Form	990-EZ	

Short Form

OMB No. 1545-1150

3

201

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

			Do not enter Social Security numbers on this form as it may be made p	ublic.		Open to Public
Inter	nal Rever	of the Treasury nue Service	► Information about Form 990-EZ and its instructions is at www.irs.gov/fo	orm990.		Inspection
			ar year, or tax year beginning 01/01 , 2013, and ending		12/31	, 20 13
	heck if ap		C Name of organization	D Empl	-	entification number
	Address c	5	SUMMIT NORTH YACHT CLUB			0-0975006
	Name cha	•	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Telep	hone n	umber
	Initial retur Terminate		P O Box 41	1		02-690-8233
	Amended		City or town, state or province, country, and ZIP or foreign postal code	F Grou	•	•
		n pending	Kirkwood, DE 19708	Num	nber I	
G /	Account	ting Method:	✓ Cash Accrual Other (specify) ► H	Check		if the organization is not
	Vebsite		summitnorthyachtclub.org	•		ach Schedule B
JT	ax-exen	npt status (che	ck only one) – _ 501(c)(3) ✓ 501(c) (7) ◄ (insert no.) _ 4947(a)(1) or _ 527	(Form 9	90, 99	0-EZ, or 990-PF).
			Corporation Trust Association Other			
			7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to			
_			<i>v</i>) are \$500,000 or more, file Form 990 instead of Form 990-EZ		► <u></u> \$	14,329
Pa	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the			,
		Check if	the organization used Schedule O to respond to any question in this Part	Ι	<u> </u>	🗹
	1	Contributio	ns, gifts, grants, and similar amounts received		1	500
	2	-	ervice revenue including government fees and contracts		2	3,216
	3	Membershi	ip dues and assessments		3	8,700
	4	Investment	income		4	0
	5a	Gross amo	unt from sale of assets other than inventory 5a	0		
	b	Less: cost	or other basis and sales expenses	0		
	с 6		ss) from sale of assets other than inventory (Subtract line 5b from line 5a) d fundraising events		5c	0
ne	а	Gross inco	ome from gaming (attach Schedule G if greater than	1,528		
Revenue	b		me from fundraising events (not including \$ 0 of contributio			
3ev			aising events reported on line 1) (attach Schedule G if the			
<u></u>			h gross income and contributions exceeds \$15,000) 6b	0		
	с	Less: direc	t expenses from gaming and fundraising events 6c	0		
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and su	ubtract		
		line 6c) .			6d	1,528
	7a	Gross sales	s of inventory, less returns and allowances	385		.,020
	b		of goods sold	125		
	c		t or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	260
	8	•	nue (describe in Schedule O)		8	0
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. 🕨	9	14,204
-	10	Grants and	similar amounts paid (list in Schedule O)		10	0
	11		id to or for members		11	0
ŝ	12		her compensation, and employee benefits		12	0
nse	13		al fees and other payments to independent contractors		13	0
Expenses	14	Occupancy	/, rent, utilities, and maintenance		14	0
Щ	15		ublications, postage, and shipping		15	98
	16		nses (describe in Schedule O) See Schedule O, Statement 1		16	13,393
	17		nses. Add lines 10 through 16		17	13,491
ß	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	713
šēt	19		or fund balances at beginning of year (from line 27, column (A)) (must agree			
Å S§			r figure reported on prior year's return)		19	916
Net Assets	20	Other chan	ges in net assets or fund balances (explain in Schedule O)		20	0
Ž	21		or fund balances at end of year. Combine lines 18 through 20		21	1,629
			· · · · · · · · · · · · · · · · · · ·			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2013)

Part II) Eacher's field of year Image: solution of the approximation of th	Form	990-EZ (2013)					Page 2
22 Cash, savings, and investments (4) Begrining of year (6) End of year 22 Land and buildings 0.24 0 23 Land and buildings 0.24 0 24 Other assets (describe in Schedule 0) 0.24 0 25 Total labilities (describe in Schedule 0) 0.24 0 26 Total labilities (describe in Schedule 0) 0.26 0 27 Net assets or fund balances (ine 27 of column (B) must agree with line 21) 016 25 1.629 27 Net assets or fund balances (ine 27 of column (B) must agree with line 21) 016 27 1.629 28 Boating Program Service Accomplishments for each of its three largest program services and eactom donoise manner, describe the services provided, the number of partialtits, optimal persons baenefited, and other relevant information for each program title. 28 Boating Programs: Planned and executed four cruise events on the Chesapeake Bay in order to promote 28 Boating safety and convaderie. 28a 7,686 29 Membership holiday party. 11 this amount includes foreign grants, check here 31a 30a 30 Land events. 12a 12a 2a 12a 2a 12a 2a <	Ра		,				8
22 Cash, savings, and investments 		Check if the organization used Schedule	O to respond to an				🗌
23 Land and buildings. 0 23 0 24 Other assets (describe in Schedule O)					., ,		(B) End of year
24 Other assets (describe in Schedule 0) 0 24 0 25 Total assets (describe in Schedule 0) 0 26 0 0 26 0 0 26 0 0 26 0 0 26 0 0 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 0 0 26 0 0 27 1.629 0 26 0 0 26 0 0 27 1.629 0 26 0 0 26 0 0 26 0 0 26 0 0 26 0 0 26 0 0 26 0 0 16.29 0 0 26 0 0 16.29 0 0 26 0 0 16.29 0 0 26 0 16.29 16.29 16.29 16.29 16.29 0							
25 Total lassets 916 25 1,629 26 Total liabilities (describe in Schedule O) 0 28 0 27 Not assets or fund balances (line 27 of column (B) must agree with line 21) 916 27 1,629 27 Not assets or fund balances (line 27 of column (B) must agree with line 21) 916 27 1,629 28 Describe the organization used Schedule O to respond to any question in this Part III (Peptind to rection for Part organs services) and schedule of persons benefited, and other relevant information for each program title. 28 Boating Programs: Planned and executed four cruise events on the Chesapeake Bay In order to promote boating safety and comraderie. 28a 7,686 28 Membership holiday party. 29a 4,270 30 Land events. 30a 366 31 Other program service (describe in Schedule O) 31a 0 32 Total program service (ad lines 28 through 31a) 32a 32a 331 Other program service (ad lines 28 through 31a) 32a 32a 332 Total program service (ad lines 28 through 31a) 32a 32a 333 Other program service (ad lines 28 through 31a) 32a 32a <td></td> <td>5</td> <td></td> <td></td> <td></td> <td></td> <td></td>		5					
26 Total liabilities (describe in Schedule O)					-		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 916 27 1,629 Part III Statement of Program Service Accomplishments (see the instructions for Part III) Expenses (Expenses) Check if the organization used Schedule O to respond to any question in this Part III				· · · · · ·			
Part III Statement of Program Service Accomplishments (see the instructions for Part III) Expenses Check if the organization used Schedule O to respond to any question in this Part III Image: Check if the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. Patch tub that promotes boating safety. 28 Boating Programs: Planned and executed four cruise events on the Chesapeake Bay in order to promote boating safety and comraderle. Patch is amount includes foreign grants, check here 29a 7,686 29 Membership holiday party. Image: second							
Check if the organization used Schedule O to respond to any question in this Part III Required or section What is the organization's primary exempt purpose? Yacht club that promotes boating safety. Section the organization's primary exempt purpose? Yacht club that promotes boating safety. Section the organization's distribution to reach of tis three largest programs services, and other relevant information for each program title. Section the program service accompliation to reach program title. Section the program service for promote boating safety and comraderie. Section the program service (accompliation to reach program title. Zea 7,686 29 Membership holiday party.			<u> </u>	,		21	1,029
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30 Land events. (Grants \$ 0) If this amount includes foreign grants, check here >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>							
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(Grants \$ 0) If this amount includes foreign grants, check here Image: Constraint of the second	31	· · · · · · · · · · · · · · · · · · ·			· · · · ·		
32 Total program service expenses (add lines 28a through 31a)					► 🗆	31a	0
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(a) Name and title(b) Average hours per week devoted to positioncompensation (Forms W-2/1099-MISC) (if not paid, enter -0-)contributions to employee benefit plans, and deferred compensation(e) Estimated amount of other compensationMichael Pacana20000Commadore20000Linda Passatino20000Secretary20000John Kenny20000Vice-Commodore20000John Liss20000Susan Pacana20000Susan Sweeney20000		Check if the organization used Schedule	O to respond to an				<u> </u>
Commadore200Linda Passatino2000Secretary2000John Kenny2000Vice-Commodore2000John Liss2000Sergeant At Arms2000Susan Pacana2000Fleet Captain2000Susan Sweeney2000		(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and	Ì	
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Vice-CommodoreImage: CommodoreJohn Liss200Sergeant At Arms200Susan Pacana200Fleet Captain200Susan Sweeney200	Seci	retary					
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Form 99	90-EZ (2013)		Р	age 3
Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
			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		~
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)?	35a		~
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
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		~
38a	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		~
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39	Section 501(c)(7) organizations. Enter:			
a h	Initiation fees and capital contributions included on line 9 39a 0 Gross receipts, included on line 9, for public use of club facilities 39b 0	-		
ь 40а	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
	section 4911 ► ; section 4912 ► ; section 4955 ►			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b		
c d	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			
е	reimbursed by the organization			
41	transaction? If "Yes," complete Form 8886-T	40e		~
42a		302-69	0-833	2
		197		
b	Located at ► P O Box 41, Kirkwood, DE 19708 ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ►	42b		~
	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		. 1	
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
с	Did the organization receive any payments for indoor tanning services during the year?	44c		~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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		~

Form 990-EZ (2013)

orm 9	90-EZ (2013)					P	age 4
						Yes	No
46	Did the organization engage, directly or ir	ndirectly, in political ca	ampaign activities on	behalf of or in opposition			
	to candidates for public office? If "Yes," of	complete Schedule C,	Part I		46		V
Part	V Section 501(c)(3) organizations	s only					
	All section 501(c)(3) organization	s must answer que	stions 47–49b and	52, and complete the tak	oles f	or line	es
	50 and 51.	•		•			
	Check if the organization used Scl	hedule O to respond	to any question in the	his Part VI			
	5	•				Yes	No
47	Did the organization engage in lobbying	activities or have a s	section 501(h) electio	n in effect during the tax			
	year? If "Yes," complete Schedule C, Par	tll			47		
48	Is the organization a school as described in	n section 170(b)(1)(A)(ii)? If "Yes," complete \$	Schedule E	48		
49a	Did the organization make any transfers t		, , , , ,		49a		
b	If "Yes," was the related organization a se		•		49b		
50	Complete this table for the organization's employees) who each received more than	five highest compens	sated employees (oth	er than officers, directors,	truste	es an	
-	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	(d) Health benefits, contributions to employee (e) E	stimate	ed amou	unt of

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		_	
		-	
		-	
		-	
		-	
d	Total number of other independent contractors each receiving	over \$100,000 ►	
52	Did the organization complete Schedule A? Note . All section 5 nonexempt charitable trusts must attach a completed Schedul		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer Susan Sweeney, Treasurer			Date		
	Type or print name and title					
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN
Use Only	Firm's name 🕨			Firm's	s EIN 🕨	
	Firm's address ►			Phon	e no.	
May the IRS discuss this return with the preparer shown above? See instructions						

SCHE	DULE	0	
(Form	990 o	r 990-E	EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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



Department of the Treasury Internal Revenue Service
Name of the organization

Employer identification number 20-0975006

SUMMIT NORTH YACHT CLUB ---------_____ -------

Other Expenses Structured Explanation

Description	Amount
Cruise Event Expenses	472
Herrington Harbor Give Back Event	7,214
Non-cruise Event Expenses	260
Auctioned Items	106
Holiday Event	4,270
Bank Charges	6
CBYCA Membership Dues	125
Registered Agent Fee	167
Supplies	53
Taxes and Licenses	25
Website Expenses	10
Liability Insurance	685
Total:	13,393

Schedule I	3
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(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2013

	Attach to For	n 990, Forn	ו 990-EZ,	or Form	990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization	Employer identification number
SUMMIT NORTH YACHT CLUB	20-0975006
Organization type (check one):	

Filers of:	Section:				
Form 990 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 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Employer identification number

SUMMIT NORTH YACHT CLUB

20-0975006 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Part I			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Knot 10 Yacht Sales 3028 Kent Narrows Way South Grasonville, MD 21638	\$5 <u>00</u>	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person□Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	PersonPayrollDoncashNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollDoncashNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	PersonPayrollNoncashNoncash(Complete Part II for noncash contributions.)

Employer identification number 20-0975006

SUMMIT NORTH YACHT CLUB

Part II N

Name of organization

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
		\$	
(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
		\$	

	Form 990, 990-EZ, or 990-PF) (2013)				of Part III		
Name of or	-			Employer identification	า number		
	ORTH YACHT CLUB			20-0975006			
Part III	Exclusively religious, charitable, e that total more than \$1,000 for the For organizations completing Part II contributions of \$1,000 or less for t	e year. Complete co II, enter the total of <i>e</i> he year. (Enter this in	lumns (a) through (<i>xclusively</i> religious, nformation once. Se	e) and the following line entry. charitable, etc.,	ations 0		
	Use duplicate copies of Part III if ad	Iditional space is nee	eded.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
	,						
(a) No. from	(b) Purpose of gift (c) Use of gift		of gift	(d) Description of how gift is	s held		
Part I							
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is	s held		
			for of gift				
_	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relation			ship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relation		ship of transferor to transferee				
				Schedule B (Form 990, 990-EZ, or 99	90-PF) (2013)		