) () = (111	36/(110 / 4;	547 (a)(1) U	1 <u> </u>		H(c) Group							
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经	8	8 Contributions and grants (Part VIII, line 29) AUG 0 4 2015 9 Program service revenue (Part VIII, line 29)										158270		162090				
	9											80669		108360				
	10											137		919				
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	13			ar amounts p				0		0								
	14	Benefits	paid to o	or for memb	ers (Part IX	, column (/	4), line 4)					0		0				
S	15	Salaries,	other con	mpensation,	employee b	enefits (Pa	rt IX, columi	n (A), line	es 5–10)			40391		52717				
Expenses	16a	Profession	onal fund	Iraising fees	(Part IX, co	olumn (A),	line 11e)					0		0				
g.	b	Total fun	idraising (expenses (F	Part IX, colu	ımn (D), Iir	ne 25) 🕨			250	8. E. S.	11 400	.' 1960AS	15 -				
ũ	17	Other ex	penses (F	Part IX, colu	ımn (A), line	es 11a-11d	d, 11f-24e)					155199		181698				
	18	Total exp	penses. A	Add lines 13	–17 (must e	equal Part	IX, column	(A), line	25) .			201590		234415				
	19	Revenue	e less exp	oenses Sub	tract line 18	3 from line	12					37486		36954				
- 5										Begi	inning of Cu	rrent Year	End of Y					
ets	20	Total ass	sets (Part	t X, line 16)								464234		356420				
Ass	21	Total liab	oilities (Pa	art X, line 26	6)							72476		19428				
Net Assets	22	Net asse	ets or fund	d balances	Subtract III	ne 21 from	line 20					391758		356420				
_	art II	Signa	ture Blo	ock						•								
Ur	der pena	alties of perg	ury, I declar	e that I have ex	kamined this re	eturn, includii	ng accompany	ing sched	ules and sta	temen	its, and to the	ne best of	my knowledge an	d belief, it is				
tru	e, correc	t, and comp	olete Declar	ration of prepar	er (other than	officer) is bas	ed on all infor	nation of	which prepai	rer has	s any knowl	edge	,	·				
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) (Revenue \$

(Expenses \$

Other program services (Describe in Schedule O.)

including grants of \$

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		✓
	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? <i>If "Yes," complete Schedule C, Part II</i>	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		1
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? <i>If "Yes," complete Schedule D, Part II</i>	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		1
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, 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	** ***********************************	to and thinks
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
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 and XII is optional	12a		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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		1
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	†	17

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? 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		✓
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 25a	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), 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	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 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 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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of 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		√
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		√
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? If "Yes," complete Schedule R, Part 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	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35b		1
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,</i>	36		
38	Part VI	37		✓
	19? Note. All Form 990 filers are required to complete Schedule O	38		1

Part '	Statements Regarding Other IRS Filings and Tax Compliance				
_	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	la 0		, 4	1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	lb 0	٠, ١	×, '	1
С	Did the organization comply with backup withholding rules for reportable payments to	vendors and		`*	
	reportable gaming (gambling) winnings to prize winners?		1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		, 30 st3	₩.	
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax	returns? .	2b	\	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction)	ctions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Sche	edule O . .	3b		ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or or				
	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: ▶		y'y.	, i*	* ;
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Final	ncial Accounts		1 n	
	(FBAR).		<u>Lim</u>	31	مفتنده .
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax years.		5a		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter t		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				
L	organization solicit any contributions that were not tax deductible as charitable contributions? .		6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such co	ontributions or			
_	gifts were not tax deductible?		6b		*
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and pa	artly for goods			1
а	and services provided to the payor?		1	·	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b		
b b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for	which it was	7.0		
·	required to file Form 8282?	willon it was	7c		
d	•	7d	***		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bei		7e	1000.XX	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit		7f		┪
a a	If the organization received a contribution of qualified intellectual property, did the organization file Form 88		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	•	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund mai		2 3	^ M/W	1 188
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		گ نے	***	112
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person	n?	9b		
10	Section 501(c)(7) organizations. Enter		100		*
а	Initiation fees and capital contributions included on Part VIII, line 12	0a	,		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 1	0b] [
11	Section 501(c)(12) organizations. Enter:		,		
а		1a]	ľ	1
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	<u>-</u>	1b	J		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	1	12a		
b		2b	ļ		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ļ	1
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	ļ	1
_	Note. See the instructions for additional information the organization must report on Schedule	O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which		I	1	i

the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a 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

14b

13b

13c

Part			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O		struc
•	Check if Schedule O contains a response or note to any line in this Part VI	,	
Secti	on A. Governing Body and Management		
		, 	Ye
1a		13	
	If there are material differences in voting rights among members of the governing body, or		
	if the governing body delegated broad authority to an executive committee or similar		
	committee, explain in Schedule O.	,	
b	Enter the number of voting members included in line 1a, above, who are independent 1b	0	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		
	any other officer, director, trustee, or key employee?	2	
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? .	t 3	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	
6	Did the organization have members or stockholders?	6	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoin		
	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?		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		2.
-	the year by the following:		§° . -∰e
а	The governing body?	8a	1
b	Each committee with authority to act on behalf of the governing body?	8b	Ž
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a		Ť
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rev		ode
			Ye
10a	Did the organization have local chapters, branches, or affiliates?	10a	
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	1
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	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts	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	
13	Did the organization have a written whistleblower policy?	13	1
14	Did the organization have a written document retention and destruction policy?	14	
15	Did the process for determining compensation of the following persons include a review and approval b	у	
	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	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a		t	
	with a taxable entity during the year?	16a	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it		
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		
	organization's exempt status with respect to such arrangements?	16b	ļ
Secti	on C. Disclosure		
17	List the states with which a copy of this Form 990 is required to be filed ▶ Vermont		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization for make its Forms 1024 re	ion 501	(c)(3
	available for public inspection. Indicate how you made these available. Check all that apply.		
	☐ 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	interest	poli
	financial statements available to the public during the tax year.		F-011
20	State the name, address, and telephone number of the person who possesses the organization's books and	record	
	Jean Sievert, Lake Champlain Yacht Club, PO Box 411 Shelburne, VT 05482	- ecords	, –
	Jean Jiever, Lake Chambian Tach Ciub, FV DUX 411 DIICIDUNC, VT 03402		

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Form	990	1201	4۱

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- 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 not	or any relate	d org	anız			ompe	nsa	ited any currer	t officer, director	r, or trustee.
					C)			1		
(A)	(B)		-4 -1		ition			(D)	(E)	(F)
Name and Title	Average					than c s both		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	amount of
	week (list any	25	=	0	<u>~</u>	gI	Ţ	from	related	other
	hours for related	₫ <u>₹</u>	<u>s</u>	Officer	ey e	n gin	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	ect	₹	4	<u>ặ</u>	st c	er	(W-2/1099-MISC)		organization
	below dotted	9 🛱	ᇜ		Key employee	° ŏ				and related
	line)	Individual trustee or director	tr.		e	pen				organizations
		%	Institutional trustee	Ì		Highest compensated employee				
						ed.				
40		ļ								
(1) Doug Merrill, Commodore		ļ		١,						
		ļ		✓				0	0	
(2) Jean Sievert, Treasurer										
			ļ	√	-			0	0	
(3) David Main, Vice Commodore				١,						
		ļ		✓	<u> </u>	ļ	_	0	0	
(4) Joss Besse, Rear Commodore		}								
				✓				0	0	
(5) Scott Bowen, Secretary]	ŀ							
				1				0	0	
(6)										-
	7	1		1						
(7)			Г							
	-†	1				· '				
(8)			╁		\vdash					
.(0)		1		:						
(9)	- 	 	-	-	-	 		 		
(9)		1								
(40)	-	<u> </u>	-	-	-		-	 		
(10)		┨	İ	1						
		<u> </u>	ļ		ļ		_			
<u>(11)</u>					ŀ					
		<u> </u>	ļ	<u> </u>			_			
(12)	.	}			ŀ					
		<u> </u>	<u> </u>			L .				
(13)	1]								
		1								
(14)										
	-†	1	I	1	1	1	l	1		

•	(A) Name and title	(B) Average hours per week (list any) hours for related organizations below dotted line)	box, individual or director	ot ch unles	s pe	more rson	n oth ha both Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation froi related organizations (W-2/1099-MISC	other compensation
(15)			itee	ustee		•	ensated				
(16)										·	
(4.7)											
/4 0\											
(10)											
(20)											
(21)											
(22)											
(25)											
1b c d	Sub-total	VII, Sectio	n A					>			
2	Total number of individuals (including but reportable compensation from the organi	not limited					above	e) w	ho received m	ore than \$100,	000 of
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5							-	bloyee, or high	=	
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$1	150,	000	? <i>l</i> i	"Ye	s, "	complete Sch	edule J for s	uch
5	Did any person listed on line 1a receive of for services rendered to the organization										dual 5 /
Sectio	on B. Independent Contractors		····						·		
1	Complete this table for your five highest compensation from the organization Repyear.										
	(A) Name and business add	ress							(B) Description of s	ervices	(C) Compensation

Part	VIII	Statement of Reve					- Dowt VIII		
		Check if Schedule O	contains	a res	ponse or note to	O any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
, Grants mounts	1a b c	Federated campaigns Membership dues Fundraising events		1a 1b 1c	162090	,		٠	
ns, Gifts Sımilar A	d e	Related organizations Government grants (con	s atributions)	1d 1e		,	2		
Contributions, Gifts, Grants and Other Similar Amounts	f g	All other contributions, g and similar amounts not inc Noncash contributions include	luded above	1f -1f \$					
	h	Total. Add lines 1a-1	f		•		".d",	v v	a · · · · · · · · · · · · · · · · · · ·
Program Service Revenue					Business Code	<u></u>	<u> </u>		
ever	2a	Sailing School			611600	34658	 		
e R	b				713990	2360			
rvic	C				900099	16988			
Se	d	Mooring Service			713990	11625	i e		
ram	е	Application & Other Mo			900099	35550	i		
rog	f	All other program sen Total. Add lines 2a-2				7179 108360		L ŽViloso	
	3 3	Investment income and other similar amo	(including	dıvıd		919	,		- 40. X 1
	4	Income from investmen	t of tax-exe	mpt b	ond proceeds ►				
	5	Royalties			>	2000 00 00 00 00 00 00 00 00 00 00 00 00			
			(ı) Real		(II) Personal		/%/ · § \$16/5		
	6a	Gross rents				· A * * * * * * * * * * * * * * * * * *	Mar West : 1	MARK IN THE	
	b	Less: rental expenses					toston tak		
	С	Rental income or (loss)			L			(CII LML 9:	
	_d	Net rental income or			(ii) Other				(Since 20.5 A)
	7a	Gross amount from sales of	(i) Securit	.———	(II) Other	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	- 4 - 18	A TANA	
	b	assets other than inventory Less: cost or other basis and sales expenses .							
	С	Gain or (loss)	-,					* * * *	
45	d	Net gain or (loss)			▶		. , , , ,		
Other Revenue	8a	Gross income from fu events (not including \$,	, , ,		, (A)
ther R				· a			, , ,		, ,
Ö		Less: direct expenses Net income or (loss) f				ware or to a statement a second statement	-		
		Gross income from ga See Part IV, line 19	aming activ	ities.					
	b	Less: direct expenses	s	b		1			
	С	Net income or (loss) f	from gamın	g act	ivities .				, , , , , , , , , , , , , , , , , , , ,
	10a	Gross sales of in							
		returns and allowance	es	· a	1]			
	b	Less: cost of goods s	sold	. b)]			
		Net income or (loss) f		of inv	entory ►				
		Miscellaneous F	Revenue		Business Code			N	
	11a								
	b								
	С								
	d	All other revenue .		•					
	e	Total. Add lines 11a-	-11d		▶				
	140	Total rayanya Saai			_			1	1

Part IX Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must com				olumin (A)
	Check if Schedule O contains a respons				
Do no 8b, 9b	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 domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	48121	48121	0	0
9 10 11	Other employee benefits	4596	4596	0	0
a b c d	Management				
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 13 14	Advertising and promotion	2622 1633	2622 1633	0	0
15 16	Royalties	79605	79605	0	0
17 18	Travel				
19 20 21	Conferences, conventions, and meetings . Interest				
22 23	Depreciation, depletion, and amortization . Insurance	20011	20011	0	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Social & Racing Programs	29319	29319	0	C
b	Docks, Boats, Grounds Maintenance & Repairs	14917	14917	0	
c	Mooring Expenses	12015	12015	0	
d	Equipment - Materials	9865	9865	0	
e	All other expenses	11711	11711	0	† · · · · · · · · · · · · · · · · · · ·
25	Total functional expenses. Add lines 1 through 24e	234415	234415	0	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

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Net Assets

Form 990 (2014) Page 11 **Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 123562 1 160517 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net . . 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . 6 7 7 8 8 9 9 Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 10c Less: accumulated depreciation 448632 216022 b 195903 11 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 . . . 12 13 13 Investments—program-related. See Part IV, line 11 14 14 Other assets. See Part IV, line 11 15 15 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 339584 356420 17 17 18 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, ž 🛫 22 I do no more son by the fifty trustees, key employees, highest compensated employees, and 24-44 disqualified persons. Complete Part II of Schedule L . . . 22 Secured mortgages and notes payable to unrelated third parties . . . 23 23 70476 17428 Unsecured notes and loans payable to unrelated third parties 2000 24 24 2000 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 . . . 26 26 72476 19428 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and **Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 28

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

complete lines 30 through 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and

Retained earnings, endowment, accumulated income, or other funds.

Total liabilities and net assets/fund balances

336992

336992

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31

32

33

34

267108

267108

33984

_	4	
Page		4

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)			
2	Total expenses (must equal Part IX, column (A), line 25)			
3	Revenue less expenses. Subtract line 2 from line 1			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4			
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))			
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Other	_ '.	4	
	If the organization changed its method of accounting from a prior year or checked "Other," explain	1		
	Schedule O	لأنط	- Chintelline	
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		ļ	✓,
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	or		
	reviewed on a separate basis, consolidated basis, or both			4
_	Separate basis Consolidated basis Both consolidated and separate basis	نیند	<u> </u>	1
þ	Were the organization's financial statements audited by an independent accountant?	. 2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on separate basis, consolidated basis, or both:	a 📑		
	<u> </u>			
_	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 oversign		4	
С	of the audit, review, or compilation of its financial statements and selection of an independent accountant			
	If the organization changed either its oversight process or selection process during the tax year, explain		/	
	Schedule O.	"' 		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth		·	
Ja	the Single Audit Act and OMB Circular A-133?	 . 3a	ļ	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		1	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			
			rm 990	(2014)
				,20.4)

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" to 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.

Employer identification number

OMB No 1545-0047 20**14**

Open to Public Inspection

Name of the organization 03-0135975 Lake Champlain Yacht Club Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) . 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ 4 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items, If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included in 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 oth	ner record	ds, check	any of the	followi	ng that are a s	gnificant use of its
а	☐ Public exhibition		d [] Loan d	or exchange	progra	ms	
b	☐ Scholarly research		e [Other				
С	☐ Preservation for future generations	3						
4	Provide a description of the organizat XIII.		nd explai	in how th	ey further th	e orga	nızatıon's exem	npt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							
Part	IV Escrow and Custodial Arra	ingements.						
	Complete if the organization	answered "Yes"	to Form	n 990, Pa	art IV, line 9	, or re	ported an am	ount on Form
	990, Part X, line 21							
1a	Is the organization an agent, trustee, included on Form 990, Part X?					ns or c		
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the fol	lowing tal	ble:			
	, ,	·		Ū			Ai	mount
С	Beginning balance					1c		
d	Additions during the year					1d	7,1,3	
e	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amoun					-	account liability	2 ☐ Ves ☐ No
	If "Yes," explain the arrangement in P							
Par		are Ain. Onook nore	7 11 ti 10 QX	piariation	nao boon pi	Ovidoo	THIT CITE ALL I	<u>···</u>
	Complete if the organization	answered "Yes"	to Form	1990 Pa	art IV line 1	0		
	Complete in the organization	(a) Current year	(b) Prio		(c) Two years b		d) Three years back	(e) Four years back
1a	Beginning of year balance	(-,,		1	(-, ,	,	, , , , , , , , , , , , , , , , , , , ,	(0,100.700.000.
b	Contributions							+
C	Net investment earnings, gains, and losses							
		İ		· · · · · · · · · · · · · · · · · · ·		-		 -
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							<u> </u>
2	Provide the estimated percentage of t	-		e (line 1g,	column (a))	held as	s:	
а	Board designated or quasi-endowment		%					
b	Permanent endowment ▶	%						
С	Temporarily restricted endowment ▶							
	The percentages in lines 2a, 2b, and 2							
3a	Are there endowment funds not in the	e possession of th	e organız	ation tha	t are held ar	nd adm	iinistered for th	e
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" to 3a(ii), are the related organ	izations listed as re	equired o	n Schedu	ıle R?			3b
4	Describe in Part XIII the intended uses	s of the organizatio	n's endo	wment fu	nds.			
Part VI Land, Buildings, and Equipment.								
	Complete if the organization	answered "Yes"	' to Form	n 990, Pa	art IV, line 1	1a. Se	ee Form 990,	Part X, line 10.
	Description of property	(a) Cost or oth (investme			other basis her)		ccumulated reciation	(d) Book value
1a	Land				22297		(A) 18 18 18 18 18 18 18 18 18 18 18 18 18	22297
b	Buildings				329704		196636	133068
c	Leasehold improvements							100000
d	Equipment				292534		231877	60657
e	Other		+		202004		231077	216022
	Add lines 1a through 1e. (Column (d) r	nust equal Form 99	90. Part X	. column	(B) line 10c	}		210022

Part VII	Investments – Other Securities. Complete if the organization answered "Y	es" to Form	990. Part IV. line	11b. See Form 990	Part X line 12
	(a) Description of security or category (including name of security)		(b) Book value	(c) Method of Cost or end-of-ye	valuation
(1) Financial	derivatives				
	neld equity interests		~~~		
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F) (G)					
(H)					**
	b) must equal Form 990, Part X, col (B) line 12) ▶		1		
Part VIII	Investments – Program Related.		1	* * * * * * * * * * * * * * * * * * * *	** ** ******
	Complete if the organization answered "Y	es" to Form	990, Part IV, line	11c. See Form 990.	Part X. line 13.
	(a) Description of investment		(b) Book value	(c) Method o Cost or end-of-ye	f valuation
(1)			******		,
(2)					
(3)					
(4)					. 7
(5)					7 ***
(6)				11-1	
(7)				·	
(8)				- 	
Total (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX	Other Assets.				I have filled in more than
	Complete if the organization answered "Y	es" to Form	990, Part IV, line	11d. See Form 990	, Part X, line 15.
	(a) Description				(b) Book value
(1)					
(2)					
(3)				77.44	
_(4)	4				
(5)					<u> </u>
(6)					
(7)					
(8)					
(9)	mn (b) must equal Form 990, Part X, col (B) line	15)	····		
Part X	Other Liabilities.	, 10.,	· · · · · ·	· · · · P	
Tallex	Complete if the organization answered "\	es" to Form	990 Part IV line	11e or 11f See For	m 990 Part Y
1.	line 25.) Book value			
(1) Federal ır) Book value			
(2)	loome taxes				
(3)					,
(4)					
(5)					
(6)					
(7)		.			
(8)			_		
(9)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶				
2. Liability for	r uncertain tax positions. In Part XIII, provide the tex	t of the footnote	to the organization	's financial statements t	hat reports the

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

Part	Reconciliation of Revenue per Audited Financial States	•		
	Complete if the organization answered "Yes" to Form 990,		 	
1	Total revenue, gains, and other support per audited financial statements	8	1 977 * (8x xx)	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
ď	Other (Describe in Part XIII.)	2d		
е	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	N. A.	
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 12)	5	
Part	XII Reconciliation of Expenses per Audited Financial State	ments With Expenses p	er Return.	
	Complete if the organization answered "Yes" to 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			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d	20	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		3	
		40		
a	Other (Describe in Part XIII.)	4a 4b		
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Schedule D (For	m 990) 2014	Page 3
Part XIII	Supplemental Information (continued)	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service Name of the organization

► 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

Employer identification number

Lake Champlain Yacht Club	03-0135975
VI B. 7a. One-third of the Board of Governors are elected by the membership every year. The Comm	odore serves for two years. The
Treasurer serves for three years.	
VI. B. 7b. The unpublished By-laws of the organization are approved by the membership.	
VI. B. 11b The Form 990 and supplemental Schedule O are prepared by the Treasurer and are review	ed by the Board of Governors at a
regularly scheduled meeting prior to filing. Unless there are concerns expressed by any Board members	er, the Treasurer files the return.
A copy is provided to the Audit Committee	
VI. B. 19. The Club does not regularly make its governing documents, conflict of interest policy or fin	ancial documents available to the
public. As required by the law, the public portion of the tax return is available for public review, but r	no request for this document has been
made by a member of the public in recent history.	
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Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer identification number
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