

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

B Crocks Aspinicate According to the process of	_	For	the 2009 calen	dar year.	or tax year beginning	•	2009, an	d endin	g			,		
Additions change where change in the property of the property	В				C Name of organization	· · · · · · · · · · · · · · · · · · ·				D Employ	er Ider	ntification	n Number	
Note Carrier September S	_			IRS label	NEWPORT YACHT C	LUB				05-0	025	4070		
Internate return Termansion Internation Internatio		-	_	or print			treet addr)	Room/s	uite	E Telepho	ne nur	nber		
Tamenation Amended return Received R		\vdash	•	See	110 LONG WHARF					(40:	1) {	846-	9410	
Amended return Application pendens NoEMPORT No. 10. Application pendens No. 10.				Instruc-		 	State ZIF	code + 4	,					
Application pending		H			NEWPORT		RT 0	2840		G Gross re	eceints	s 9	77.566	_
Tax-exempt status		\vdash		F Name a	'	·			H(a) Is this					X No
Tax-exempt status		ш			BAILEY, 110 LONG WI	HARF NEWPORT	RI O	2840					Yes	☐ No
Website: New NEWPORTYACHTCLUB.ORG	ī	Ta	ax-exempt statu						It No,	attach a list	(see ii	nstruction	.s) —	-
Former organization Corporation Trust Association Once L Year of Formation 1894 M State of legal domicit R I	J								H(c) Group	exemption nu	ımber	>		
Part Summary	K						L Year	of Forma					micile RI	
1 Birelly describe the organization's mission or most significant activities. NEWPORT YACHT CLUB IS A MEMBER ORGANIZARION THAT PROVIDES ITS MEMBERS VARIOUS SERVICES RELATED TO YACHTING ACTIVITIES WITH THE OBJECTIVE OF ENCOURAGING YACHTING IN AND AROUND NEWPORT. AND AROUND NEWPORT					<u> </u>		·						-	
ORGANIZATION THAT PROVIDES ITS MEMBERS VARIOUS SERVICES RELATED TO YACHTING CTIVITIES WITH THE OBJECTIVE OF ENCOURAGING YACHTING IN AND AROUND NEWPORT. 2 Check this box * if the organization discontinued its operations or disposed of more than 25% of its assets. Number of voting members of the governing body (Part VI, line 1a) 4 Number of ordependent voting members of the governing body (Part VI, line 1b) 5 53 6 Total number of employees (Part VI, line 2a) 5 153 6 Total number of employees (Part VI, line 2b) 7 2 191,64 10 17 17 19 191,65 11 19 Protram service revenue (Pat VIII, line 1b) 9 Protrate upon surgical Maries (Part VIII, line 2b) 10 11 11 Vesting 1 Protram service revenue (Pat VIII, line 2b) 11 2 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), lines 12) 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), lines 12) 13 Salaries, other compensation, employee benefits (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 25) 17 Other expenses (Part IX, column (A), lines 13-1) 18 Total expenses (Part IX, column (A), line 12) 19 Revenue less expenses (Part IX, column (A), line 25) 10 Total fundraising expenses (Part IX, column (A), line 25) 11 Total labilities (Part X, line 16) 12 Total labilities (Part X, line 16) 13 Total labilities (Part X, line 16) 14 Total labilities (Part X, line 26) 15 Total labilities (Part X, line 26) 16 Total labilities (Part X, line 26) 17 Total labilities (Part X, line 26) 18 Signature Block 18 Signature Block 19 Preparer's Supplies of Desires (Part X, declare But I have examined the require provided propagation of minic peparer in sterifying number of minic peparer in sterifying number of minic peparer in sterifying numbers of minic peparer in sterifying num	<u> </u>	T .			janization's mission or mo	st significant activities.	NEW	PORT	YACHT	CLUB I	SA	MEM	BER	
Sign turbutpts and practice receives to grant (a), line 14) Prior Year Current Year	•													
Sign turbutpts and practice receives to grant (a), line 14) Prior Year Current Year	j.					OBJECTIVE OF E	NCOUR	AGINO	YACH	ring in	<u>1</u>			_ _
Sign turbutpts and practice receives to grant (a), line 14) Prior Year Current Year	Ĕ						- -							
Sign turbutpts and practice receives to grant (a), line 14) Prior Year Current Year	Jo.	2					disposed	l of mor	e than 25	% of its as				
Sign turbutpts and practice receives to grant (a), line 14) Prior Year Current Year	ه	3		-			line 1h\		•					
Sign turbutpts and practice receives to grant (a), line 14) Prior Year Current Year	9	4		•		overning body (Fart VI,	ille 10)							
Sign turbutpts and practice receives to grant (a), line 14) Prior Year Current Year	ੂ≅	6				v)								
Sign turbutpts and practice receives to grant (a), line 14) Prior Year Current Year	ŽŽ.	7					12				7 a	1	91,	643.
Remains and small arrow and lines 1 and 1 lines 1 lines 1 lines 2 lines 2 lines 2 lines 2 lines 2 lines 2 lines 3 line											7 t		13,	548.
Signature Block Signature Signature Block Signature Signature Block Signature Signature Signature Block Signature Signature Signature Signature Si										Prior Year		(Current Ye	ear
9 Probram service revenue (Patr XIII, Inne 2g)		8	Cantributions	and Orac	Part 🕅 I, line 1h)					5,7	10.		12,	,151.
16a Professional fundraising fees (Part IX, column (A), line 11e)		9 Program service revenue (Party III, line 2g)												
16a Professional fundraising fees (Part IX, column (A), line 11e)	eve													,081.
16a Professional fundraising fees (Part IX, column (A), line 11e)	iii "	11										_		
16a Professional fundraising fees (Part IX, column (A), line 11e)	Z	-					4), line 1	2)		754,8	397.	+	768,	<u>,313.</u>
16a Professional fundraising fees (Part IX, column (A), line 11e)		13			·				·					
16a Professional fundraising fees (Part IX, column (A), line 11e)	\mathcal{Q}	14							-	077.5		 		
Total expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 31 Signature Block Signature Block Under penalties of perjury, ledelare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is signature of officer WARREN HARTWELL Type or print name and title Paid Preparer's signature Nancy L Mancini, CPA Freparer's signature Nancy L Mancini, and Barbieri, P. C.		15		-	· -		lines 5-1	0)	·	271,5	88.	•	290,	, /33.
Total expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 31 Signature Block Signature Block Under penalties of perjury, ledelare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is signature of officer WARREN HARTWELL Type or print name and title Paid Preparer's signature Nancy L Mancini, CPA Freparer's signature Nancy L Mancini, and Barbieri, P. C.	ST.	16	a Professional	fundraisir	ig fees (Part IX, column (A), line 11e)						+	<u>,</u>	
Total expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 31 Signature Block Signature Block Under penalties of perjury, ledelare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is signature of officer WARREN HARTWELL Type or print name and title Paid Preparer's signature Nancy L Mancini, CPA Freparer's signature Nancy L Mancini, and Barbieri, P. C.	ă. X		b Total fundrai	sing expe	nses (Part IX, column (D)	, line 25) 🕨			.			<u> </u>		
19 Revenue less expenses. Subtract line 18 from line 12 5,927. 29,50	ш		Other expens	ses (Part	IX, column (A), lines 11a-	11d, 11f-24f)				471,3	<u> 82</u>			
Beginning of Year End of Year		18	Total expens	es Add I	nes 13-17 (must equal Pa	rt IX, column (A), line 2	25)			748,9	970.	:		
Net assets or fund balances Subtract line 21 from line 20		19	Revenue les	s expense	s. Subtract line 18 from li	ne 12				5,9	927.		29,	<u>,541.</u>
Net assets or fund balances Subtract line 21 from line 20 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block 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 signature of officer Signature of officer WARREN HARTWELL Type or print name and title Preparer's Signature Preparer's identifying num (see instructions) Preparer's signature Preparer's Signature Preparer's identifying num (see instructions) Firm's name (or Caliri, Mancini, and Barbieri, P. C.	8 g								Begi	nning of Y	'ear		End of Ye	ar
Net assets or fund balances Subtract line 21 from line 20 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block 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 signature of officer Signature of officer WARREN HARTWELL Type or print name and title Preparer's Signature Preparer's identifying num (see instructions) Preparer's signature Preparer's Signature Preparer's identifying num (see instructions) Firm's name (or Caliri, Mancini, and Barbieri, P. C.	geta	20	Total assets	(Part X, I	ne 16)					911,9	93.			
Part II Signature Block 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 trian officer) is based on all information of which preparer has any knowledge. Signature of officer	4 A	21	Total liabilitie	es (Part X	, line 26)	•				214,5	545		134	<u>,767.</u>
Sign Here 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 train officer) is based on all information of which preparer has any knowledge. Treasure Treas	25	22	Net assets o	r fund bala	ances Subtract line 21 fro	m line 20 .				697,4	448		728	<u>,396.</u>
Sign Here MARREN HARTWELL TREASURER	P	art l	I Signat	ure Blo	ck									
Sign Here MARREN HARTWELL TREASURER			Under penalt	es of perjury	, I declare that I have examined the	is return, including accompany	ing schedul	es and sta	tements, an	d to the best of	of my l	knowledg	e and belief, i	ıt ıs
Here Signature of officer WARREN HARTWELL Type or print name and title Paid Pre- parer's signature Nancy L Mancini, CPA Preparer's Firm's name (or Caliri, Mancini, and Barbieri, P. C.			uue, correct,	and complete	y Deciaration of preparer (other a	ian direct) is was ed ou air injul	mation of t	willer prep	1					
WARREN HARTWELL Type or print name and title Paid Pre- Preparer's signature Nancy L Mancini, CPA Preparer's signature Nancy L Mancini, and Barbieri, P. C. Preparer's parer's Firm's name (or Caliri, Mancini, and Barbieri, P. C.	Si	gn	<u> </u>	ICIN	en 15 de la	rudy				1/1/	10			
Paid Preparer's signature Nancy L Mancini, CPA Date Check if self-employed Signature Nancy L Mancini, and Barbieri, P. C.	He	ere	Signature	e of officer		·			D	ate				
Paid Pre- parer's signature Nancy L Mancini, CPA Preparer's signature Nancy L Mancini, and Barbieri, P. C. Date Check if self. employed Preparer's firm's name (or Caliri, Mancini, and Barbieri, P. C.									TREA	SURER				
Paid Pre- parer's signature Nancy L Mancini, CPA O6/26/10 Self- employed D6/26/10 D7/26/10 D7/26/1			Type or p	print name ar	id title		1 -				· T	Dragge	'a identifiana	number
Pre- parer's signature Nancy L Mancini, CPA O6/26/10 employed	_						Date	•				(see inst	ructions)	number
parer's Firm's name (or Caliri, Mancini, and Barbieri, P. C.			Preparer's						- 6	employed P	· 🔲			
Firm's name (or Callri, Mancini, and Barbieri, P. C.						······		/26/1	LO					
UDG voirs if Self-			Firm's name yours if self-				. C.							
Only employed, ► One Worthington Rd.			employed),							· · · · · · · · · · · · · · · · · · ·				
ZIP+4 Cranston RI 02920 Phone no ► (401) 270-6136			ZIP + 4	Cra						Phone no	(4)			
May the IRS discuss this return with the preparer shown above? (see instructions) X Yes Form 990 (M	y th	e IRS discuss t	his return										No No

		PORT YAC				-		05-0	2540	70		Pag
			ram Service /	Accomplisi	hments							
	Briefly describe the	-		_								
	NEWPORT YAC				-						- - -	
	ORGANIZATIO				S_VARIOUS_	SERVICE	S_RELATI	ED_TO			- - -	
	See Form 990, Pa	ge 2, Part III, t	Line 1 (continued	i)_			- -				. – – .	
	Did the organization		ny significant pro	ogram service	s during the yea	ar which were	e not listed	on the prior				
	Form 990 or 990-E			_						Yes	X	N
	If 'Yes,' describe to								_			
	Did the organization		-	significant cha	nges in how it	conducts, an	y program s	ervices?		Yes	X	N
	If 'Yes,' describe the	_										
4	Describe the exemand 501(c)(4) orga	ipt purpose acr inizations and :	nievements for e section 4947(a)(acn of the org 1) trusts are r	anization's thre equired to repo	e largest pro	gram service t of grants a	es by expens and allocation	es. Seci s to othe	ers, the	total)
	expenses, and rev	enue, if any, fo	or each program	service report	ted.		3					
la	(Code) (Expenses	\$	ınciı	uding grants of	\$) (Revenue	\$		·	
-	FLOAT & DOC				MAINTENAN		MEMBERS		TING			
	YACHTSMEN.					27 2 27 2					:	
												
	- -											
						- -						
						. – – – – -						
						. – – – – -						
						. – – – – -	-					
												
4b	(Code.	_) (Expenses			uding grants of			_) (Revenue	. \$ <u></u>			
	HOUSE COMMI				OF CTORE	HOUSE FA	CIPILIF	S FOR US	R BA			
	MEMBERS AND	VISTIING	3 YACHTSMEI	<u>N - </u>		. – – – – -		-				
		 -		- 								
								. – – – – -				
					_							
	 -		-									
					. 		_ 					
							_ _					
												
4с	(Code:) (Expenses	\$	ınclı	uding grants of	\$) (Revenue	\$			
	JUNIOR ACTI											
								· 				
					-							
							-					
								-				
												
							 	-		 	 	
	Other program se	rvices. (Describ									 	
4 d	Other program se	rvices. (Describ		o.)	\$) (Revenu	e \$				_ _ _ _
			ınclud		\$) (Revenu	e \$				

<u>Par</u>	t IV 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		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations . Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II</i>	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	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			
•	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		,	,
	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			
•	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? If 'Yes,' complete Schedule D, Part X.		, ^,	
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		x
12/	AWas the organization included in consolidated, independent audited financial statement for the tax Yes No			
	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	ļ	X
14 8	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X_
ŧ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		х_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		x
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	17		х
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		х
	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		х
20	Did the organization operate one or more hospitals? If 'Vec' complete Schedule H	20	ı	l x

38

38

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III 22 Х 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* 23 Х **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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25 24a Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a b is the organization aware that it engaged in an excess benefit transaction with a disgualified 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 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete 27 27 X Schedule L. Part III 28 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a Х **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28b Х c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Х 32 32 Х 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 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 34 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, 35 35 Х 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* 36 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37 Х

BAA Form **990** (2009)

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

			Yes	No
1	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the			
	calendar year ending with or within the year covered by this return			
2	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_2b	<u> X</u>	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	х	
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b	X	
4	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	_4a		х
	b If 'Yes,' enter the name of the foreign country:	Ì		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		- <u>·</u>
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7 c		х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			1
	a Did the organization make any taxable distributions under section 4966?	9a		† -
	b Did the organization make any distribution to a donor, donor advisor, or related person?	9b	-	
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12	*	٠	
	b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 64, 925.			
11	Section 501(c)(12) organizations. Enter:		1	
•	a Gross income from other members or shareholders			
	b Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	ction A. Governing Body and Management			
			Yes	No
1 a	a Enter the number of voting members of the governing body 1a 21			
	b Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer, director, trustee or key employee?	other2	-	X
3	Did the organization delegate control over management duties customarily performed by or under the direct super of officers, directors or trustees, or key employees to a management company or other person?	ervision 3		<u> </u>
4	Did the organization make any significant changes to its organizational documents	4		X
	since the prior Form 990 was filed?	ł		
5		5		X
6	•	6	X	
	a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	/a	_	ļ
b	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye the following:	ar by		
а	a The governing body?	8a	Х	
b	b Each committee with authority to act on behalf of the governing body?	86		Х
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at torganization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	he 9		_ x
Sec	ction B. Policies (This Section B requests information about policies not required by the	Internal		
Reve	venue Code)			
			Yes	No
	a Does the organization have local chapters, branches, or affiliates?	10a	 	X
	b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affi and branches to ensure their operations are consistent with those of the organization?	106		
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form	1? 11		X
	ADescribe in Schedule O the process, if any, used by the organization to review this Form 990.		1	T
	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	 	X
	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 t)	
	c Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' descri Schedule O how this is done</i> .	1	:	
	Does the organization have a written whistleblower policy?	13	-	X
	Does the organization have a written document retention and destruction policy?	14	ļ	X
15	5 Did the process for determining compensation of the following persons include a review and approval by indeper persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ident	ļ	
a	a The organization's CEO, Executive Director, or top management official	. 15a	<u> </u>	X
t	b Other officers of key employees of the organization	15t	<u> </u>	X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)	1		
16 a	5a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a entity during the year?	taxable 16a		X
t	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its part in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's estatus with respect to such arrangements?	icipation exempt		
Sec	ction C. Disclosures			
17	List the states with which a copy of this Form 990 is required to be filed -			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) inspection. Indicate how you make these available. Check all that apply.	s only) available	e for pu	olldu
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of intestatements available to the public.	erest policy, and	l financ	cial
20	State the name, physical address, and telephone number of the person who possesses the books and records of	i the organizatio	n:	
1	► WARREN HARTWELL, TREASURER 110 LONG WHARF NEWPORT RI 02840	(401)_	<u>846-</u>	9410

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. 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

K Check this box if the organization did not compensate any current officer, director, or true										
(A)	(B)	(c)				(D)	(E)	(F)		
Name and Title	Average hours		_			hat appl	_	Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	advid al trastee or director	institutional faistee	Officer	Key employee	Highest compensated employee	Furne	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
NORMAN P. BAILEY, SR.										
COMMODORE	0.50	Х		Х	<u> </u>					
JOHN H. ELLIS										
VICE COMMODORE	0.50	Х		X	<u> </u>					_··-
DEBORAH MILLER			İ							
REAR COMMODORE	0.50	Х		Х				-		
EDITH MORIN							ĺ			
SECRETARY	0.50	X	L	Х	-		ļ.,			
WARREN_HARTWELL										
TREASURER	0.50	X		X	_		ļ			
NELSON_R CHAFFEE							ļ			
IMMED. PAST COMMODORE	0.50	X	-		├-		├-			
STEWART ABRAMSON			1							
REGATTA COMMITTEE CHAIR	0.50	X	-		 		-			
JOSEPH SLAWINSKI		١.,								
FINANCE COMMITTE CHAIR	0.50	<u> </u>	┢		┼─		-			
SUSAN BOOTH	0 50	Ų,								
HOUSE COMMITTEE CHAIR	0.50		\vdash	-	-					
G. GORDON STONE	0.50	_V						1		
MEMBERSHIP COMMITTEE CHAIR	0.50		┢		┼─	1	├			
DONALD BERRETT FLOAT & DOCK COMMITTEE CHAIR	0.50									
	0.50	^	╁	\vdash	╁╾		\vdash			
AMINTHA CINOTTI PUBLICITY & PR COMMITTEE CHAIR	0.50	v			ŀ	1				
ALLISON MILLER	0.30				 	<u> </u>				
ENTERTAINMENT COMMITTEE CHAIR	0.50	x			1					
F.J. RITT	1 3.30			\vdash	†					
JR. ACTIVITY COMM. CHAIR	0.50	х								
ROY GUAY				l -	T		T			
OFFSHORE COMMITTEE CHAIR	0.50	x								
WINFRED KELLY				T	1		T			
FROSTBITE COMMITTEE CHAIR	0.50	x								
DAVID MEDEIROS						1	T			
FLEET CAPTAIN	0.50	x					1			

(A)	(B)			(0	c)			(D)	(E)	(F)	
Name and Title	Average	Posi	tion (-	•	hat ap	oply)	Reportable	Reportable	Estimate	ed .
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of a compensa from the organizat and relat organizati	other tion e ion ted
EIL GRAY	 										
MEMBER AT LARGE	0.50	x		ĺ	İ						
JACK GRANT											
EMBER AT LARGE	0.50	х									
AYNE COULOMBR											
MEMBER AT LARGE	0.50	X			<u> </u>			- <u>-</u> -			
. PETER JENCKS	_[j ,								
EMBER AT LARGE	0.50	Х									
	-										
		<u> </u>		_	<u> </u>						
	-			_						<u> </u>	
~	-										
	 			_	\vdash			-			
	1	<u> </u>		_	_						
~	_										
~	-										
~	-				 						
	<u> </u>		l	<u> </u>			•				
1 b Total								<u> </u>	100,000	<u> </u>	<u> </u>
Total number of individuals (including but not limited from the organization	to tnos	e iis	tea a	abov	ve) v	vno	rece	eived more than \$	100,000 in reportat	ne compensa	lion
- November 1		_								Yes	j 1
3 Did the organization list any former officer, director	or truste	a k	ev e	mnl	ove	or د	hial	hest compensated	l employee	,	I
on line 1a? If 'Yes,' complete Schedule J for such in	dividual	,c, r	c , c	pi	oy c	J, UI	· ···g·	nest compensated	Cimployee	3	
4 For any individual listed on line 1a, is the sum of re	portable	com	pen	satio	oņ a	nd c	ther	compensation from	om	*	
the organization and related organizations greater the individual	nan \$150	0,000)? [1	'Ye	es' c	omp	iete	Schedule J for su	ch	4	
5 Did any person listed on line 1a receive or accrue crendered to the organization? If 'Yes,' complete Sch	· ompensa	ation	froi	m ar	ny u	nrela	ated	organization for s	ervices		_
· · · · · · · · · · · · · · · · · · ·	edule J	tor s	uch	per	son					5	:
ection B. Independent Contractors 1 Complete this table for your five highest compensate	ed inden	ende	ent d	conti	racti	ors t	hat	received more tha	n \$100 000 of		
compensation from the organization.	eu muep		5116			JI 3 (ııaı	received more ma			
(A) Name and business addres	ss							(B Description	of Services	(C) Compensat	ion
		_									

Par	t VIII Statement of Revenue	r r			
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
vs	1a Federated campaigns 1a				
ANT	b Membership dues 1b				
S S	c Fundraising events 1 c				
RAI	d Related organizations 1 d				
5 ₹	e Government grants (contributions) 1e 5,500.				
SIS	C dolonimon grand (contraction)				
覧	f All other contributions, gifts, grants, and similar amounts not included above 1f 6,651.				
題と	q Noncash contribus included in lns 1a-1f: \$				
N N	h Total. Add lines 1a-1f	12,151.			İ
"	Business Code	12,152.			
ᆲ	2a MEMBERSHIP DUES & INITIATION FEES 713990	277,920.	277,920.	0.	0.
Ě	b FLOAT & DOCK 713990	324,611.	278,336.	46,275.	0.
<u> </u>	c JUNIOR ACTIVITIES 713990	33,740.	33,740.	0.	0.
8	d OFFSHORE ACTIVITIES 713990	18,035.	3,787.	14,248.	0.
S E	e ENTERTAINMENT COMMITTEE 713990	19,921.	19,921.	0.	0.
3RA	f All other program service revenue	26,827.	21,154.	5,673.	0.
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	g Total. Add lines 2a-2f	701,054.			
	3 Investment income (including dividends, interest and other similar amounts)	15,417.	0.	15,417.	0.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
		-			
	6a Gross Rents .	-		\$	
	b Less. rental expenses	+			
	c Rental income or (loss)			and makes the second	
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory 0.	-			
	b Less: cost or other basis and sales expenses 6, 336. c Gain or (loss) -6, 336.	-	*		
		-6,336.	-6,336.	0.	0.
丽	d Net gain or (loss) 8a Gross income from fundraising events	-0,550.	-0,330.	<u></u>	
OTHER REVENU	of contributions reported on line 1c) See Part IV, line 18 a			,	, ,
Ę	b Less. direct expenses b	-			
6	c Net income or (loss) from fundraising events			man en lagrafijen - me me person en ek	
	9a Gross income from gaming activities. See Part IV, line 19				,
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances a 248,944.				
	b Less: cost of goods sold b 202, 917.			,	
	c Net income or (loss) from sales of inventory	46,027.	35,997.	10,030.	0.
	Miscellaneous Revenue Business Code	<u>.</u>			
	11a				
	b	 			
	c	ļ		-	
	d All other revenue				
	e Total. Add lines 11a-11d			0.7	
	12 Total revenue. See instructions	768,313.	664,519.	91,643.	0.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

					
Do 1 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members .				
5	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	Other salaries and wages .	252,231.	-		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	10,401.			
10	Payroll taxes	28,101.			
11	Fees for services (non-employees)				
a	Management				
Ł	Legal	1,099.			1
(Accounting	3,350.			
	Lobbying .		· · · · · · · · · · · · · · · · · · ·		
	Prof fundraising svcs See Part IV, In 17			· · · · · · · · · · · · · · · · · · ·	
_	Investment management fees				
	Other	21,823.		<u> </u>	
	·	39.		 	
	Advertising and promotion				
13	Office expenses	42,427.			
14	Information technology .	3,253.			
15	Royalties	107.000		·	
16	Occupancy	127,929.			
17	Travel	1,188.	<u> </u>	<u> </u>	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	4,489.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	69,392.			
23	Insurance	46,455.			
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
i	YACHT CLUB EVENTS	34,429.		<u> </u>	
ı	OFFSHORE & OSTAR ACTIVITIES	25,506.			
	SUPPLIES	19,340.			
	EQUIPMENT RENTAL & MAINTENANCE	11,301.			
	UNRELATED BUSINESS INCOME TAXES	2,209.			
	All other expenses	33,810.			
	Total functional expenses. Add lines 1 through 24f	738,772.			
26		,			
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2009)

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		3,125.	1	9,552.
	2	Savings and temporary cash investments		118,595.	2	46,045.
ı	3	Pledges and grants receivable, net			3	
ł	4	Accounts receivable, net .		5,777.	4	5,534.
	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part I	s, trustees, key employees, I of Schedule L		5	
	6	Receivables from other disqualified persons (as define	d under section 4958(f)(1))			
ا ؞		and persons described in section 4958(c)(3)(B) Comp		6		
ASSETS	7	Notes and loans receivable, net			7	
Ĕ	8	Inventories for sale or use .	·	13,759.	8	12,747.
s	9	Prepaid expenses and deferred charges	, ,	20,686.	9	20,234.
	10 a	Land, buildings, and equipment cost or other basis	10a 1,606,299.			
		Complete Part VI of Schedule D		•	-	
1		Less: accumulated depreciation.	10b 945,489.	701,475.	10 c	660,810.
	11	Investments — publicly-traded securities		48,576.	11	108,241.
	12	Investments – other securities See Part IV, line 11			12	
	13	Investments – program-related See Part IV, line 11		· <u></u>	13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
_	16	Total assets Add lines 1 through 15 (must equal line	34)	911,993.	16	863,163.
	17	Accounts payable and accrued expenses	•	79,177.	17	17,279.
	18	Grants payable		18		
	19	Deferred revenue		64,478.	19	55,923.
Ĭ	20	Tax-exempt bond liabilities .			20	
A B	21	Escrow or custodial account liability. Complete Part I		· · · · · · · · · · · · · · · · · · ·	21	
	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified per	stees, key employees, sons Complete Part II	*		
E		of Schedule L			22	
\$	23	Secured mortgages and notes payable to unrelated th	•	70,890.	23	61,565.
		Unsecured notes and loans payable to unrelated third	parties .		24	- -
	25	Other liabilities. Complete Part X of Schedule D		014 545	25	124 767
	26	Total liabilities. Add lines 17 through 25	·	214,545.	26	134,767.
E		Organizations that follow SFAS 117, check here	X and complete lines	*		*
		27 through 29 and lines 33 and 34.		602 440		700 200
S		Unrestricted net assets		697,448.	27	<u>728,</u> 396.
Ī		Temporarily restricted net assets	·	28	· · · · · · · · · · · · · · · · · · ·	
Q R	29	Permanently restricted net assets			29	<u></u>
		Organizations that do not follow SFAS 117, check he	re ► and complete			
FUND	20	lines 30 through 34.			20	A Capacificado -
	30	Capital stock or trust principal, or current funds		30		
Ă	31	Paid-in or capital surplus, or land, building, and equip			31	
Ã	32		or other tunas	607.440	32	700 200
BALAZCES	33	Total net assets or fund balances.	•	697,448.	33	728, 396.
	34	Total liabilities and net assets/fund balances.	<u> </u>	911,993.	34	863,163.

BAA

Form **990** (2009)

BAA Form 990 (2009)

3ь

b if 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **8868** (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury

File a separate application for each return.

internal Revenue	Service The a Separate approach for each retain.	1	
If you are	filing for an Automatic 3-Month Extension, complete only Part I and check this box		▶ x
If you are	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of thi	s form)	_
	lete Part II unless you have already been granted an automatic 3-month extension on a previously f		58
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed)).	
A corporation	required to file Form 990-T and requesting an automatic 6-month extension — check this box and of	complete Part	I only ► □
	orations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to reques		
income tax re	turns		
returns noted the additional Form 990-T	ing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extensibelow (6 months for a corporation required to file Form 990-T). However, you cannot file Form 886 (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more detayway its gov/efile and click on e-file for Charities & Nonprofits	8 electronical a composite o	ly if (1) you want r consolidated
	Name of Exempt Organization	Employer ide	entification number
Type or			
print	NEWPORT YACHT CLUB	05-025	4070
File by the due date for	NEWPORT TACHT CLOB Number, street, and room or suite number. If a P.O. box, see instructions.		
filing your return. See	110 LONG WHARF		
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	NEWPORT	RI	02840
Check type o	f return to be filed (file a separate application for each return)		
X Form 990		1720	
Form 990)-BL Form 990-T (section 401(a) or 408(a) trust) Form 5	5227	
Form 990)-EZ Form 990-T (trust other than above) Form 6	5069	
Form 990		3870	
Telephon If the orga If this is f check this	anization does not have an office or place of business in the United States, check this box for a Group Return, enter the organization's four digit Group Exemption Number (GEN) s box ► ☐ If it is for part of the group, check this box ► ☐ and attach a list with the names		
	sion will cover. st an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time		
	Aug 16 _ , 20 10 , to file the exempt organization return for the organization named above		
	lension is for the organization's return for.		
► 🗓	calendar year 20 09 or		
▶ 📋	tax year beginning, 20, and ending, 20		
2 If this to	ax year is for less than 12 months, check reason	Change in a	accounting period
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any undable credits. See instructions	3a \$	0.
b If this a made	application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments include any prior year overpayment allowed as a credit	3b \$	0.
deposit	te Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, the with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). structions	3c \$	0.
Caution. If yo	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Formula for the second secon	rm 8879-EO	for
BAA For Pri	ivacy Act and Paperwork Reduction Act Notice, see Instructions.	For	m 8868 (Rev. 4-2009

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions

OMB No 1545-0047

Open to Public Inspection Employer Identification number

NEV	WPORT YACHT CLUB		05-0254070
Pa	· · · · · · · · · · · · · · · · · · ·	Advised Funds or Other Simila	r Funds or Accounts Complete if
	the organization answered 'Yes' to	o Form 990, Part IV, line 6.	, , , , , , , , , , , , , , , , , , ,
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5		or advisors in writing that the assets held	l in donor advised
6	Did the organization inform all grantees, donor used only for charitable purposes and not for the purpose conferring impermissible private benefits.	s, and donor advisors in writing that gran	nt funds may be
Pa	rt II Conservation Easements Comple	ete if the organization answered	'Yes' to Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e.g., re		vation of an historically important land area
	Protection of natural habitat	· • • • • • • • • • • • • • • • • • • •	vation of certified historic structure
	Preservation of open space		
2		n held a qualified conservation contributi	on in the form of a conservation easement on the
			Held at the End of the Year
	a Total number of conservation easements		2a
	b Total acreage restricted by conservation easen	nents	2b
	Number of conservation easements on a certification	ed historic structure included in (a)	2c
	d Number of conservation easements included in	(c) acquired after 8/17/06	2d
3	Number of conservation easements modified, t	ransferred, released, extinguished, or ter	minated by the organization during the tax
	vear ►	,	
4	Number of states where property subject to cor	nservation easement is located >	
5	Does the organization have a written policy regard enforcement of the conservation easemen	parding the periodic monitoring, inspection to the holds?	n, handling of violations,
6	Staff and volunteer hours devoted to monitorin during the year ►	g, inspecting, and enforcing conservation	
7	Amount of expenses incurred in monitoring, induring the year ►	specting, and enforcing conservation eas	ements \$
8	Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements	of section Yes No
9	In Part XIV, describe how the organization repinclude, if applicable, the text of the footnote to conservation easements.	orts conservation easements in its revent to the organization's financial statements	ue and expense statement, and balance sheet, and that describes the organization's accounting for
Pā	rt III Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasur wered 'Yes' to Form 990, Part IV	res, or Other Similar Assets /, line 8.
1	a If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial statemen	ic exhibition, education, or research in fu	latement and balance sheet works of art, historical rtherance of public service, provide, in Part XIV,
	amounts relating to these items	ic exhibition, education, or research in fu	rtherance of public service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1	⊳ \$ ▶\$
	(ii) Assets included in Form 990, Part X		, > \$
2	If the organization received or held works of ar amounts required to be reported under SFAS 1	t, historical treasures, or other similar as 16 relating to these items:	sets for financial gain, provide the following
	a Revenues included in Form 990, Part VIII, line	1	▶ \$
	b Assets included in Form 990, Part X		. ▶\$

Schedule D (Form 990) 2009 NEWPORT			wieel Transcrives or	05-025		Page :
Part III Organizations Maintainin				_		
3 Using the organization's acquisition ac items (check all that apply):	ccession and c	_		t are a significant use o	of its collec	tion
a Public exhibition		d Loan o	or exchange programs			
b Scholarly research		e 💹 Other				
c Preservation for future generation						
4 Provide a description of the organization Part XIV.					ın	
5 During the year, did the organization s assets to be sold to raise funds rather	solicit or receive than to be ma	re donations of art, aintained as part of	historical treasures, or of the organization's collection	other similar ction?	Yes	No
Part IV Escrow and Custodial Ar 9, or reported an amount	rangement	s Complete if o	rganization answer		90, Part	IV, line
1 a Is the organization an agent, trustee, included on Form 990, Part X?	custodian, or o	other intermediary fo	or contributions or other	assets not	Yes	No
b If 'Yes,' explain the arrangement in Pa						
-					Amount	
c Beginning balance	•			. 1c		
d Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance	•			1f		
2a Did the organization include an amoun	nt on Form 99	0, Part X, line 21?			Yes	☐ No
b If 'Yes,' explain the arrangement in Pa				<u></u>		
Part V Endowment Funds Compl	ete if orgar	uzation answere	ed 'Yes' to Form 99	<u>0, Part IV, line 10.</u>	,	
<u> </u>	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Fou	r years back
1 a Beginning of year balance						1 ,
b Contributions						
c Net Investment earnings, gains, and losses						
d Grants or scholarships .						
Other expenditures for facilities and programs			() × #	*		<u> </u>
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage of t	2 Provide the estimated percentage of the year end balance held as:					
a Board designated or quasi-endowmen	it >	 &				
b Permanent endowment ▶	%					
c Term endowment ► %						
3a Are there endowment funds not in the possession of the organization that are held and administered for the 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 required on Sch	edule R? .		3b	
4 Describe in Part XIV the intended use						
Part VI Investments-Land, Buildings, and Equipment. See Form 990, Part X, line 10.						
Description of investment	(a) (Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Boo	ok Value
1a Land .						 -
b Buildings .						
c Leasehold improvements			653,303.	359,962.	2	293 <u>,341</u>
d Equipment			142,822.	108,424.		34,398
e Other			810,174.	477,103.		333 <u>,071</u>
Total. Add lines 1a through 1e (Column (d)	must equal Fe	orm 990, Part X, co	lumn (B), line 10(c))	<u>.</u> ►		560,810
BAA		-		Sche	dule D (For	m 990) 200

Part VII	Investments-Other Securities See	Form 990, Part X, line 1	12	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	non set value
Financial (derivatives			
Closely-he	eld equity interests .			
Other	· ·			
	ımn (b) must equal Form 990 Part X, col. (B) line 12.) 🕒			
Part VII	I Investments-Program Related (Se	e Form 990, Part X, line	: 13)	
	(a) Description of investment type	(b) Book value	(c) Method of valuat	tion
			Cost or end-of-year mark	ket value
				
				
Total (Colum	mn (h) must equal Form 990 Part X. Col. (B) line 13.)			4, 14
Part IY	mn (b) must equal Form 990, Part X, Col (B) line 13.) Other Assets (See Form 990, Part X			
I UIT IN		Description		(b) Book value
		Description		(B) Book Value
· · · · · · · · · · · · · · · · · · ·				
	· · · · · · · · · · · · · · · · · · ·			
				
Total. (Co	olumn (b) must equal Form 990, Part X, col (B),	line 15)	▶ .	· · · · · · · · · · · · · · · · · · ·
	Other Liabilities (See Form 990, Pa			
<u> </u>	(a) Description of Liability	(b) Amount		, ,
Federal In	acome Taxes		1	***
			1	,
				,
				,
				- ×
			7	
			7	<u>*</u>
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 25)			
2. FIN 48	Footnote. In Part XIV, provide the text of the foo ain tax positions under FIN 48.	otnote to the organization's fin-	ancial statements that reports the or	ganızatıon's lıabılıty

05-0254070

Page 3

Schedule D (Form 990) 2009 NEWPORT YACHT CLUB

Sche	dute D (Form 990) 2009 NEWPORT YACHT CLUB	_05	-0254070 Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to Fina	ancial Statements	
1	Total revenue (Form 990, Part VIII,column (A), line 12) .		
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities .		
6	Investment expenses .		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9	
Par	t XII Reconciliation of Revenue per Audited Financial Statements		eturn
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		2
а	Net unrealized gains on investments	2a	
		2 b	
	Recoveries of prior year grants	2 c	
	· · · · · · · · · · · · · · · · · · ·	2 d	
	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.		
		4a	3
		4 b	
	Add lines 4a and 4b		4c
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
	t XIII Reconciliation of Expenses per Audited Financial Statements	With Expenses per	Return
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		
ā	1	2 a	sa z
ł	Prior year adjustments .	2 b	ery e
		2 c	
		2 d	
	Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		98.83
		4a	·
	· · · · · · · · · · · · · · · · · · ·	4 b	
	Add lines 4a and 4b		4c
	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18)		5
	XIV Supplemental Information		· · · · · · · · · · · · · · · · · · ·
line -	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4 mation	, lines 1a and 4; Part IV, li b Also complete this part	nes 1b and 2b; Part V, to provide any additional
		~	
			
BAA	TEEA3304 02/02/10		Schedule D (Form 990) 2009

BAA

Schedule D (Form 990) 2009 NEW PORT TACHT CLUB	05-0254070	Page 5
Part XIV Supplemental Information (continued)		
		
		
		
	. _	
	. 	
		. -
		- -
	· -	. – – – –
	. 	

TEEA3305 07/10/09

BAA

Schedule **D** (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

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

> Attach to Form 990.

Name of the organization NEWPORT YACHT CLUB	Employer identification number 05-0254070
Pt VI-A, Line 6 THERE ARE THREE CLASSES OF MEMBERSHIP - VOTING,	
JUNIOR MEMBERSHIPS.	
Pt VI-A, Line 7a VOTING MEMBERS ELECT A "NOMINATING COMMITTEE" C	ONSISTING
OF FIVE VOTING MEMBERS. THIS COMMITTEE PUTS FO	
SLATE OF OFFICERS AND THREE MEMBERS FOR THE STA	
COMMITTEES. AT THE OCTOBER MEETING, ALL UNCONT	
MEMBERS ON THE SLATE BECOME OFFICERS OR COMMITT	
ADDITIONALLY, FOUR "MEMBERS AT LARGE" ARE DIRECT	
ELECTED BY THE VOTING MEMBERS ATTENDING THE OCT	
THE BOARD OF DIRECTORS IS COMPRISED OF THE OFFI	
THE MEMBERS AT LARGE AND ONE MEMBER OF EACH STA	
WHO HAS BEEN CHOSEN BY THE COMMODORE TO BE THE	CHAIRPERSON
OF THE COMMITTEE.	
Pt_VI-A, Line 7b ALL DECISIONS RELATING TO THE MANAGEMENT OF THE	
MADE BY THE BOARD OF DIRECTORS, WITH THE EXCEPT	
ANNUAL BUDGET WHICH IS PREPARED BY THE BOARD AN	
FOR APPROVAL, OR MODIFICATION, TO THE VOTING ME	MBERS
AT THE DECEMBER MEETING, EXCEPT AS MAY BE GOVER	NED BY
ROBERTS RULES.	
Pt VI-A, Line 8b THERE IS CURRENTLY NO REQUIREMENT FOR DOCUMENTA	TION OF
COMMITTEE MEEETINGS; HOWEVER, ALL COMMITTEE DEC	CISIONS
ARE BROUGHT TO THE BOARD FOR BOARD APPROVAL.	
Pt_VI-B, Line 11A THE TREASURER AND MEMBERS OF THE FINANCE COMMIT	TEE REVIEW
A_DRAFT_OF_THE_FORM_990_AND_FORM_990-T_FOR_THEI	R_APPROVAL
AND/OR MODIFICATION BEFORE COMPLETION AND FILIN	ig.
Pt VI-C, Line 19 GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL ST	CATEMENTS

Name of the organization		Page 2 Employer identification number
NEWPORT YACHT CLUB		05-0254070
ARE_MADE_AVAILAE	BLE TO THE PUBLIC UPON REQUE	ST AFTER
BOARD APPROVAL.		
Pt XI, Line 2c THE FINANCE COMM	WITTEE SELECTS AN INDEPENDEN	VI ACCOUNTANT
AND ASSUMES REPO	ONSIBILITY FOR OVERSIGHT OF	ALL ACCOUNTING
SERVICES_PROVIDE	ED	
	~	
	~	
	~	
		~~~~~~~~~