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Form **990**

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 2014

Open to Public

	Α	For the 20	14 calen	dar year, or tax	year beg	inning			, 20	14, and	endir	ng		_	,		
	В	Check if applic	able	C Name of organiza	ation I I	A LEWIS	YA	CHT CI	JUB				D Emplo	yer Ident	ification nu	mber	
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		Name change															
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;		—	n/terminated	City or town, stat		e, country, and 2	ZIP or fo	oreign postal	code		<u> </u>		\	1, 0	10 13		
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		Toy over	nt clotus	GARY LASH	501(c) (NWEALTH			4947(a)(1	RI 02	527	H(b) Are all If 'No,'	attach a list	(see instr	uctions)		Ц•
	!- -	Tax-exemp				. 7) -	(IIISEI	(110)	[4947(a)(i) or	527	-					
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00		8 Con	tributions	and grants (Part	VIII, line	1h)							384,	815.		387,	683.
0	Ę.			ice revenue (Part									451,				479.
N	Revenue			come (Part VIII, c										576.			523.
\Rightarrow		11 Othe	er revenu	e (Part VIII, colum	nn (A), lin	ies 5, 6d, 8c	, 9c, 1	Oc, and 1	1e)	···-	··			004.			647.
SCANNED		12 Tota	ıl revenue	- add lines 8 th	rough 11	(must equa	l Part	VIII, colu	nn (A), lin	e 12) 🔒			865,				332.
لجيا		13 Gran	nts and si	milar amounts pa	ıd (Part I	X, column (A	A), line	es 1-3) .			··· /··	. [
=		14 Ben	efits paid	to or for members	s (Part IX	(, column (A), line	4)	V	200	. ; .						
		15 Sala	ines, othe	er compensation,	employee	e benefits (P	art IX	, column	(A), lines t	5-10)' ' .			391,	787.		383,	091.
\mathcal{C}	Expenses	16a Prof	essional f	fundraising fees (Part IX, c	olumn (A), l	ine 11	e)		·.· · · ·		. 🗆					
9,	ben			sing expenses (Pa		•	-	. , ,						, j?,	V V)	** · · ·	T
	虿	i .		es (Part IX, colun			1-44					:			, (87. /		
			•	•	• •			-					<u>398,</u>				262.
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			enue less	expenses. Subtr	act line 1	8 from line	12 .	• • • • •	· · · · ·	· · · ·	· · ·			301.	<u>_</u> _		979.
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	a a a	20 Tota		(Part X, line 16)							• • •	•	<u>858,</u>				196.
	Net Assets Fund Baland	21 Tota		s (Part X, line 26)			• • •					·		880.			434.
	_			fund balances. S	ubtract li	ne 21 from l	ıne 20	· · · ·	· · · · ·	<u> </u>		<u>· </u>	<u>846,</u>	783.		932,	762.
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				NEWPOR					RI 02	2840-1	1050		Phone no	(40		7-126	0
	May	v the IRS d	liscuss thi	is return with the		shown abov	e? (se	ee instruc							. IXI Y		No

Form 990 (2014)

Form	990 (2014) II	DA LEWIS Y	ACHT CLU	В			05-0	171955	Page 2
Par	t III Statem	ent of Progr	am Service	e Accomplishmen	ts				
	Check if S	Schedule O cont	tains a respon	se or note to any line in	this Part III				<u>.</u> _
1	Briefly describe the	he organization'	s mission:						_
	PRESERVE_L	IMR ROCK	LIGHTHOU	SE:		. 			
	ENGAGE AND	PROMOTE	YACHTING	, BOATING AND	OTHER MARI	NE SPORTS	; ;		
	MAINTAIN A	ND PRESER	VE CLUB	ROOMS AND YACH	T CLUB.				
2	_			program services during	•		on the prior		_
	Form 990 or 990-	-EZ?				· · · · · · · ·		Yes	X No
	If 'Yes,' describe	these new serv	ices on Sched	ule O.				_	
3	Did the organizat	tion cease cond	ucting, or mak	e significant changes ın	how it conducts,	any program s	services?	· · Yes	X No
	If 'Yes,' describe	•							_
4	Describe the orga	anization's prog	ram service ad	complishments for eac are required to report th	h of its three large	est program se	rvices, as measur	ed by expens	es.
	and revenue, if a	ny, for each pro	gram service i	eported.	e amount or gram	is and anocation	ons to others, the	total expense:	5,
			_						
4 a	(Code:) (Expenses	\$	including o	rants of \$) (Revenue	\$)
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40	Other program se	ervices (Descril							
40	Other program se (Expenses \$			e O.) uding grants of \$) (Reve	nue \$)

-			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		X
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 temporarily 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, VII, VIII, IX, or X as applicable.			
	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
	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		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		

Form 990 (2014) IDA LEWIS YACHT CLUB

Partive Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		х
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		х
24 :	a 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 25a	24a		х
ı	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	·	
•	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
ı	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	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 'Yes', complete Schedule L, Part II	26_		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
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)	M.C.		
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
I	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
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		Х
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		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ļ	b If 'Yes' to line 35a, 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	35b	·	
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

BAA

Form 990 (2014)

			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			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
•				-
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 2 a	ļ		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			-
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	X	
	b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b	$\frac{x}{x}$	
		30		-
	a 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 account)?	4 a		х
	b If 'Yes,' enter the name of the foreign country:		* 1,	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6	a 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 as charitable contributions?	6 a	Х	
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 Ь	x	
7	Organizations that may receive deductible contributions under section 170(c).	-	14.30	-3
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and		38.	
	services provided to the payor?	7 a		Х
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		L
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7 c		x
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	- ' -	-	
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
		/1		<u> </u>
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
_		7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	ه ځومند		₹ ', Жанашында
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		,	1
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:	× i	-	**
	a Initiation fees and capital contributions included on Part VIII, line 12	1	ľ	
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 52,170.	4		
11	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders	-1		
	b Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	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	1		
	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	İ		
	c Enter the amount of reserves on hand			
14	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		

Forn	1 990 (2014) IDA LEWIS YACHT CLUB 05-0171955		P	age 6
Pai	rt VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below	w, an	d for	,
	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	n		
	Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			. <u>x</u>
Sac	tion A. Governing Body and Management	· · ·	· · ·	· ^
000	Alon 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 1a 12		163	110
	If there are material differences in voting rights among members		Ì	
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ı	Enter the number of voting members included in line 1a, above, who are independent 1b		1	
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		X
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?	3		x
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7 8	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	<u> </u>
t	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7 b	Х	<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	8 a	Х	
ı	Each committee with authority to act on behalf of the governing body?	8 b	Х	
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	ction B. Policies (This Section B requests information about policies not required by the Internal Reven	<u>ue C</u>	—	
40.	Pud the agreementing hours local chapters have the control of the transfer of		Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a		X
	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 ь		i
11:	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- 11a	\$178x 1	<u> </u>
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		X
	• Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	120		-^
	to conflicts?	12 b		}
•	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c		
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14		X
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?			
4	The organization's CEO, Executive Director, or top management official	15a		Х
ı	Other officers or key employees of the organization	15 b		Х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity duning the year?	16a		Х
ŀ	o If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its	i		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		<u> </u>
Sec	etion C. Disclosure		L	
17				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	 Ivailat	– – – ole	
	for public inspection Indicate how you made these available. Check all that apply. Own website Another's website Other (explain in Schedule O)			
19		e to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			

RI

Partivil Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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 nor any related organization compensated any current officer, director, or trustee.

	i		(C)					·	
(B) Average hours per	than	one i both dire	oox, u an of ector/	inless fficer a truste	person and a e)	י	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
1.00									.
	X		Х			_	0.	0.	0.
. 1.00	х		х				0.	0.	0.
	х		х				0.	0.	0.
1.00	Х		Х				0 -	0.	0.
1.00	х		х				0.	0.	0.
1.00	х						0.	0.	0.
1.00	х						0.	0.	0.
1.00	х						0.	0.	0.
1.00	х						0.	0.	0.
1.00	х						0.	0.	0.
1.00	х						0.	0.	0.
1.00	х						_ 0.	0.	0.
	Average hours per week (list any hours for related brganizations below dotted line) 1.001.001.001.001.001.001.001.001.001.001.00	Average hours per week (list any hours for related organizations below dotted line) 1.00	Average hours per week (ist any per week (ist any per related organizations below below dired line)	Average hours per week (list any nours for related organizations below dotted line)	Average hours per Average hours per Average hours per Average hours per Average hours for related organizations below dotted line) Average week (list any cours for related organizations below dotted line) Average week Average week (list any cours for related organizations below dotted line) Average week Average wee	Average hours per se both an officer and a director/trustee) Highest compensated briganizations below dotted line) T. 000 X	Average hours per week (ist any nours for related (ist any nours for related line) Nours for related (ist any nours for or director) Nours for related (ist any nours for related line) Nours for related (ist any nours for related line) Nours for related (ist any nours for related line) Nours for related (ist any nours for related line) Nours for related (ist any nours for related line) Nours for related (ist any nours for related line) Nours for related (ist any nours for related line) Nours for related (ist any nours for related line) Nours for related (ist any nours for related line) Nours for related (ist any nours for related line) Nours for related (ist any nours for related line) Nours for related (ist any nours for related line) Nours for related (ist any nours for related line) Nours for related (ist any nours for related line) Nours for related (ist any nour	Average hours per week week	Average hours per late and the north of th

	(B) (C)									<u> </u>
(A) Name and title	Average hours per	box	, unles	ss pe	mor e rson i	than or s both a or/truste	an	(D) Reportable	(E) Reportable	(F) Estimated
	week	or director		Officer			Former	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
<u>(15)</u>	_ 									
(16)										<u>. </u>
(17)										·
(18)								,		
(19)	-			-						
(20)										
(21)										
(22)										
(23)					-					
(24)										
(25)										· · · · · · · ·
1 b Sub-total						 	* * *	0.	0.	0.
2 Total number of individuals (including but not limited to from the organization ►							ived			npensation
3 Did the organization list any former officer, director, o on line 1a? If 'Yes,' complete Schedule J for such indi	vidual .		• •	• •		•••			ployee	Yes No
4 For any individual listed on line 1a, is the sum of reporting organization and related organizations greater that such individual	n \$150,0	2000	If 'Yo	ion a es' c	and (comp	other o <i>lete</i> :	cor Sch	mpensation from nedule J for · · · · · · · · · · · ·		. 4 X
5 Did any person listed on line 1a receive or accrue con for services rendered to the organization? If 'Yes,' con	npensati nplete S	on fro	om a ule J	ny ι I for	unre suci	lated h pers	org son	anızation or individ	lual 	. 5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensated compensation from the organization. Report compens	indeper	ndent	con	itrac	tors	that r	ece	eived more than \$1	00,000 of	
(A) Name and business address			<u> </u>	Idai	yea			(B) Description o		(C) Compensation
		-			-	-				
2 Total number of independent contractors (including bu \$100,000 of compensation from the organization >	ıt not lim	ited (to the	ose	liste	d abo	ve)) who received mor	e than	
RAA		reean	100	05.60					<u></u>	Farm 000 (0044)

		0 (2014) IDA LEWIS YACH	IT CI	LUB				05-0171	955	Page 9
Par	. VI	Check if Schedule O contains	a respo	nse or note to any lin	e in this Part VIII .					
A Maria Cara Cara Cara Cara Cara Cara Cara		Chock in Contoduct of Contogue			(A) Total revenue		(B) Related or exempt function revenue	(C) Unrelate business revenue	d S	(D) Revenue excluded from tax under sections 512-514
nts	1 a	Federated campaigns	1 a							
irat our	t	Membership dues	1 b	374,367.		1				
s, C	C	Fundraising events	1 c	13,316.		1				
Gift		Related organizations	1 d							
is,	e	Government grants (contributions)	1 e				ľ			
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above	1f							
d di	ç	Noncash contributions included in lines 1	a-1f \$							
a Co	H	Total. Add lines 1a-1f			387,683.	1				****
				Business Code						
Program Service Revenue	2 a	MEMBER SERVICE		713990	133,143.		133,143.		0.	0.
ě.	t	VISITOR SERVICES		713990	53,874.		11,060.	42,8	314.	0.
Κį	C	ENTERTAINMENT SERVIC	ES_	713990	185,286.		175,930.	9,3	356.	0.
Ser	C	ADULT_SAILING		713990	7,380.	<u> </u>	7,380.		0.	0.
am		JUNIOR SAILING		713990	69,796.		69,796.		0.	0.
<u> </u>		All other program service revenue		<u>'</u>	12,000.	ļ	12,000.		0.	0.
ے	9	Total. Add lines 2a-2f			461,479.	# - 5	(# # f .	, 3 4 -6, ~	`` `	**** **********************************
	3	Investment income (including diviother similar amounts)		▶	1,248.		1,248.		ο.	0.
	4	Income from investment of tax-ex	•	,						
	5	Royalties								
			Real	(II) Personal	,	*	², \$ #	***	*	*
		Gross rents								v .
		Less: rental expenses			4 x	<u>.</u>	. # (44	á	5
		Rental income or (loss)					?#i	<u> </u>	1,33	z. <u> </u>
	C	Net rental income or (loss)			**. *			· · ·		
	7 a	Gross amount from sales of (i) Sec	unties	(II) Other			İ			
		assets other than inventory	· · ·	275.			41	Pot	,	, ú
	t	Less cost or other basis and sales expenses			1:34	\$, , , , , , , , , , , , , , , , , , , ,	- 13		
		Gain or (loss)		275.						**
	C	l Net gain or (loss)			275.		275.		_0.	0.
Other Revenue	8 a	of contributions reported on line 1	316. c).		× 3 - W	·			Ż.	i Cije
ď		See Part IV, line 18		а					·	
hei		Less: direct expenses		b						
ಕ	C	Net income or (loss) from fundrais	sing ev	ents ▶						

b Less cost or other basis and sales expenses					
c Gain or (loss)	275.				3.6
d Net gain or (loss)		275.	275.	0.	0.
8 a Gross income from fundraising events (not including \$13,316. of contributions reported on line 1c).		\			() () () () () () () () () ()
See Part IV, line 18	a			· I	
b Less: direct expenses	b		4		
c Net income or (loss) from fundraising even	ents ▶				
9 a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b				
c Net income or (loss) from gaming activiti	es				
10 a Gross sales of inventory, less returns and allowances	a 15,034.				
b Less: cost of goods sold	207.10.				
c Net income or (loss) from sales of invent	ory ▶	-11,714.	-11,714.	0.	_ 0.
Miscellaneous Revenue	Business Code				
11a LONG DISTANCE RACE NET _	713990	3,828.	3,828.	0.	0.
b brenton cove race	713990	21,477.	21,477.	0.	0.
	713990	4,607.	4,607.	0.	0.
d All other revenue					
e Total. Add lines 11a-11d	▶	29,912.			

429,030

52,170

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)	
Check if Schedule O contains a response or note to any line in this Part IX	

	ot include amounts reported on lines b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				`
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				* , **********************************
4 5	Benefits paid to or for members				
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 salaries and wages	317,730.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,854.			
9	Other employee benefits	24,812.			
10	Payroll taxes	36,695.			
11	Fees for services (non-employees):	_50,055.			
	Management				
	Legal				
	Accounting	3,568.			
_	Lobbying	3,300.			
	Professional fundraising services See Part IV, line 17				<u> </u>
	Investment management fees		'*		
	Other (If line 11g amt exceeds 10% of line 25, column				
·	(A) amount, list line 11g expenses on Schedule O) Advertising and promotion				
13	Office expenses	18,934.			
14	Information technology	1,794.			
15	Royalties		\		<u> </u>
16	Occupancy	101,334.			
17	Travel		<u> </u>	<u></u>	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	·			
20	Interest				
21	Payments to affiliates			<u>. </u>	<u> </u>
22	Depreciation, depletion, and amortization	102,796.	ļ	ļ	
23	Insurance				
24	Other expenses. Itemize expenses not 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.)				
a	FEES & LICENSES	1.089.			
	STORAGE	2,420.			
	CREDIT CARD FEES	9,796.			
	UNIFORMS	914.	I		
•	e All other expenses	168,615.			I
	Total functional expenses. Add lines 1 through 24e	794,351.			
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)				
					

Form 990 (2014) IDA LEWIS YACHT CLUB
Part X Balance Sheet

	(A) Beginning of year		(B)
		1	End of year
1 Cash – non-interest-bearing	39,891.	1	30,348.
2 Savings and temporary cash investments		2	396,189.
3 Pledges and grants receivable, net		3	
4 Accounts receivable, net		4	13,052.
5 Loans and other receivables from current and former officers, directors,			
trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	5
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	
		7	
7 Notes and loans receivable, net		8	11,265.
9 Prepaid expenses and deferred charges		9	
10 a Land, buildings, and equipment: cost or other basis.			
Complete Part VI of Schedule D		š	la de la companya de
b Less: accumulated depreciation		10 c	482,893.
11 Investments – publicly traded securities		_11	
12 Investments – other securities See Part IV, line 11		12	
13 Investments – program-related. See Part IV, line 11		13	
14 Intangible assets		14	
15 Other assets. See Part IV, line 11	2,420.	15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	858,663.	16	933,747.
17 Accounts payable and accrued expenses		17	12,434.
18 Grants payable		18	
19 Deferred revenue		19	
20 Tax-exempt bond liabilities		20	ļ
21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
21 Escrow or custodial account liability. Complete Part IV of Schedule D		22	15.4
23 Secured mortgages and notes payable to unrelated third parties		23	
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 26 Total liabilities. Add lines 17 through 25		25 26	12,434.
Organizations that follow SFAS 117 (ASC 958), check here and complete	11,880.		
(S) Uses 07 Abresia 20 and Uses 22 and 24			
27 Unrestricted net assets		27	
27 Comestrated net assets		28	
29 Permanently restricted net assets		29	
Organizations that do not follow SFAS 117 (ASC 958), check here > X		, s	. Z i
and complete lines 30 through 34.		* * /	
30 Capital stock or trust principal, or current funds		30	
31 Paid-in or capital surplus, or land, building, or equipment fund		31	
32 Retained earnings, endowment, accumulated income, or other funds		32	921,313.
230 Capital stock of trust principal, or current funds	0107:00:	33	921,313.
34 Total liabilities and net assets/fund balances	858,663.	34	933,747.

		5-01	<u>71955</u>		Page	e 12
Pai	t XI · Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in this Part XI					\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	_		86	8,88	33.
2	Total expenses (must equal Part IX, column (A), line 25)		2	79	4,35	1.
3	Revenue less expenses. Subtract line 2 from line 1	. 3	3	7	4,53	32.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	l l	84	6,78	33.
5	Net unrealized gains (losses) on investments	. 5	5			
6	Donated services and use of facilities		3			
7	Investment expenses		7			
8	Prior period adjustments	· 8	3			
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,	40		_		
Da	rt XII。Financial Statements and Reporting	· 10	<u>' </u>	92	1,31	<u>.5.</u>
Га						
	Check if Schedule O contains a response or note to any line in this Part XII		· · · · ·	····	· · ·	
				C		No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other					
	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?	. .		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis	on a				
	b Were the organization's financial statements audited by an independent accountant?			2 ь		Х
	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 Separate basis Both consolidated and separate basis					
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audıt,		2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					4.1
	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	· · · · ·		3 a		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u> </u>	3 b		
BA	A			Form 9	990 (20	314)

BAA

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 2014

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service
Name of the organization

	IDA LEWIS YACHT CLUB			05 0454055
		or Advised Funds or Oth	or Cimilar Funda or	105-0171955
<u>Paı</u>	Organizations Maintaining Don Complete if the organization answ	vered 'Yes' to Form 990, F	Part IV, line 6.	Accounts.
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and dono are the organization's property, subject to the or			
6	Did the organization inform all grantees, donors for charitable purposes and not for the benefit o impermissible private benefit?	if the donor or donor advisor, or	for any other purpose confe	erring
Pa	t II Conservation Easements.			
	Complete if the organization answ			
1	Purpose(s) of conservation easements held by	- ·	<u></u> :	
	Preservation of land for public use (e.g., red	creation or education)	—	rically important land area
	Protection of natural habitat		Preservation of a certif	ied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization last day of the tax year.	n held a qualified conservation o	ontribution in the form of a	conservation easement on the
	last day of the tax year.			Held at the End of the Tax Year
	a Total number of conservation easements		2	
	b Total acreage restricted by conservation easem			·
	Number of conservation easements on a certific			-\- <u>-</u>
		`	′ <u> </u>	
	d Number of conservation easements included in structure listed in the National Register			d
3	Number of conservation easements modified, to tax year ▶	ransferred, released, extinguishe	ed, or terminated by the org	anization during the
4	Number of states where property subject to con	servation easement is located	•	
5	Does the organization have a written policy regard and enforcement of the conservation easement			
6	Staff and volunteer hours devoted to monitoring	, inspecting, and enforcing cons	ervation easements during	the year
7	Amount of expenses incurred in monitoring, ins ▶\$	pecting, and enforcing conserva	tion easements during the	year
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requi	rements of section 170(h)(4	4)(B)(i) · · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization repo- include, if applicable, the text of the footnote to conservation easements.	rts conservation easements in it the organization's financial state	s revenue and expense sta ments that describes the o	tement, and balance sheet, and rganization's accounting for
Pa	Organizations Maintaining Collection Complete if the organization answ	ections of Art, Historica vered 'Yes' to Form 990, F	Treasures, or Other Part IV, line 8.	r Similar Assets.
1	a If the organization elected, as permitted under s art, historical treasures, or other similar assets in in Part XIII, the text of the footnote to its financia	held for public exhibition, educat	ion, or research in furtherai	t and balance sheet works of nce of public service, provide,
	b If the organization elected, as permitted under set instorical treasures, or other similar assets held following amounts relating to these items:	SFAS 116 (ASC 958), to report in for public exhibition, education,	n its revenue statement and or research in furtherance	d balance sheet works of art, of public service, provide the
	(i) Revenue included in Form 990, Part VIII, lin			
	(ii) Assets included in Form 990, Part X			
	If the organization received or held works of art amounts required to be reported under SFAS 1	16 (ASC 958) relating to these it	ems:	•
	a Revenue included in Form 990, Part VIII, line 1			
	b Assets included in Form 990, Part X	<u></u>	<u> </u>	▶ \$

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage of	of the current year end	balance (line 1g, co	lumn (a)) held as:		
a Board designated or quasi-endown	nent ►	9			
b Permanent endowment ►	8				
c Temporarily restricted endowment	>	90			
The percentages in lines 2a, 2b, an	d 2c should equal 100	- 0%.			

3 a Are there endowment funds not in the possession of the organization that are held and administered for the

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds. Part XIII Land, Buildings, and Equipment.

organization by:

(i) unrelated organizations .

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings	516,754.		301,775.	214,979.
c Leasehold improvements				
d Equipment	684,652.		416,738.	267,914.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	al Form 990, Part X, colu	mn (B), line 10c.)		482,893.

BAA

Schedule D (Form 990) 2014

Yes

3a(ii)

No

Schedule D (Form 990) 2014

BAA

Part VII Investments – Other Securities. Complete if the organization answered	Yes' to Form 990. F	Part IV line 11b. See Form 990. Par	rt X line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-ye	
(1) Financial derivatives	L '	(b) member of reliables observed on the	ar maner value
(2) Closely-held equity interests		•	
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
(1)		 	
Total (Column (b) must equal Form 990, Part X, column (B) line 12) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered			
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-	year market value
(1)	 		
<u>(2)</u> (3)	 		
(4)			
(5)	<u> </u>		
(6)			
(7)			
(8)			
(9)			
(10)		· · · · · · · · · · · · · · · · · · ·) 2000 420
Total. (Column (b) must equal Form 990, Part X, column (B) line 13).	<u></u>	<u> </u>	
Part IX Other Assets. Complete if the organization answered	Yes' to Form 990. F	Part IV. line 11d. See Form 990. Pa	rt X. line 15.
	escription		(b) Book value
(2)	+		
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9) (10)			
Total. (Column (b) must equal Form 990, Part X, column (B),	line 15)		
Part X Other Liabilities.			
Complete if the organization answered 'Yes' to F	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
(a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2)			
(4)		 	
(5)		 	
(6)			
(7)			
(8)			
(9)		 	
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25). 2. Liability for uncertain tax positions In Part XIII, provide the text of the foo		I annial statements that reports the organization's liabilities	v for uncertain
tax positions under FIN 48 (ASC 740) Check here if the text of the footnote			

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Concome by the contract of the	03-0171933	i age 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 (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)	3/4/	
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		
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)		
RactixIII Reconciliation of Expenses per Audited Financial Statements With Expense	ses per Return.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments	to the	
c Other losses	7.5	
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 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.)	41.	
c Add lines 4a and 4b		
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
RartXIII 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 information.

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Schedule **D** (Form 990) 2014

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

2014

Open to Public

Name of the organization		Employer Identification number
IDA LEWIS YACHT C	LUB	05-0171955
Pt VI, Line 6	THE ORGANIZATION HAS MEMBERS NOT STOCKHOLDERS	
Pt VI, Line 7a	THE ORGANIZATION HAS MEMBERS WITH RIGHTS TO ELEC	CT THE GOVERNING BODY
Pt VI, Line 7b	THE MEMBERS HAVE THE RIGHT TO APPROVE CERTAIN DEC BODY SUCH AS CHANGES TO THE BYLAWS	CISIONS OF THE GOVERNING
Pt VI, Line 19	THSES DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC	
Pt VI, Line 11b	FORM 990 IS REVIEWED BY THE TREASURER AND GENERA	AL MANAGER BEFORE FILING