Form **990-E7**

Short Form Return of Organization Exempt From Income Tax

2015

OMB No. 1545-1150

Open to Public

Inspection

Form **990-EZ** (2015)

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

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning , 2015, and ending , 20 09/01 08/31 C Name of organization Check if applicable: D Employer identification number Address change Northport Youth Sailing School 80-0408448 Room/suite Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Initial return **477 South Shore Drive** 231-386-7401 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ▶ Northport, MI, 49670-9772 Application pending Other (specify) ▶ **H** Check **▶** ✓ if the organization is **not G** Accounting Method: ✓ Cash Accrual required to attach Schedule B I Website: ▶ (Form 990, 990-EZ, or 990-PF). 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or 527 **K** Form of organization: Corporation Other Trust Association 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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 54,139 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I • 1 27.720 2 Program service revenue including government fees and contracts 2 18,565 3 3 0 4 Investment income 4 4 Gross amount from sale of assets other than inventory 5a 1,000 h Less: cost or other basis and sales expenses 5b 0 С Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c 1,000 6 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue 0 Gross income from fundraising events (not including \$ 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 0 Less: direct expenses from gaming and fundraising events . . . 6с 0 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . 6d 0 Gross sales of inventory, less returns and allowances 7a 7a 7b Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c C 817 8 8 0 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 48,106 10 Grants and similar amounts paid (list in Schedule O) . 10 0 11 Benefits paid to or for members 11 0 12 12 Salaries, other compensation, and employee benefits 24,016 13 Professional fees and other payments to independent contractors 13 0 14 Occupancy, rent, utilities, and maintenance 14 424 15 15 578 16 Other expenses (describe in Schedule O) .See Schedule O, Statement 1 16 19,080 17 17 44,098 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 4,008 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 136,653 20 20 Other changes in net assets or fund balances (explain in Schedule O) -5,842 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 134.819

Form 990-EZ (2015) Page **2**

Pa	Balance Sheets (see the instructions f	,				
	Check if the organization used Schedule	O to respond to ar	· · · · · · · · · · · · · · · · · · ·			
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			24,237	_	
23	Land and buildings			53,874	+	· · · · · · · · · · · · · · · · · · ·
24	Other assets (describe in Schedule O)			58,542	_	
25	Total assets			136,653	_	
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			136,653	27	134,819
Par	t III Statement of Program Service Accom					_
	Check if the organization used Schedule	<u> </u>	, ,		/Dc	Expenses equired for section
Wha	t is the organization's primary exempt purpose?	To teach sailing and	navigation skills to	ouths ages 8-16	,	1(c)(3) and 501(c)(4)
Desc	ribe the organization's program service accomplis	shments for each of	f its three largest pr	ogram services,	_ ~	ganizations; optional for
	neasured by expenses. In a clear and concise m		e services provided	, the number of	oth	ners.)
pers	ons benefited, and other relevant information for ea	ch program title.				
28	Instructed 168 youths in sailing and navigation skills	during 5 weeks of s	ummer 2016. Boats 8	sails		
	purchase, maintained & sotred were directly for prog	gram. Salaries went to	o employees teaching	the students.		
	Insurance for the program.					
	(Grants \$ 3,860) If this amount	includes foreign gra	nts, check here .	🕨 🗌	28	a 50,131
29						
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ 🗆	29	a
30	·					
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ □	30	a
31	Other program services (describe in Schedule O)					
		includes foreign gra			31	a 0
22	Total program service expenses (add lines 28a t	hrough 31a)	· · · · · · · · · · · · · · · · · · ·		_	_
32		inougnola,			32	2 50.131
						55/:5:
Par	List of Officers, Directors, Trustees, and Key	Employees (list each	one even if not comp	ensated-see the in	nstru	uctions for Part IV)
		CEmployees (list each O to respond to ar	one even if not comp	ensated-see the in	nstru	- 00/.0.
	List of Officers, Directors, Trustees, and Key	Employees (list each	n one even if not comp ny question in this l (c) Reportable compensation	pensated—see the in Part IV	nstru	uctions for Part IV)
	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	r Employees (list each O to respond to ar (b) Average	n one even if not comp ny question in this l (c) Reportable	pensated—see the in Part IV	nstru /ee (e	uctions for Part IV)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	O to respond to ar (b) Average hours per week devoted to position	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated — see the in Part IV	nstru /ee (€	uctions for Part IV)
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Donning Press Jim Vice Glor Secret Hown Trea Beth Direct Androman Direct Larry Direct Cind Direct Bill Secret Donning Direct D	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (a) Name and title na Chapman ident Chapman President ia Thomas etary ard Cann surer Hoogland ctor iele Lavey ctor y Neal cor y Coppard ctor y Black ctor Salter ctor Webb	remployees (list each O to respond to ar (b) Average hours per week devoted to position 20 20 1 1 6 6 10 20 1 1 1 1 1 1 3	one even if not company question in this company question in this compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 2,200 0 0 0 0 0 0	pensated—see the in Part IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	uctions for Part IV)

Form 990-EZ (2015)

Part '	·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
22	Did the appropriation appears in any circuit and activity and available years and to the IDCO If "Vee " available		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		~
	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	_		
	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: Initiation fees and capital contributions included on line 9			
a b	Gross receipts, included on line 9, for public use of club facilities	-		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		~
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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		~
41	List the states with which a copy of this return is filed ► MI			
42a		231-38	6-740	1
	Located at ► 477 South Shore Drive, Northport, MI 49670-9772 ZIP + 4 ►	49670)-9772	
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 🗸
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
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	▶ □
	Did the consultation materials and the second secon		Yes	No
	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		~
	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		V
b	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		~

Page 3

Form 99	U-EZ (20	(611							Pa	age -
									Yes	No
		ne organization engage, directly or in ndidates for public office? If "Yes," c						46		/
Part \	VI	Section 501(c)(3) organizations All section 501(c)(3) organizations	only				ı		or line	
		50 and 51. Check if the organization used Sch	nedule O to respond	to any question ir	n this Part	VI				
		<u> </u>		, ., .,					Yes	No
		ne organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec		ect during th	e tax	47		~
		organization a school as described in					. [48		~
		ne organization make any transfers to	-	•			<u> </u>	49a		~
b 50	Comp	s," was the related organization a se plete this table for the organization's pyees) who each received more than	five highest compen	sated employees (d	other than	officers, dire	ctors, tr			d key
		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) He contribut benefit pl	ealth benefits, ions to employe ans, and deferre mpensation	e (e) Est	timate	d amou pensati	
None						<u>·</u>				
f 51	Comp \$100,	number of other employees paid over plete this table for the organization's 000 of compensation from the organ Name and business address of each independ	s five highest compenization. If there is no	ensated independe			ch rece			thar
None	(-)			(2) 1) po 010			(6) 66			
d 52	Did t	number of other independent contra the organization complete Schedu eleted Schedule A	•			s must atta	ch a . ▶ ☑	Yes		10
		of perjury, I declare that I have examined this red complete. Declaration of preparer (other than					knowledg	je and	belief,	it is
Sign		Signature of officer				Date				
Here		Howard Cann, Treasurer Type or print name and title								
Paid		Print/Type preparer's name	Preparer's signature		Date	Check self-emp	if	PTIN		
Prepa		Firm's name				Firm's EIN ▶	,			
Use (July	Firm's address ▶				Phone no.				
May th	e IRS	discuss this return with the preparer	shown above? See i	nstructions			▶ □	Yes		lo

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

2015

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number						
Northport Youth Sailing School					80-0408448		
Part I Reason for Public C					<u> </u>	ons.	
The organization is not a private for		,		-	•		
1 A church, convention of ch							
2 A school described in sec					* *		
3 A hospital or a cooperative4 A medical research organi						(iii) Enter the	
hospital's name, city, and		orijanotion with a nos	pital acsc	inbed iii s	300tion 170(b)(1)(A)	(iii). Enter the	
5 An organization operated	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)						
6 ☐ A federal, state, or local go	overnment or govern	nmental unit described	in secti o	on 170(b)	(1)(A)(v).		
7 An organization that norm described in section 170(l	ally receives a subs	stantial part of its sup				n the general public	
8 🗹 A community trust describ	ed in section 170(b)(1)(A)(vi). (Complete	Part II.)				
9	ally receives: (1) mo	ore than 331/3% of its	support	from con	tributions, members	ship fees, and gross	
receipts from activities re	•	•		•	, ,		
support from gross inves acquired by the organization				•		x) from businesses	
10 ☐ An organization organized				-	•		
11 An organization organized	•	•	-			out the purposes of	
one or more publicly suppo			•				
the box in lines 11a through	n 11d that describes	the type of supporting	organiza	tion and o	complete lines 11e, 1	1f, and 11g.	
a Type I. A supporting org	anization operated,	supervised, or contro	lled by its	support	ed organization(s), ty	pically by giving	
the supported organizati organization. You must			ect a majo	ority of the	e directors or trustee	es of the supporting	
b Type II. A supporting org	ganization supervise	ed or controlled in con	nection w	ith its su	pported organization	n(s), by having	
control or management of			ne same p	ersons t	hat control or manaç	ge the supported	
organization(s). You mus	-						
c Type III functionally into its supported organization						y integrated with,	
d Type III non-functional			•		• • • • • • • • • • • • • • • • • • • •	• , ,	
that is not functionally in requirement (see instruc						an attentiveness	
	•	•				II. Typo III	
e Uneck this box if the org					* * * * * * * * * * * * * * * * * * * *	ii, Type iii	
f Enter the number of support	, ·	, , , , , , , , , , , , , , , , , , , ,					
g Provide the following inform	•						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of	
		(described on lines 1–9 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)	
			Van	NI-		include delicine,	
			Yes	No			
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2011 **(b)** 2012 (d) 2014 (c) 2013 **(e)** 2015 (f) Total contributions, 1 grants, membership fees received. (Do not include any "unusual grants.") . . . 28,993 27,610 40,640 125,131 43,285 265,659 2 revenues levied organization's benefit and either paid to or expended on its behalf . . . 0 0 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 7,200 7,200 7,200 7,200 7,200 36,000 Total. Add lines 1 through 3. . . . 4 34,810 36,193 47,840 132,331 50,485 301,659 5 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4. 301,659 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 7 Amounts from line 4 34,810 47,840 50,485 36,193 132,331 301,659 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 0 6 13 Net income from unrelated business 9 activities, whether or not the business is regularly carried on 0 0 0 0 O 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11,595 14,843 78,956 16,703 17,250 18.565 **Total support.** Add lines 7 through 10 11 380,628 Gross receipts from related activities, etc. (see instructions) 12 6,850 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 79.25 % Public support percentage from 2014 Schedule A, Part II, line 14 15 331/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this ~ 331/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	if the organization fails to qualify	under the te	ests listed belo	ow, piease co	omplete Part	11.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to the						
	organization without charge						
^	· ·						
6	Total. Add lines 1 through 5		-				
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
14	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,		+				
13	and 12.)						
14	First five years. If the Form 990 is for the	o organization	a's first sooon	d third fourth	or fifth tax w	or as a soction	D 501(a)(3)
14	organization, check this box and stop he	J					(, (,
Sooti	on C. Computation of Public Suppor			<u></u>	<u> </u>	<u> </u>	
15	Public support percentage for 2015 (line 8			2 oolumn (f))		15	%
	Public support percentage for 2013 (line of Public support percentage from 2014 Sci		-			16	
16 Secti	on D. Computation of Investment In					10	70
17	Investment income percentage for 2015 (v line 13 colu	mn (f))	17	%
18	Investment income percentage for 2013 (-			
	33 ¹ / ₃ % support tests—2015. If the organ						
19a	17 is not more than 33 ¹ / ₃ %, check this box						
		-	_	-		_	_
b	331/3% support tests – 2014. If the organization 18 is not more than 331/3% shock this						
	line 18 is not more than 33½%, check this	_	=	-			_
20	Private foundation. If the organization di	u not cneck a	box on line 14	. 19a. or 19b. (CHECK THIS DOX	and see instru	ctions ► □

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

,,,,	on 7 in Cupporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).			
		5a		
D	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
_	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	ıva		
	determine whether the every institute and every business buildings.	406		

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
	71 11 0 0		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
_		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	ctions	e).
		iistiu	CHOIR	3).
a	☐ The organization satisfied the Activities Test. <i>Complete line 2 below.</i> ☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
b c	The organization is the parent of each of its supported organizations. <i>Complete line's below.</i> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see the organization is the parent of each of its supported organizations.</i>	oo ins	tructi	onel
U		ou ii is		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
	·	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	OL		
2	•	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below</i> . Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ly-in	tegrated Type III support	ing organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions		·	Current Year	
1	Amounts paid to supported organizations to accomplish	exempt purposes			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted		
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2015 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015	
1	Distributable amount for 2015 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2015				
	(reasonable cause required-see instructions)				
3	Excess distributions carryover, if any, to 2015:				
a					
b					
c					
d	From 2013				
е	From 2014				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2015 distributable amount				
<u>i</u> _	Carryover from 2010 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2015 from Section				
	D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2015 distributable amount				
C	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).				
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).				
7	Excess distributions carryover to 2016 . Add lines 3j and 4c.				
_ 8	Breakdown of line 7:				
a					
b					
c	Excess from 2013				
d	Excess from 2014				
е	Excess from 2015				

Part VI

В, 3а	line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section ines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2 and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section Ess 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	b, :,
Schedule A, Par	II, Line 10 - Tuition from Sailing students	

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part

SCHEDULE 0 (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.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization **Employer identification number Northport Youth Sailing School** 80-0408448 Form 990-EZ, Part I, Line 20 - Depreciation on Boat House #2 and boats reduced net assets Form 990-EZ, Part II, Line 24 - Other assets are sail boats and related equipment, inflatables, outboard motors

Schedule O, Statement 1

Northport Youth Sailing School 80-0408448

Form: 990-EZ Page: 1

Line Number: Part I Line 16

Other Expenses Structured Explanation

Description	Amount
Advertising	662
Insurance	4,323
Meals and Entertainment	2,317
Office Supplies	400
Student Registration Service Fees	1,117
Internet expenses	326
Training for Instructors	1,045
Capital Expenditures	5,561
Operating Expenses	3,006
Miscellaneous	323
Total:	19,080