

Federal Diagnostics

Critical Messages

None

Electronic Filing

None

Informational Messages

- Data accepted via Datasharing review and verify
- Preparer 'John L. Garceau, CPA'

Leroux Garceau & Massa LLP
680 Warren Avenue
East Providence, RI 02914-1499
401-438-4860 Fax 401-431-1040
www.LGCPA.com

January 12, 2017

CONFIDENTIAL

Gaspee Days Committee, Inc.
P.O. Box 1772, Pilgrim Station
Warwick, RI 02888

Dear Steve:

We have prepared the following returns from information provided by you without verification or audit.

Short Form of Organization Exempt From Income Tax (Form 990-EZ)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

None is required. Your Form 990-EZ for the year ended 8/31/16 shows no balance due.

You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

Leroux Garceau & Massa LLP
680 Warren Avenue
East Providence, RI 02914-1499

Initial and date the copies of the IRS e-file Signature Authorization and the Form 990-EZ. Retain them for your records. If previously signed and returned no further action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

John L. Garceau, CPA

Leroux Garceau & Massa LLP
680 Warren Avenue
East Providence, RI 02914-1499
401-438-4860 Fax 401-431-1040
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January 12, 2017

CONFIDENTIAL

Gaspee Days Committee, Inc.
P.O. Box 1772, Pilgrim Station
Warwick, RI 02888

For professional services rendered in connection with the preparation of the following tax forms
for year ending 8/31/16.

Amount due \$ 0.00

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form 8879-EO

For calendar year 2015, or fiscal year beginning 9/01, 2015, and ending 8/31, 2016

2015

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

GASPEE DAYS COMMITTEE, INC.

Employer identification number

05-6059740

Name and title of officer

STEVE MILLER TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

Table with 5 rows (1a-5a) and 2 columns (b, amount). Row 2b contains '136,231'.

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize LEROUX GARCEAU & MASSA LLP to enter my PIN 59740 as my signature

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } 01/12/17

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

05066103842 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature }

Date } 01/12/17

ERO Must Retain This Form—See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2015)

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2015

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

} Do not enter social security numbers on this form as it may be made public.
} Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning **09/01/15**, and ending **08/31/16**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="font-weight: bold; font-size: 1.2em;">GASPEE DAYS COMMITTEE, INC.</p> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <p style="font-weight: bold; font-size: 1.2em;">P.O. BOX 1772, PILGRIM STATION</p> City or town, state or province, country, and ZIP or foreign postal code <p style="font-weight: bold; font-size: 1.2em;">WARWICK RI 02888</p>	D Employer identification number <p style="font-weight: bold; font-size: 1.2em;">05-6059740</p> E Telephone number <p style="font-weight: bold; font-size: 1.2em;">401-781-1772</p> F Group Exemption Number u
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G Accounting Method: Cash Accrual Other (specify) **u** _____

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: **u** **N/A**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () | (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **u** \$ **160,413**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	36,926	
	2 Program service revenue including government fees and contracts	2	50,681	
	3 Membership dues and assessments	3	440	
	4 Investment income	4	180	
	5a Gross amount from sale of assets other than inventory	5a		
	b Less: cost or other basis and sales expenses	5b		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
	6 Gaming and fundraising events			
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	46,365	
c Less: direct expenses from gaming and fundraising events	6c	13,366		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	32,999		
7a Gross sales of inventory, less returns and allowances	7a	25,821		
b Less: cost of goods sold	7b	10,816		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	15,005		
8 Other revenue (describe in Schedule O)	8			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	136,231		
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10		
	11 Benefits paid to or for members	11		
	12 Salaries, other compensation, and employee benefits	12		
	13 Professional fees and other payments to independent contractors	13	2,300	
	14 Occupancy, rent, utilities, and maintenance	14	6,625	
	15 Printing, publications, postage, and shipping	15		
	16 Other expenses (describe in Schedule O)	16	117,039	
17 Total expenses. Add lines 10 through 16	17	125,964		
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,267	
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	121,060	
	20 Other changes in net assets or fund balances (explain in Schedule O)	20		
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	131,327	

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2015)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	99,626	22	111,851
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	21,434	24	19,476
25 Total assets	121,060	25	131,327
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	121,060	27	131,327

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

ANNUAL GASPEE DAY PARADE

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 ANNUAL PARADE WHICH RELIVES THE HISTORIC EVENT OF THE BURNING OF THE GASPEE ON JUNE 9, 1772			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	u	28a	55,882
29 FOOT RACES DURING GASPEE CELEBRATION			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	u	29a	35,380
30			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	u	30a	
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	u	31a	
32 Total program service expenses (add lines 28a through 31a)	u	32	91,262

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JERALD PESHKA PRESIDENT	4.00	0	0	0
RYAN GIVIENS 1ST VP	2.00	0	0	0
KARLEEN WRATH DIRECTOR	2.00	0	0	0
LAUREN KELLY REC. SEC.	1.00	0	0	0
LOUISE PFANSTIEHL DIRECTOR	2.00	0	0	0
GINA CLERI DIRECTOR	2.00	0	0	0
SHARON ALVES DIRECTOR	2.00	0	0	0
STEVE MILLER TREASURER	3.00	0	0	0
PATRICE CONCANNON CORR. SECRETARY	1.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions u 37a		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 u _____; section 4912 u _____; section 4955 u _____		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 u _____ 0		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization u _____ 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed u NONE		
42a	The organization's books are in care of u STEVE MILLER Telephone no. u 401-256-3629 153 BENBRIDGE AVENUE Located at u WARWICK RI ZIP + 4 u 02888		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: u _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		X
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: u _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year u 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c	Did the organization receive any payments for indoor tanning services during the year?		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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 Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No

b If "Yes," was the related organization a section 527 organization? Yes No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Date
 Signature of officer: **STEVE MILLER** TREASURER
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name JOHN L. GARCEAU, CPA	Preparer's signature	Date 01/12/17	Check <input type="checkbox"/> if self-employed	PTIN P00065539
Firm's name } LEROUX GARCEAU & MASSA LLP	Firm's EIN } 05-0467113			
Firm's address } 680 WARREN AVENUE EAST PROVIDENCE, RI 02914-1499	Phone no. 401-438-4860			

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

u Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

u Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

GASPEE DAYS COMMITTEE, INC.

Employer identification number

05-6059740

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,361	29,380	11,757	39,490	37,366	133,354
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	15,361	29,380	11,757	39,490	37,366	133,354
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						133,354

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	15,361	29,380	11,757	39,490	37,366	133,354
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14	7	89	14	180	304
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						133,658
12 Gross receipts from related activities, etc. (see instructions)					12	310,659

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	99.77 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	99.87 %

16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2015

Department of the Treasury
Internal Revenue Service

⚡ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

⚡ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

GASPEE DAYS COMMITTEE, INC.

Employer identification number

05-6059740

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

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

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>ARTS & CRAFTS</u> (event type)	<u>BEER GARDEN</u> (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	23,875	11,866	35,741
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	23,875	11,866	35,741
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	8,368	2,721	11,089
	10	Direct expense summary. Add lines 4 through 9 in column (d)			11,089
11	Net income summary. Subtract line 10 from line 3, column (d)			24,652	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

SCHEDULE O
 (Form 990 or 990-EZ)

 Department of the Treasury
 Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015
**Open to Public
 Inspection**

Employer identification number

GASPEE DAYS COMMITTEE, INC.
05-6059740
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES
DESCRIPTION
AMOUNT
EXPENSES
INSURANCE \$ 3,235

BANK CHARGES \$ 289

MISCELLANEOUS \$ 1,183

PUBLICITY \$ 12,202

SUNDAY IN THE PARK \$ 498

PARADE \$ 53,924

ROAD RACE \$ 35,380

TELEPHONE \$ 577

OFFICE/ADMINISTRATIVE \$ 1,582

OTHER TAXES \$ 493

ADVERTISING \$ 2,068

SYMPHONY \$ 3,425

WEB SITE \$ 225

NON-INVESTMENT DEPRECIATION \$ 1,958

TOTAL \$ 117,039
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS
DESCRIPTION
BEG. OF YEAR
END OF YEAR
BOATHOUSE, FURNITURE & EQUIPMENT \$ 86,893 \$ 86,893

LESS ACCUMULATED DEPRECIATION \$ 65,459 \$ 67,417

TOTAL \$ 21,434 \$ 19,476

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2015

Department of the Treasury
Internal Revenue Service (99)

u Attach to your tax return.
u Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Attachment Sequence No. **179**

Name(s) shown on return

GASPEE DAYS COMMITTEE, INC.

Identifying number

05-6059740

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	1,216
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	0
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	1,216

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	1,958
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	1,958
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2015)

Year Ended: August 31, 2016

05-6059740

Gaspee Days Committee, Inc.
P.O. Box 1772, Pilgrim Station
Warwick, RI 02888

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Under Regulation 1.263(a)-1(f), the taxpayer hereby elects to apply the de minimis safe harbor election to all qualifying property placed in service during the tax year.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Prior MACRS:											
3	FURNITURE	10/01/92	911				911	10	HY S/L	911	0
5	TRAILER	3/15/95	375				375	5	HY S/L	375	0
6	SIGN	5/01/96	1,086				1,086	5	HY S/L	1,086	0
7	GOLF CART	8/01/97	900				900	5	HY S/L	900	0
8	SILHOUETTE-NEW GASPEE BOAT	6/17/98	936				936	10	HY S/L	936	0
9	GASPEE NEW BOAT SILHOUETTE	6/18/98	1,928				1,928	10	HY S/L	1,928	0
10	GASPEE BOAT	5/01/89	3,000				3,000	10	HY S/L	3,000	0
11	BOAT HOUSE	1/01/93	10,807				10,807	31	MMS/L	6,113	270
12	BOAT HOUSE	1/01/94	7,390				7,390	39	MMS/L	3,988	184
13	BOAT HOUSE	1/01/96	1,825				1,825	7	HY S/L	1,825	0
14	FENCE	5/01/97	3,400				3,400	7	HY S/L	3,400	0
15	HOME DEPOT-KITCHEN	3/23/98	2,193				2,193	7	HY S/L	2,193	0
16	FLAG POLE	5/01/93	1,100				1,100	10	HY S/L	1,100	0
17	LANDSCAPING	6/01/94	200				200	10	HY S/L	200	0
18	LUMBER	3/01/96	2,245				2,245	10	HY S/L	2,245	0
19	IMPROVEMENTS	5/15/97	2,800				2,800	10	HY S/L	2,800	0
20	TENT	4/01/94	706				706	10	HY S/L	706	0
21	KITCHEN	3/12/99	4,760				4,760	7	HY S/L	4,760	0
22	CHAIRS AND TABLES	3/07/99	4,400				4,400	7	HY S/L	4,400	0
23	NEW LOCKS	4/15/99	2,715				2,715	7	HY S/L	2,715	0
24	MICROWAVE	3/22/99	300				300	5	HY S/L	300	0
31	POPCORN KETTLE	1/29/02	519				519	5	HY S/L	519	0
32	POPCORN MACHINE	5/04/07	1,200				1,200	5	HY S/L	1,200	0
33	BOATHOUSE REHAB	7/25/13	9,434				9,434	39	MMS/L	514	242
34	IPAD	2/28/13	1,216		X	X	0	5	HY 200DB	1,216	0
35	BOAT HOUSE CUPOLA	8/03/15	4,582			X	4,418	7	MQ200DB	164	1,262
			<u>70,928</u>				<u>69,548</u>			<u>49,494</u>	<u>1,958</u>
Other Depreciation:											
25	BOAT HOUSE REHAB	6/15/00	6,138				6,138	7	HY S/L	6,138	0
26	BOAT HOUSE REHAB	4/20/00	900				900	7	HY S/L	900	0
27	BOAT HOUSE REHAB	5/09/00	6,015				6,015	7	HY S/L	6,015	0
28	BOAT HOUSE REHAB	5/15/00	647				647	7	HY S/L	647	0
29	BOAT HOUSE REHAB	6/01/00	466				466	7	HY S/L	466	0
30	BOAT HOUSE PATIO	2/10/02	1,800				1,800	7	HY S/L	1,800	0
	Total Other Depreciation		<u>15,966</u>				<u>15,966</u>			<u>15,966</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>15,966</u>				<u>15,966</u>			<u>15,966</u>	<u>0</u>
	Grand Totals		86,894				85,514			65,460	1,958
	Less: Dispositions and Transfers		0				0			0	0
	Less: Start-up/Org Expense		0				0			0	0
	Net Grand Totals		<u>86,894</u>				<u>85,514</u>			<u>65,460</u>	<u>1,958</u>

RI Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	RI Prior	RI Current	Federal Current	Difference Fed - RI
Prior MACRS:								
3	FURNITURE	10/01/92	911	911	911	0	0	0
5	TRAILER	3/15/95	375	375	375	0	0	0
6	SIGN	5/01/96	1,086	1,086	1,086	0	0	0
7	GOLF CART	8/01/97	900	900	900	0	0	0
8	SILHOUETTE-NEW GASPEE BOAT	6/17/98	936	936	936	0	0	0
9	GASPEE NEW BOAT SILHOUETTE	6/18/98	1,928	1,928	1,928	0	0	0
10	GASPEE BOAT	5/01/89	3,000	3,000	3,000	0	0	0
11	BOAT HOUSE	1/01/93	10,807	10,807	6,113	270	270	0
12	BOAT HOUSE	1/01/94	7,390	7,390	3,988	184	184	0
13	BOAT HOUSE	1/01/96	1,825	1,825	1,825	0	0	0
14	FENCE	5/01/97	3,400	3,400	3,400	0	0	0
15	HOME DEPOT-KITCHEN	3/23/98	2,193	2,193	2,193	0	0	0
16	FLAG POLE	5/01/93	1,100	1,100	1,100	0	0	0
17	LANDSCAPING	6/01/94	200	200	200	0	0	0
18	LUMBER	3/01/96	2,245	2,245	2,245	0	0	0
19	IMPROVEMENTS	5/15/97	2,800	2,800	2,800	0	0	0
20	TENT	4/01/94	706	706	706	0	0	0
21	KITCHEN	3/12/99	4,760	4,760	4,760	0	0	0
22	CHAIRS AND TABLES	3/07/99	4,400	4,400	4,400	0	0	0
23	NEW LOCKS	4/15/99	2,715	2,715	2,715	0	0	0
24	MICROWAVE	3/22/99	300	300	300	0	0	0
31	POPCORN KETTLE	1/29/02	519	519	519	0	0	0
32	POPCORN MACHINE	5/04/07	1,200	1,200	1,200	0	0	0
33	BOATHOUSE REHAB	7/25/13	9,434	9,434	514	242	242	0
34	IPAD	2/28/13	1,216	0	1,216	0	0	0
35	BOAT HOUSE CUPOLA	8/03/15	4,582	4,582	164	1,262	1,262	0
			<u>70,928</u>	<u>69,712</u>	<u>49,494</u>	<u>1,958</u>	<u>1,958</u>	<u>0</u>
Other Depreciation:								
25	BOAT HOUSE REHAB	6/15/00	6,138	6,138	6,138	0	0	0
26	BOAT HOUSE REHAB	4/20/00	900	900	900	0	0	0
27	BOAT HOUSE REHAB	5/09/00	6,015	6,015	6,015	0	0	0
28	BOAT HOUSE REHAB	5/15/00	647	647	647	0	0	0
29	BOAT HOUSE REHAB	6/01/00	466	466	466	0	0	0
30	BOAT HOUSE PATIO	2/10/02	1,800	1,800	1,800	0	0	0
	Total Other Depreciation		<u>15,966</u>	<u>15,966</u>	<u>15,966</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>15,966</u>	<u>15,966</u>	<u>15,966</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Grand Totals		86,894	85,678	65,460	1,958	1,958	0
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>86,894</u>	<u>85,678</u>	<u>65,460</u>	<u>1,958</u>	<u>1,958</u>	<u>0</u>

AMT Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
3	FURNITURE	10/01/92	911			911	10 HY S/L	911	0
5	TRAILER	3/15/95	375			375	5 HY S/L	375	0
6	SIGN	5/01/96	1,086			1,086	5 HY S/L	1,086	0
7	GOLF CART	8/01/97	900			900	5 HY S/L	900	0
8	SILHOUETTE-NEW GASPEE BOAT	6/17/98	936			936	10 HY S/L	936	0
9	GASPEE NEW BOAT SILHOUETTE	6/18/98	1,928			1,928	10 HY S/L	1,928	0
10	GASPEE BOAT	5/01/89	3,000			3,000	10 HY S/L	3,000	0
11	BOAT HOUSE	1/01/93	10,807			10,807	31 MMS/L	6,113	270
12	BOAT HOUSE	1/01/94	7,390			7,390	39 MMS/L	3,988	184
13	BOAT HOUSE	1/01/96	1,825			1,825	7 HY S/L	1,825	0
14	FENCE	5/01/97	3,400			3,400	7 HY S/L	3,400	0
15	HOME DEPOT-KITCHEN	3/23/98	2,193			2,193	7 HY S/L	2,193	0
16	FLAG POLE	5/01/93	1,100			1,100	10 HY S/L	1,100	0
17	LANDSCAPING	6/01/94	200			200	10 HY S/L	200	0
18	LUMBER	3/01/96	2,245			2,245	10 HY S/L	2,245	0
19	IMPROVEMENTS	5/15/97	2,800			2,800	10 HY S/L	2,800	0
20	TENT	4/01/94	706			706	10 HY S/L	706	0
21	KITCHEN	3/12/99	4,760			4,760	7 HY S/L	4,760	0
22	CHAIRS AND TABLES	3/07/99	4,400			4,400	7 HY S/L	4,400	0
23	NEW LOCKS	4/15/99	2,715			2,715	7 HY S/L	2,715	0
24	MICROWAVE	3/22/99	300			300	5 HY S/L	300	0
31	POPCORN KETTLE	1/29/02	519			519	5 HY S/L	519	0
33	BOATHOUSE REHAB	7/25/13	9,434			9,434	39 MMS/L	514	242
34	IPAD	2/28/13	1,216	X	X	0	5 HY 200DB	1,216	0
35	BOAT HOUSE CUPOLA	8/03/15	4,582		X	4,459	7 MQ150DB	123	955
			<u>69,728</u>			<u>68,389</u>		<u>48,253</u>	<u>1,651</u>
Other Depreciation:									
25	BOAT HOUSE REHAB	6/15/00	6,138			6,138	7 HY S/L	6,138	0
26	BOAT HOUSE REHAB	4/20/00	900			900	7 HY S/L	900	0
27	BOAT HOUSE REHAB	5/09/00	6,015			6,015	7 HY S/L	6,015	0
28	BOAT HOUSE REHAB	5/15/00	647			647	7 HY S/L	647	0
29	BOAT HOUSE REHAB	6/01/00	466			466	7 HY S/L	466	0
30	BOAT HOUSE PATIO	2/10/02	0			0	0 HY	0	0
32	POPCORN MACHINE	5/04/07	0			0	0 HY	0	0
	Total Other Depreciation		<u>14,166</u>			<u>14,166</u>		<u>14,166</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>14,166</u>			<u>14,166</u>		<u>14,166</u>	<u>0</u>
	Grand Totals		83,894			82,555		62,419	1,651
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>83,894</u>			<u>82,555</u>		<u>62,419</u>	<u>1,651</u>

Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
34	IPAD	2/28/13	1,216		1,216	0	0	0
35	BOAT HOUSE CUPOLA	8/03/15	4,582		0	0	164	4,418
	Form 990, Page 1		<u>5,798</u>		<u>0</u>	<u>0</u>	<u>164</u>	<u>4,418</u>
	Grand Total		<u>5,798</u>		<u>0</u>	<u>0</u>	<u>164</u>	<u>4,418</u>

Depreciation Adjustment Report**All Business Activities**

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<u>MACRS Adjustments:</u>						
Page 1	1	3	FURNITURE	0	0	0
Page 1	1	5	TRAILER	0	0	0
Page 1	1	6	SIGN	0	0	0
Page 1	1	7	GOLF CART	0	0	0
Page 1	1	8	SILHOUETTE-NEW GASPEE BOAT	0	0	0
Page 1	1	9	GASPEE NEW BOAT SILHOUETTE	0	0	0
Page 1	1	10	GASPEE BOAT	0	0	0
Page 1	1	11	BOAT HOUSE	270	270	0
Page 1	1	12	BOAT HOUSE	184	184	0
Page 1	1	13	BOAT HOUSE	0	0	0
Page 1	1	14	FENCE	0	0	0
Page 1	1	15	HOME DEPOT-KITCHEN	0	0	0
Page 1	1	16	FLAG POLE	0	0	0
Page 1	1	17	LANDSCAPING	0	0	0
Page 1	1	18	LUMBER	0	0	0
Page 1	1	19	IMPROVEMENTS	0	0	0
Page 1	1	20	TENT	0	0	0
Page 1	1	21	KITCHEN	0	0	0
Page 1	1	22	CHAIRS AND TABLES	0	0	0
Page 1	1	23	NEW LOCKS	0	0	0
Page 1	1	24	MICROWAVE	0	0	0
Page 1	1	31	POPCORN KETTLE	0	0	0
Page 1	1	33	BOATHOUSE REHAB	242	242	0
Page 1	1	34	IPAD	0	0	0
Page 1	1	35	BOAT HOUSE CUPOLA	1,262	955	307
				<u>1,958</u>	<u>1,651</u>	<u>307</u>

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
3	FURNITURE	10/01/92	911	0	0
5	TRAILER	3/15/95	375	0	0
6	SIGN	5/01/96	1,086	0	0
7	GOLF CART	8/01/97	900	0	0
8	SILHOUETTE-NEW GASPEE BOAT	6/17/98	936	0	0
9	GASPEE NEW BOAT SILHOUETTE	6/18/98	1,928	0	0
10	GASPEE BOAT	5/01/89	3,000	0	0
11	BOAT HOUSE	1/01/93	10,807	271	271
12	BOAT HOUSE	1/01/94	7,390	185	185
13	BOAT HOUSE	1/01/96	1,825	0	0
14	FENCE	5/01/97	3,400	0	0
15	HOME DEPOT-KITCHEN	3/23/98	2,193	0	0
16	FLAG POLE	5/01/93	1,100	0	0
17	LANDSCAPING	6/01/94	200	0	0
18	LUMBER	3/01/96	2,245	0	0
19	IMPROVEMENTS	5/15/97	2,800	0	0
20	TENT	4/01/94	706	0	0
21	KITCHEN	3/12/99	4,760	0	0
22	CHAIRS AND TABLES	3/07/99	4,400	0	0
23	NEW LOCKS	4/15/99	2,715	0	0
24	MICROWAVE	3/22/99	300	0	0
31	POPCORN KETTLE	1/29/02	519	0	0
32	POPCORN MACHINE	5/04/07	1,200	0	0
33	BOATHOUSE REHAB	7/25/13	9,434	242	242
34	IPAD	2/28/13	1,216	0	0
35	BOAT HOUSE CUPOLA	8/03/15	4,582	901	751
			<u>70,928</u>	<u>1,599</u>	<u>1,449</u>

Other Depreciation:

25	BOAT HOUSE REHAB	6/15/00	6,138	0	0
26	BOAT HOUSE REHAB	4/20/00	900	0	0
27	BOAT HOUSE REHAB	5/09/00	6,015	0	0
28	BOAT HOUSE REHAB	5/15/00	647	0	0
29	BOAT HOUSE REHAB	6/01/00	466	0	0
30	BOAT HOUSE PATIO	2/10/02	1,800	0	0
	Total Other Depreciation		<u>15,966</u>	<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>15,966</u>	<u>0</u>	<u>0</u>
	Grand Totals		<u>86,894</u>	<u>1,599</u>	<u>1,449</u>

Asset	Description	Date In Service	Cost	RI
Prior MACRS:				
3	FURNITURE	10/01/92	911	0
5	TRAILER	3/15/95	375	0
6	SIGN	5/01/96	1,086	0
7	GOLF CART	8/01/97	900	0
8	SILHOUETTE-NEW GASPEE BOAT	6/17/98	936	0
9	GASPEE NEW BOAT SILHOUETTE	6/18/98	1,928	0
10	GASPEE BOAT	5/01/89	3,000	0
11	BOAT HOUSE	1/01/93	10,807	271
12	BOAT HOUSE	1/01/94	7,390	185
13	BOAT HOUSE	1/01/96	1,825	0
14	FENCE	5/01/97	3,400	0
15	HOME DEPOT-KITCHEN	3/23/98	2,193	0
16	FLAG POLE	5/01/93	1,100	0
17	LANDSCAPING	6/01/94	200	0
18	LUMBER	3/01/96	2,245	0
19	IMPROVEMENTS	5/15/97	2,800	0
20	TENT	4/01/94	706	0
21	KITCHEN	3/12/99	4,760	0
22	CHAIRS AND TABLES	3/07/99	4,400	0
23	NEW LOCKS	4/15/99	2,715	0
24	MICROWAVE	3/22/99	300	0
31	POPCORN KETTLE	1/29/02	519	0
32	POPCORN MACHINE	5/04/07	1,200	0
33	BOATHOUSE REHAB	7/25/13	9,434	242
34	IPAD	2/28/13	1,216	0
35	BOAT HOUSE CUPOLA	8/03/15	4,582	901
			<u>70,928</u>	<u>1,599</u>

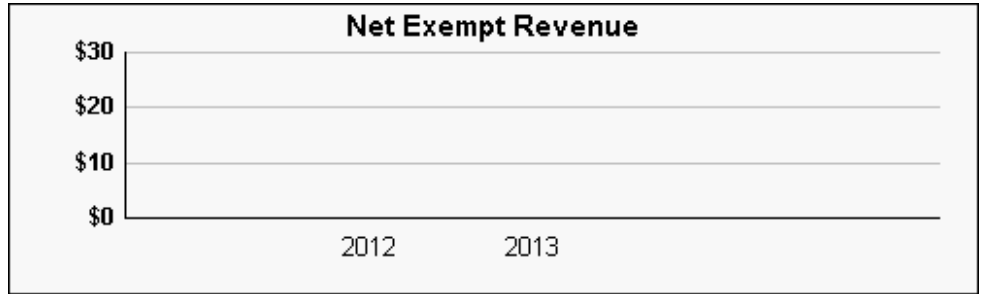
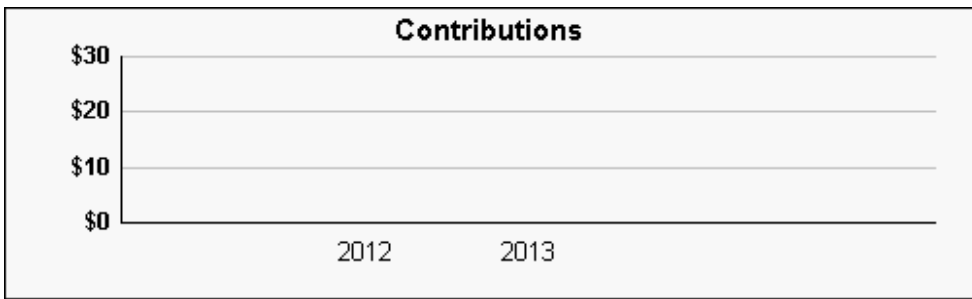
Other Depreciation:

25	BOAT HOUSE REHAB	6/15/00	6,138	0
26	BOAT HOUSE REHAB	4/20/00	900	0
27	BOAT HOUSE REHAB	5/09/00	6,015	0
28	BOAT HOUSE REHAB	5/15/00	647	0
29	BOAT HOUSE REHAB	6/01/00	466	0
30	BOAT HOUSE PATIO	2/10/02	1,800	0
	Total Other Depreciation		<u>15,966</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>15,966</u>	<u>0</u>
	Grand Totals		<u>86,894</u>	<u>1,599</u>

Form 990T	Tax Return History	2015
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Name GASPEE DAYS COMMITTEE, INC.	Employer Identification Number 05-6059740
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	2011	2012	2013	2014	2015	2016
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

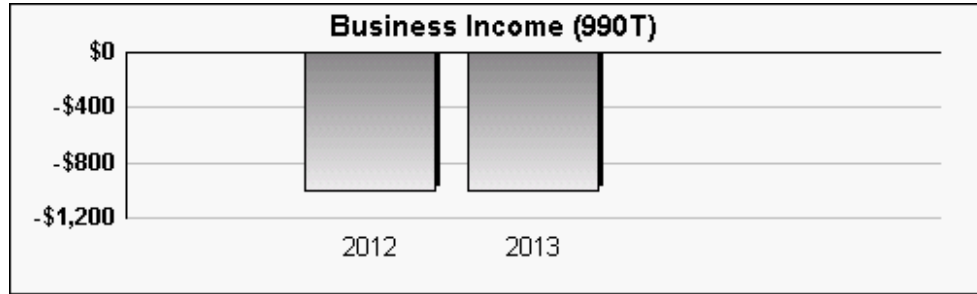
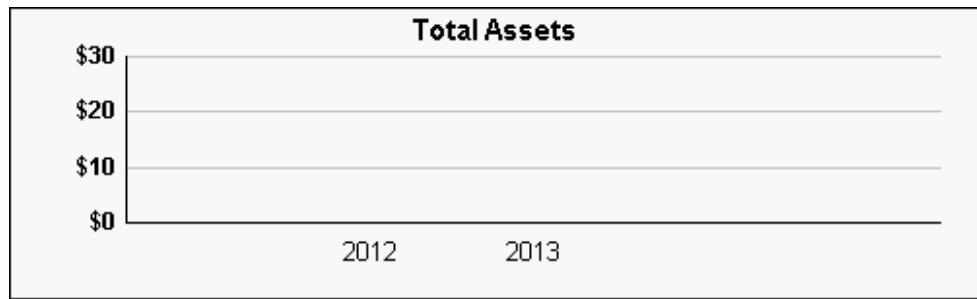


Form 990T	Tax Return History	2015
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Name GASPEE DAYS COMMITTEE, INC.	Employer Identification Number 05-6059740
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	2011	2012	2013	2014	2015	2016
Other deductions						
Net operating loss deduction						
Specific deduction		1,000	1,000			
Income after expense and deductions		-1,000	-1,000			
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses



GAS9740 Gaspee Days Committee, Inc.

05-6059740

FYE: 8/31/2016

Federal Statements

Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

<u>Description</u>	<u>Amount</u>
MEMBERSHIP DUES	\$ 440
TOTAL	\$ 440