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Form 990

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

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2010 calendar year, or tax year beginning 2010, and ending , 20 D Employer identification number C Name of organization Lido Isle Yacht Club Check if applicable: Doing Business As 95-3301201 Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 701 Via Lido Soud 949-673-5119 City or town, state or country, and ZIP + 4 Terminated Amended return Newport Beach, CA 92663 G Gross receipts \$ F Name and address of principal officer: Betsey Olenick Dougherty, Commodore Application pending H(a) Is this a group return for affiliates? Yes V No. same as C above H(b) Are all affiliates included? Yes No If "No," attach a list. (see instructions) 501(c)(3) 501(c) (7) ◀ (insert no.) ☐ 4947(a)(1) or Tax-exempt status: Website: ▶ www.liyc.net H(c) Group exemption number ▶ Form of organization: Corporation Trust Association Other M State of legal domicile: Year of formation Part I Briefly describe the organization's mission or most significant activities: Yacht Club, Sail boat management & instruction; Junior Sailing Program and related activities Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 9 4 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 23 Total number of volunteers (estimate if necessary) 50 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 **7b** 0 **Current Year** 8 Contributions and grants (Part VIII, line 1h). 91,655 92,609 Program service revenue (Part VIII, line 2g) 57.938 49,873 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 295 475 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 82,180 61,707 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 232,068 204,664 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 67.985 61,160 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ b 17 Other expenses (Part IX, column (A), lines 11a-11d-11t=241) 153,337 133,476 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 221,322 194,636 19 Revenue less expenses. Subtract line 18 from line 12 10,028 **Beginning of Current Year End of Year** 20 Total assets (Part X. line 16) 84.870 94,898 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 2 84,870 94,898 Part II Signature Block © Under penalties of perjury, I declare that Thave examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Decis tion of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Type or print name and title Print/Type preparer's name Preparer's signature Date **Paid** self-employed **Preparer** Firm's name Firm's EIN ▶ **Bise Only** Firm's address ▶ Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

Cat. No. 11282Y

C	(Code:) (Expenses \$	including grants of	6 0) (Revenue \$)
	Lido Isle Yacht Clu	ub hosts a number of yac	hting events throughout the	year to promote saili	ng and racing activition	es
	throughout the co	mmunity and for its mem	bers. Such events include O	pening Day, Pre-Ens	enada Race sponsore	d team send-off
	party, Lecture seri	es, a CPR class, Friday N	light Adult Sailing Races and	membership in Sail	ng Associations.	
	Trophies are provi	ded for winners of Adult	Sailing Races.			
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ď	Other program se	rvices. (Describe in Sch	edule O.)			
	(Expenses \$	including gr	•	(Revenue \$)	
B	Total program se	ervice expenses >		·		
-						Form 990 (20

Part 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		1
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		1
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		√
b	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	11b		1
C	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	11c		✓
d	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	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		√
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		→
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a		1
b	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		✓
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, Parts II and IV	15		1
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, Parts III and IV	16		1
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 (see instructions)	17		√
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	1	
19	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		✓
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part	Checklist of Required Schedules (continued)			···
			Yes	No
21	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		1
22	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 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	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 Schedule J	23		1
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, 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		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified 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		
26	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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		√
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		1
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	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		
37	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		1
	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	38	1	

Form **990** (2010)

the Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			. [
b Enter the number of Forms W-26 included in line 1a. Enter -0- in ot applicable .				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable payming familing) winnings to prize withners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2 2 2 2 2 3 1 3 1 4 1 east one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1 and 2 as greater than 250, you may be required to e-file (see instructions) 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 1 he "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. 3b 1 "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. 3a 2 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 accounts?) b If "Yes," enter the name of the foreign country. Yellow See instructions for filing requirements for form TD F 90-22.1, Report of Foreign Bark and Financial Accounts. 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6b Des 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? 7b If "Yes," did the organization include with every solicitation and express statement that such contributions or grits were not tax deductible? 7c Did the organization sell any contribution of the value of the goods or services provided? 7c Did the organization sell any contribution for the value of the goods or services provided? 7d Did the organization sell any contribution of the services of transcribing file from 8899 as required? 7f Did the organizat	1à	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, flied for the calendar year ending with or within the year covered by this return It at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines Is and 2a is greater than 250, you may be required to e-file, (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a I if "ves," has if filed a Form 990-17 for this year? If "No," provide an explanation in Schedule 0 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; account, securities account, or other financial account? b If "ves," enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization aparty to a prohibited tax shetter transaction at any time during the tax year? 5b Did any texable party molify the organization that it was or is a party to a prohibited tax shetter transaction? 6b If "ves," for line 5a or 5b, did the organization file form 8896-17 6c 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? 6c If "ves," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "ves," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 6c If "ves," indicate the number of Forms 8282 filed during the year 6c Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required t	b] '		
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Statements, filed for the calendar year ending with or within the year covered by this nature 2a 23 b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, See instructions) 3a Did the organization have unrelated business gross incorne of \$1,000 or more during the year? 3b if "Yes," has it filed a Form 990-1 for this year? More, provide an explanation in Schedule 0 3b if "Yes," has it filed a Form 990-1 for this year? More, provide an explanation in Schedule 0 3b if "Yes," has it filed a Form 990-1 for this year? More year, provide an explanation in Schedule 0 3c if yes, a state of the interest in year More year, yea			1c	✓_	
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Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) 3		· · · · · · · · · · · · · · · · · · ·	-1 1		
3a bid the organization have unrelated business gross income of \$1,000 or more during the year? 3b if 1'es,* has fitted a form 900-To this year? if "No," provide an explanation in Schedule O 4a 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; level as a bamk account, securities account, or other financial accounting? b if "Yes," enter the name of the foreign country; level see instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b ic any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 if "Yes," did 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? 5c if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization stat may receive deductible contributions under section 170(c). 8 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 10 Did the organization include to the payor? 11 If "Yes," did the organization include the payor? 12 If "Yes," include the number of Forms 8282 filed during the year 13 Did the organization receive any tunds, directly or indirectly, to pay premiums, darendered in the payor organization freelve and payor premiums, direc	b		2b	1	ļ
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over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry?) b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. **See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. **See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. **See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. **See instructions for filing requirements for Form Foreign Bank and Financial Accounts. **Description of the organization or Part VIII (see in part) to a prohibited tax shelter transaction? **If "Yes," to line 5a or 5b, did the organization file Form 8886-T? **Object to line 5a or 5b, did the organization file Form 8282 filed contributions under section 170(c). **Organizations that may receive aductible contributions under section 170(c). **Organizations that may receive aductible contributions under section 170(c). **Organizations that may receive aductible contributions under section 170(c). **Organizations that may receive aductible contributions under section 170(c). **Organizations that may receive aductible contributions under section 170(c). **Organizations that may receive aductible contributions under section 170(c). **Organizations that may receive aductible contributions under section 170(c). **Organizations that may receive aductible contributions under section 170(c). **Organizations that may receive aductible contributions under section 170(c). **Organization foreive aductible contribution	_		3b		<u> </u>
b if "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 55 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 56 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter than saction? 57 If "Yes" to line 5a or 5b, did the organization file Form 886-T? 68 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? 58 Did in "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 79 Organization sthat may receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 59 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? 50 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 50 If "Yes," indicate the number of Forms 8282 filed during the year 50 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 51 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 52 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, have excess business holdings at any time during the year? 52 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, have excess business holdings at any time during the year? 53 Sponsoring organization make any taxable distribution under section 4966? 54 Did the organization make any taxable distribution to a donor, donor advised funds 55 Did the organization make any t	4a				
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a Gross income from 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.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b N/A 13c N/A 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a	11				
against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year .					
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	Đ	N/A			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		· · · · · · · · · · · · · · · · · · ·			
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13a N/A		tama marana ana ana ana ana ana ana ana ana an	12a		✓
a Is the organization licensed to issue qualified health plans in more than one state?		——————————————————————————————————————			
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	а	· · · · · · · · · · · · · · · · · · ·	13a	-	
the organization is licensed to issue qualified health plans	L				
c Enter the amount of reserves on hand	IJ	the experiencian is licensed to issue qualified booth plans			
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a	_	100			
	_	100	44-		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14h			 		V

Part							
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, proc	esses, or change	s in	Sche	dule		
	O. See instructions. Check if Schedule O contains a response to any question in this Part VI				7		
Section	on A. Governing Body and Management				<u> </u>		
-,,				Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 9					
_	Enter the number of voting members included in line 1a, above, who are independent .	1b 9	.				
2	Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?	relationship with	2		1		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?						
4	Did the organization make any significant changes to its governing documents since the prior Form 9		3 4		1		
5	Did the organization become aware during the year of a significant diversion of the organization		5		✓		
6	Does the organization have members or stockholders?		6	1			
7a	Does the organization have members, stockholders, or other persons who may elect one of the governing body?	r more members	7a	1			
8 8	Are any decisions of the governing body subject to approval by members, stockholders, or or Did the organization contemporaneously document the meetings held or written actions up the year by the following:		7b	1			
а	The governing body?		8a	✓			
b	Each committee with authority to act on behalf of the governing body?		8b	1			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule						
Socti	on B. Policies (This Section B requests information about policies not required by the		9	ode l	✓		
566	on b. Pondes (mis decuon b requests information about policies not required by the	ie irremarrieven	00 00	Yes	No		
10a	Does the organization have local chapters, branches, or affiliates?		10a		1		
	If "Yes," does the organization have written policies and procedures governing the a chapters, affiliates, and branches to ensure their operations are consistent with those of the		10b				
11a	Has the organization provided a copy of this Form 990 to all members of its governing body form?	_	11a	1			
b							
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a		/		
b	Are officers, directors or trustees, and key employees required to disclose annually interest rise to conflicts?	s that could give	12b				
C	Does the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this is done	policy? If "Yes,"	12c				
13	Does the organization have a written whistleblower policy?		13		1		
14	Does the organization have a written document retention and destruction policy?		14		1		
15	Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the deliberation	and approval by					
а	The organization's CEO, Executive Director, or top management official		15a	1	ŀ		
b	Other officers or key employees of the organization		15b	1			
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sin with a taxable entity during the year?	nilar arrangement	16a		1		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and taken steps organization's exempt status with respect to such arrangements?	to safeguard the	16b				
Secti	on C. Disclosure						
17 18	List the states with which a copy of this Form 990 is required to be filed ► CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a for public inspection. Indicate how you make these available. Check all that apply.	und 990-T (501(c)(3	s onl	y) ava	ilable		
19	☑ Own website ☐ Another's website ☑ Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing do and financial statements available to the public.	cuments, conflict o	f inte	rest p	oolicy,		
20	State the name, physical address, and telephone number of the person who possesses the organization: Betsey Olenick Dougherty, 701 Via Lido Soud Newport Beach, CA 92663 949.67		of the				

Page	7

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Form	MMI.	1201	u

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- · 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, if any. 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.

Check this box if neither the organization no		d orga	anız			ompe	nsa		, , ,	
(A)	(B)	. .		(0				(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	individual tr or director	nstitutional trustee	Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Ken Wirgter								0	0	0
Commodore, 2010	- 5			✓			L	0	<u> </u>	
(2) Betsey Olenick Dougherty	- 5							0	o	0
Vice-Commodore, 2010				1					<u> </u>	
(3) Carter Ford	- 5							0	o	0
Rear-Commodore, 2010		<u> </u>		✓						
(4) Juli Ackerman	- 5							0	o	0
Director, 2010		1		L			L			
(5) Russell Butcher	- 3	1						۰ ا	اها	0
Director, 2010		1								
(6) C. Thomas Ruppert	- 5	}		l		}		٥	l	0
Director, 2010		1				L	<u> </u>			
(7) Chris Miner	_ 2								o	0
Director, 2010		1	L	_	L		L			
(8) Bruce Bennett	_ 2					ŀ			l ol	0
Director, 2010		✓	<u> </u>	L	<u>L</u>		<u> </u>			
(9) John Simpson	_ 2								lol	0
Director, 2010	<u> </u>	1	<u> </u>	<u> </u>	<u> </u>	ļ	 			· <u>. </u>
(10)										
(11)										
(12)		1								
(13)		<u> </u>	<u> </u>		-	<u> </u>	-			
110/	-									
(14)										
(15)										
(16)				-						

Part			Empk	ye			Highe	st (<u>ontinu</u>			
	(A) Name and title	(B) Average	Posit	lon fo	•	C) kall 1	that app	olV)	(D) Reportable	(E) Reportable			(F) nated	
	Name and use	hours per week (describe hours for related organizations in Schedule O)	individual to or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation frelated organizations (W-2/1099-MIS	other compensat		unt of ther ensation it the nization related	•
(17)	***************************************				<u> </u>									
(18)														
(19)														
(20)												-, -		
(21)											\top			
(22)					-	T								
(23)											1			
(24)														
(25)		 				1		-			\top			
(26)					-	 -							<u> </u>	 -
(27)		-			-						1			
(28)				\vdash						<u> </u>	1			
1b	Sub-total	<u></u>	L	<u> </u>	<u> </u>	<u> </u>	<u> </u>	▶)	0			0
C	Total from continuation sheets to Part							▶	0		0			0
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	<u> </u>	<u> </u>	0			0
2	Total number of individuals (including bur reportable compensation from the organ			nose	e lis	ted	above	e) w	vho received m	ore than \$100),000	in 		
3	Did the organization list any former or							əmt	oloyee, or high	hest compen	sated		Yes	No
	employee on line 1a? If "Yes," complete							•				3	<u> </u>	1
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re greater th	porta an \$	ble 150	,000	npe 0? /	nsatio	on a s,"	and other composite Sci	pensation froi hedule J for	n the such	t		
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indiv	<i>r</i> idual	5	-	1
Section	on B. Independent Contractors	11 700,					0,00		addir percen			1.5.	L	<u> </u>
1	Complete this table for your five highest compensation from the organization.	compensa	ted in	dep	enc	lent	contr	act	tors that receiv	ed more than	\$100	,000 o	f	
	(A) Name and business add	dress							(B) Description of	services		(C) Compens		
none.								F						
												·		
2	Total number of independent contractor	ors (includi	na h	ut r	not	[imi	ted to) ti	hose listed at	oove) who				
	received more than \$100,000 in compen									,				
												For	m 99 (2010

Part	VIII	Statement of Revenue						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
\$ \$	1a	Federated campaigns	1a	0				
	b	Membership dues	1b	83,734				
9.6	С	Fundraising events	10	5,800				
폭입	d	Related organizations	1d	0			1	
무플	6	Government grants (contributions)	10	0				
중등	f	All other contributions, gifts, grants,	1.0	<u> </u>				
Contributions, gifts, grants and other similar amounts	•	and similar amounts not included above	1f	2 075				
불 뭥	_			3,075				
5 2	g	Noncash contributions included in lines 1:		0	00.000			
0 %	h	Total. Add lines 1a-1f	<u>· · · </u>		92,609	· · · · · · · · · · · · · · · · · · ·	ļ	
Program Service Revenue				Business Code				
8	2a	Jr Sailing Program Fees	*****		49,873			
e e	Ь							
울	С	# T & F T = p = = 44 = 1 = 4 = 4 + 4 + 4 + 4 + 4 + 4 + 4 + 4 + 4						
. த	ď							
ᇤ	e							
- B	f	All other program service reven						
<u>ā</u>	g	Total. Add lines 2a-2f		>	49,873			
	3	Investment income (including	divid	ends, interest,				
İ		and other similar amounts) .		▶	475			
- 1	4	Income from investment of tax-exe	mpt b	ond proceeds▶	0			
l	5	Royalties		▶ [0			
		(i) Rea	J	(ii) Personal				
	6a	Gross Rents	0	0				
	b	Less: rental expenses	0	0				
J	С	Rental income or (loss)	0	0			j	
	đ	Net rental income or (loss) .		>	0		İ	
	7a	Gross amount from sales of (i) Securi	ties	(ii) Other				
		assets other than inventory	0	0				
	b	Less: cost or other basis						
		and sales expenses .	0	o				
	C	Gain or (loss)	0	0				ļ
	d	Net gain or (loss)		>	0			
nue	8a	Gross income from fundraising						
Other Reve		events (not including \$ 5,8		1				
æ		of contributions reported on line	ic).					
ě		See Part IV, line 18	· a					
중		Less: direct expenses	. b					
		Net income or (loss) from fundr		events . >	10,606			
	9a	Gross income from gaming activ	rities.					
		See Part IV, line 19	_	0			ļ	
Ì	Ь	Less: direct expenses			į			[
		Net income or (loss) from gamin	-	ivities 🕨	0	<u></u>		
	10a	Gross sales of inventory,	less	1			ļ	
		returns and allowances	· a	8,475				
i	Ь	Less: cost of goods sold					į	1
	<u> </u>	Net income or (loss) from sales	of inv	entory >	-4,759			
		Miscellaneous Revenue		Business Code]		
	11a	Sr. Program Events			39,759			
	b	Jr. Sailing Program Events			3,585			
	C	Friday Night Sailing/BBQ			11,252	<u> </u>	<u> </u>	
	d	All other revenue	•		1,264			
	е	Total. Add lines 11a-11d		•	55,860		<u> </u>	
	12	Total revenue, See instructions	s	•	204,664	ł		1

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)

	All other organizations must complete co				
	not include amounts reported on lines 6b, 3b, 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	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	 		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	o	, , , , , , , , , , , , , , , , , , , ,		
7 8	Other salaries and wages	52,628			
9	and section 403(b) employer contributions) Other employee benefits	0			
10 11	Payroll taxes	8,532			
a b	Management	0			
c d	Accounting	0			
f	Professional fundraising services. See Part IV, line 17 Investment management fees	0			
g 12 13	Other	2,803 1,426 3,955			
14 15	Information technology	2,728			
16 17	Occupancy	0 893			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 20	Conferences, conventions, and meetings . Interest	1,088 0			
21 22	Payments to affiliates	0			
23 24	Other expenses, Itemize expenses not covered	15,402			
	above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a b	Sr. Program Events Boat Maintenance	60,891 21,078			
c	Membership Directory Trophies	5,815 4,262			
e	Yachting Events All other expenses	3,835 9,300			
25 26	Total functional expenses. Add lines 1 through 24f Joint costs. Check here ▶ ☐ if following	194,636			
	SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	N/A			Form 990 (20

Part X **Balance Sheet** A (B) Beginning of year End of year 4,654 5,638 78,689 89,260 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) n 1,528 Prepaid expenses and deferred charges . . . Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 10c b n Investments—publicly traded securities Investments—other securities. See Part IV, line 11 Investments-program-related. See Part IV. line 11 Other assets. See Part IV. line 11 Total assets. Add lines 1 through 15 (must equal line 34) 83,343 94,898 ol 0 18 Escrow or custodial account liability. Complete Part IV of Schedule D. Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . Other liabilities. Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ ☐ and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds. 84,870 94,898 Total liabilities and net assets/fund balances 0 34 Form **990** (2010)

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Form 990 (2010)

Part	XI Reconciliation of Net Assets			-	
	Check if Schedule O contains a response to any question in this Part XI				
1.	Total revenue (must equal Part VIII, column (A), line 12)	1 1		20	4.664
2	Total expenses (must equal Part IX, column (A), line 25)			194,636	
3	Total expenses (must equal Part IX, column (A), line 25)			10,028	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	· ·- · · · ·		4,870
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				<u>_</u>
•	column (B))	6		9	4,898
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:	plain i	n		1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		1
b	Were the organization's financial statements audited by an independent accountant?		. 2b		1
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain i	n		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye issued on a separate basis, consolidated basis, or both:	ar wer	e		
3a	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	n		
	the Single Audit Act and OMB Circular A-133?		- 3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b	L	<u> </u>
			For	n 99 0	(2010)

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Lido Isle Yacht Club 95-3301201 Fundraising Activities, Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations f Solicitation of government grants ☐ Phone solicitations g Special fundraising events ☐ In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vii) Amount paid to (i) Name and address of individual (Iv) Gross receipts (or retained by) fundraiser listed in (iii) Activity custody or control of contributions? (or retained by) or entity (fundraiser) from activity organization col. (i) Yes No 1 2 6 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Pa	art II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater tha	ng event contributions				
			(a) Event #1 Silent Auction (event type)	(b) Event #2 None (event type)	(c) Other events Jr. Sailing Events (total number)	(d) Total events (add col. (a) through col. (c))	
Revenue	1 2	Gross receipts Less: Charitable contributions	11,446		8,247	19,693	
	3	Gross income (line 1 minus line 2)	11,446		8,247	19,693	
	4	Cash prizes					
	5	Noncash prizes	250		100		
nses	6	Rent/facility costs	400				
Direct Expenses	7	Food and beverages	1,022	****	804		
Direct	8	Entertainment	300				
	9	Other direct expenses .	310		100	3,286	
	10 11	Direct expense summary. Ad Net income summary. Comb				(3,286)	
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9	organization answer				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Rev	1	Gross revenue					
ses	2	Cash prizes					
xpens	3	Noncash prizes					
Direct Expenses	4	Rent/facility costs					
	5	Other direct expenses .					
	6	Volunteer labor	☐ Yes%	☐ Yes%	☐ Yes %	,	
	7	Direct expense summary. Add lines 2 through 5 in column (d)					
	8	Net gaming income summary	/. Combine line 1, colun	nn d, and line 7			
1	a Is 'b If "		perate gaming activities	in each of these states			
10:		ere any of the organization's gary explain:	aming licenses revoked	·	ted during the tax year?		

SCHEQU	ne G (FORT) 990 OF 890-E2) 2010		Page 3
11	Does the organization operate gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity operated in:		
а	The organization's facility		<u>%</u>
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	□No
þ	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name >	·	
	Address ▶		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	□Yes	□No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$	□ .00	
Part	Supplemental Information. Complete this part to provide the explanations required by Part I, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also co part to provide any additional information (see instructions).		nis

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

▶ Attach to Form 990 or 990-EZ.

Employer identification number 95-3301201

Lido Isle Yacht Club	95-3301201
Part VI, Line 11b: Review by the Flag Officers and Financial Committee of the Board	
Death Line 40 Months Council and a second and both to be added to the second and	
Part VI, Line 19: Monthly financial reports are made available to board members via email for approva	at monthly board meetings.
Annual financial reports are made available to the membership at annual meeting as well as upon requ	uest via email.
Times more reports the made declarate to the more sample of the more s	
Board meeting minutes are distributed to all participating volunteers	
email and are posted to the membership website after review and approval of the Board of Directors.	
Membership by-laws are posted on the membership website and are printed in the membership direct	one printed and given to each member
membership by-laws are posted on the membership website and are printed in the membership direct	ory printed and given to each member
on an annual basis.	

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Schedule O (Form 990 or 990-EZ) (2010)		Page 2
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