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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 black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

2009

OMB No. 1545-1150

Department of the Tressury Internal Revenue Service

SCANNED DEC. 0.7 2010

Open to Public Inspection

A	For the	2009 calend	ar year,	or tax year beginning	, 2009, a	and (ending			, 20			
B	Check if applicable:		Please use IRS	C Name of organization				D Emple	yer i	dentification number			
	Address o			Gulf Yachting Association Foundation						631091730			
	Name ch	ange	label or print or	Number and street (or P.O. box, if mail is not delivered to a	treet address)	Roo	m/suite	E Telepi					
Ø	Initial retu	sturn type. See 4411 Park Road Specific Committee Commit							251-471-6373				
닏	Terminate												
H			instruc- tions.	Mobile, AL 36605				F Group Exemption					
브		on pending	L					Num	_				
	• Sec	tion 501(c)(3)		ations and 4947(a)(1) nonexempt charitable trusts	must attach			_		: 🗹 Cash 🗌 Accrual			
			a cor	npleted Schedule A (Form 990 or 990-EZ).		_4	Other	(specify)	<u> </u>				
							H Check	: ▶ 🔲 i	fthe	organization is not			
-	Website: ► WWW.GYA.ORG required to attact to a status (check only one) — \$\overline{V}\$ 501(c) (3) \$\rightarrow\$ (insert no) \$\overline{A}\$ 4947(a)(1) or \$\overline{D}\$ 527 990-EZ, or 990-									ichedule B (Form 990,			
<u>J</u>	rax-exe	empt status (Z, or 990	990-PF).									
K	Check I	▶ 🔲 ifth	e organi	zation is not a section 509(a)(3) supporting organization	n and its gross	s rece	ipts are n	ormally r	nat m	ore than \$25,000. A			
	Form 9	90-EZ or Form	n 990 rei	turn is not required, but if the organization chooses to	o file a return,	be su	ure to file	a comple	ete re	eturn.			
				9 to determine gross receipts; if \$500,000 or more, file I						<u></u>			
	art I			enses, and Changes in Net Assets or Fu					tion	s for Part I.)			
	1			s, grants, and similar amounts received					1	11517			
	2		-	evenue including government fees and contrac					2	•			
	3	_	Membership dues and assessments							2475.00			
	4	Investment	-			•	• • •	`	3	2415.00			
	5a			m sale of assets other than inventory	. 5a			}					
	Ь				—								
9	C				· -				<u>.</u>				
				o sale of assets other than inventory (Subtract II wities (complete applicable parts of Schedule G). If any amo				l	5c				
Ĕ					•	ınıy, cı	NECK NETE I						
Revenue	8			t including \$ of contribu	, ,			1	•				
	1 -	reported or	•	· · · · · · · · · · · · · · · · · · ·					-				
	þ		-	ses other than fundraising expenses									
	C			s) from special events and activities (Subtract I	1 1	ine 6	ia)	· ·	<u>6c</u>				
	7a	The state of the s											
	b	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)							 				
	C								<u>7c</u>				
	8	Other reve	•	,	8								
_	9			id lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			<u> </u>	→	9_	13997			
	10	Grants and similar amounts paid (attach schedule) Benefits paid to or for members							10 11	8578,50			
	11	Salaries, other compensation, and employee benefits											
9,	12												
Ë	13	Profession	al fees	and other payments to independent contractor	ร พถง 1 🕯	1.20	10.		13				
Expenses	14	Occupancy	y, rent, i	utilities, and maintenance		•		烮 · 卜	14				
w	1.5	Printing, pu		.1. 1	15								
	16	Other expenses (describe > OGDEN, UT)							16				
	17			Add lines 10 through 16					17	8518,50			
鸅	18			for the year (Subtract line 17 from line 9)					18	5413.50			
9	19			balances at beginning of year (from line 27,					~	4 5 6			
4		-	_	reported on prior year's return)				<u>ا</u>	19	92346.80			
Net Assets	20		-	net assets or fund balances (attach explanation	•			<u>L</u>	20				
	21			balances at end of year. Combine lines 18 thro			<u> </u>	. 🕨	21				
P	art II	Balance	Shee	ts. If Total assets on line 25, column (B) are \$1,	,250,000 or n	nore				- · · · · · · · · · · · · · · · · · · ·			
				(See the instructions for Part II.)			(A) Beg	inning of y	_	(B) End of year			
22		_		vestments				92,34	6.80				
23		ind and build	•							23			
24		her assets (c				_)				24			
25		,					L	92,34	6.80	25 44379.53 N			
26	To	tal liabilitie:	B (desc i	ibe ▶		_)	L			26			
27	Ne	et assets or	fund b	elances (line 27 of column (B) must agree with	line 21) .			92,34	6.80	21 8 F 379 17 3N			
_				D. 4 41 4 44. 44. 44. 44. 45. 4 41.						- 000 FT			

Form 990-EZ (2009)					Page 2
Part III Statement of Program Service Accom	plishments (See the instr	uctions for Part II	1.)		Expenses
What is the organization's primary exempt purpose?	to promote community	SAILING			tired for section
Describe what was achieved in carrying out the org)(3) and 501(c)(4)			
manner, describe the services provided, the number of		ezations and section a)(1) trusts; optional			
each program title.				for ot	
28 GOVERONT PAGHT CLUB	TO PURCH	2 2 E			
BOAT + EQUIPMENT	FORDINION	SAILING		. 1	
RO STUDENTS			*	1	•
(Grants \$ GGD 00) If this amount	includes foreign grants, ch	eck here	▶ [7]	28a	990.00
29 JUNIOR CHAMPIONSITY P					
16 DOCTO COMME	FC3 121 (M 4 1 201-	1.56.6			
16 PARTICIPANT					0.5
(Grants \$ 353.00) If this amount	includes foreign grants, ch	ook horo		29a	00. OSE
				200	
					14
REGISTATION FOR				1 1	450,00
(Grants \$ 450,00) If this amount					
	includes foreign grants, ch	eck nere	. ▶⊔	30a	
31 Other program services (attech schedule)					6788.50
(Grants \$ 100 88.50) If this amount	includes foreign grants, ch	eck here	. ▶ 🗓	312	0 2 2
32 Total program service expenses (add lines 28a	nrough 31a)	· · · · · · · ·	•	32	8510.1
Part IV List of Officers, Directors, Trustees, and Key					
(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contributio employee benefit		(e) Expense account and
	devoted to position	enter -0)	deferred compe		other allowances
Sam Foreman, 3145 Hyde Park Place, Pensacola, FL.	President/2 hours				
32503	11031001102110013	-0-		-0-	-0-
Chris Luppens, 2608-B Nantucket Drive, Houston, TX.	Vice President/2 hours			j	
77057	VICE Presidents nours	-0-		-0-	-0-
Janet Miller-Schmidt, 2777 Lakeshore Drive, Mandeville,	6				
LA. 70448	Secretary/2 hours	-0-		-0-	-0-
Ken Kleinschrodt, 4411 Park Road, Mobile, AL. 36605					
	Treasurer/5 hours	-0-		-0-	-0-
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Part	Other Information (Note the statement requirements in the instructions for Part V.)						
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed		Yes	No			
34	description of each activity	33		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
35	the changes	34		-			
8	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section	ست	<u>ئ</u> . ــ				
	6033(e) notice, reporting, and proxy tax requirements?	35e		1			
36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b 36		1			
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	نگ	2.1.2				
38a							
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38a	T.				
39	Section 501(c)(7) organizations. Enter:	10.5	را المائدة الم المائدة المائدة				
a b	Initiation fees and capital contributions included on line 9			1,7			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4915 ▶	13.00 m					
b							
	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	40b		✓			
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958						
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	The state of the s					
0	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	40e					
41	List the states with which a copy of this return is filed. ▶ n/a						
42a	The organization's books are in care of ▶ Ken Kleinschrodt Telephone no. ▶	251-47		3			
b	Located at 4411 Park Road, Mobile, AL 36605 ZIP + 4	36605					
U	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		Yes	No			
	account)?	42b		1			
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	an refer	ا معالی استان استان استان استان است	1, 1382 5.4			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		1			
43	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		. 1	▶□			
			Yes	No			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44					
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	,	1			
	Fo	m 99 0)-EZ	(2009)			

Part VI

Part \		Section 501(c)(3) organizations and complete the table	enizations and s and section 494 as for lines 50 an	section 4947(a) 17(a)(1) nonexent ad 51.	(1) nonexen	npt charit le trusts m	table trusts only. An aust answer question	VI sec	tion 6–491	b		
46	Did t	he organization engage i	n direct or indirect	political campaig	n activities o	n behalf of	f or in opposition to		Yes	No		
	cand	Idates for public office? If	"Yes," complete !	Schedule C, Part I				46		7		
		ne organization engage in						47		1		
		organization a school as						48		1		
		ne organization make any			ole related or	ganization'	7	49a		1		
		s," was the related organ						49b		<u> </u>		
50	Com- empl	plete this table for the orgovers) who each received	ganization's five high dimore than \$100,0	ghest compensate 000 of compensat	ed employees ion from the	s (other tha organizatio	an officers, directors, on. If there is none, er	truste iter "N	es an lone."	d key		
		me and address of each employ than \$100,000		(b) Title and ave hours per we devoted to pos	rage (c)	Compensation		(6)	Expension allows	ise and		
NONE									<u> </u>			
								 				
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		number of other employe				NONE		<u> </u>				
	\$100	olete this table for the or ,000 of compensation fro	om the organization	n. If there is none,	enter "None.							
NONE	-	(a) Name and address of each in	ndependent contractor	paid more than \$100,0	00	(D)	Type of service	(c) Co	npensa	TION		
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						<u> </u>						
d `	Total	number of other indepen	dent contractors e	ach receiving ove	r \$100,000	▶ <u></u>	None					
		Under penalties of perjury, I dec and belief, it is true, correct, and	lare that I have examine complete. Declaration	d this return, including of preparer (other than	accompanying s officer) is based	schedules and on all informa	statements, and to the be tion of which preparer has	any kno	knowledge	edge e ———		
Sign Here		Kaghle	00			11-9-10						
		Signature of officer Ken Kleinschrodt/Trea	ritrop				Date					
		Type or print name and title					···					
Paid		Preparer's signature			Date	Check if self- employed	Preparer's identifying nu	mber (Se	e instruc	tons)		
Prepare		Firm's name (or					EIN >					
Use Onl		yours if self-employed), address, and ZIP + 4					Phone no ▶					
May the	e IRS	discuss this return with the	ne preparer shown	above? See instr	uctions .	<u>· · · · · · · · · · · · · · · · · · · </u>		Yes		No (2009)		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate Instructions. Inspection

OMB No. 1545-0047 20**0**5 Open to Public

Internal Revenue Service Name of the organization

Employer identification number **GULF YACHTING ASSOCIATION FOUNDATION** 63 1091730 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.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3 % 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% % 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry cut 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 that describes the type of supporting organization and complete lines 11e through 11h a ∐ Type I b Type II c Type III-Functionally integrated d Type III-Other e D By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? M A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? |11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . Provide the following Information about the supported organization(s). (i) Name of supported an ein (iii) Type of organization (iv) is the organization (v) Did you notify (vi) is the (viii) Amount of (described on lines 1-9 the organization in organization in col. above or IRC section governing document? col. (i) of your (i) organized in the (see instructions)) support? 1157 Yes No Yes

Total

Pa	Support Schedule for Org (Complete only if you chec	janizations l ked the box	Described in on line 5, 7,	Sections 17 or 8 of Part I.	0(b)(1)(A)(iv) .)	and 170(b)(1	!)(A)(vi)
	tion A. Public Support			·····			
Ca	slendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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 tine 4.		1				
	tion B. Total Support	1.1.0005	710000	4 3 0007	(5 0000		(a =
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 IV.)						
11	Total support. Add lines 7 through 10 .	والمعامد المستعادي المستعادي	Part at at the	13474 12 July 1	- 130 (A. 140)	N. 3. P. Fee 38	
12 13	Gross receipts from related activities, etc First five years. If the Form 990 is for organization, check this box and stop he	the organization	on's first, secon		, or fifth tax y	ear as a section	n 501(c)(3)
Sec	tion C. Computation of Public Su		ntage				
14	Public support percentage for 2009 (line	6, column (f) di	ivided by line 1	1, column (f))		14	%
15	Public support percentage from 2008 Sch	hedule A. Part	II, line 14			15	%
16a	33%% support test-2009. If the organizand stop here. The organization qualifies	zation did not o	check the box o				
Þ	331/3 % support test-2008. If the organic	zation did not o	check a box on	line 13 or 16a,	and line 15 is	331/3 % or more,	check this
	box and stop here. The organization qua	lifies as a publ	licly supported	organization .			▶ □
17a	10%-facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and a more test - 20 more, and a more test - 20 more test - 20 more, and a more test - 20 more te	acts-and-circur	mstances" test,	check this box	and stop here.	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test-2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circum inces" test. The	nstances" test, o organization qua	check this box a alifies as a public	ind stop here. Ty supported on	Explain in Part ganization	N how the

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.)

Sec	tion A. Public Support				 -				
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	1 4-	2000	48 Tot	
_	- miner you (or inour your modulately by	(4) 2000	(10) 2000	(C) 2007	(0) 2008	(0)	2009	(f) Tot	<u>a</u>
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,775	41,944	29,934	15,936	13	99 Z	112	ςγ
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			20,007	75,550			7	
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	10,775	41,944	29,934	15,936	13	992	1125	-81
78	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.)					ADT 5 TV	الترثق سيتعطي	1172	81
Sec	tion B. Total Support								
Ca	ilendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Tota	a)
9	Amounts from line 6	10,775	41,944	29,934	15,936	3	192	1125	81
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	811							811
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 carned on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)	11,586	41,944	29,934	15,936			1133	
14	First five years. If the Form 990 is for to organization, check this box and stop to	here	<u> </u>	d, third, fourth				n 501(c)(3) ▶ □
Sec	tion C. Computation of Public Sup	port Percen	tage						
15 16	Public support percentage for 2009 (line Public support percentage from 2008 S			e 13, column (f)) 	15 16			<u>%</u> %
Sec	tion D. Computation of Investmen								
17									<u>%</u>
18 19a							an 3314 (% and li-	
	17 is not more than 33% %, check this be 33% % support tests—2008. If the organiline 18 is not more than 33% %, check this	ox and st <mark>op he</mark> ization did not c	re. The organia sheck a box on	zation qualifies line 14 or line 1	as a publicly s 19a, and line 10	iuppoi 3 is me	ted orga	nization 33%%, ar	►□ nd _
20	Private foundation. If the organization		-						

Schedule A (Form 990 or 990-EZ) 2009 Page									Page 4
Part IV		formation. 17b; and	Complete to Part III, line	his part to 12. Provide	provide the any other	e explanati r additional	ons required information.	by Part II, lin See instructi	ne 10; ions.
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