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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public ► Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Ä	For the 2	013 calen	dar year, or tax year beg	inning	, 2	013, and	ending				,	
В	Check if app	licable	C Name of organization NE	WPORT YAC	HT CLUB				D Employ	er Identi	ification Number	
	Addres	s change	Doing Business As						05-0	0254	070	
	Name	change	Number and street (or P O t	ox if mail is not deliv	ered to street address)	·	Room/suit	e	E Telepho	ne numb	per	
	Initial o	-	110 LONG WHARF				ļ		(40	11 8.	46-9410	
	H		City or town, state or province	e. country, and ZIP o	r foreign postal code		<u> </u>		(40.	., 0	40 3410	
	Termin			-,		DT 00	0.40	- [C 0		\$1,061,12	11
	\mathbf{H}	ed return	NEWPORT ,	1 (5		RI 02	840	a) le this a	group return			
	Applica	tion pending	F Name and address of princip									_
			STEWART J. ABRAMSON 110			RI 02	840	If 'No,' a	ubordinates ttach a list (s	see instr	uctions)	מיים מי
<u> </u>	Tax-exer	npl status	501(c)(3) X 501(c)		sert no) 4947(a)	(1) or	527			_		
J	Websit	e:► WW	W.NEWPORTYACHTC	LUB.ORG			H(c) Group e	xemption nu	mber	·	
K	Form of o	rganızatıon	X Corporation Trust	Association	Other ►	L Year of	formation	1894	Ms	tale of le	egal domicile F	I
Pa	rt l 🎠 🗸	Summar	γ								-	
			e the organization's missi	on or most sign	ificant activities	NEWPO	ORT YA	ACHT (CLUB I	S A	MEMBER	
d)	OF	RGANIZA	TION THAT PROVI	DES ITS M	EMBERS VARIOU	JS SER	VICES	RELA	TED TO	_ .		
Governance			ACTIVITIES WIT									
Ē			ND NEWPORT.									
š	2 Ch	eck this bo	x If the organization	on discontinued	its operations or disp	posed of r	more tha	n 25% of	its net as	sets.		
	3 Nu	mber of vo	ting members of the gover							3		21
∞ ŏ	4 Nu	mber of inc	dependent voting member	s of the governing	ng body (Part VI, line	1b)	. .			4		21
Ę.	5 Tot	al number	of individuals employed in	calendar year	2013 (Part V, fine 2a))				5		39
Activities &	6 Tot	al number	of volunteers (estimate if	necessary)			. .			6		100
Ğ	7a Tot	al unrelate	d business revenue from	Part VIII, columi	n (C), line 12 · · · ·					7a	4	<u>5,111.</u>
	b Ne	t unrelated	business taxable income	from Form 990-	T, line 34					7b		0.
								Pı	rior Year		Current	Year
Φ.	8 Co	ntributions	and grants (Part VIII, line	1h)			[3,0	00.	1	1,605.
Revenue	9 Pro	gram serv	ice revenue (Part VIII, line	2g)			[758,0	12.	78	6,823.
¥e	10 Inv	estment in	come (Part VIII, column (A	i), lines 3, 4, and	d 7d)		[1,0	45.	-2	3,554.
æ	11 Ott	ner revenu	e (Part VIII, column (A), lin	es 5, 6d, 8c, 9c	, 10c, and 11e)		[1,5	12.	1	1,489.
	12 Tot	al revenue	- add lines 8 through 11	(must equal Pa	rt VIII, column (A), lir	ne 12) .	ا ـــ ا		763,5	69.	78	6,363.
	13 Gra	ants and si	milar amounts paid (Part I	X, column (A), li	ines 1-3)							
	14 Be	nefits paid	to or for members (Part IX	, column (A), lin	1841 - DE CE	MED	ال ا					
			r compensation, employe	1		5-10) ·	731		351,7	00.	34	3,704.
868			undraising fees (Part IX, o	-			121					
Expenses			• ,		1 1	1 2014	88/	Q, ×5,			No. 41 1 44	383 5 3
×			ing expenses (Part IX, col		MAI U		<u>1@</u>	1	" ,			
	17 Oth	ner expens	es (Part IX, column (A), Iir	nes 11a-11d, 11	f-24e)	1	12.	<u> </u>	427,3	36.	47	<u>6,374.</u>
	18 To	al expense	es. Add lines 13-17 (must	equal Part IX, co	olumn (A) line 25))	S.M.LE			779,0	36.	82	0,078.
_	19 Re	venue less	expenses Subtract line 1	8 from line 12	. Landon	<u> </u>			-15,4	67.	3	3,715.
0 8								Beginnin	g of Currer	it Year	End of	Year
a a a	20 To	al assets (Part X, line 16)						938,1	28.	1,45	2,060.
12 20	l		s (Part X, line 26)						112,3	02.	66	4,379.
Net S	22 Ne	t accate Ar	fund balances. Subtract li	ne 21 from line	20				825,8		78	7,681.
lo-				110 21 110111 11110	20 1 1 1 1 1 1 1 1 1				023,0	20.1		770011
			re Block				- 4 4 4 -	f tt		-6 4 - 6		
COM	er penalties o plete Declari	f perjury, I dec ation of prepar	dare that I have examined this retuer (other than officer) is based on a	m, including accomp all information of whic	anying schedules and state th preparer has any knowled	ments, and t dge	to the best o	ii my knowie	eage and be	iei, ii is u	rue, correct, and	
		<u> </u>		Marrisk	4			i	4/20	eliu		
۵.		Signatu	re of officer	Hamins	<u>u </u>			Dat	le V	<i>1117</i>		
Sig	gn 							mne v c	משמוזי			
He	ie	JOS Type o	EPH SLAWINSKI pnnt name and title		· · · · · · · · · · · · · · · · · · ·			TREAS	OKEK			
_			·	Preparer's signs	ature	Date			Charl: T	1, 1	PTIN	
		"	reparer's name	' '				, 1	Check _	_]		2
Pa		Nancy	L Mancini, CPA		Mancini, CP	A U4	/18/1	4	self-employe	а	P0120747	3
	eparer	Firm's name	CALIRI MANC	INI & BAR	BIERI, PC							
Us	e Only	Firm's addre	ss 1 Worthingt	on Rd					Firm's EIN	26	<u>-2227576</u>	
			Cranston		RI 0	2920			Phone no	(401	1) 268-3	926
Mar	the IPS	diagrica thi	c return with the preparer	chown above?	(see instructions)	-					. X Yes	No

Form 990 (2013)

Form	990 (2013) NEWPORT YACHT CLUB	05-025	4070	Р	age 2
Par	t III Statement of Program Service Accomplishments				
	Check if Schedule O contains a response or note to any line in this Part III				<u>. </u>
1,	Bnefly describe the organization's mission:				
	NEWPORT YACHT CLUB IS A MEMBER				
	ORGANIZATION THAT PROVIDES ITS MEMBERS VARIOUS SERVICES RELATED	<u>TO</u>			
	See Form 990, Page 2, Part III, Line 1 (continued)				
	Did the assessment on undertake any growth and argain appropriate the uses which was not had don't be				
2	Did the organization undertake any significant program services during the year which were not listed on the program 990 or 990-EZ?	orior	Yes	Ū	No
	If "Yes," describe these new services on Schedule O.		162		No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	2	Yes	∇	No
	If 'Yes,' describe these changes on Schedule O.				•••
4	Describe the organization's program service accomplishments for each of its three largest program services.	as measured	by expense	es.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount others, the total expenses, and revenue, if any, for each program service reported.	of grants and	allocation	s to	
4 a	(Code:) (Expenses \$including grants of \$) (F	Revenue \$)
	FLOAT & DOCK COMMITTEE: FLOAT & DOCK MAINTENANCE FOR MEMBERS AN	D VISITI	NG		
	YACHTSMEN.				
		-		_ ~ _	
		_ 			
				-	
	VEnnance C underland and of C				
4 D		tevenue \$_			—,
	HOUSE COMMITTEE: MAINTENANCE & UPKEEP OF CLUBHOUSE FACILITIES FOR MEMBERS AND VISITING YACHTSMEN.	OK OSE B			
	MEMBERS AND VISITING TACHISMEN.			-	
		-			
			- -	-	
			-		
4 c	(Code:) (Expenses \$ including grants of \$) (R	evenue \$)
	JUNIOR ACTIVITIES: SAIL TRAINING AND ACTIVITIES FOR YOUTH.				
		. .	<u> </u>		
		_	- -	_ ~ -	
		-			
			-		
		. – – – – .	-		
					 -
		·			
4 d	Other program services. (Describe in Schedule O.)				
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶			<u>)</u>	

Form 990 (2013) NEWPORT YACHT CLUB 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		Х
2	! Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, 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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		х
10	Did the organization, directly or through a related organization, hold assets in temporanly restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
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.		ر الگتارات	
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	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	11 b		Х
	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	11 c		Х
	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	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	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	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		х
	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 and XII is optional	12 b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15	İ	х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
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		Х
20	a Did the organization operate one or more hospital facilities? If Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Partily Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х Х 22 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 23 Х Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24h c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? . 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the vear? If 'Yes.' complete Schedule L. Part I 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 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II Х 26 27 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) Х 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х 28b 28c Х Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Χ 32 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, Х 34 Χ 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Х 35b 36 Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

BAA

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

NEWPORT YACHT CLUB 05-0254070 Page 5 Partive Statements Regarding Other IRS Filings and Tax Compliance Yes No 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 10 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 39 X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?.... 3 a **b** If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. . Х 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, secunties account, or other financial account)? 4 a **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. x 5 a Was the organization a party 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? $\overline{\mathbf{x}}$ 5 b 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 h Organizations that may receive deductible contributions under section 170(c). *** 1 7 a Х **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c Х Z+, * & e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.... 7 e Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?... 7 f Х g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business 8 * E & C 14 15 15 1 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 a b Did the organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12. 21,000 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 39,802 11 Section 501(c)(12) organizations. Enter: 11 a b Gross income from other sources (Do not net amounts due or paid to other sources raine 12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . 12 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? 13 a 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 13 b which the organization is licensed to issue qualified health plans .3 14a Did the organization receive any payments for indoor tanning services during the tax year? X 14 a

b If "Yes," has it filed a Form 720 to report these payments? If 'No," provide an explanation in Schedule O . .

_	05-0254070			age o
Pä	Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O. See instructions.	in		
_	Check if Schedule O contains a response or note to any line in this Part VI	• • •	• • •	. X
Sec	ction A. Governing Body and Management			,
			Yes	No
1 :	a Enter the number of voting members of the governing body at the end of the tax year			· ,
		, **	٠٧	
	b Enter the number of voting members included in line 1a, above, who are independent	5~ Î	- : 163	\$CH
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2	كنسك	ائندا X
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		$\frac{x}{x}$
_	Did the organization have members or stockholders?		V	 ^
6		6	X	Ь—
7 (a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a	Х	
	Are any governance decisions of the organization reserved to (or subject to approval by) members,			$\overline{}$
	stockholders, or other persons other than the governing body?	7 b	Х	1
			~ \$% j.,	307123
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	a The governing body?	8 a	X	
ı	Each committee with authority to act on behalf of the governing body?	8 b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If Yes,' provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	nde l	
	The second secon	<u></u>	Yes	No
10 -	a Did the organization have local chapters, branches, or affiliates?	10 a		X
		iva		├ ^
ľ	o If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11 a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
t	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	·		73.1
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in			
40	Schedule O how this was done	12 c		
	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	3 8 .		,56°*
a	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers of key employees of the organization	15 b		X
•	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)	130		30,77
	, , ,	7.5		200
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		کنت X
t	olf 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the		<u> </u>	
	organization's exempt status with respect to such arrangements?	16 b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed	_ _ _		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection. Indicate how you make these available. Check all that apply.	for pu	blic	
40	Own website Another's website X Upon request Other (explain in Schedule O)	_ 4-		
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	n.		
	JOSEPH SLAWINSKI 110 LONG WHARF NEWPORT RI 02840 (40	1) 8	46-9	<u>)410</u>

Form 990 (201	-/				_				05-02		Page 1
Partyill C	ompensation dependent Co	of Office ontracto	ers, Directors	, Trustees,	, Key Emp	oloyees,	Highes	t Com	pensate	d Emplo	yees, and
c	heck if Schedule O	contains a	a response or no	e to any line in	this Part VII						<i></i> . [

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the 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 employee'
- 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 i	n nor any related organization compensated any current officer, director, or trustee.									
(A) Name and Title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOY HADLEY REGATTA COMMITTEE CHAIR	_5.00	х						0.	0.	0.
(2) ROBERT ANTIGNANO FINANCE COMMITTEE CHAIR	_ <u>5 .00</u>	Х						0.	0.	0.
(3) PHILLIP MARKS HOUSE CHAIR - OCT-DEC	10.00	х						0.	0.	0.
(4) PETER RAPOSA HOUSE CHAIR - JAN-SEPT	10.00	Х						0.1	0.	0.
(5) PETER DIVOLL MEMBERSHIP CHAIR - OCT-DEC	_5.00	х						0.	0.	0.
(6) DONALD MARCUS MEMBERSHIP CHAIR-JAN-SEPT	_5.00	х						0.	0.	0.
(7) STEPHEN DAMAS FLOAT & DOCK CHAIR - OCT-DEC	10.00	х						0	0.	0.
(8) DONALD BERRETT FLOAT & DOCK CHAIR - JAN-SEPT	10.00	х						0.	0.	0.
(9) HANK KNISKERN COMMUNICATIONS CHAIR - OCT-DEC	_5.00	х						0.	0.	0.
(10) AMINTHA CINOTTI COMMUNICATIONS CHAIR - JAN-SEPT	_ 5.00	х						0.	0.	0.
(11) SOLANGE MORISSETT ENTERTAINMENT CHAIR - OCT - DEC	5.00	x						0.	0.	0.
(12) JUDITH GINTZ ENTERTAINMENT CHAIR - JAN - SEPT	_5.00	х						0.	0.	0.
JR. ACTIVITY COMM. CHAIR	_5.00	х				-		0.	0.	0.
(14) ROY GUAY OFFSHORE COMMITTEE CHAIR	_5.00	х						0.	0.	0.

Partivil Section A. Officers, Directors, Trus	(B)	Key	En		oye C)	es,	<u>an</u>	d Highest Con	npensated En	nployees (continued)
(A) Name and title	Average hours per week (list any hours for related organiza - tions	ίοο	cer a	Pos theck ss pe	more rson directe	than of the standard than the standard throat Highest components the standard throat t	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	below dotted line)	see	ustee			ensated				:
(15) WINFRED KELLY FROSTBITE COMMITTEE CHAIR	5.00	Х						0.		0.
(16) WHIT CORBISHLEY YOUND ADULT COMM. CHAIR - OCT-DEC	5.00	X						0.		0.
(17) DANIEL ANTON YOUND ADULT COMM. CHAIR - JAN-SEPT	5.00	-						0.		0. 0.
(18) PETER ROPOSA MEMBER AT LARGE - OCT-DEC	2.00	-						0.		0.
(19) DONALD MARCUS MEMBER AT LARGE - OCT-DEC	2.00							0.		0.
(20) MICHAEL O'REILLY MEMBER AT LARGE - OCT-DEC	2.00				-			0.		0.
(21) THOMAS ROWE MEMBER AT LARGE - OCT-DEC	1.00	-						0.		0 0.
(22) PETER JENKS MEMBER AT LARGE - JAN-SEPT	2.00	_					<u> </u>	0.		0.
(23) NEILL GRAY MEMBER AT LARGE - JAN-SEPT	2.00				-			0.	0	
(24) ROBERT LIND MEMBER AT LARGE - JAN-SEPT	2.00	_						0.		
(25) JACK GRANT MEMBER AT LARGE - JAN-SEPT	5.00	 						0.	0	
1 b Sub-total						•	>	0.	0	
c Total from continuation sheets to Part VII, Section							>	0.	0	
d Total (add lines 1b and 1c)	_						ive	0 . d more than \$100,0	000 of reportable o	
from the organization 0										TvosTNo
3 Did the organization list any former officer, director, o on line 1a? If 'Yes,' complete Schedule J for such indi								st compensated em	ployee	Yes No 3 X
4 For any individual listed on line 1a, is the sum of repoi the organization and related organizations greater that such individual	n \$150,0	mpe	nsati If 'Y	ion a 'es' d	and o	other olete	cor Sch	mpensation from nedule J for		4 X
5 Did any person listed on line 1a receive or accrue comfor services rendered to the organization? If 'Yes,' con	npensati									- 19
Section B. Independent Contractors										
1 Complete this table for your five highest compensated compensation from the organization Report compens	ation for	the	t con cale	ntrac	tors yea	that ir end	rece	eived more than \$1 with or within the o	00,000 of organization's tax	year.
(A) Name and business address	3							(B) Description o		(C) Compensation
SF MARINA 6364 ALLMONDSVILLE RD. GI	LOUCES	STE	R	VA	2	306	51	FLOATING BR	EAKWATERS	202,880.
Total number of independent contractors (including but	ıt not lım	ited 1	to the	ose	liste	d abo	ove') who received mor	e than	4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
\$100,000 of compensation from the organization	1		<u></u>				-,	,		

Part VIII Statement of Revenue

		Check if Schedule O	contains a r	espor	nse or note to any lii	ne in this Part VIII .			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	t c	Fundraising events	tembership dues		6,500.	1			
CONTRIBUTIC AND OTHER	g	f All other contributions, gifts, grants, and similar amounts not included above			5,105.	11,605.	,	5 4	4
핗					Business Code	1		· · · · · · · · · · · · · · · · · · ·	
	2 a	MEMBERSHIP DUES & IN	TOTAGEON E		712000	363,879.	262 070	^	
<u>@</u>			TITATION				363,879.	0.	0.
<u>, , , , , , , , , , , , , , , , , , , </u>	L	FLOAT & DOCK		r	713990	344,909.	323,294.	21,615.	0.
≥ 1	C	JUNIOR ACTIVIT	IES		713990	18,290.	18,290.	0.	0.
点	O	OFFSHORE ACTIV	ITIES	- 1	713990	17,573.	3,690.	13,883.	0.
=	е	ENTERTAINMENT (17,035.	17,035.	0.	0.
₩.	£	All other program service			113330				
ğ		, ,				25,137.	18,261.	6,876.	0.
Id.	3	I Total. Add lines 2a-2f . Investment income (incluother similar amounts) . Income from investment	uding divider	nds, i	nterest and	786,823. 821.	0.	821.	0.
	5	Royalties							
	b	6 a Gross rents b Less rental expenses c Rental income or (loss)		(II) Personal					
	С	Rental income or (loss)			L			133.77	
	d	Net rental income or (los	s)						
		Gross amount from sales of assets other than inventory. Less, cost or other basis	(i) Secunti	es	(ii) Other 0 .				
		and sales expenses			24,375.				
	C	Gain or (loss)			-24,375.				
	d	Net gain or (loss)				-24.375.	0		24 275
EVENUE		Gross income from fundr (not including \$ of contributions reported	raising even	ts		-24,373.			-24,375.
OTHER R		See Part IV, line 18 Less direct expenses . Net income or (loss) from		. b	,				
l		• •			·- ·- · · · · · · · · · · · · · · · · ·	``,	. 7 .4		7
		Gross income from gamin See Part IV, line 19 Less, direct expenses .	• • • • • •	. а)				
	C	Net income or (loss) from	n gaming ac	tivitie	s				
,		Gross sales of inventory, and allowances Less: cost of goods sold		. а	201/072	75.			The state of the s
ł	C	Net income or (loss) from	n sales of in	vento		11,489.	9,573.	1,916.	0.
ı		Miscollaneous Revenu			Business Code	,,	3,3,3.	+, >+ 0.	<u> </u>
ŀ	11 a								
	b b		·	 					
- 1		All other revenue	· · · · ·	· L					
- }		Total. Add lines 11a-11d			▶		*.	**	·
	12	Total revenue. See instr	uctions			786,363.	754,022.	45,111.	-24,375.

	T-IX Statement of Functional Expen		other organizations must	complete column (A)	
,	Check if Schedule O contains a re			· · · · · · · · · · · · · · ·	
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 2	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
3	the United States. See Part IV, line 22				
4 5	Benefits paid to or for members				7 7 7
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	293,616.		~ · · · · · · · · · · · · · · · · · · ·	, ,,
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits	10,301.			
10	Payroll taxes	39,787.			
11	, , , ,				
	Management				
	Legal				
_	: Accounting	5,000.			
_	Lobbying				
	Professional fundraising services. See Part IV, line 17		場で変える	等。 (2) " 2001 [2] [2] 中央	
_	Investment management fees				
g	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	27,775.			
12	Advertising and promotion				
13	Office expenses	43,001.			
14	Information technology	3,478.			
15	Royalties				
16	Occupancy	123,571.			
17	Travel	105.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20	Interest	5,134.			
21	Payments to affiliates			- :-	
22	Depreciation, depletion, and amortization	51,965.			
23 24	Insurance	65,156.			(\$ / 36**
	covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	l l	20 420		 	
_	DOCK & EQUIP. RENTAL & MAINT.	32,438. 30,111.	<u> </u>		
	YACHT CLUB EVENTS	29,271.			
	SUPPLIES OFFSHORE ACTIVITIES	12,913.			
	All other expenses	46,456.			
	Total functional expenses. Add lines 1 through 24e.	820,078.			
	· ·	020,070.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to any line in this Part X			
	•		(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	15,234.	1	358,972.
	2	Savings and temporary cash investments	196,347.	2	203,718.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	12,221.	4	3,695.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<u> </u>	Secretary of the second of the
	6	Loans and other 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) Complete Part II of Schedule L		6	Land to the state of the state
A	7	Notes and loans receivable, net		7	
ASSETS	8	Inventories for sale or use	15,933.	8	20,089.
T	9	Prepaid expenses and deferred charges	42,736.	9	28,503.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		/ 3 	
	b	Less accumulated depreciation	595,200.	10 c	780,692.
	11	Investments – publicly traded securities	60,457.	11	56,391.
	12	Investments — other securities. See Part IV, line 11	30,1	12	00,031.
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	_
	16	Total assets. Add lines 1 through 15 (must equal line 34)	938,128.	16	1,452,060.
	17	Accounts payable and accrued expenses	16,436.	17	5,754.
	18	Grants payable		18	0,700
	19	Deferred revenue	66,754.	19	61,622.
L.	20	Tax-exempt bond liabilities		20	
L	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ABILIT	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
į	23	Secured mortgages and notes payable to unrelated third parties	29,112.	23	597,003.
S	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	112,302.	26	664,379.
N E T		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
S S	27	Unrestricted net assets	825 , 826.	27	787,681.
SETS	28	Temporarily restricted net assets		28	-
- 1	29	Permanently restricted net assets		29	
Q F		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
FUZD	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
רָּגָּ	32	Retained earnings, endowment, accumulated income, or other funds		32	
BALANCES	33	Total net assets or fund balances	825,826.	33	787,681.
Ē	34	Total liabilities and net assets/fund balances	938,128.	34	1,452,060.

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Form 990 (2013)

		025407 <u>0</u>		Page 12
Pa	tłXI∭ Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	· • • • •	X
1 .	Total revenue (must equal Part VIII, column (A), line 12)	1	786	363.
2	Total expenses (must equal Part IX, column (A), line 25)	2	820	078.
3	Revenue less expenses. Subtract line 2 from line 1 · · · · · · · · · · · · · · · · · ·	3	-33	715.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	825	826.
5	Net unrealized gains (losses) on investments	5	4	430.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	787,	<u>681.</u>
Rai	形义训制 Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		X
			Ye	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		XX (
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X	
	If Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
ŧ	Were the organization's financial statements audited by an independent accountant?		2 b	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both		* , ,	
	X Separate basis			لنثثنا
•	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?		2 c X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a	x
t	olf Yes, did the organization undergo the required audit or audits? If the organization did not undergo the required au	dıt		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b	Ш
BAA			Form 990	(2013)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete If the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public rm990. Inspection
Employer Identification number

				05.0054070
NEV	VPORT YACHT CLUB (Organizations Maintaining Dono	- Advised Funds of Othe	or Similar Funds or Acc	105-0254070
Pai	Complete if the organization answer	red 'Yes' to Form 990. Pa	er Similar Funds of Acc art IV line 6	counts.
	Tompiete ii tilo elganization anove	(a) Donor advised fu	 _	unds and other accounts
4	Total number at end of year	(a) Donor advised to	rius (b) F	unus and other accounts
1	, , , , , , , , , , , , , , , , , , ,			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4				-
5	Did the organization inform all donors and donor are the organization's property, subject to the organization of the organizat	advisors in writing that the asset anization's exclusive legal contro	s held in donor advised funds ol?	Yes No
6	Did the organization inform all grantees, donors, a for chantable purposes and not for the benefit of timpermissible private benefit?	he donor or donor advisor, or fo	r any other purpose conferring	
Pai	Conservation Easements. Complete if the organization answe	ered 'Yes' to Form 990. Pa	art IV. line 7.	
1	Purpose(s) of conservation easements held by the			
	Preservation of land for public use (e.g., recre	' '	Preservation of an historical	ly important land area
	Protection of natural habitat	· · · · · · · · · /	Preservation of a certified hi	•
	Preservation of open space	L		
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation cor	tribution in the form of a conse	ervation easement on the
	last day of the tax year.	·	 	
			 	teld at the End of the Tax Year
	Total number of conservation easements			
	Total acreage restricted by conservation easemen			· · · · · · · · · · · · · · · · · · ·
•	Number of conservation easements on a certified	historic structure included in (a)	2c	
•	Number of conservation easements included in (c structure listed in the National Register			
3	Number of conservation easements modified, trantax year ►	nsferred, released, extinguished	, or terminated by the organiza	tion during the
4	Number of states where property subject to conse	ervation easement is located >		
5	Does the organization have a written policy regard and enforcement of the conservation easements	· ·		Yes No
6	Staff and volunteer hours devoted to monitoring, i	nspecting, and enforcing conser	vation easements during the y	rear
7	Amount of expenses incurred in monitoring, inspe ▶ \$	ecting, and enforcing conservation	on easements during the year	
8	Does each conservation easement reported on lir and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the require	ments of section 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the conservation easements.	conservation easements in its reconservation's financial statem	evenue and expense statement ents that describes the organia	nt, and balance sheet, and zation's accounting for
Pai	Organizations Maintaining Collection Complete if the organization answer	ctions of Art, Historical 7 ered 'Yes' to Form 990, Pa	Freasures, or Other Sin art IV, line 8.	nilar Assets.
1 :	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its financial	ld for public exhibition, education	n, or research in furtherance of	
ı	o If the organization elected, as permitted under SF historical treasures, or other similar assets held for following amounts relating to these items:	or public exhibition, education, or	research in furtherance of pul	blic service, provide the
	(i) Revenues included in Form 990, Part VIII, line			
	(ii) Assets included in Form 990, Part X			
	If the organization received or held works of art, h amounts required to be reported under SFAS 116	(ASC 958) relating to these iter	ns.	•
	Revenues included in Form 990, Part VIII, line 1			
- 1	Assets included in Form 990, Part X			▶\$

	YACHT CLUE				<u> 0254070 </u>	Page 2
Part III Organizations Maintaini	ng Collections	of Art, Histo	rical Treasures, c	or Other Similar	r Assets (co	ntınued)
3 Using the organization's acquisition, a tems (check all that apply):	ccession, and other	r records, check a	any of the following that	are a significant us	e of its collectio	n
a Public exhibition		d Loan o	r exchange programs			
b Scholarly research		e Other		<u></u>		
c Preservation for future generation	s					
4 Provide a description of the organizati Part XIII.	on's collections and	d explain how they	y further the organization	n's exempt purpose	: IN	
5 Dunng the year, did the organization s to be sold to raise funds rather than to	be maintained as p	part of the organiz	zation's collection?		· · · 🔲 Yes	No
Escrow and Custodial A line 9, or reported an amo	a <mark>rrangements.</mark> Junt on Form 99	Complete if th 0, Part X, line	e organization ans 21.	wered 'Yes' to F	orm 990, Pa	art IV,
1 a Is the organization an agent, trustee, on Form 990, Part X?				sets not included	· · · [] Yes	No
b If 'Yes,' explain the arrangement in Pa	rt XIII and complete	the following tab	ole ⁻			
					Amount	
c Beginning balance						
d Additions during the year				}		
e Distributions during the year						
f Ending balance		• • • • • •	• • • • • • • • • • • • • • • • • • • •	. [1f]		
2 a Did the organization include an amour						No
b If 'Yes,' explain the arrangement in Pa	rt XIII. Check here	if the explantion h	ias been provided in Pa	art XIII		· · 📙
D*************************************	anlata if the area		wared 'Vae' to Fare	- 000 D-41// E	10	
Part V Endowment Funds. Con						
4 - Designing of wantslands	(a) Current year	(b) Prior year	(c) Two years back	k (d) Three years	back (e) For	ur years back
1 a Beginning of year balance						
b Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage of the	ne current year end	balance (line 1g,	column (a)) held as			
a Board designated or quasi-endowmen	it ►	ક				
b Permanent endowment ►	ક					
c Temporanly restricted endowment		ક				
The percentages in lines 2a, 2b, and 2	c should equal 100	. 0%.				
3 a Are there endowment funds not in the organization by	possession of the o	organization that a	are held and administer	ed for the	Г.	Yes No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
b If 'Yes' to 3a(ii), are the related organiz					<u> </u>	
4 Describe in Part XIII the intended uses		-			1 1 1 1 00 1	
Part VII Land, Buildings, and Eq		13 endowment to	1103.			
Complete if the organizati	•	es' to Form 99	90, Part IV, line 11	a. See Form 990	0, Part X, lin	e 10.
Description of property		or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulate depreciation	d (d) Bo	ook value
1 a Land				S. 14 1 8	7 E	
b Buildings						
c Leasehold improvements			716,535.	416,74	18.	299,787.
d Equipment			89,130.	82,89		6,236.
e Other			1,059,034.	584,36		474,669.
Total. Add lines 1a through 1e. (Column (d)		90, Part X. colum				780,692.
BAA					Schedule D (For	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain

Schedule D (Form 990) 2013 NEWPORT YACHT CLUB	05-0254070	Page 4
Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a Net unrealized gains on investments		
b Donated services and use of facilities		
c Recovenes of prior year grants		
d Other (Describe in Part XIII.)	— ·	
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.	·	
a Investment expenses not included on Form 990, Part VIII, line 7b 4 a		
b Other (Describe in Part XIII.)	* * * * * * * * * * * * * * * * * * *	
c Add lines 4a and 4b	. 4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per		
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
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- · · · · · · · · · · · · · · · · · · ·		
e Add lines 2a through 2d	2 e	
1 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1' a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	—— - -	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		· · · · · · · · · · · · · · · · · · ·
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional transfer of the second se	tional information.	
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Schedule **D** (Form 990) 2013

Schedule D (Form 990) 2013 NEWPORT YACHT CLUB Part XIII: Supplemental Information (continued)	05-0254070	Page 5
RantixIII: Supplemental Information (continued)		
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Employer identification number

Open to Public Inspection

05-0254070 NEWPORT YACHT CLUB Pt_VI, Line 6 ___ THERE ARE THREE CLASSES OF MEMBERSHIP - VOTING, SPOUSAL AND ____JUNIOR_MEMBERSHIPS. Pt VI, Line 7a_ VOTING MEMBERS ELECT A "NOMINATING COMMITTEE" CONSISTING OF FIVE VOTING MEMBERS. THIS COMMITTEE PUTS FORTH A ____SLATE OF OFFICERS AND THREE MEMBERS FOR THE STANDING COMMITTEES. AT THE OCTOBER MEETING, ALL UNCONTESTED MEMBERS ON THE SLATE BECOME OFFICERS OR COMMITTEE MEMBERS. ADDITIONALLY, FOUR "MEMBERS AT LARGE" ARE DIRECTLY ELECTED BY THE VOTING MEMBERS ATTENDING THE OCTOBER MEETING. THE BOARD OF DIRECTORS IS COMPRISED OF THE OFFICERS, THE MEMBERS AT LARGE AND ONE MEMBER OF EACH STANDING COMMITTEE, WHO HAS BEEN CHOSEN BY THE COMMODORE TO BE THE CHAIRPERSON OF THE COMMITTEE. Pt_VI, Line 7b ALL DECISIONS RELATING TO THE MANAGEMENT OF THE CLUB ARE MADE BY THE BOARD OF DIRECTORS, WITH THE EXCEPTION OF THE ANNUAL BUDGET WHICH IS PREPARED BY THE BOARD AND PRESENTED FOR APPROVAL, OR MODIFICATION, TO THE VOTING MEMBERS AT THE DECEMBER MEETING, EXCEPT AS MAY BE GOVERNED BY ROBERTS RULES. Pt VI, Line 8b THERE IS CURRENTLY NO REQUIREMENT FOR DOCUMENTATION OF COMMITTEE MEEETINGS; HOWEVER, ALL COMMITTEE DECISIONS ARE BROUGHT TO THE BOARD FOR BOARD APPROVAL. Pt VI, Line 11b THE TREASURER AND MEMBERS OF THE FINANCE COMMITTEE REVIEW A DRAFT OF THE FORM 990 AND FORM 990-T FOR THEIR APPROVAL AND/OR MODIFICATION BEFORE COMPLETION AND FILING. Pt VI, Line 19 GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS

Schedule O (Form 990 or 990-EZ) 2013		Page 2
Name of the organization		Employer identification number 05-0254070
NEWPORT YACHT CLUB		05 0254070
ARE MADE	AVAILABLE TO THE PUBLIC UPON REQUEST A	FTER
BOARD APP	ROVAL.	
Pt_XIUNREALIZE	D DEPRECIATION OF INVESTMENT SECURITIES	SIS
NOT_INCLU	DED IN THE AMOUNTS ON THE FORM 990.	
Pt_XII, Line_2c _ THE_FINAN	CE COMMITTEE SELECTS AN INDEPENDENT ACC	COUNTANT
AND_ASSUM	ES_REPONSIBILITY FOR OVERSIGHT_OF_ALL_A	ACCOUNTING
SERVICES	PROVIDED.	
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Form 990

Continuation Sheet for Form 990

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number 05-0254070

NEWPORT YACHT CLUB

Partiville Continuation: Officers, Directors, Trustees, Key Employees, and

(A)	(B)			((;)			(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related organizations below dotted line)		Position (check all that apply)					Reportable	Reportable compensation from	Estimated
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
26 STEWART J. ABRAMSON COMMODORE - OCT-DEC	10.00	х		Х				0.	0.	0.
27 LAUREN ANTON COMMODORE JAN-SEPT	10.00	х		Х				0.	0.	0.
28 MICHAEL WARREN VICE COMMODORE - OCT-DEC	10.00	х		Х				0.	0.	0.
29 STEPHEN WEAVER REAR COMMODORE - OCT-DEC	10.00	x		х				0.	0.1	0.
30 EDITH MORIN SECRETARY - OCT-DEC	1.00	х		Х				0.	0.	0.
31 ROSA TYSOR SECRETARY - JAN-SEPT	1.00_	х		Х				0.	0.1	0.
32 JOSEPH SLAWINSKI TREASURER	10.00	х		х				0.	0.	0.
33 JACK ELLIS PAST COMMODORE - JAN-SEPT	10.00	х		х				0.	0.	0.
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