Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 2017

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

$\overline{\mathbf{A}}$	For the	e 2017 cale	endar year, or tax year beginning , 2017, and	ending			, 20
В		f applicable	C Name of organization_VERO BEACH YACHT CLUB, INC.	-) Employ	er identification number
$\bar{\Box}$		s change	Doing business as				59-1203027
$\overline{\Box}$	Name cl	•		loom/suite		E Telephor	ne number
Π	Initial ref	•	3601 Rio Vista Blvd			·	772-231-2211
\exists		urn/terminated	City or town, state or province, country, and ZIP or foreign postal code				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
\exists		ed return	Vero Beach, FL 32963		- 1,	G Gross re	eceipts \$ 1,795,431
Η							subordinates ⁷ Yes No
ш	Applicat	tion pending	3601 Rio Vista Blvd , Vero Beach, FL 32963				
-	T		1	5277			s included? Yes No
<u>-</u>	Website	empt status	501(c)(3)	152/3, 1			
<u>K</u>				of formation	H(c) Group e 1926		of legal domicile FL
ì	art I	Summ		n ioiniation	1320	W State	or legal domicile FL
	1			Social Cl	ub		
ø		briefly de	escribe the organization's mission or most significant activities	Social Cl	ub 		
Governance							
Ē		Oh1- 4h			Al	0504 - 6	
Ş	2		nis box ▶☐ if the organization discontinued its operations or dispersions.	osea or r	nore than i	1 1	
Ğ			of voting members of the governing body (Part VI, line 1a)			3	
Activities &	4		of independent voting members of the governing body (Part VI, Iir			4	11
ij	5		mber of individuals employed in calendar year 2017 (Part V, line 2a	a)		5	32
댫	6		mber of volunteers (estimate if necessary)		•	6	46
ĕ	7a		related business revenue from Part VIII, column (C), line 12 .		•	7a	212,231
	b	Net unre	lated business taxable income from Form 990-T, line 34			7b	0
					Prior Yea	ır	Current Year
<u>0</u>	8	Contribu	tions and grants (Part VIII, line 1h)				
Revenue	9	Program	service revenue (Part VIII, line 2g)		1,	570,926	1,789,668
ě	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)			2,756	1,600
<u>-</u>	11	Other rev	venue (Part VIII, ோர் A) (res5, 6d, 8c, 9c, 10c, and 11e)		7,991	4,163	
	12	Total rev	enue – add lines 8-through 11 (must equal Part VIII, column (A), line	12)	1,9	581,673	1,795,431
	13		nd sımılar amounts paid (Part IX, column (A), lines 1-3)				
	14	Benefits	paid to of the members (Part IX, column)(A), line 4) .	. \Box			
s	15		other compensation, employee benefits (Part IX, column (A), lines 5-	10)	536,929		575,506
Expenses	16a			. -	· <u> </u>		
ē	. ь	Total fun	onal fundraising rees (Part IX) column (A), line 11e) idraising expenses (Part IX, column (D), line 25) ▶				
ŭ	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)			831,306	861,783
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)			368,235	1,437,289
	19		eless expenses Subtract line 18 from line 12			213,438	358,142
- 5				Beg	inning of Curi		End of Year
sets or	20	Total ass	sets (Part X, line 16)		1.0	613,603	1,936,041
Ass	21		bilities (Part X, line 26) /			156,337	120,633
Net As	22		ets or fund balances. Subtract line 21 from line 20			457,266	1,815,408
	art II		ture Block		.,	101,200	1,010,100
			ury, I declare that I have examined this return, including accompanying schedules ar	nd statemen	ate and to the	a boot of r	nu knowledge, and helef it is
tn	ue, correc	ct, and comp	elete. Declaration of preparer (other than officer) is based on all information of which produces a	preparer ha	s any knowle	dge (Try knowledge and belief, it is
_		11	<u> </u>			1/3	1/1/
Si	an	Stor	nature of officer		Date	V (4	9 10
							•
	51 6		THOM AS (YESCHID' / REASURER e or print name and tifle	.			
_			pe preparer's name Preparer's signature	Date		Т	PTIN
Pa	aid	PINIVI)	ype preparer 5 signature	Date		Check [#]
Pi	repare	er				self-emp	Dioyed
	se On		name 🕨 📗		Firm'	s EIN ▶	
		Firm's a	address ►		Phon	e no	
M:	av the I	IRS discus	is this return with the preparer shown above? (see instructions)				. Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

Cat No 11282Y

Form 99	90 (2017)	<u>_</u>		_	Page 2
Part		ment of Program Service A	•		
		if Schedule O contains a re	sponse or note to any line in this P	art III	<u> [/]</u>
'	SOCIAL CLU		.,		
					••••••
2	Did the orga	anization undertake any signif	icant program services during the ye	ear which were not listed on the	
_		90 or 990-EZ?		_	Yes ☑ No
		scribe these new services on			
3			, or make significant changes in h		
	services? .			[☐ Yes 🗹 No
4		scribe these changes on Sche	vice accomplishments for each of its	three largest program services	as measured by
•) organizations are required to repor		
	the total exp	penses, and revenue, if any, for	or each program service reported.		
		\ (F		\	
4a	(Code.	(Expenses \$	including grants of \$) (Revenue \$)
				·	
					·
					·
	••				~
					•
	(O = d =	\ / \(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		\/D==	
4b	(Code) (Expenses a	including grants of \$) (Revenue \$	
			······································	·····	
					
					··
				·····	
	<u></u>	\) (D	
4c	(Code [,]) (Expenses \$	including grants of \$) (Revenue \$)
4d		ram services (Describe in Sch		C 1705 404 \	
4e	(Expenses S	\$ 1,437,289 including gram service expenses ▶		\$ 1,795,431)	
70	rotal progra	an solvice expenses	1,437,289		



Part I	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			,
	Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	٠.	7.4 A	,
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	1	
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		/
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		√
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ .	1
19 	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
		_	001	n /204-

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b o4	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			<u> </u>
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b		<u> </u>
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	-		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV .	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	24		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		✓_
	complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	000		\ <u> </u>
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	2-		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		
	19? Note. All Form 990 filers are required to complete Schedule O.	38	✓	

Part				
	Check if Schedule O contains a response or note to any line in this Part V			, \sqsubset
4.	Established with a Day 0 of Established 0.00 Established		Yes	No
1a _	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1a 1.3 kg			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?		,	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	✓	
20				
b	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	1
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20	V	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	ł
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	<u> </u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			1
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
L	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		-
·	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	76		-
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ň	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		ĺ
9	Sponsoring organizations maintaining donor advised funds.		•	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 212,231			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			1
120	(· · · · · · · · · · · · · · · · · · ·	40-		
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . Section 501(c)(29) qualified nonprofit health insurance issuers.			
ıs a	Is the organization licensed to issue qualified health plans in more than one state?	120		
a	Note. See the instructions for additional information the organization must report on Schedule O	13a		
ь	Enter the amount of reserves the organization is required to maintain by the states in which			
~	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14h		Ļ

Part \	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			ions.		
Casti	Check if Schedule O contains a response or note to any line in this Part VI	-	<u> </u>	<u>. U</u>		
Section	on A. Governing Body and Management		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1		
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint	5 6	✓	1		
b	one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7a 7b	✓	1		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		,	•		
a b 9	The governing body?	8a 8b	√			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9 ue C	ode i	✓		
000.	on Di Gilde (mio conton D'ioquesto mormator about pondice not required by the miorital revers		Yes	No		
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓		
44	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	<u> </u>			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		✓		
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b		1		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c				
13	Did the organization have a written whistleblower policy?	13	 	✓		
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	14		✓		
a b	The organization's CEO, Executive Director, or top management official	15a 15b		√		
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b				
Sect	ion C. Disclosure					
17 18	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available Check all that apply.	n 501(c)(3)s	only)		
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	polic	y, and		
financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: SHAWN WITMER, GENERAL MANAGER, 3601 RIO VISTA BLVD, VERO BEACH, FL 32963 (772-231-2211)						

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Page 7

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

Check this box if neither the organization no	r any relate	d org	anız			ompe	nsa	ted any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted	box, office Individua	unles	Pos neck ss pe	rson	e than of is both or/trust employee	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	line)	ustee	trustee		'ee	npensated				organizations
(1) BARBARA EBSTEIN, COMMODORE	5	1		1				o	0	o
(2) REY NEVILLE, VICE COMMODORE	5	1		1				0	0	0
(3) MADESTA STEVENS, REAR COMMODORE	4	1		1				0	0	0
(4) TOM PESCHIO, TREASURER	4	1		1				0	0	0
(5) KATHY KINASEWITZ, SECRETARY	4	1		1				o	0	0
(6) DAVID JOHNSON, FLEET CAPTAIN	3	1		1				0	о	0
(7) BOB SCOFIELD	3	1						0	0	0
(8) MICHELE HOLLINGWORTH	3	1						0	0	0
(9) JOEL CIPOLLA	3	1						0	0	0
(10) BOB HECKMAN	3	1	ļ					0	0	0
(11) MILLEY LaCANFORA	2	1							О	0
(12)				_						
(13)										
(14)										

	(A) Name and title	(B) Average hours per week (list any	box, office	unles er and	Pos eck s pe d a d	rson irect	than on the street that the st	an tee)	(D) Reportable compensation from	(E) Reportable compensation related	from	Esti amo o	(F) mated ount of ther	
		hours for related organizations below dotted line)		nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		fro orga and	ensatio m the nization related nization:	1
(15)														
(16)														
(17)												-		
(18)				ļ										
(19)														
(20)														
(21)														_
(22)														
(23)														
(24)					-									
(25)													—	
1b	Sub-total				l	L		>	0		0			0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Section						>	0		0			0
2	Total number of individuals (including bur reportable compensation from the organ	t not limited		nose	e list	ed	abov	e) w	ho received m	ore than \$10	00,00	0 of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc									nsate	d 3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	porta	ble	con	пре	nsatio	on a	ind other comp	ensation fro		h h		_
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co										al 4		1
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Rej year.													ax
	(A) Name and business add	iress							(B) Description of s	ervices		(C) Compens		
		-												
2	Total number of independent contractor received more than \$100,000 of compens							o th	nose listed ab	ove) who				

<u>Part</u>	VIII							
		Check if Schedule O contain	ns a res	sponse or note to	C any line in this (A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
						function revenue	revenue	under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns .	. <u>1a</u>			1		
S 5	b	Membership dues	1b	<u> </u>				
A ts	С	Fundraising events	1c	ļ		į		
<u>a</u>	d	Related organizations .	. <u>1d</u>					
Sign	e	Government grants (contribution				ļ		
er ti	f	All other contributions, gifts, gran and similar amounts not included about	_					
를 돌	_			<u> </u>				
lo p	9	Noncash contributions included in line	5 1a-11 \$					
	h	Total. Add lines 1a-1f .		Business Code				
Program Service Revenue	2a	MEMBERSHIP DUES		Dasiness Code	709,135	709,135		
3ev(b	SALES - FOOD			384,475	384,475		
e	C	INITIATION FEES			252,320	252,320		
ervi	d	SALES - FOOD/BAR (OUTSIL)E)	722100	212,231	0	212,231	
S E	e	SALES - BEVERAGES			184,507	184,507		
gra	f	All other program service rev	enue		47,000	47,000		
Pro	g	Total. Add lines 2a-2f		•	1,789,668			-
	3	Investment income (includi						
		and other similar amounts)	•	•	1,600	1,600		
	4	Income from investment of tax-	exempt b	ond proceeds >				
	5	Royalties		. •				
		(1)	Real	(ii) Personal				
	6a	Gross rents		<u> </u>				
	b	Less rental expenses						
	С	Rental income or (loss)		<u> </u>				
	_d	Net rental income or (loss)						
	7a	arbab ambajit mam barba ar	curities	(ii) Other				
		assets other than inventory		 				
	b	Less cost or other basis and sales expenses						
		Gain or (loss)		-				
	d	Net gain or (loss) .		<u> </u>]	1		
	ŭ	Net gain or (1033)	•	<u> </u>				
enne	8a	Gross income from fundraisi	na)	1		1
		events (not including \$	•					
နွှဲ	 	of contributions reported on lin	e 1c)		1			
ē	l	See Part IV, line 18		a i		ĺ		
Other Rev	ь	Less direct expenses	t	o				
	С	Net income or (loss) from fur	draising	events . 🕨				
	9a	Gross income from gaming a	ctivities.					
		See Part IV, line 19		• <u> </u>		i		
		Less. direct expenses .		·				
		Net income or (loss) from ga		tivities .				
	10a	Gross sales of inventory						
		returns and allowances		· ———	1			
	ь	Less. cost of goods sold .		ol		1		i
	С	Net income or (loss) from sal	es of inv		-			
	44-			Business Code	3.000	3.500		
	11a	SHIP'S STORE SALES OTHER INCOME			3,683	3,683		
	b	OTHER INCOME			460	480		
	d	All other revenue			 			
	I	Total. Add lines 11a-11d .		<u> </u>	4,163			
	12	Total revenue. See instructi	ons		1,795,431	1.583,200	212,231	

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons				🗹
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2	Grants and other assistance to domestic individuals See Part IV, line 22			,	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	,			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages . Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	478,210			
9	Other employee benefits	37,299			
10	Payroli taxes	59,997			
11	Fees for services (non-employees).				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	3,499			
13	Office expenses	39,082			
14	Information technology				
15	Royalties				
16	Occupancy	88,666			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,490			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	83,215			·····
23	Insurance	122,115			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	• • • • • • • • • • • • • • • • • • • •	249 270			
a	FOOD PURCHASES	248,270 73,394			
b	BEER, WINE & LIQUOR PURCHASES FEATURE ENTERTAINMENT	40,313			
ч С	TAYES -GENERAL	26,575			·
d		132,164			
е 25	All other expenses Total functional expenses. Add lines 1 through 24e	1,437,289			
26	Joint costs. Complete this line only if the	., 10,,200			
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet
Check if Schedule O contains

		Check if Schedule O contains a response or note to any line in this Par	tX		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	73,205	1	44,535
	2	Savings and temporary cash investments	545,542	2	517,445
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	170,633	4	187,996
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
	6	Loans and other receivables from other disqualified persons (as defined under section		5	
S.	0	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	ı
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	43,024	8	47,244
	9	Prepaid expenses and deferred charges	82,028	9	79,668
	10a	Land, buildings, and equipment, cost or		1	
		other basis Complete Part VI of Schedule D 10a 2,585,202			
	ь	Less: accumulated depreciation 10b 1,526,049	699,171	10c	1,059,153
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,613,603	16	1,936,041
	17	Accounts payable and accrued expenses	95,041	17	50,593
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
s	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	-	22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties .		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D	61,296	25	70,040
	26	Total liabilities. Add lines 17 through 25	156,337	26	120,633
S		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.			
ĭ	27	Unrestricted net assets	1,250,816	27	1,608,958
<u>e</u>	28	Temporarily restricted net assets		28	
ъ В	29	Permanently restricted net assets	206,450		206,450
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
0	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Asi	32	Retained earnings, endowment, accumulated income, or other funds		32	
<u>e</u>	33	Total net assets or fund balances	1,457,266		1,815,408
Z	34	Total liabilities and net assets/fund balances	1,613,603		1,936,041
	 .			1	Form 990 (2017)

Par	XI Reconciliation of Net Assets	-				
	Check if Schedule O contains a response or note to any line in this Part XI					. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1			1,79	5,431
2	Total expenses (must equal Part IX, column (A), line 25)	2			1,43	7,289
3	Revenue less expenses Subtract line 2 from line 1	3			35	8,142
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			1,45	7,266
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8	<u> </u>			
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	İ				
	33, column (B))	10			1,81	5,408
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	•	•	<u></u>		<u>. D</u>
_			г		Yes	No
1	Accounting method used to prepare the Form 990. Cash Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain	in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			<u>2</u> a		/
	If "Yes," check a box below to indicate whether the financial statements for the year were com- reviewed on a separate basis, consolidated basis, or both	plied	or			
	•					
	Separate basis Consolidated basis Both consolidated and separate basis			0 L		,
D	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audit	od on	: }	2b		-
	separate basis, consolidated basis, or both:	eu on	a			
	Separate basis Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versio	ht		i	
·	of the audit, review, or compilation of its financial statements and selection of an independent according			2c		Ì
	If the organization changed either its oversight process or selection process during the tax year, e.		L	20		
	Schedule O.	фіцігі	"' [
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in			
	the Single Audit Act and OMB Circular A-133?		···	3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	erao ti	he			•
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a			3b		
				Forr	, aan	(2017)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

VERO	BEACH YACHT CLUB, INC.		59-1203027
Par			ids or Accounts.
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4 5	Aggregate value at end of year	advects in writing that the agests h	and in depart advised
3	funds are the organization's property, subject to the		-10
6	Did the organization inform all grantees, donors, a		
•	only for charitable purposes and not for the bene-		
	conferring impermissible private benefit?		☐ Yes ☐ No
Part	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea		
	Protection of natural habitat	☐ Preservation o	f a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization he easement on the last day of the tax year	eld a qualified conservation contribution	
_	Total number of conservation easements		Held at the End of the Tax Year
a			. 2a 2b
b	Total acreage restricted by conservation easement Number of conservation easements on a certified I		
d	Number of conservation easements included in		
-	historic structure listed in the National Register		. 2d
3	Number of conservation easements modified, trans	sferred, released, extinguished, or teri	1 = - 1
	tax year ▶		-
4	Number of states where property subject to conse		
5	Does the organization have a written policy re-	· · · · · · · · · · · · · · · · ·	spection, handling of
	violations, and enforcement of the conservation ea		· · · 🗍 Yes 🗍 No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
-		an bandlan af walahaan and aafaan	
7	Amount of expenses incurred in monitoring, inspectin > \$	ng, nandling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	f section 170(b)(4)(R)(i)
Ū	and section 170(h)(4)(B)(ii)?	· · · ·	· Yes 🗌 No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	
•	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme		
Part	III Organizations Maintaining Collection	s of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the f		
Ь	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar public service, provide the following amounts relat		ducation, or research in turtherance of
	(i) Revenue included on Form 990, Part VIII, line 1	•	~ ¢
	(ii) Assets included in Form 990, Part X		• • • • • • • • • • • • • • • • • • •
2	If the organization received or held works of art		• •
=	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·	> \$
h	Assets included in Form 990 Part Y		•

Part									
3	Using the organization's acquisition, collection items (check all that apply)	accession, and oth	ner recor	ds, chec	k any of the	follow	ing that are a s	ignificant ι	ise of its
а	☐ Public exhibition		d [Loan	or exchange	progr	ams		
b	☐ Scholarly research				_		***************************************		
С	Preservation for future generations	3		_					
4	Provide a description of the organiza XIII		ınd expla	in how t	hey further th	ne orga	anızation's exen	npt purpos	e in Part
5	During the year, did the organization assets to be sold to raise funds rather							ar Yes	□ No
Part	IV Escrow and Custodial Arra	angements.							
	Complete if the organization 990, Part X, line 21.						•		orm
1a	Is the organization an agent, trustee included on Form 990, Part X?			ediary fo	or contribution.	ns or	other assets no	_	□ No
b	If "Yes," explain the arrangement in P	art XIII and comple	te the fo	llowing ta	able				
							Α	mount	
С	Beginning balance .					1c			
d	Additions during the year		٠			1d			
е	Distributions during the year .			•		1e			
f	Ending balance					1f			
2a	Did the organization include an amou	nt on Form 990, Pa	art X, line	21, for e	scrow or cus	todial	account liability	? ☐ Yes	☐ No
b	If "Yes," explain the arrangement in P						•		
	V Endowment Funds.				•				
	Complete if the organization	answered "Yes"	on For	m 990, F	Part IV, line	10.			
-		(a) Current year	(b) Prid	or year	(c) Two years	back	(d) Three years back	(e) Four ye	ears back
1a	Beginning of year balance .				-				
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships .								
е	Other expenditures for facilities and programs .								
f	Administrative expenses .								
g	End of year balance		-	٠					
2	Provide the estimated percentage of	the current vear en	d balanc	e (line 1a	. column (a))	held a	s'		
а	Board designated or quasi-endowme	•		` .	(-7)				
b	Permanent endowment >		"						
c		%							
_	The percentages on lines 2a, 2b, and		20%						
3a	Are there endowment funds not in th			zation tha	at are held a	nd adr	ninistered for th	e	
	organization by:		J						es No
	(i) unrelated organizations							3a(i)	C3 110
	(ii) related organizations					•		3a(ii)	
ь	If "Yes" on line 3a(ii), are the related of			ad on Sa	hedule B2	•		3b	_+
4	Describe in Part XIII the intended uses							30	
Pari			711 3 CHGC	WITH CITE II	J. 103.				
i ar	Complete if the organization		on For	m 000 i	Part IV line	112 9	See Form 990	Dart V Ju	0 10
	Description of property	(a) Cost or oti			or other basis			(d) Book	
	Description of property	(investme			ther)		ccumulated preciation	(a) Book	alue
	Land								
b	Buildings								
c	Leasehold improvements								
d	Equipment	-							
e	Other							-	
	Add lines 1a through 1e (Column (d) r	nust equal Form 90	0 Part 1	Column	(R) line 10c)	•		,059,153
			, . 	.,	,,	, -			, ,

	(a) Description of security or categor(including name of security)	ימי	(b) Book value		Method of valuation end-of-year market value
) Financial o				Cost or	end-oi-year market value
	derivatives	}			
Other	eld equity interests				
(A)	*				
`' (B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
al. (Column (b)) must equal Form 990, Part X, col (B) line 12) 🕨				
art VIII	Investments - Program Relate	ed.			
	Complete if the organization an	swered "Yes" on For	m 990, Part IV, III	ne 11c See Fo	rm 990, Part X, line 1
	(a) Description of investment		(b) Book value		Method of valuation end-of-year market value
)					
!)					
3)					
<u>) </u>					····
5)					
5)				_	
')					<u>-</u>
3)					
9))			<u> </u>	
т ат. (Соштп (D)) must equal Form 990, Part X, col (B) line 13)	•		1	
5 . IV	A11 A -1-				
Part IX	Other Assets.		000 D-+ N/ Iv		000 Dort V Iv. a 1
Part IX	Other Assets. Complete if the organization an	swered "Yes" on For	m 990, Part IV, li	ne 11d. See Fo	
			m 990, Part IV, li	ne 11d. See Fo	orm 990, Part X, line 1
1)		swered "Yes" on For	m 990, Part IV, ii	ne 11d. See Fo	
1)		swered "Yes" on For	m 990, Part IV, lı	ne 11d. See Fo	
1) 2) 3)		swered "Yes" on For	m 990, Part IV, lı	ne 11d. See Fo	
1) 2) 3) 4)		swered "Yes" on For	m 990, Part IV, lı	ne 11d. See Fo	
1) 2) 3) 4)		swered "Yes" on For	m 990, Part IV, lı	ne 11d. See Fo	
1) 2) 3) 4) 5)		swered "Yes" on For	m 990, Part IV, łı	ne 11d. See Fo	
1) 2) 3) 4) 5) 6)		swered "Yes" on For	m 990, Part IV, łı	ne 11d. See Fo	
1) 2) 3) 4) 5) 6) 7)		swered "Yes" on For	m 990, Part IV, lı	ne 11d. See Fo	
1) 2) 3) 4) 5) 6) 7) 8)	Complete if the organization an	swered "Yes" on For	m 990, Part IV, lı	ne 11d. See Fo	
	Complete if the organization an	swered "Yes" on For	m 990, Part IV, lı	ne 11d. See Fo	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8)	Complete if the organization and the complete if the compl	swered "Yes" on For (a) Description col (B) line 15)			(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Colum	mn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization an	swered "Yes" on For (a) Description col (B) line 15)			(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Colun	Complete if the organization and the complete if the compl	swered "Yes" on For (a) Description col (B) line 15)			(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Colun	mn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization an line 25. (a) Description of liability	swered "Yes" on For (a) Description col (B) line 15). swered "Yes" on For			(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Colum Part X	mn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization an line 25. (a) Description of liability	swered "Yes" on For (a) Description col (B) line 15). swered "Yes" on For			(b) Book value
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Part	Reconciliation of Revenue per Audited Financial Statements With Revenue pe Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	r Return.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	'	
a	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities	-	
c	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII.)	-	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	1	
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Part			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
С	Other losses	7 1	
d	Other (Describe in Part XIII)	1	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII.)	7	
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part	XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2 t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional		Part X, line
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Page 5	Schedule D (Form
ntal Information (continued)	art XIII
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

lame of the organization				Employer identification number
VERO BEACH YACHT	CLUB, INC.			59-1203027

ORM 990, PART III, L	INE 4d - OTHER PR	ROGRAM SERVICES: Various, as	related to a social club	
				••••
ORM 990, PART VI, L	INES 6 and 7a - GC	OVERNING BODY AND MANAGE	MENT: All members have vot	ing rights and elect the Board of
Directors and Comm	odore of the Club			
FORM 990. PART VI. L	INE 11b - ORGANI	ZATION'S PROCESS TO REVIEW	/ FORM 990. Form 990 was re	viewed by the Treasurer, General
Manager and Control	ier prior to filing			•••••
			·	
FORM 990, PART VI, L	INE 19: GOVERNIN	NG DOCUMENTS DISCLOSURE E	XPLANATION No document	s available to the public
	INF 240 - DETAIL (OF OTHER EXPENSES:		
		JI OTILK EXI ENGLS.		
Supplies	\$32,045			
Repairs & Maint.	30,644			•
Laundry	24,643			
Club Activities	16,782			
Employee Meals	9,800			
		·	·	
Trash & Pest Contro	ol 4,368			
Bad Debts	3,262			••••••
Ship's Store Exp.	3,080			
Other	7,540			
Total	\$132,164			
			·····	

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization VERO BEACH YACHT CLUB INC.	Employer identification number 59-1203027
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