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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

2011

Open to Public Inspection

A	For the	2011 calend	ar year, or tax year beginning january 1 , 2011, an	d ending	dece	ember 3	31 , 20	11
В	Check If ap	plicable.	C Name of organization		D Emplo	yer ider	ntification number	er
	Address d	hange	gulf yachting association foundation	ľ		1091730		
	Name char	nge	Number and street (or P O box, if mail is not delivered to street address)	oom/surte	E Teleph	nber		
님	Initial retur		4411 park rd	2518950634				
片	Terminated City or town, state or country, and ZIP + 4 F Gro						ption	
П	Application pending mobile, al 36605 Nu							
G	Account	ing Method:		H (Check >	if	the organization	n is not
1	Websit	e: > www	.gya.org	,	required	to attac	ch Schedule B	
J.	J Tax-exempt status (check only one) —							
K	Check ▶	if th	e organization is not a section 509(a)(3) supporting organization or a section 52	7 organizatio	n and its	gross	receipts are nor	mally
	not more	e than \$50,00	00. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-p	ostcard) may	be requ	uired (se	ee instructions)	. But if
	the orga	nization cho	oses to file a return, be sure to file a complete return.					
L	Add lines	5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	if total assets	(Part II,			
_	ine 25, c	olumn (B) bek	ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ	· · · ·		▶ \$		
F	art I		e, Expenses, and Changes in Net Assets or Fund Balances	•			•	-
_		Check if	the organization used Schedule O to respond to any question in	this Part I				<u>. 🗸</u>
	1		ons, gifts, grants, and similar amounts received		[1		4044
	2		ervice revenue including government fees and contracts		[2		0
	3	Membersh	nip dues and assessments		[3		2475
	4	Investmen	tincome		[4		0
	5a	Gross amo	ount from sale of assets other than inventory 5a		0			
	b		or other basis and sales expenses					
	C	•	ss) from sale of assets other than inventory (Subtract line 5b from line	e 5a)	[5c		0
	6	_	nd fundraising events			Ì		
ď	a		ome from gaming (attach Schedule G if greater than		1			
Ž		\$15,000)	<u>L</u> L.					
Revenue	b			ontribution	s			
ď			raising events reported on line 1) (attach Schedule G if the		ŀ			
		sum or su	ch gross income and contributions exceeds \$15,000) . 6b			L		
	C	Less: dire	et expenses from gaming and fundraising events 6c	Ch		l		
	d		ne or (loss) from gaming and fundraising events (add lines 6a and 6	od and suc	otract			
	1_	line 6c)	[4]			6d		
	7a	Gross sale	es of inventory less returns and allowances					
	b		of goods sold OGDEN: UT			70		
	C	•	fit or (loss) from sales of inventory (Subtract line 7b from line 7a)		}	7c		
	8 9		·		· 🕹	9	·	6519
_	10		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	· · · · ·		10		4770
	11		aid to or for members		• • •	11		
ď			ther compensation, and employee benefits			12		
ď	13		nal fees and other payments to independent contractors			13		
5	14		y, rent, utilities, and maintenance			14		
Fxnenses	15		ublications, postage, and shipping			15		
	16		enses (describe in Schedule O)			16		
	17	Total exp	enses. Add lines 10 through 16	 		17		4770
_	40	Faces or	(deficit) for the year (Subtract line 17 from line 9)	<u> </u>	• •	18		1749
at a	19		s or fund balances at beginning of year (from line 27, column (A)) (r			 +		
8	} '		ar figure reported on prior year's return)			19	115	258.12
¥ 4	20	-	nges in net assets or fund balances (explain in Schedule O)			20		-100
Net Assets	21		s or fund balances at end of year. Combine lines 18 through 20			21	116	907.12

NOT SE SOIL

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2011)

Par	t II Balance Sheets. (see the instructions	for Part II.)				
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			115258.12	22	116907.12
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			115258.12	+	116907.12
26					26	0
27	Net assets or fund balances (line 27 of column	<u> </u>		115258.12	27	116907.12
Par	——————————————————————————————————————	•		•		Expenses
\A/b -4	Check if the organization used Schedule	to promote commur		Part III		equired for section
	is the organization's primary exempt purpose?					1(c)(3) and 501(c)(4) panizations and section
as m	ribe the organization's program service accompli- easured by expenses. In a clear and concise mans benefited, and other relevant information for ea	nanner, describe the			494	47(a)(1) trusts, optional others)
28	entry fees paid for four youth finalists in national ch	ampionships				
	(Grants \$ 1305) If this amount		ints, check here .	▶ 🗆	28	a 1305
29	entry fees paid for seven women in national champi	onships				
					l	
	(Grants \$ 2559) If this amount		ints, check here .	▶ 📋	29	a 2559
30	entry fees paid for three men in national champions	nips				
	(Grants \$ 906) If this amount	includes foreign gra	ente check here		30:	a 906
31	Other program services (describe in Schedule O)	· · · · · ·		· · · • <u> </u>	300	300
٠.		includes foreign gra		▶ □	31:	a
32	Total program service expenses (add lines 28a	through 31a)		· · · · · · · · · · · · · · · · · · ·	32	
Par						
	Check if the organization used Schedule					r i
		(b) Title and average	(c) Reportable	(d) Health benefits,	Π.	
	(a) Name and address	hours per week devoted to position	compensation (Forms W-2/1099-MISO (if not paid, enter -0-		- 1	e) Estimated amount of other compensation
Sam	Foreman, 3135 Hyde Park Place, Pensacola, FL	president 2 hours				
3250	3			0	0	0
Chris	Luppens, 2608-B Nantucket Dr., Houston, TX	secretary 2 hours				
7705				0	0	0
Ken	Kleinschrodt, 4411 Park Rd, Mobile, AL 36605	treasurer 2 hours				
				0	0	0
		-				
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Part	-			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	rart	V Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	103	√
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
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	ï	1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		1
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0	ł		
b 38a	Did the organization file Form 1120-POL for this year?	37b		_
ooa	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
b 40a	Gross receipts, included on line 9, for public use of club facilities			
_	section 4911 > ; section 4912 > ; section 4955 >			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	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			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		. 🗸
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ► Ken Kleinschrodt Located at ► 4411 Park Rd, Mobile, AL 36605 ZIP + 4 ►	2514716373 36605		}
b	Located at ► 4411 Park Rd, Mobile, AL 36605 ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	30		No
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	1.55	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.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		1
43	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 \Delta 43		. 1	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
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	44b		
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	440 45a	 	7
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	-54		
	Form 990-EZ (see instructions)	45b		1

Form 99	90-EZ (2	011)						F	age 4
								Yes	No
46	Did t	he organization engage, directly or in	directly, in political c	ampaign activities	on behalf of	for in opposi	tion		
	to ca	andidates for public office? If "Yes," of	complete Schedule C	, Part I			. 46		1
Part	Vi	Section 501(c)(3) organizations	and section 4947	(a)(1) nonexemp	t charitab	le trusts on	ly. All sec	tion	
		501(c)(3) organizations and section	on 4947(a)(1) none	kempt charitable	trusts mus	t answer qu	estions 47	7–491	C
		and 52, and complete the tables						_	_
		Check if the organization used Sch			n this Part \	/ I			
				to any quodion i	Trans rune	• • • •	· · · ·	Yes	No
47	Did t	he organization engage in lobbying	activities or have a	section 501/h) elec	tion in offer	et during the	tay -	163	.,,,
••		If "Yes," complete Schedule C, Part				_			,
40	•	•					47		*
48		organization a school as described in					. 48		\
49a		he organization make any transfers to	-	•			. 49a		√
b		es," was the related organization a se					. 49b		
50		plete this table for the organization's							
	empi	oyees) who each received more than	\$100,000 of compet	nsation from the or			e, enter "N	one."	
	(a) N	ame and address of each employee	(b) Title and average	(c) Reportable		alth benefits, ons to employee	(e) Estimate	d ama	unt of
	(-)	paid more than \$100,000	hours per week devoted to position	compensation (Forms W-2/1099-MIS	bonofit nia	ns, and deferred	other com		
			devoted to position	(1 OTTIS 44-22 10-39-14113	Com	pensation			
none						·			
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				İ					
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f	Total	number of other employees paid over	or \$100 000						
=						_			
51		plete this table for the organization's ,000 of compensation from the organ			ant contract	ors willo each	received	more	unan
	Ψ.00	,ood or compensation from the organ	THE COLOTE TO TO TO	T			· · · · · · · · · · · · · · · · · · ·		
(a)	Name a	and address of each independent contractor pai	d more than \$100,000	(b) Type of s	service	(c) Compensation	on	
none									
				1					
					 				
				-					
				· · · · · · · · · · · · · · · · · · ·					
				}					
			 						
				1		1			
									
				1					
				L					
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	. ▶				
52	Did t	he organization complete Schedule A	? Note: All section 5	i01(c)(3) organizatio	ons and 494	7(a)(1)			
	none	xempt chantable trusts must attach a	a completed Schedul	le A			► ☐ Yes		No
Under	penalties	of penury, I declare that I have examined this re	eturn, including accompan	rying schedules and state	ements, and to	the best of my k	nowledge and	d belief	, it is
true, co	orrect, ar	nd complete. Declaration of preparer (other than	officer) is based on all info	ormation of which prepai	rer has any kno	wledge.			
		> Kall Ora				5-14-	12		
Sign		Signature of officer				Date	,		
Here	, [▲ Ken Kleinschrodt president							
		Type or print name and title							
		1	Preparer's signature	1	Date		PTIN		
Paid		Print/Type preparer's name				Check) ff		
Prep	parer					self-emplo	yeu		
Use	Only	Firm's name >				Firm's EIN ▶			 -
Marit	ho IDC	Firm's address >	obour obour Co-	inata (ations	<u></u>	Phone no.			
iviay t	ne ins	discuss this return with the preparer	SHOWN ADOVE? See	instructions	· · · · ·	· · · ·	Yes	ال	<u>No</u>

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

Open to Public Inspection

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. Part I 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.) 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 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III-Functionally integrated e 🗌 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 f Since August 17, 2006, has the organization accepted any gift or contribution from any of the a following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No Yes 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iii) Type of organization (i) Name of supported (ii) EIN (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization in col. (i) listed in your the organization in col. (i) of your (described on lines 1-9) organization in col. support governing document? above or IBC section (i) organized in the support? U.S.? (see instructions)) Yes No Yes No Yes No (A) **(B)** (C) (D) (E)

Total

Schedul	e A (Form 990 or 990-EZ) 2011						Page 2
Part	-						•
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	ete Part III.)	
	on A. Public Support	4) 0007	0.0000	4 3 0000	4 0 0040	1 1 2011	70 T
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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				l		
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)						
						 	
<u>6</u> Secti	Public support. Subtract line 5 from line 4. on B. Total Support	<u>.</u>			<u> </u>		
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	(4, 200)	(2) 2000	(0) 2000	(4) 20.0	(0) 2011	(1) 1014.
8	Gross income from interest, dividends,						
-	payments received on securities loans,						
	rents, royalties and income from similar		ļ		ļ		
	sources					<u> </u>	···
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carned on					ļ	
10	Other income. Do not include gain or				1		
	loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	(see instructi	ons)		<u> </u>	12	L
13	First five years. If the Form 990 is for the				n, or fifth tax y		n 501(c)(3)
	organization, check this box and stop he	-			•		. –
Secti	on C. Computation of Public Suppor	t Percentag	je				
14	Public support percentage for 2011 (line 6	6, column (f) d	ivided by line 1	1, column (f))		14	%
15	Public support percentage from 2010 Sch					15	%
16a	331/3% support test—2011. If the organic						
	box and stop here . The organization qua	•		_			
Ь	331/3% support test—2010. If the organ check this box and stop here. The organ					2 13 IS 33'7376	
47-	,	•			-	contended	line 14 to
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me						
	Part IV how the organization meets the "f						
	organization						. > 🗆
b	10%-facts-and-circumstances test—20	010. If the org	anization did n	ot check a box	con line 13 16	6a. 16b. or 17a	
	15 is 10% or more, and if the organization						
	Explain in Part IV how the organization m						
	supported organization						· · • 🗖

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.)

	if the organization rails to quality	under the tes	is listed belo	w, piease coi	ilbiete i ait ii	<u>·/</u>	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨 📗	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees					1	
	received. (Do not include any "unusual grants.")	29934	15936	13992	19112	6519	85493
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities	ŀ				ŀ	
	furnished in any activity that is related to the organization's tax-exempt purpose					į	
2							
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
	-						
4	Tax revenues levied for the	ŀ					
	organization's benefit and either paid	1				ŀ	
	to or expended on its behalf]					
5	The value of services or facilities		ŀ				
	furnished by a governmental unit to the					1	
	organization without charge	ł			-	1	
6	Total. Add lines 1 through 5	29934	15936	13992	19112	6519	85493
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .		ŀ		i		
							
b	Amounts included on lines 2 and 3	j	1		ļ		
	received from other than disqualified	1					
	persons that exceed the greater of \$5,000		ļ	İ	ľ		
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	j	Ì				
	line 6.)	Ţ					85493
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	29934	15936	13992	19112	6519	85493
10a	Gross income from interest, dividends,						
100	payments received on securities loans, rents,						
	royalties and income from similar sources .		ļ	İ	934.72	}	934.72
	*				334.72		334.72
b	Unrelated business taxable income (less			i	l		
	section 511 taxes) from businesses					ŀ	•
	acquired after June 30, 1975						0
C	Add lines 10a and 10b						0
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carned on						0
12	Other income. Do not include gain or				:		
_	loss from the sale of capital assets						
	(Explain in Part IV.)			[j	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)			j		i	85493
14	First five years. If the Form 990 is for the	ne organization	'e firet eacon	third fourth	or fifth tax ve	ar as a section	
14	organization, check this box and stop he						
				· · · · ·			···
	ion C. Computation of Public Suppor					Lam I	422 01
15	Public support percentage for 2011 (line 8		•			15	100 %
16	Public support percentage from 2010 Sch		•	<u> </u>	<u> </u>	16	99 %
Sect	ion D. Computation of Investment In	come Percei	ntage				
17	Investment income percentage for 2011 (line 10c, colum	nn (f) divided by	y line 13, colun	nn (f))	17	0 %
18	Investment income percentage from 2010					18	.007 %
19a	331/3% support tests-2011. If the organ					ore than 331/39	6, and line
	17 is not more than 331/3%, check this box						
ь	331/3% support tests—2010. If the organiz	_	_				
Ü	line 18 is not more than 331/3%, check this l						
	Private foundation If the organization di	-	_				

Part IV	Form 990 or 990-EZ) 2011 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	Page 4
	instructions).	
		**
		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Gulf Yachting Association Foundation

Employer identification number 631091730

Our special Hurricane Account went dormant during early 2011, with the death of the previous president, and the subsequent death of the
previous treasurer's husband, no one was seeing the statements. The bank was charging a \$10 per month service charge, and I reactivated
the account which had accumulated \$100 in dormant fees.
With the down economy, our investments are primarily in guaranteed allocations, and not much in donations are coming through.
We hope that sailing as a community recreation does not wither any more than in the last couple of years.
