

Bureau of Charitable Organizations
207 North Office Building
Harrisburg, Pennsylvania 17120

Telephone: (717) 783-1720
(800) 732-0999 (within PA only)
Fax: (717) 783-6014
Website: www.dos.state.pa.us/charities

Commonwealth of
Pennsylvania
Department of State

For Official Use Only

Approved: _____
RF: _____
AF: _____
LF: _____
Fee Received: _____

Charitable Organization Registration Statement - Form BCO-10

Check if registering voluntarily
(See note under "important information")

Certificate Number: 39872
(Renewals Only)

Fiscal Year Ended: 10/31/2014

Employer Identification Number (EIN): 26-4788788

1. Legal name of organization: Erie Yacht Club Foundation Inc

Check if name change Previous name: _____

2. All other names used to solicit contributions: _____

3. Contact person: JAMES MCBRIER

Contact's E-mail: JAMES.MCBRIER@BUILDERS-HARDWARE.NET

Physical address of organization: (Required)

Mailing address: (If different than physical)

1 RAVINE DRIVE

PO Box 648

City: ERIE

City: Erie

State: PA ZIP code: 16505

State: PA ZIP code: 16512-0648

County: ERIE

800 number: _____

Phone number: 814-453-4931

Fax number: _____

E-mail (If different than Contact's E-mail) : _____

Website: WWW.ERIEYCFFOUNDATION.ORG

4. Names, addresses, and telephone numbers of all offices, chapters, branches, auxiliaries, affiliates, or other subordinate units located in Pennsylvania: (Attach separate sheet if necessary)

PO BOX 648, ERIE, PA 16512-0648

5. For Organizations described in Section 162.7(a) of the Act, check section that describes organization:

(See footnote #2 of instructions. Volunteer registrants do not respond.)

- 162.7(a)(1)
- 162.7(a)(2)
- 162.7(a)(3)
- 162.7(a)(4)
- Not Applicable

6. List type of organization (e.g. corporation, association, etc.) : FOUNDATION
 Where established: PENNSYLVANIA Date established:** 04/30/2009

** (Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution, or other organizational instrument, and by-laws.)

7. Is any person compensated, or do you intend to compensate any person, for soliciting contributions in Pennsylvania, including employees of the organization and professional solicitors? Yes No

(Do not check "Yes" if you only use or intend to only use a professional fundraising counsel.)

If "Yes", give date person or entity started or will start soliciting contributions from Pennsylvania residents. _____

Items 8 and 9 are required to be completed by initial registrants only

8. Date organization first solicited contributions from Pennsylvania residents:

9. If organization solicited Pennsylvania residents and received ^{gross} * contributions totaling more than \$25,000 during the fiscal year covered by this registration statement, or during its current fiscal year, give date contributions first totaled more than \$25,000. _____

*Includes contributions received both within and outside Pennsylvania

10. Has organization been granted IRS tax-exempt status? Yes No

(If "Yes", please submit copy of IRS exemption letter if not previously submitted.)

A. If "Yes", under which IRS code section: 501(c)(3)

B. Has organization's tax-exempt status ever been denied, revoked, or modified? Yes No

(If "Yes", attach copy of denial, revocation, or modification.)

11. Was the organization required to file an IRS 990 return and applicable schedules for its most recently completed fiscal year? Yes No

(If "No", attach explanation of why organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return must file a Pennsylvania public disclosure form BCO-23. This includes an organization that files a 990N, 990EZ, or 990PF.)

12. A clear description of the specific programs for which contributions will be used, and a statement whether such programs are planned or in existence:

TO SUPPORT THE CONSTRUCTION OF THE NEW MARITIME EDUCATION BUILDING; TO
SUPPORT THE REYBURN SAILING SCHOOL, INCLUDING AN AT-RISK STUDENT PROGRAM;
TO SUPPORT OTHER RECREATIONAL AND EDUCATIONAL BOATING AND MARITIME PROGRAMS

13. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.) :

DIRECT MAIL, TELEPHONE, INTERNET

14. Is organization registered to solicit contributions in any other state or municipality? Yes No

(If "Yes", list all states and municipalities. Attach separate sheet if necessary.)

15. Names, addresses, and telephone numbers of all professional solicitors you use or intend to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts, and dates Pennsylvania residents were first solicited, or will be solicited: (Attach separate sheet if necessary)

See Statement 1

16. Names, addresses, and telephone numbers of all professional fundraising counsels you use or intend to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts, and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach separate sheet if necessary)

17. Names, addresses, and telephone numbers of any commercial coventurers under contract with your organization:

18. If you are a parent organization located in Pennsylvania, do you elect to file a combined registration covering all of your Pennsylvania affiliates?

Yes No Not Applicable (See note under "important information")

If "Yes", give all names and certificate numbers of your affiliate organizations: (For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)

19. Are you a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on your behalf? Yes No (See note under "important information")

If "Yes", provide the name and, if available, certificate # of your parent organization. (For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)

(Legal name of parent organization)

(Certificate #)

20. Does your organization share contributions or other revenue with any other nonprofit corporation or unincorporated association? Yes No (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)

21. Does your organization share formal governance with any other nonprofit corporation or unincorporated association? Yes No (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)
See Statement 2

22. Does any other domestic or foreign organization own a 10% or greater interest in your organization? Yes No (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)

23. Does your organization own a 10% or greater interest in any other domestic or foreign organization? Yes No (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)

24. Provide the names and addresses of all officers, directors, trustees, and principal salaried executive staff officers: (Attach separate sheet if necessary)

See Statement 3

25. Names and addresses for: (Attach separate sheet if necessary)

A. Individual(s) in charge of solicitation activities:

JAMES MCBRIER

PO BOX 648 ERIE, PA 16512

B. Individual(s) with final responsibility for the custody of contributions:

JAMES MCBRIER

PO BOX 648 ERIE, PA 16512

C. Individual(s) with final responsibility for final distribution of contributions:

JAMES MCBRIER

PO BOX 648 ERIE, PA 16512

D. Individual(s) responsible for custody of financial records:

JAMES MCBRIER

PO BOX 648 ERIE , PA 16512

26. If you answer "Yes" to any of the following, attach a list of related individuals with names, business, and residence addresses of related parties. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A. Any other officer, director, trustee, or employee? Yes No

B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? Yes No

C. Any supplier or vendor providing goods or services? Yes No

27. If you answer "Yes" to any of the following, attach full written explanations, including reasons for actions, and copies of all relevant documents. Has organization or any of its present officers, directors, executive personnel, trustees, employees, or fundraisers:

A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or are such proceedings pending in this or any other jurisdiction? Yes No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes No

C. Entered into any legally enforceable agreement such as a consent agreement, an assurance of voluntary compliance or discontinuance with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes No

I certify that the information provided in this registration, including all statements and documentation, is true and correct. I understand that the falsification of any statement or documentation is subject to criminal penalties for unsworn falsifications pursuant to 18 PA. C.S. § 4904.

Signature of Chief Fiscal Officer Date _____

SUSAN BANKA, TREASURER

Type or Print Name and Title of Chief Fiscal Officer

Signature of Another Authorized Officer Date _____

Type or Print Name and Title of Another Authorized Officer

<u>Checklist</u>	
<input type="checkbox"/>	Original Registration Statement Properly Signed and Dated
<input type="checkbox"/>	A Copy of Form IRS 990 Return and Required Schedules Signed and Dated by an Authorized Officer
<input type="checkbox"/>	Form BCO-23, if Required
<input type="checkbox"/>	Applicable Financial Statements
<input type="checkbox"/>	Registration Fee and any Late Filing Fees
<input type="checkbox"/>	Additional Filings, if an Initial Registrant

Form BCO-10 All Professional Solicitors Statement 1

<u>Name and Address</u>	<u>Phone Number</u>
MARVIN GOLD 311 S DALLAS AVENUE PITTSBURGH, PA 15208	412-683-6000

<u>Contract Begin Date</u>	<u>Contract End Date</u>	<u>Solicit Date</u>
01/01/2013	11/30/2013	01/01/2013

Form BCO-10	Formal Governance Shared	Statement	2
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Name and Address

ERIE YACHT CLUB
PO BOX 648 ERIE, PA 16512

Type of Organization

501(C) (7)

Relationship to Organization

THE CLUB BOARD ELECTS THE FOUNDATION'S TRUSTEES

Form BCO-10	Officers, Directors, Trustees and Executives	Statement	3
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Name and Address

JAMES MCBRIER
PO Box 648
Erie, PA 16512-0648

Title

CHAIR

Name and Address

KAREN IMIG
PO Box 648
Erie, PA 16512-0648

Title

SECRETARY

Name and Address

MICHAEL TELLERS
PO Box 648
Erie, PA 16512-0648

Title

TREASURER

Name and Address

DAVID HALLER
PO Box 648
Erie, PA 16512-0648

Title

TRUSTEE

Name and Address

MATT NIEMIC
PO Box 648
Erie, PA 16512-0648

Title

TRUSTEE

Name and Address

DAVID HEITZENRATER
PO Box 648
Erie, PA 16512-0648

Title

TRUSTEE

<u>Name and Address</u>	<u>Title</u>
WILLIAM LILLIS PO Box 648 Erie, PA 16512-0648	TRUSTEE
<u>Name and Address</u>	<u>Title</u>
JOHN BLOOMSTINE PO Box 648 Erie, PA 16512-0648	TRUSTEE
<u>Name and Address</u>	<u>Title</u>
MICKEY MCMAHON PO Box 648 Erie, PA 16512-0648	TRUSTEE
<u>Name and Address</u>	<u>Title</u>
DENNIS MARKLEY PO Box 648 Erie, PA 16512-0648	TRUSTEE
<u>Name and Address</u>	<u>Title</u>
MARK RICKLOFF PO Box 648 Erie, PA 16512-0648	TRUSTEE