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Form 990-EZ

Department of the Treasury Internal Revenue Service 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

OMB No 1545-1150

2010

Open to Public Inspection

A	For the	e 2010 calendar year, or tax year beginning <u>January 1</u> , 2010, and endin	g D	ecembe	r 31 , 20 10
В	Check if a	applicable C Name of organization	D En	nployer id	entification number
Ø	Address	3	8-1230427		
닏	Name cha	lephone n	umber		
=	Initial retu	1320 Big Bass Drive	ı	72	7-942-7969
=	Terminate	City or town, state or country, and ZIP + 4	F G	roup Exe	mntion
=	Amended Application	on pending Tarpon Springs, FL 34689		umber I	•
_		nting Method Cash			f the organization is no
	Websit				-
			•		ach Schedule B D-EZ, or 990-PF).
			_ <u> </u>		
	Check •	► ☐ If the organization is not a section 509(a)(3) supporting organization and its gross receipts a 190-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see inspection). ■ The organization is not required though Form 990-N (e-postcard) may be required (see inspection). ■ The organization is not a section 509(a)(3) supporting organization and its gross receipts a continuous continuous. ■ The organization is not a section 509(a)(3) supporting organization and its gross receipts a continuous continuous. ■ The organization is not a section 509(a)(3) supporting organization and its gross receipts a continuous co			
		i return, be sure to file a complete return	uructions)	BULILI	ne organization chooses
			esta (Dari	11	
		s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	seis (Part	11,	116070
		lumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		\$	
Р	art I				
	,	Check if the organization used Schedule O to respond to any question in this Pa	<u>rt I</u>		<u>· · · · · · · · · · · · · · · · · · · </u>
	1	Contributions, gifts, grants, and similar amounts received		1	13088
	2	Program service revenue including government fees and contracts		2	35012
	3	Membership dues and assessments		3	54507
	4	Investment income		4	4016
	5a	Gross amount from sale of assets other than inventory 5a		11.5	
	b	Less: cost or other basis and sales expenses		71	
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) .	5c		
	6	Gaming and fundraising events	7.47		
	а	Gross income from gaming (attach Schedule G if greater than			
e		\$15,000)		']	
Revenue	b	Gross income from fundraising events (not including \$ of contribut	ions	۱. ۱	
ě		from fundraising events reported on line 1) (attach Schedule G if the			
4		sum of such gross income and contributions exceeds \$15,000) . 6b		1	
	С	Less: direct expenses from gaming and fundraising events . 6c		-	
	d	Net income or (loss) from gaming and thirdraising events (add lines 6a and 6b and	subtract	7, 5, 5	
	-	line 6c) RECEIVED	0000000	6d	
	7a		944		
	b	least and a sold	530	441	
	1	Less: cost of goods sold SEP 2 6 2011 76 To Gross profit or (loss) from sales of inventory (Subtract line 701 from line 7a)	330		4120
	C			7c	4138
	8	Other revenue (describe in Schedule 9) GDE and 8 JT		8	440704
_	ļ <u>-</u>				110761
	10	Grants and similar amounts paid (list in Schedule O)		10	5760
	11	Benefits paid to or for members		11	
Ses	12	Salaries, other compensation, and employee benefits		-12	
Expenses	13	Professional fees and other payments to independent contractors		13	56417
χ	14	Occupancy, rent, utilities, and maintenance		14	
ш	15	Printing, publications, postage, and shipping		15	9440
	16	Other expenses (describe in Schedule O)		16	25815
	17	Total expenses. Add lines 10 through 16	▶	17	97432
છ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	13329
Sei	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must ag	ree with	: 2	
Net Assets		end-of-year figure reported on prior year's return)		19	268946
et	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20	. <u>.</u> •	21	282275

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2010)

(2010) VYP

Pa	Balance Sheets. (see the instructions Check if the organization used Schedul	s for Part II.) e O to respond to any que	stion in this	Part I	II		(7
	Olioskii alo olganization abod bonedar	o o to respond to any que	3007 117 11113		ginning of year		
22	Cash, savings, and investments				242572	 	274503
23	Land and buildings		· · · · · · · · · · · · · · · · · · ·			23	2,4000
24	Other assets (describe in Schedule O)				27119	 -	15452
25	Total assets				269691		289955
26	Total liabilities (describe in Schedule O)				745	1	7680
27	Net assets or fund balances (line 27 of colum	n (B) must agree with line 2	1) .		268946		282275
Par	t III Statement of Program Service Accon	nplishments (see the instr	uctions for I	Part II	1.)		Expenses
	Check if the organization used Schedule	e O to respond to any que	stion in this	Part I	III . 🖂		uired for section
Wha	is the organization's primary exempt purpose?	Promote the sport of sailing	3			1 '	c)(3) and 501(c)(4) nizations and section
Desc	ribe what was achieved in carrying out the organization	n's exempt purposes. In a clea	r and concise	e manr	ner, describe	, ,	(a)(1) trusts; optional
the s	ervices provided, the number of persons benefited, and	other relevant information for	each program	title.		for of	hers.)
28	To serve membership thru competitive events						
		t includes foreign grants, ch				28a	10161
29	To inform membership of regatta news, report on fl	eets thru a monthly newslette	r, website an	d anni	ual		
	yearbook						
		t includes foreign grants, ch	eck here .		. ▶ 📙	29a	71728
30	Promote youth sailing to foster the spirit of sailing						
	•						
	(Grants \$) If this amount	t not idea faraga aronto ab	ook boro			30a	5760
31	Other program services (describe in Schedule O)	t includes foreign grants, ch				Sua	3760
٥.	, ,	t includes foreign grants, ch				31a	
32	Total program service expenses (add lines 28a	through 31a)	CONTINUE .	<u> </u>		32	87649
Par						-	
	Check if the organization used Schedule						
	(a) Name and address	(b) Title and average hours per week	(c) Compens		(d) Contribution		(e) Expense
	(a) Name and address	devoted to position	(If not pai enter -0-		employee benefit p deferred compen		account and other allowances
	rt Ruhlman	President, 5 hrs per week					
	big bass prive	Trouble of the partition	<u> </u>	0		0	0
Tarp	on Springs, FL 34689	-					
	Faus	Secretary, 2 hrs per week		_			_
	Big Bass Drive			0		0	0
rarp	on Springs, FL 34689	-					
Victo	r Lobos						
	Big Bass Drive	Treasurer, 2 hrs per week		0		o	0
	on Springs, FL 34689						
		1					
Laur) Jeffers		-				
	Big Bass Drive	Exec Sec, 40 hrs per week	1(0,025.		o	0
	on Springs, FL 34689		-	•		-	
		1					
-			·				
		1					
						l	
						-	_

Part	Other Information (Note the 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 activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
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)	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		25	
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	2 2	1
ъ 36	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b 36		√
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	7,6	<u>,</u> , ,	25
b	Did the organization file Form 1120-POL for this year?	37b		1
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?	38a	À.	\
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			2013 C
39	Section 501(c)(7) organizations Enter:			1000
a b	Initiation fees and capital contributions included on line 9	7	V. = 2.7	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	2.7		
	section 4911 ► , section 4912 ► ; section 4955 ►	 ئ تىدىرا		ბენეთ. ზ ზე
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	4 - J. C.		
_	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	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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			想。
е	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	5	* √
41	List the states with which a copy of this return is filed ▶			
42 a	Total	727-94	2-7969)
	Located at ► 1528 Big Bass Drive, Tarpon Springs, FL ZIP + 4 ►	346	89	
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	1	Yes	No
	account)?	42b	. 55	
	If "Yes," enter the name of the foreign country: ▶	- ÷.		<u>., ~</u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			数 数 形
	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c		✓
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. •	► □
		r	· · · · · · · · · · · · · · · · · · ·	
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
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		,	<u>√</u> √
d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d	(১৯৯)	√

Р	age 4
es	No
	✓
	1
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E	√
on 49l)
es	No
	✓_
_	✓_
	
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pen nt a owa	se nd nces

Form	990-EZ	(2010)
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							Yes	No
45	Is an	y related organization a controlled entity of	the organization within the	meaning of section	n 512(b)(13)?	45		1
а		the organization receive any payment from o		•	entity within the		72772	36
_	mea	ning of section 512(b)(13)? If "Yes," Form	990 and Schedule R may	need to be comm	pleted instead of	7 7 3		
		1 990-EZ (see instructions)	ood and deficedic it may	need to be comp	neteu mateau or		2:475	السلامية
		,				45a	71.VE.	₩ JELE
46		the organization engage, directly or indirectly					15	
	to c	andidates for public office? If "Yes," comple	te Schedule C, Part I			46		✓
Part	VI	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and 52, and complete the tables for line Check if the organization used Schedule	7(a)(1) nonexempt charies 50 and 51.	table trusts mus	t answer question	II sec ons 47	tion 7–49l	.
							Yes	No
47	Did t	he organization engage in lobbying activities	s? If "Yes " complete Sche	dule C. Part II		47		7
48		e organization a school as described in section			<i>.</i>	48		
						 		V
49a		he organization make any transfers to an ex	=	d organization?.		49a		
		es," was the related organization a section 5	•			49b		
50		plete this table for the organization's five his						
	empl	oyees) who each received more than \$100,0	000 of compensation from		there is none, en	ter "N	one."	
	(a) Na	ame and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	àcc	Expensount a allowa	nd
NONE			devoted to position			Other	anowa	
				-				
51	Com	number of other employees paid over \$100 plete this table for the organization's five h,000 of compensation from the organization (a) Name and address of each independent contractor p	ighest compensated inde i. If there is none, enter "No	one."		eived i		
NONE				(-) (-)		10, 000		
HOILE								
	·							
		· · · · · · · · · · · · · · · · · · ·						
ď	Total	number of other independent contractors of	ach recovered over \$100.00	<u> </u>				
		number of other independent contractors ea	——————————————————————————————————————					
		ne organization complete Schedule A? Note	· / · / •	nizations and 494/				
	none:	xempt charitable trusts must attach a compl	eted Schedule A	 	· · · • 🗸	Yes	<u> </u>	lo
Under pe	nalties	of perjury, I declare that I have examined this return, incl	uding accompanying schedules a	nd statements, and to t	he best of my knowledg	ge and	belief,	ıt ıs
rue, com	ect, an	d complete Declaration of preparer (other than officer) is	based on all information of which	preparer has any know	rieage			
		Janes / la.						
P:		* Alle a series			9/20/20	11		
Sign		Signature of officer		D	ate	-		
Here		Laura Jeffers EXECUTION	10 Seppotani.	_				
		Type or print name and title	ve our my	<u></u>				
		15	or's signature	Date		TIN		
Paid		NA LANG	er's signature	01- 1	Check if			
Prepa	rer	Many Jo Houser 1911	lary & House	14/20/20	self-employed	PO1	39057	3
Use C		Firm's name	<i>v</i> •	/ / Fi	rm's EIN 🕨			
		Firm's address ▶		PI	none no			
May the	e IRS	discuss this return with the preparer shown	above? See instructions		> 🖰	Yes		0
			··		For	m 990	-F7 /	2010
					1 011		\	,,,

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.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service

Name of the drganization

Employer identification number

	mational Lightning									30427		
			arity Status (All orga						ınstructio	ons.		
The			ation because it is: (Fe							• • • • • • • • • • • • • • • • • • • •		
1			ches, or association o			ed in se	ction 170	D(b)(1)(A)	(i).			
2			170(b)(1)(A)(ii). (Atta									
3			ospital service organiz						70/L\/4\/A\	(:::\	41	
4		me, city, and sta	on operated in conjur	iction wit	n a nospi	tai descr	ibea in s	ection 17	U(D)(1)(A)	(III). Ente	er the	
5	An organizati		the benefit of a colle	ege or un	iversity o	wned or	operate	d by a go	overnment	al unit c	lescri	bed ir
6 7	An organizatı	on that normally	rnment or government receives a substantii)(A)(vi). (Complete Pa	al part of					nit or from	n the ge	neral	public
8			n section 170(b)(1)(A	· ·	molete D	art II \						
9			receives. (1) more th				om cont	ributions	mambara	hin food	224	arocc
9	receipts from support from	activities relate gross investme	d to its exempt func- ent income and unre- after June 30, 1975 S	tions-su elated bu	ibject to siness ta	certain e ixable in	xception come (le	s, and (2 ess section) no more	than 3	31/3%	of its
10	☐ An organizati	on organized and	d operated exclusively	to test fe	or public	safety. S	ee sect io	on 509(a)	(4).			
11			nd operated exclusiv							or to ca	irry o	ut the
			olicly supported organ								ee se	etion
	509(a)(3). Che	eck the box that	describes the type of	supporti	ng organi	zation an	d comple	ete lines	11e throug	th 11h.		
	a Type		7 F		pe III–Fun	-	•		d [_ ,.) O	
е		undation manage	that the organization ers and other than on									
f			a written determinatio	on from	the IRS	that it is	a Type	I Type	II or Typ	e III sur	oporti	na
		check this box							, o,p			
g	Since August following pers		he organization acce	pted any	gift or co	ontributio	on from a	any of the	9			
			ndirectly controls, eitody of the supported							d 11g(i)	Yes	No
	(ii) A family m	nember of a pers	on described in (i) abo	ove?						11g(ii)	1	
	(iii) A 35% co	ntrolled entity of	a person described in	ı (ı) or (ii)	above? .					11g(iii	1	
h	Provide the fo	llowing informat	on about the support	ed organ	ızatıon(s).							
(i) i	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(w) Is the organization in col (i) listed in your governing document? (v) Did you notify the organization in col (i) of your support?		nization in of your				mount ipport	of	
				Yes	No	Yes	No	Yes	No			
(A)												
(B)				_	-	_	-				_	_
(C)												
(D)												
(E)												
		12.31		· .	1-	- 1,		/;;	Ç. ~~ ; ; ;			

supported organization

18

	ule A (Form 990 or 990-EZ) 2010						Page 2
Par	t II Support Schedule for Organiz (Complete only if you checked t Part III. If the organization fails t	the box on lin	ne 5, 7, or 8 o	f Part I or if th	ne organizatio	n failed to gu	i) alify under
Sect	ion A. Public Support			0.00 DOION, P	sicase compr	ete i uit iii.j	 .
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				(4, 200		(7)
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 line 4		2.		5,5-1,-1	J. J. J. J. 1867	
	ion B. Total Support					·	
Caler	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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			3 2	建设开始扩	是否是是對	
12	Gross receipts from related activities, etc		•	· · · · ·		12	
13	First five years. If the Form 990 is for the organization, check this box and stop he		n's first, secon	d, third, fourth	i, or fifth tax ye	ear as a section	1 501(c)(3)
Socti	on C. Computation of Public Suppor			<u> </u>	• • • •	•	· • U
14	Public support percentage for 2010 (line 6			1 column (f)		14	%
15	Public support percentage from 2009 Sch		-	i, column (ij)		15	
16a	331/3% support test—2010. If the organization qual	zation did not	check the box		d line 14 is 331		
b	331/3% support test—2009. If the organic check this box and stop here. The organic					15 is 33½% o	
17a -	10%-facts-and-circumstances test — 20 10% or more, and if the organization meets Part IV how the organization meets the "facts organization".	ets the "facts:	and-circumstai	nces" test, che	eck this box an	d stop here . E	ne 14 is kplain in -
b	10%-facts-and-circumstances test - 20 15 is 10% or more, and if the organizat						

Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

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.)

Sect	ion A. Public Support	<u> </u>	oto notog per	ow, picase cc	inplete r dit i		
Caler	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants")	55725	72336	73095	74497	67595	343248
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	41684	66445	56368	55746	39150	259393
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	97409	138781	129463	130243	106745	602641
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)		· 22 _				602641
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	97409	138781	129463	130243	106745	602641
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	40005	9415	5727	548	4016	59711
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b [40005	9415	5727	548	4016	59711
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 IV)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						662352
14	First five years. If the Form 990 is for the organization, check this box and stop her			d, third, fourth,			
Secti	on C. Computation of Public Suppor	t Percentage					
15	Public support percentage for 2010 (line 8	, column (f) div	vided by line 1	3, column (f))		15	91 %
16	Public support percentage from 2009 Sch			<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	16	86 %
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2010 (I	ine 10c, colum	n (f) divided b	y line 13, colum	nn (f))	17	9 %
18	Investment income percentage from 2009					18	14 %
19a	331/23% support tests-2010. If the organi						
	17 is not more than 331/3%, check this box a						
b	331/3% support tests—2009. If the organize						
	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did	d not check a b	oox on line 14,	19a, or 19b, c	neck this box a	and see instruct	tions 🕨 🔲

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Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).					
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International Lightning Class 990-EZ Form - Year 2010 Schedule 0

38-1230427

Line 10

Line 10 Grants 5,760

Various small amounts paid to youth for repairs and upkeep of boats for them to use.

Line 16

Other Expenses

Description	Amount
Advertising	700
Bank & Credit Card Fees	3,264
Regatta Expenses	10,161
Depreciation	1,100
Office Supplies	2,409
Dues & Subscriptions	250
Awards	950
Education	793
Website/Computer	6,189
Total	25,815

Line 24

Other Assets

Boats	16,000
Accumulated Dep	-1,100
Total Other Assets	14,900
Prepaid Fees	552
Total Other Assets	15 452

<u>Line 26</u>

Total Other Liabilities	7,680
Prepaid Memberships	680
Prepaid ShippingFees	7,000.00
Other Liabilities	