Return of Organization Exempt From Income Tax

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2018

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Check if applicable:

Final return/terminated

Application pending

Tax-exempt status

Summary

Website: ▶

Part I

3

6

Activities & Governance

Amended return

Address change

Name change

Initial return

▶ Do not enter social security numbers on this form as it may be made public.

20 2018, and ending For the 2018 calendar year, or tax year beginning D Employer identification number C Name of organization NEWPORT YACHT CLUB 05-0254070 Doing business as Number and street (or P.O. box if mail is not delivered to street address) E Telephone number (401)846-9410 110 LONG WHARF City or town, state or province, country, and ZIP or foreign postal code NEWPORT, RI 02840 **G** Gross receipts \$ 1,678,797. H(a) Is this a group return for subordinates? Yes No F Name and address of principal officer H(b) Are all subordinates included? 🔲 Yes 🔲 No THOMAS ROWE, 110 LONG WHARF, NEWPORT, If "No." attach a list, (see instructions) 501(c)(3) **区** 501(c) (7) ◀ (insert no.) ☐ 4947(a)(1) or H(c) Group exemption number ▶ WWW.NEWPORTYACHTCLUB.ORG 1894 M State of legal domicile RI L Year of formation: Form of organization Corporation Trust Association Briefly describe the organization's mission or most significant activities: NEWPORT YACHT CLUB IS A MEMBER ORGANIZATION THAT PROVIDES ITS MEMBERS VARIOUS SERVICES RELATED TO YACHTING ACTIVITIES WITH THE OBJECTIVE OF ENCOURAGING YACHTING IN AND AROUND NEWPORT. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 20 20 Number of independent voting members of the governing body (Part VI, line 1b) 5 41 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 100 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 101,009. Net unrelated business taxable income from Form 990-T, line 38 7b 5,602 Prior Year Current Year

Pa	art II	Signature Block		
울분	22	Net assets or fund balances. Subtract line 21 from line 20	1,255,387.	1,475,891.
A B	21	Total liabilities (PartX) line 26)	536,521.	510,164.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,791,908.	1,986,055.
P &			Beginning of Current Year	End of Year
	19	Revenue less expenses. Subtract line 18 from line 12	153,460.	227,963.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .	984,120.	1,076,143.
ω	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	576,471.	584,885.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		···
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	407,649.	486,778.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		4,480.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,137,580.	1,304,106.
Revenue	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	32,708.	31,953.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-18,943.	-714.
Ž	9	Program service revenue (Part VIII, line 2g)	1,105,809.	1,138 <u>,</u> 869.
as	8	Contributions and grants (Part VIII, line 1h)	18,006.	133,998.

Lhave examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Under penalties of penury, I de ja d on all information of which preparer has any knowledge true, correct, and complete. De

Šign	
Here	

Type or print name and title

Paid **Preparer** Use Only

Print/Type preparer's name Preparer's signature NANCY L MANCINI NANCY L MANCINI

► CALIRI MANCINI & BARBIERI, PC

Date 04/03/2019

Check | if self-employed P01207473 Firm's EIN ► 26-2227576

Firm's address ▶ 1 Worthington Rd, Cranston, RI 02920 May the IRS discuss this return with the preparer shown above? (see instructions)

Phone no. (401) 268-3926

For Paperwork Reduction Act Notice, see the separate instructions. BAA

REV 01/11/19 PRO



Part		f Program Service Ad		is Part III	
1		organization's mission		ior artini	_ <u></u> - · · · ·
	•	CLUB IS A MEMBI			
	ORGANIZATION	THAT PROVIDES I	TS MEMBERS VARIOUS SEI	RVICES RELATED TO YACHTING	•••
	ACTIVITIES WI	TH THE OBJECTIVE	E OF ENCOURAGING YACH	TING IN AND AROUND NEWPORT.	·
	Did the executed a	- undertake envelopidi	and arrange and incoming the	a year which were not listed on the	
2	prior Form 990 or 9			e year which were not listed on the	Yes ⊠ No
	•	hese new services on S			rics Ento
3				in how it conducts, any program	
	•	-			Yes 🗵 No
	If "Yes," describe ti	hese changes on Sched	dule O.		
4	Describe the organ	iization's program servi	ice accomplishments.for each o	of its three largest program services, as	measured by
				eport the amount of grants and allocat	ons to others,
	the total expenses,	and revenue, it any, for	r each program service reported	ı .	
4a	(Code:)	(Evnences \$	including grants of \$) (Revenue \$	
70	FILOAT & DOCK	COMMITTEE: FLO	AT & DOCK MAINTENANCE	FOR MEMBERS AND VISITING	/
				AON HENDENS MIS VASAAANS	
	***************************************				·····
		, 			
4b	(Code:)	(Expenses \$	including grants of \$) (Revenue \$)
	HOUSE COMMITT	TEE: MAINTENANC	E & UPKEEP OF CLUBHOUS	SE FACILITIES FOR USE BY	
	MEMBERS AND V	VISITING YACHTSM	EN.		••••
					
40	(Codo:	/Evpanoos \$	including grants of \$	\ (Revenue \$	
40	(Code:) JUNIOR ACTIVI		including grants of \$ INING AND ACTIVITIES		
	DONION ACTIVI		HIANG IND INGLEVERED	1001.1	
				•••••	
				······································	
4d	Other program ser	vices (Describe in Sche	dule O.)		
	(Expenses \$	including gra		enue \$)	
40	Total program sen	IICA AVDADSAS >			

Form 990 (2018)

Page 2

Part I	V 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		<u>×</u> _
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<u>×</u>
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		×
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? <i>If "Yes," complete Schedule C, Part II</i>	4		<u></u>
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_		×
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		×_
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
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		×
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		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	· .		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
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¢		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
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		×
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		×
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	-	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	<u> </u>	<u> </u>
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? #EWani/16000 plete Schedule I, Parts I and II	21		×
		For	m 99 () (2018)

Part	Checklist of Required Schedules (continued)			
			Yes	No
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		×
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		· ×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25a	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		
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		×
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		×
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).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
С	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		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
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		×
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		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
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		×
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	×	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u>:-</u> -		
	Futurable number venerated in Boy 2 of Form 1006 Enter 0 if not applicable		Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1c		

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	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 2a 41			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	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	3b	×	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		1
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a_		<u>×</u>
	gifts were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	,a		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<u> </u>		. 1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	- 	ļJ
9	Sponsoring organization have excess business holdings at any time during the year 1	<u> </u>		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			1
а	Initiation fees and capital contributions included on Part VIII, line 12			,
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b 90,038.			i i
11	Section 501(c)(12) organizations. Enter:		ļ	
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	<u> </u>
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.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
	Note. See the instructions for additional information the organization must report on Schedule O.	•		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			,
C	Enter the amount of reserves on hand	١.		<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		ļ
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	 	
	If "Yes," see instructions and file Form 4720, Schedule N.	10		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	<u> </u>	- 1
	If "Yes," complete Form 4720, Schedule O.	L For	m 990	(2018)

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Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	tructi	ions.
Section	on A. Governing Body and Management	• •	<u> </u>	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20	•		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar	-		
	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent . 1b 20	١٠		·]
Ъ			•	
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		×
3	Did the organization delegate control over management duties customarily performed by or under the direct			٠,
4	supervision of officers, directors, or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		×
4 5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		×
6	Did the organization have members or stockholders?	6	×	<u> </u>
7a	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?	7a	×	ļ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	× .	ļ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	,		
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b		
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
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		×
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<u></u>		<u></u>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		×
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		×
14	Did the organization have a written document retention and destruction policy?	14		×
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?			-
а	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b		×
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	,		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		
b	The second secon			. ;
	organization's exempt status with respect to such arrangements?	16b		
	ion 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 (1024 or 1024-A if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)	i (Sed	tion	501(c)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	erest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re LYNN KELLY, BUSINESS MANAGER, 110 LONG WHARF, NEWPORT, RI 02840 (401)846-9	cords	>	

Form 990 (2018)

Part VII	Compensation of Officers, Directors	, Trustees, Key Employees,	Highest Compensated E	Employees, and
	Independent Contractors			

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key 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.

(A) Name and Title	(B) Average hours per week (list any	(do n box, t	ot ch unles	Pos neck is pe d a d	c) ition more irson irect	than one of the state of the st	one n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) NANCY PARILLO	5.00									
REGATTA CHAIR		×						0.	0.	0.
(2) JACK ELLIS HOUSE COMM. CHAIR - START NOV.	5.00	×						0.	0.	0.
(3) JEFF BLAIS MEMBERSHIP CHAIR	5.00	×						0.	0.	0.
(4) STEPHEN DAMAS FLOAT & DOCK CHAIR	10.00	×						0.	0.	0.
(5) ROBIN PEARSON COMMUNICATIONS CHAIR	2.00	×						0.	0.	0.
(6) CHRIS MACDONALD ENTERTAINMENT CHAIR THRU OCT'18	5.00	×						0.	0.	0.
(7) PAM AKGUN ENTERTAINMENT CHAIR START NOV'18	5.00	×						0.	0.	0.
(8) LARRY GIROUARD FINC. CHAIR START NOV'18	5.00	×						0.	0.	0.
(9) JON BIXBY JR. ACTIVITIES COMM. CHAIR - START NOV.	5.00	×						0.	0.	0.
(10) ROY GUAY OFFSHORE COMMITTEE CHAIR	5.00	×						0.	0.	0.
(11) WINFRED KELLY FROSTBITE COMMITTEE CHAIR	5.00	×						0.	0.	0.
(12) DEREK GRINKIN YOUNG ADULTS CHAIR - START NOV.	1.00	×						0.	0.	0.
(13) PETER JENCKS MEMBER AT LARGE	2.00	×						0.	0.	0.
(14) MICHAEL O'REILLY MEMBER AT LARGE	2.00	×						0.	0.	0.

(A) Name and title	(B) Average hours per	box, ı	ınles	Pos eck s pe	rson	than one that the that the that the that the that the that the the that the the the the the the the the the th	an	(D) Reportable compensation from	(E) Reportable compensation from	am	(F) imated ount of	
hours for 기 응급 기 및 의 등 기 일							related organizations (W-2/1099-MISC)	comp fro orga and	other bensation om the anization related nizations	1		
(15) STEWART J. ABRAMSON MEMBER AT LARGE	10.00	×						0.	0.			0.
(16) ROGER HEMOND MEMBER AT LARGE - START NOV'18	10.00	×						0.	0.			0.
(17) JOHN PEARSON MEMBER AT LARGE THRU OCT'18	2.00	×						0.	0.			0.
(18) STEPHEN WEAVER COMMODORE THRU OCT'18	10.00	×		×				0.	0.			0.
(19) THOMAS ROWE VICE COMMODORE THRU OCT'18. COMMORDORE START NOV'18	5.00	×		×				0.	0.			0.
(20) BETSY GREEN REAR COMMODORE THRU OCT'18. VICE COMM. START NOV'18	5.00	×		×				0.	0.			0.
(21) ROBERT ANTIGNANO FINC. CHAIR THRU CCT'18. REAR COMMODORE START NOV'18.	5.00	×		×				0.	0.			0.
(22) EDITH MORIN SECRETARY	1.00	×		×				0.	0.			0.
(23) ANNE MCCARVER TREASURER THRU OCT'18	2.00	×		×				0.	0.			0.
(24) BILL BAGWILL TREASURER START NOV'18	2.00	×		×				0.	0.	0.		0.
(25)												
1b Sub-total							>	0.	0.			0.
d Total (add lines 1b and 1c)	<u> </u>					· •_	<u> </u>	0.	0.			0.
2 Total number of individuals (including bu reportable compensation from the organ		d to th	1056	e list	ted	above	e) w	no received m	ore than \$100,0	00 of		
											Yes	No
3 Did the organization list any former of employee on line 1a? If "Yes," complete										ed	-	
4 For any individual listed on line 1a, is the	e sum of re	porta	ble	con	npe	nsatio	on a	and other comp	pensation from t	he		
organization and related organizations individual										4		×
5 Did any person listed on line 1a receive of for services rendered to the organization											-	
Section B. Independent Contractors		· '-										
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.												
(A) (B) (C) Name and business address Description of services Compensation												
BEHAN BROS., 975 AQUIDNECK AVE.	BEHAN BROS., 975 AQUIDNECK AVE., MIDDLETOWN, RI 02842 CLUB RENOVATIONS 234							234,5	91.			
						_	1					
2 Total number of independent contractor	•	-					o th	nose listed ab	ove) who			

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Form 9	90 (201	8)						Page 9
Part	VIII	Statement of Reve	enue					
		Check if Schedule O	contains a res	ponse or note t	o any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts	1a	Federated campaigns	1a					
ons, Gifts, Grants Similar Amounts	b	Membership dues .	1b				·	
s, G	С	Fundraising events .	1c]			
Gifts, iilar An	d	Related organizations	1d					v.
S. imi	е	Government grants (con		2,000.			,	
tio Y	f	All other contributions, gi	. •					
ᅙᆇ		and similar amounts not incl		131,998.				
Contributions, and Other Sim	g	Noncash contributions includ		~ +4++03		lu di		ļ
	h	Total. Add lines 1a-11	<u>f</u>	<u> </u>	133,998.	nete i nombo milañon	man configurate comane	यक्तिविश्वतः क्रथतः । व्यवस्
Program Service Revenue				Business Code				
eve	2a	MEMBERSHIP DUES & IN	VITIATION FEES	713990	470,098.	470,098.	0.	0.
ě	b	FLOAT & DOCK		713990	550,579.	476,145.	74,434.	0.
2	С	ENTERTAINMENT (713990	34,783.	34,783.	0.	0.
တ္တ	d	JUNIOR ACTIVIT		713990	53,810.	53,810.	0.	0.
Ē	е	REGATTA & FLEET		713990	14,144.	4,273.	9,871.	0.
<u>6</u>	l t	All other program serv		Ĺ	15,455.	7,590.	7,865.	0.
	3	Total. Add lines 2a-2i			1,138,869.		E. J. Serial 1995 at L	The state of the state of
	٦	and other similar amo	•	ends, interest,	6,150.	0.	6,150.	0
			•		6,150.	0.	6,130.	0.
	5	Income from investment of tax-exempt bond present to tax-exempt because the tax-ex			<u> </u>			
		rioyanics	(i) Real	(ii) Personal		-		
	6a	Gross rents			1			
	b	Less: rental expenses						
I	c	Rental income or (loss)			1			Í
	d	Net rental income or (loss)	▶				······································
	7a	Gross amount from sales of	(i) Securities	(iı) Other				4
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses .		6,864.				,
	С	Gain or (loss)		-6,864.			1	
	d	Net gain or (loss) .		<u> ▶</u>	-6,864.	0.	0.	<u>-6,864.</u>
enne	8a	Gross income from fu	ındraisıng					
Other Revenue		of contributions reported See Part IV, line 18						
Ě	ь	Less: direct expenses			1			
O		Net income or (loss) fi		events . >				
	9a	Gross income from ga	aming activities.					
		See Part IV, line 19 .	a				,	
	b	Less: direct expenses	s b					
		Net income or (loss) fi		ivities ▶				
	10a	Gross sales of in returns and allowance		300 700		,		
	ь	Less: cost of goods s	-	399,780. 367,827.				1
	C	Net income or (loss) fi			31,953.	29,264.	2,689.	0.
	<u> </u>	Miscellaneous R		Business Code	3 1, 333.	25,204.	2,000.	
	11a	· · · · · · · · · · · · · · · · · · ·		Business state	· -			
	ь							
	C							
	d	All other revenue .						
	e	Total. Add lines 11a-		▶				
	12	Total revenue. See in			1,304,106.	1,075,963.	101,009.	-6,864.

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respon				
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	
	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			7	
2	Grants and other assistance to domestic individuals. See Part IV, line 22	4,480.			
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 Compensation of current officers, directors, trustees, and key employees		_		
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 8	Other salaries and wages	432,126.			
9	Other employee benefits	12,345.			
10	Payroll taxes	42,307.			
11	Fees for services (non-employees):				
а	Management				
b	Legal			·	
C	Accounting	6,300.			
d e	Lobbying				
f	Investment management fees			· · · · · · · · · · · · · · · · · · ·	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	19,031.			
12	Advertising and promotion				
13	Office expenses	53,413.			
14	Information technology	7,851.			
15	Royalties	106 561			
16 17	Occupancy	196,561.	 		
18	Travel				
19	for any federal, state, or local public officials Conferences, conventions, and meetings				
20	Interest	20,267.		 	
21	Payments to affiliates	20,2011		·	
22	Depreciation, depletion, and amortization .	88,854.			
23	Insurance	49,958.			
24	Other expenses. Itemize expenses not covered			•	
	above (List miscellaneous expenses in line 24e. If	անարականական հետ հետ և	A 11110 implifium	րոսկակարումուն որը է 14 - չ	The substitution of a part of the substitution
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	तम्यका वर्षावकामामामामामामान्त्रवे देखे १८ ५० - १		,	्र विद्या कर्म कालावित्रस्य । •
а	DOCK & EQUIP. RENTAL & MAINT.	34,644.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 11 1 1 -1 1 1 1	1 1 N 3 1 1 1 7 7
b	YACHT CLUB EVENTS	42,065.			
c	SUPPLIES	28,094.			
d	UNRELATED BUSINESS INCOME TAXES	2,077.			
e	All other expenses	35,770.			
25	Total functional expenses. Add lines 1 through 24e	1,076,143.			
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)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 51,717. 1 15,666. 2 Savings and temporary cash investments 371,262. 2 127,547. 3 3 5,000. 4 3,373. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(D), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 9 (01)(E) organizations (see instructions). Complete Part II of Schedule L 6 7 15,841. 18,327. 8 37,348. Prepaid expenses and deferred charges . . 9 33,511. 10a Land, buildings, and equipment: cost or other basis, Complete Part VI of Schedule D 2,793,808. 10a 1,310,740. 1,266,530. 1,527,278. 10b 10c b Less accumulated depreciation Investments—publicly traded securities 260,353. 11 11 12 Investments - other securities. See Part IV. line 11 12 13 Investments—program-related, See Part IV, line 11 13 14 14 15 15 1,791,908. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,986,055. 17 12,690. 17 33,503. 18 18 91,020. 98,903. 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 21 22 Loans and other payables to current and former officers, directors, V 11 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 432,811. 23 377,758. Secured mortgages and notes payable to unrelated third parties . . . 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 536,521. 26 510,164. 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ► 🖾 and Balances complete lines 27 through 29, and lines 33 and 34. 27 1,255,387. 27 1,348,239. 28 28 127,652. 29 Net Assets or Fund 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 Retained earnings, endowment, accumulated income, or other funds . 32 1,255,387. 1,475,891. 33 33 1,791,908. 34 1,986,055.

Form 990 (2018)

Total liabilities and net assets/fund balances

orm 990	1 (2018)			Pa	ge 12
Part					.go
· art	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		04,1	06.
	Total expenses (must equal Part IX, column (A), line 25)	2		76,1	
	Revenue less expenses. Subtract line 2 from line 1	3		27,9	
	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		55,3	
	Net unrealized gains (losses) on investments	5		-7,4	
	Donated services and use of facilities	6			
_	Investment expenses	7			
8	Prior period adjustments	8			
-	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	1,4	75,8	91.
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other				ě"
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ı	n		٠,
	Schedule O.		ئنــُا	<u>. </u>	است.
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	×	
	If "Yes." check a box below to indicate whether the financial statements for the year were comp			-,1	; ,
	reviewed on a separate basis, consolidated basis, or both:			,	3
	Separate basis		1		<u> </u>
b	Were the organization's financial statements audited by an independent accountant?		. 2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a	a 2	gr į	175
	separate basis, consolidated basis, or both:		٠.:		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1. 1.	,,,	17, 7
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh/	ıt		
	of the audit, review, or compilation of its financial statements and selection of an independent accou			×	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain i	n		3 -
	Schedule O.		* *	ئدا	2

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

За

Form **990** (2018)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information. Employer Identification number

NEW	PORT YACHT CLUB		05-0254070
Par			ds or Accounts.
	Complete if the organization answered		
		(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	advisors in writing that the accets he	ld in donor advised
5	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		
U	only for charitable purposes and not for the bene	efit of the donor or donor advisor, or fo	or any other purpose
Par	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea	ation or education) Preservation of	a historically important land area
	☐ Protection of natural habitat	☐ Preservation of	a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contributio	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			· ·
b	Total acreage restricted by conservation easemen		
C	Number of conservation easements on a certified	• •	
d	Number of conservation easements included in historic structure listed in the National Register		
•	Number of conservation easements modified, tran		
3	tax year ►	isterred, released, extinguished, or terri	illiated by the organization during the
4	Number of states where property subject to conse	ervation easement is located	
5	Does the organization have a written policy re		pection, handling of
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec	ecting, handling of violations, and enforcing	g conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing (conservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line	· · ·	
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text		ancial statements that describes the
	organization's accounting for conservation easem		Other Similar Assets
Par	Organizations Maintaining Collection Complete if the organization answered		Other Silliar Assets.
			revenue statement and balance sheet
1a	works of art, historical treasures, or other simila		
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under S		
U	works of art, historical treasures, or other simila		
	public service, provide the following amounts relati	•	,
	(i) Revenue included on Form 990, Part VIII, line 1	-	▶ \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of an		
	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		

Page	2
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b Buildings c Leasehold improvements 1,094,946 454,723 640,223 d Equipment 85,043 52,194 32,849 e Other 1,613,819 759,613 854,206	Part					
b	3		ession, and other reco	rds, check any of the	e following that are a s	ignificant use of its
c	а	☐ Public exhibition	d	Loan or exchange	e programs	
c	b	Scholarly research	е	☐ Other		
Sulf. Suring the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	С	☐ Preservation for future generations		***************************************		
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Becrow and Custodial Arrangements. Complete if the organization an aswered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XII line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XII and complete the following table: Complete if the organization and part XIII and complete the following table: Complete if the organization and part XIII and complete the following table: Complete if the organization and part XIII and complete the following table: Complete if the organization and part XIII and complete the following table: Complete if the organization and part XIII and complete the following table: Complete if the organization and part XIII and complete the following table: Complete if the organization and part XIII and complete the following table: Contributions Contributions Administrative expenses (a) Coursent year (b) Prior year (c) Prior years back (d) Three years back (e) Four	_	Provide a description of the organization	's collections and expla	ain how they further t	the organization's exen	npt purpose in Part
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?						
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X	5					
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?				part of the organization	on s collection?	☐ Yes ☐ No
990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	Part					. =
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance .			swered "Yes" on For	m 990, Part IV, line	9, or reported an am	nount on Form
included on Form 990, Part X?						
b If "Yes," explain the arrangement in Parl XIII and complete the following table: C Amount	1a					
c Beginning balance . 1d						
C Beginning balance	b	If "Yes," explain the arrangement in Part 2	XIII and complete the fo	ollowing table:	<u> </u>	
d Additions during the year Distributions during the year 16						mount
Ending balance 1e	C					
Ending balance If If If	ď	<u> </u>				
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	_					
Bit "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.	f					
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization search of the current year on the passes of the organization's endowment funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, l						
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years (e) Four years			XIII. Check here if the e	xplanation has been	provided on Part XIII .	<u>, , , </u>
ta Beginning of year balance	Par		107 7 5	000 D + 11/4 III	40	
Beginning of year balance						(/a) Faur yang bask
b Contributions c Net investment earnings, gains, and losses	_	<u> </u>	a) Current year (b) Pri	or year (c) I wo years	s back (d) Three years back	(e) Four years back
c Net investment earnings, gains, and losses	_	-				
d Grants or scholarships	b	 				
d Grants or scholarships	С					
e Other expenditures for facilities and programs		 				
programs	d	· · · · · · · · · · · · · · · · · · ·				
f Administrative expenses	е	·				
g End of year balance		· ·				
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	f	· · · · · · · · · · · · · · · · · · ·				
a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations					N	<u> </u>
b Permanent endowment % c Temporarily restricted endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	2	Provide the estimated percentage of the	current year end baland	ce (line 1g, column (a))) neid as:	
Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	а	Board designated or quasi-endowment				
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	b		· -			
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	С	• • • • • • • • • • • • • • • • • • • •				
organization by: (i) unrelated organizations	_			tarita a disanta a sa badala		
(ii) unrelated organizations	3a		ossession of the organ	ization that are held a	and administered for th	
(ii) related organizations		· ·				
b If "Yes" on line 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 VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on 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 0. 4 0. 0. 0. 0. 4 0. <th< th=""><th></th><th></th><th></th><th></th><th></th><th></th></th<>						
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on 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 0. 4 0. b Buildings 5 4 454,723. 640,223. c Leasehold improvements 1,094,946. 454,723. 640,223. d Equipment 85,043. 52,194. 32,849. e Other 1,613,819. 759,613. 854,206.	_					30
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) 1a Land				ownient funds.		
Description of property (a) Cost or other basis (to) Cost or other basis (other) (c) Accumulated depreciation (d) Book value	Par			rm 000 Part IV line	11a See Form 990	Part Y line 10
1a Land 0. depreciation b Buildings 1,094,946 454,723 640,223 c Leasehold improvements 1,094,946 454,723 640,223 d Equipment 85,043 52,194 32,849 e Other 1,613,819 759,613 854,206						
1a Land		Description of property	1 ''	1 ' '	· · ·	(a) Book value
b Buildings		Land				0.
c Leasehold improvements 1,094,946. 454,723. 640,223. d Equipment 85,043. 52,194. 32,849. e Other 1,613,819. 759,613. 854,206.	_			 		
d Equipment 85,043 52,194 32,849 e Other 1,613,819 759,613 854,206				1 004 946	454 723	640.223
e Other						
		• •		 		
			t oqual Form 000 Port			1,527,278.

Part VII	Investments—Other Securities.				
	Complete if the organization answ	vered "Yes" on For	m 990, Part IV, line	11b. See Form 9	90, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value		d of valuation -year market value
(1) Financial	derivatives				
	neld equity interests				
(3) Other	***************************************		ļļ.		
(A)			ļ		
(B)					
(C) - (D)		·			···
(E)					
(C) (F)					
(G)	·				
\-(H)					
	b) must equal Form 990, Part X, col (B) line 12.) ▶				
Part VIII	Investments-Program Related	•	13		
	Complete if the organization answ		m 990, Part IV, line	11c. See Form 9	90, Part X, line 13.
	(a) Description of investment		(b) Book value		d of valuation
				Cost or end-of	-year market value
_(1)				<u> </u>	
(2)					
_(3)					
			-		· · · · · · · · · · · · · · · · · · ·
_ (5)					· · · · · · · · · · · · · · · · · · ·
(6)					
(8)					
(9)			-		
	b) must equal Form 990, Part X, col (B) line 13.)	·- <u></u>			
Part IX	Other Assets.		****	 	
	Complete if the organization answ	vered "Yes" on For	m 990, Part IV, line	11d. See Form 9	
	(a)	Description			(b) Book value
_(1)					·
(2)					
(3)			<u> </u>		·
<u>(4)</u>	- <u></u>		<u></u>		· -
(5)					
<u>(6)</u> (7)			· · · · · · · · · · · · · · · · · · ·	-	
(8)					
(9)					
	mn (b) must equal Form 990, Part X, co	l. (B) line 15.)		.	
Part X	Other Liabilities.				-
	Complete if the organization answ	vered "Yes" on For	m 990, Part IV, line	11e or 11f. See I	Form 990, Part X,
	_line 25.				
1.	(a) Description of liability	(b) Book value			
(1) Federal in	ncome taxes				
(2)			. в опинации вышира — с	т с тр. меженини произвининый жест	- Saldathangangsasat sen 22
(3)			e remination demonstrated in a	es a marco aciadas (*** WPO 95.13 *** a co	
(4) (5)				пробоент — 1975 екалоперац	досьет,, s гоновачновниковановн
(6)			antinanas istoria	entatallitanidelovelderek e ej po	gggggggggggggggggggggggggggggggggggggg
(7)			diffuturity to a second	ognithallhambandaphate (1945 - 1946) a	otelloronninghijhijhijhidadedeoooc (50° o
(8)			tronfindition of the sequence	Sugamorealitifinkalajarak a.a. g	क्षत्रीविक्तविक्षक्षक्षक्षक्षत्रीमित्रविक्षक्षक्षत्रीविक्षक्षक्षत्रीय
(9)			CEMPHONORIMONAL ACOUNTY	алт тас ерезунацінній Мармариса, ада	Series - 2 - 20 Sate are object to form the
	b) must equal Form 990, Part X, col. (B) line 25) ▶			- solic (stato) - sensormanistillillillillillillillillillillillillill	njohlava, a sa sa sametentijdigla e

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 tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part		Heturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
	Total revenue, gains, and other support per audited financial statements	1
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
	Net unrealized gains (losses) on investments	-
	Donated services and use of facilities	-
	Recoveries of prior year grants	4
	Other (Describe in Part XIII.)	-
	Add lines 2a through 2d	2e
	Subtract line 2e from line 1	3
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	4
	Other (Describe in Part XIII.)	
_	Add lines 4a and 4b	4c
		5 Potum
Part :	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	er neturn.
		1 4 1
	Total expenses and losses per audited financial statements	1
	Amounts included on line 1 but not on Form 990, Part IX, line 25.	
	Donated services and use of facilities	-
	Prior year adjustments	-{
	Other losses	┥ 、
	Other (Describe in Part XIII.)	
	Subtract line 2e from line 1	3
	Amounts included on Form 990, Part IX, line 25, but not on line 1	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1 3
	Other (Describe in Part XIII.)	┥ ᅦ
	Add lines 4a and 4b	4c
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
	XIII Supplemental Information.	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional i	nformation.
		
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Schedule D (Fo	m 990) 2018	Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. Inspection

Name of the organization **Employer Identification number** NEWPORT YACHT CLUB 05-0254070 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 OF COMMITTEE MEETINGS; 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 FORMS 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 ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST AFTER BOARD APPROVAL. Pt XII, Line 2c: THE FINANCE COMMITTEE SELECTS AN INDEPENDENT ACCOUNTANT AND ASSUMES RESPONSIBILITY FOR OVERSIGHT OF ALL ACCOUNTING SERVICES PROVIDED. Pt IX, Line 11g: Description: LAUNCH - CONTRACT SVCS