990-EZ

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

OMB No. 1545-1150

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form. ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

2012, and ending

Open to Public Inspection

, 20

Form **990-EZ** (2012)

For the 2012 calendar year, or tax year beginning 01/01 12/31 C Name of organization Check if applicable: D Employer identification number Address change SUMMIT NORTH YACHT CLUB 20-0975006 Name change Room/suite Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Initial return 302-690-8233 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number ► Kirkwood, DE 19708-0041 Application pending ☐ Accrual Other (specify) ▶ **H** Check ► ☐ if the organization is **not** Website: ► www.summitnorthyachtclub.com required to attach Schedule B (Form 990, 990-EZ, or 990-PF), ☐ 527 if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 18,599 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I . ~ 1 1,340 2 2 Program service revenue including government fees and contracts 5,475 3 3 7,800 4 4 0 **5a** Gross amount from sale of assets other than inventory 5a 0 5b 0 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . С 5c 0 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 6a 0 **b** Gross income from fundraising events (not including \$ o of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b 1,748 **c** Less: direct expenses from gaming and fundraising events . . . 6c 0 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 1,748 7a Gross sales of inventory, less returns and allowances 7a 7b С Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . 7c -85 8 Other revenue (describe in Schedule O) .___. 8 0 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 9 16,278 10 10 0 11 11 0 12 Salaries, other compensation, and employee benefits 12 0 13 Professional fees and other payments to independent contractors 13 0 14 Occupancy, rent, utilities, and maintenance 14 0 15 15 577 Other expenses (describe in Schedule O) See Schedule O, Statement 1 16 16 17,083 17 17 17,660 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 -1,382 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 2,298 Net 20 20 Other changes in net assets or fund balances (explain in Schedule O) ___ 0 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 916 Form 990-EZ (2012)

Page 2

Part II Balance Sheets (see the instructions for Part II)

Га	Check if the organization used Schedule	O to respond to ar	ny question in this	Part II		🗆
	<u> </u>	,		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[2,298	22	916
23	Land and buildings		[0	23	0
24	Other assets (describe in Schedule O)		<u> </u>		24	0
25	Total assets		<u> </u>	2,298	-	916
26	Total liabilities (describe in Schedule O)	(D)	1' 04)		26	0
27	Net assets or fund balances (line 27 of column			2,298	27	916
Par	Statement of Program Service Accomp	,		,		Expenses
M/hat	Check if the organization used Schedule t is the organization's primary exempt purpose?	· · · · · · · · · · · · · · · · · · ·	• •			quired for section (c)(3) and 501(c)(4)
		-	notes boating safety			anizations and section
	ribe the organization's program service accomplis leasured by expenses. In a clear and concise m					7(a)(1) trusts; optional others.)
	ons benefited, and other relevant information for ea		ocivides provided	, the number of	101	others.)
28	Boating Programs: Planned and executed two cruise		apeake Bay in order t	o promote		
	boating safety and comraderie. (70 Member Participa	At =>	.J			
	(Grants \$ 0) If this amount	includes foreign gra	nts, check here .	▶ 🗆	288	8,037
29	Membership Christmas Party					
	70					
		includes foreign gra	nts, check here .	▶ ⊔	298	7,231
30	Land Event including Pot Luck Dinner					
	(Grants \$ 0) If this amount	includes foreign gra	nts, check here	▶ □	30a	289
31	Other program services (describe in Schedule O)_				000	207
-			nts, check here .		318	0
32	Total program service expenses (add lines 28a t	hrough 31a)		🕨	32	15,557
32 Par						10/007
		Employees List each	n one even if not comp ny question in this	pensated (see the in Part IV		10/007
	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	Employees List each O to respond to an (b) Average	n one even if not comp ny question in this (c) Reportable	pensated (see the in Part IV (d) Health benefits,	struc	tions for Part IV)
	List of Officers, Directors, Trustees, and Key	Employees List each O to respond to an (b) Average hours per week	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated (see the in Part IV (d) Health benefits, contributions to employ benefit plans, and	struc	tions for Part IV)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	Employees List each O to respond to an (b) Average hours per week devoted to position	n one even if not company question in this (c) Reportable compensation	pensated (see the in Part IV (d) Health benefits, contributions to employ	struc	tions for Part IV)
Par Mike	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Pacanna	Employees List each O to respond to an (b) Average hours per week	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated (see the in Part IV	struc	tions for Part IV)
Mike Com	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Pacanna madore	Employees List each O to respond to an (b) Average hours per week devoted to position	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated (see the in Part IV	struc 	tions for Part IV) Stimated amount of other compensation
Mike Com Sand	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Pacanna madore dra Camp	Employees List each O to respond to an (b) Average hours per week devoted to position	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated (see the in Part IV	struc 	tions for Part IV) Stimated amount of other compensation
Mike Com Sand	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Pacanna madore dra Camp bership Officer	Employees List each O to respond to an (b) Average hours per week devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated (see the in Part IV	struc ee (e)	tions for Part IV) Stimated amount of other compensation
Mike Com Sand Mem Lind	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Pacanna madore dra Camp bership Officer a Passantino	Employees List each O to respond to an (b) Average hours per week devoted to position 2	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated (see the in Part IV	struc ee (e)	tions for Part IV) Stimated amount of other compensation
Mike Com Sand Mem Lind	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Pacanna madore dra Camp bership Officer a Passantino t Captain	Employees List each O to respond to an (b) Average hours per week devoted to position 2	n one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated (see the in Part IV	struc ee (e)	etions for Part IV) Sestimated amount of other compensation 0
Mike Com Sand Mem Lind Fleet Way	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Pacanna madore dra Camp bership Officer a Passantino de Captain ne Camp	Employees List each O to respond to an (b) Average hours per week devoted to position 2 2	n one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated (see the in Part IV	struc ee (e)	etions for Part IV) Sestimated amount of other compensation 0
Mike Com Sand Lind Fleet Way	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Pacanna madore dra Camp bership Officer a Passantino t Captain ne Camp surer	Employees List each O to respond to an (b) Average hours per week devoted to position 2 2	n one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated (see the in Part IV	struc 	estions for Part IV) Sestimated amount of other compensation 0
Mike Com Sand Mem Lind Fleet Way	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Pacanna madore dra Camp bership Officer a Passantino de Captain ne Camp	Employees List each O to respond to an (b) Average hours per week devoted to position 2 2	n one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated (see the in Part IV	struc 	estions for Part IV) Sestimated amount of other compensation 0
Mike Com Sanc Mem Lind Fleed Way Trea John Vice	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Pacanna madore dra Camp bership Officer a Passantino t Captain ne Camp surer t Kenny	Employees List each O to respond to an (b) Average hours per week devoted to position 2 2	n one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0	pensated (see the in Part IV	ee (e) 0 0 0	estions for Part IV) Destimated amount of other compensation 0 0 0
Mike Com Sanc Mem Lind Fleet Way Trea Johr Vice	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Pacanna madore dra Camp bership Officer a Passantino c Captain ne Camp surer n Kenny -Commodore	Employees List each O to respond to an (b) Average hours per week devoted to position 2 2 2 2	n one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	pensated (see the in Part IV	struc	tions for Part IV) Estimated amount of other compensation 0 0
Mike Com Sanc Mem Lind Fleet Wayy Trea John Vice- John Serg	Check if the organization used Schedule (a) Name and title Pacanna madore dra Camp bership Officer a Passantino t Captain ne Camp surer t Kenny -Commodore t Liss	Employees List each O to respond to an (b) Average hours per week devoted to position 2 2 2 2	n one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0	pensated (see the in Part IV	struc	estions for Part IV) Sestimated amount of other compensation 0 0 0 0 0
Mikee Com Sanc Mem Lind Fleet Wayy Vice- John Serg Susa	Check if the organization used Schedule (a) Name and title Pacanna madore dra Camp bership Officer a Passantino t Captain ne Camp surer n Kenny -Commodore n Liss eant-At-Arms	Employees List each O to respond to an (b) Average hours per week devoted to position 2 2 2 2 2	n one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0	pensated (see the in Part IV	ee (e) 0 0 0	estions for Part IV) Destimated amount of other compensation 0 0 0
Mikee Com Sanc Mem Lind Fleet Wayy Vice- John Serg Susa	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Pacanna madore dra Camp bership Officer a Passantino t Captain ne Camp surer t Kenny -Commodore t Liss eant-At-Arms an Pacana	Employees List each O to respond to an (b) Average hours per week devoted to position 2 2 2 2 2	n one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0	pensated (see the in Part IV	struc	estions for Part IV) Sestimated amount of other compensation 0 0 0 0 0
Mikee Com Sanc Mem Lind Fleet Wayy Vice- John Serg Susa	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Pacanna madore dra Camp bership Officer a Passantino t Captain ne Camp surer t Kenny -Commodore t Liss eant-At-Arms an Pacana	Employees List each O to respond to an (b) Average hours per week devoted to position 2 2 2 2 2	n one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0	pensated (see the in Part IV	struc	estions for Part IV) Sestimated amount of other compensation 0 0 0 0 0
Mikee Com Sanc Mem Lind Fleet Wayy Vice- John Serg Susa	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Pacanna madore dra Camp bership Officer a Passantino t Captain ne Camp surer t Kenny -Commodore t Liss eant-At-Arms an Pacana	Employees List each O to respond to an (b) Average hours per week devoted to position 2 2 2 2 2	n one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0	pensated (see the in Part IV	struc	estions for Part IV) Sestimated amount of other compensation 0 0 0 0 0
Mikee Com Sanc Mem Lind Fleet Wayy Vice- John Serg Susa	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Pacanna madore dra Camp bership Officer a Passantino t Captain ne Camp surer t Kenny -Commodore t Liss eant-At-Arms an Pacana	Employees List each O to respond to an (b) Average hours per week devoted to position 2 2 2 2 2	n one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0	pensated (see the in Part IV	struc	estions for Part IV) Sestimated amount of other compensation 0 0 0 0 0
Mikee Com Sanc Mem Lind Fleet Wayy Vice- John Serg Susa	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Pacanna madore dra Camp bership Officer a Passantino t Captain ne Camp surer t Kenny -Commodore t Liss eant-At-Arms an Pacana	Employees List each O to respond to an (b) Average hours per week devoted to position 2 2 2 2 2	n one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0	pensated (see the in Part IV	struc	estions for Part IV) Sestimated amount of other compensation 0 0 0 0 0
Mikee Com Sanc Mem Lind Fleet Wayy Vice- John Serg Susa	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Pacanna madore dra Camp bership Officer a Passantino t Captain ne Camp surer t Kenny -Commodore t Liss eant-At-Arms an Pacana	Employees List each O to respond to an (b) Average hours per week devoted to position 2 2 2 2 2	n one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0	pensated (see the in Part IV	struc	estions for Part IV) Sestimated amount of other compensation 0 0 0 0 0
Mikee Com Sanc Mem Lind Fleet Wayy Vice- John Serg Susa	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Pacanna madore dra Camp bership Officer a Passantino t Captain ne Camp surer t Kenny -Commodore t Liss eant-At-Arms an Pacana	Employees List each O to respond to an (b) Average hours per week devoted to position 2 2 2 2 2	n one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0	pensated (see the in Part IV	struc	estions for Part IV) Sestimated amount of other compensation 0 0 0 0 0
Mikee Com Sanc Mem Lind Fleet Wayy Vice- John Serg Susa	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Pacanna madore dra Camp bership Officer a Passantino t Captain ne Camp surer t Kenny -Commodore t Liss eant-At-Arms an Pacana	Employees List each O to respond to an (b) Average hours per week devoted to position 2 2 2 2 2	n one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0	pensated (see the in Part IV	struc	estions for Part IV) Sestimated amount of other compensation 0 0 0 0 0

Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	∨ Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	162	140
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		,
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?			
h	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		~
b C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		~
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		~
	If "Yes," complete Schedule L, Part II and enter the total amount involved	_		
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9	-		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
-10u	section 4911 ►; section 4912 ►; section 4955 ►			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			l
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		V
41	List the states with which a copy of this return is filed ▶ DE			
42a			0-823	3
	Located at ► PO Box 41, Kirkwood, DE 19708-0041 ZIP + 4 ►	19708		
b	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)?	42b	Yes	NO V
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		~
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		.)	▶ □
	<u> </u>		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		V
С	Did the organization receive any payments for indoor tanning services during the year?	44c		~
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b	i	, V

Page 3

Form 99	0-EZ (2	012)						F	Page 4	
								Yes	No	
46		he organization engage, directly or in								
		ndidates for public office? If "Yes," c		, Part I			46		/	
Part '		Section 501(c)(3) organizations								
		All section 501(c)(3) organizations	s must answer que	stions 47–49b ar	nd 52, and	complete	the tables	for lin	es	
		50 and 51								
		Check if the organization used Sch	nedule O to respond	to any question i	in this Part	VI			. 🗆	
								Yes	No	
47		he organization engage in lobbying		section 501(h) elec	ction in effe	ect during t	he tax			
	year?	If "Yes," complete Schedule C, Part	11				47			
48	Is the	organization a school as described in	section 170(b)(1)(A)(ii	i)? If "Yes," comple	te Schedul	eЕ	48			
49a	Did th	d the organization make any transfers to an exempt non-charitable related organization?								
b		es," was the related organization a se					49k			
50		plete this table for the organization's								
	empl	oyees) who each received more than	\$100,000 of comper	nsation from the or	ganization.	If there is n	one, enter "	None."	,	
	(a)	Name and title of each employee	(b) Average	(c) Reportable	, , ,	ealth benefits, ions to employ	ree (e) Estima	tod amo	unt of	
	(α)	paid more than \$100,000	hours per week devoted to position	compensation (Forms W-2/1099-MI	hanafit n	ans, and defer				
			devoted to position	(1 011115 44-27 1099-14114	co	mpensation				
None										
-										
f		number of other employees paid over				_				
51		plete this table for the organization's			ent contrac	tors who e	ach received	d more	than:	
	\$100	,000 of compensation from the orga	nization. It there is no	ne, enter "None."						
(a)	Name a	nd address of each independent contractor pai	d more than \$100,000	(b) Type of	service		(c) Compensa	tion		
Mana										
None										
-										
				1						
d	Total	number of other independent contra	ctors each receiving	over \$100 000						
52		he organization complete Schedule A	_		ons and 49.	17(a)(1)				
32		xempt charitable trusts must attach a					. ▶ 🗌 Ye	s 🗆 i	No	
Linder n		of perjury, I declare that I have examined this re	<u> </u>							
		d complete. Declaration of preparer (other than					y kilowicage ai	ia bolioi,	1015	
		1								
Sign		Signature of officer				Date				
Here		Susan Sweeney, Treasurer								
		Type or print name and title							,	
Do:d		Print/Type preparer's name	Preparer's signature		Date	Check	☐ if PTIN			
Paid	0r0=	[I	nployed			
-	reparer Firm's name Firm's name				Firm's EIN ▶	!				
Use (Unity	Firm's address ▶				Phone no.			-	
May th	ne IRS	discuss this return with the preparer	shown above? See i	nstructions			. ▶ ∏ Ye	s \Box	No	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization	Employer identification number
SUMMIT NORTH YACHT CLUB	20-0975006

Schedule O, Statement 1

SUMMIT NORTH YACHT CLUB 20-0975006

Form: 990-EZ

Page: 1

Line Number: Part I Line 16

Other Expenses Structured Explanation

Description	Amount
Cruise Event Expenses	757
Herrington Harbor Cruise Give Back Event	7,280
Non-cruise Event Expenses	339
Giveaway Expenses	226
Holiday Event	7,181
CBYCA Membership Dues	115
Registered Agent Fee	334
Supplies	111
Taxes and Licenses	55
Liability Insurance	685
Total:	17,083

Schedule B

(Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

OMB No. 1545-0047

2012

Department of the Treasury Internal Revenue Service

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Name of the organization

SUMMIT NORTH YACHT CLUB

20-0975006

Organization type (check one):

Filers o	f:	Section:
Form 99	90 or 990-EZ	√ 501(c)(7) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		☐ 527 political organization
Form 99	90-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		☐ 501(c)(3) taxable private foundation
Note. Cinstruct	Only a section 501(c)(7)	covered by the General Rule or a Special Rule.), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
Genera	Il Rule	
		iling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or ne contributor. Complete Parts I and II.
Special	l Rules	
	under sections 509(a	3) organization filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the regulations a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of 000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1.
	during the year, total	7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, uses, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
	during the year, cont not total to more tha year for an exclusive	7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, tributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did in \$1,000. If this box is checked, enter here the total contributions that were received during the <i>ly</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule ization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

SUMMIT NORTH YACHT CLUB

Employer identification number

20-0975006

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1	Summit North Marina 3000 Summit Harbor Place Bear, DE 19701	\$\$840	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Knot 10 Yacht Sales 3028 Kent Narrows Way South Grasonville, MD 21638	\$ 500	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Employer identification number

20-0975006

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
 		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
		s						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
		 \$						
[-								

Name of organization Employer identification number

SUMMIT N	ORTH YACHT CLUB			20-0975006				
Part III	Exclusively religious, charitable, etc that total more than \$1,000 for the second For organizations completing Part III, contributions of \$1,000 or less for the	year. Complete columns enter the total of <i>exclus</i> .	s (a) through (e) and the <i>ively</i> religious, charitable	following line entry. e, etc.,				
	Use duplicate copies of Part III if add		ation once. See instruct	ions.) > \$				
(a) No. from	(b) Purpose of gift	(c) Use of git	ft (d) Des	scription of how gift is held				
Part I								
		(e) Transfer of	f gift					
 	Transferee's name, address, an	d ZIP + 4	Relationship of tra	nsferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of git	ft (d) Des	scription of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee					
(a) No.	(b) Purpose of gift	(c) Use of gif	ft (d) Des	scription of how gift is held				
Part I								
	(e) Transfer of gift							
	Transferee's name, address, an	d ZIP + 4	nsferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	ft (d) Des	scription of how gift is held				
	(e) Transfer of gift							

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

*** Form 990 Online Filers: Please fax completed and signed form to 866-699-3916

Form **8453-E0**

Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-1879

			For calendar year 20	012, or tax year	r beginn	ing 01/01	, 2012, and endir	ıg 	12/31	, 20 <u>1</u>	2	20 12
Departmer Internal Re			For u	ıse with For	rms 99	0, 990-EZ, 990-	-PF, 1120-PC	L, and	8868			
		rganization								Employe	r identificati	on number
SUMMIT	NORT	Н ҮАСНТ	CLUB								20-097!	5006
Part I	T	ype of F	Return and Ret	urn Inform	nation	(Whole Dollar	s Only)					
check the leave lin	ne box le 1b, 2	on line ' 2b, 3b, 4	type of return be 1a, 2a, 3a, 4a, or b, or 5b, whicher Do not complete	r 5a below a ver is applica	and the able, b	e amount on tha lank (do not ent	ıt line of the r	eturn b	eing fil	ed with	this form	was blank, then
1a Fo	rm 99	0 check l	nere ▶ 🔲 b	Total reve	nue, if	any (Form 990,	Part VIII, colu	ımn (A), line 1	2)	1b_	
2a Fo	rm 99	0-EZ che	eck here ► 🔽	b Total r	evenu	e, if any (Form 9	990-EZ, line 9				2b	16,278
			check here ►			(Form 1120-PO					3b	
		0-PF che 68 check	eck here ► □ there ► □ b			n investment in rm 8868, Part I,	•			VI, line 5	5) 4b 5b	
Part II	D	eclarati	on of Officer									
6	withd organ I mus date.	rawal (dir ization's t contact I also au	U.S. Treasury ar rect debit) entry the federal taxes owe the U.S. Treasury thorize the financinessary to answer	to the finance d on this return Financial Agial institution	cial inst urn, and gent at s involv	titution account of the financial ins 1-888-353-4537 wed in the proce	indicated in tastitution to delate in later than ssing of the e	he tax oit the e 2 busir ectron	prepar entry to ness da	ation so this acc ys prior t	ftware for ount. To re to the payr	payment of the voke a payment, nent (settlement)
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Sign						1	,			_		
Here	Si	gnature o	f officer			l Date	>	Title	1 Sweer	ney, Trea	surer	
Part III	1 D	eclarati	on of Electron	ic Return (Oriain	ator (ERO) ar	nd Paid Pre	oarer	(see in	structio	ons)	
my know on the re informati IRS <i>e-file</i> organiza	vledge. eturn. ion to k e Provi tion's i	If I am or The orga be filed w ders for I return and	ewed the above only a collector, I aminimization officer with the IRS, and had accompanying accompanying sparer declaration in	m not respon ill have signe ave followed If I am also schedules an	isible for ed this all othe the Pa id state	or reviewing the r form before I su er requirements in id Preparer, under ements, and to the	return and only ubmit the retu n Pub. 4163, N er penalties of ne best of my	declar rn. I w lodern perjur knowle	re that t ill give ized e-F y I decla edge an	his form the offic File (MeF are that	accurately er a copy) Informatio I have exal	reflects the data of all forms and on for Authorized mined the above
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self- employed

Firm's EIN ▶

Phone no.

Firm's name ►

Firm's address ▶

Preparer

Use Only