Form **990**

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

Department of the Treasury Internal Revenue Service

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

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

2017
Open to Public
Inspection

A F	or the	2017	calendar year, or tax year beginni	ng	1.0	/01, 2017	, and e	nding	_	09/30) , 20 18	
_			C Name of organization						D Employer ide	ntification	number	
B Ch	eck if ap	oplicable:	BARNEGAT BAY YACHT I	RACING AS	SOCIATIO	NC			22-604	9570		
	Addre		Doing business as						1			
	Name	change	Number and street (or P.O. box if ma	il is not delivered	to street addre	ess)	Room/s	suite	E Telephone nu	mber		
	Initial	return	PO BOX 5422						()	-		
	Final r		City or town, state or province, count	ry, and ZIP or for	reign postal coo	le						
	Ameno	ded	TOMS RIVER, NJ 08754							s \$	128	,455.
	Applic pendir	ation	F Name and address of principal officer	TIM F	ARANETT.	A			H(a) Is this a gro	up return for	Yes	X No
	'	5	PO BOX 5422 TOMS RIV	VER, NJ 0	8754				H(b) Are all subore		Yes	No
1 1	ax-exe	empt st	tatus: X 501(c)(3) 501(c)	() (ii	nsert no.)	4947(a)(1)	or	527	If "No," at	tach a list. (se	ee instructions)
JV	Vebsit	te: 🕨	WWW.BBYRA.ORG					'	H(c) Group exem	ption number	•	
KF	orm c	of organ	nization: X Corporation Trust	Association	Other	>	L	Year of forma	tion: 1990 M	State of leg	gal domicile:	NJ
Pa	rt I	Su	ımmary				<u>'</u>		1			
	1	Briefly	y describe the organization's missio	n or most signi	ificant activitie	es: TO DE	VELOE	AMATEU	JR ATHLETE	S ON A	NATIO	NAL
ø			INTERNATIONAL LEVELS	_					IT SERVCE			
au		14	MEMBER YACHT CLUBS ON	BARNEGAT	BAY NJ	AND ASS	ISTS	LOCAL Y	ACHT CLUB	S		
/err	2	Check	k this box larger if the organization	n discontinue	d its operatio	ns or dispos	ed of mo	ore than 25%	6 of its net asset	S.		
Governance	3	Numb	per of voting members of the govern	ing body (Part	VI, line 1a)					3		14.
∞ಶ			per of independent voting members							4		14.
Activities			number of individuals employed in							5		0.
ξi			number of volunteers (estimate if nec							6		150.
Ac			unrelated business revenue from Pa							7a		0.
			nrelated business taxable income fro		` '.					7b		
					,				Prior Year		Current Y	ear
	8	Contri	ibutions and grants (Part VIII, line 1h)					61,40)2.	88	,655.
nu			am service revenue (Part VIII, line 2g						22,69			,925.
Revenue										25.		31.
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)							14,60			844.
			revenue - add lines 8 through 11 (m						98,72		128	,455.
-			s and similar amounts paid (Part IX,						30,12	0.		0.
			fits paid to or for members (Part IX, o							0.		0.
			ies, other compensation, employee b						0.		0	0.
a l			ssional fundraising fees (Part IX, colu							0.		0.
ber	h	Total	fundraising expenses (Part IX, colum	ın (D) line 25)	>).					
ũ			expenses (Part IX, column (A), lines						121,57	74.	152	,254.
			expenses. Add lines 13-17 (must eq						121,57			,254.
			nue less expenses. Subtract line 18 f						-22,84			, 799.
		110101	Tac loce experience. Capitace into 10 1	10111 11110 12 ;				Begir	nning of Current		End of Yea	
ets	20	Total	assets (Part X, line 16)						232,67	77.	208	,878.
20.00			liabilities (Part X, line 26)							0.		0.
Net ind			ssets or fund balances. Subtract line						232,67	77.	208	,878.
Par			gnature Block						, , , , , , , , , , , , , , , , , , ,			
Und	er pen	nalties o	of perjury, I declare that I have examined	d this return, inc	cluding accom	panying sched	lules and	statements,	and to the best o	f my knowl	edge and b	elief, it is
true,	corre	ct, and	complete. Declaration of preparer (other	than officer) is b	ased on all info	rmation of wh	ich prep	arer has any k	nowledge.			
									03/0	6/2019		
Sigr			Signature of officer						Date			
Her	е		TIM FARANETTA			TREASU	RER					
			Type or print name and title									
		Print/	Type preparer's name	Preparer's	signature		Dat	e	Check	if PTIN		
Paid		HEI	DI L DREYFUSS				0.3	3/05/201		'	0005826	53
Prep			s name ►WILKIN & GUTTEN	PLAN, P				,	Firm's EIN ▶ 2			
Use	Only		s address >1200 TICES LANE			NJ 0881	16			32-846		
Mav	the I		liscuss this return with the prepa									No
$\overline{}$			Reduction Act Notice, see the sepa					<u> </u>			Form 99	

Pa		ment of Program Service		L III						
_			response or note to any line in this Part							
1	-	the organization's mission								
	TO DEVELOP AMATEUR ATHLETES ON A NATIONAL AND INTERNATIONAL LEVEL FOR									
	THE PSORT OF SAILBOAT RACING. IT SERVES 14 MEMBER YACHT CLUBS ON BARNEGAT BAY NJ AND ASSISTS LOCAL YACHT CLUBS IN THE SURROUNDING AREA									
				URROUNDING AREA						
	AS WELL AS	SUPPORTS LOCAL SAI	LORS ON A NATIONAL LEVEL.							
2			icant program services during the ye							
	If "Yes." describ	e these new services on So	chedule O.		· — —					
3	Did the organ	nization cease conducting,	or make significant changes in h							
		e these changes on Sched								
4	expenses. Sect	tion 501(c)(3) and 501(c)(vice accomplishments for each of it 4) organizations are required to repeach program service reported.							
4a	(Code:) (Expenses \$	48,419. including grants of \$) (Revenue \$	72,529.)					
	TO DEVELOP		ON A NATIONAL AND INTERNAT		,					
		ORT OF SAILBOAT RAC								
			TS LOCAL YACHT CLUBS IN TH							
			SUPPORTS LOCAL SAILORS ON							
	LEVEL.	S ARLA AS WILL AS C	JOITOKIS BOCKE SKIBOKS ON	A WATTOWAL						
	-									
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)					
4с	(Code:) (Expenses \$	including grants of \$) (Revenue \$)					
4d		services (Describe in Scheen	· ·							
_	(Expenses \$	including gra	ints of \$) (Revenue)						
4e	Total program	service expenses ▶	148,419.							

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Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ 1 Χ Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?....... 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ 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............ Χ 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, 5 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 Χ 6 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 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ 8 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 9 Χ 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 Χ 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Χ 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 Χ 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII........... Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d Χ Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ 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 X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. Χ 14a Did the organization maintain an office, employees, or agents outside of the United States?.......... Χ 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 Χ 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Χ 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 Χ Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)........ 17 Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Χ

Part IV Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H........ Χ b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?..... 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 Χ domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Χ Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Χ 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 Χ Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 Χ 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? Χ 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or 26 Χ 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 Χ 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): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Χ b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Χ c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) Χ was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV....... Χ 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 32 Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Χ 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, Χ Χ 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable Χ 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, Χ 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. Χ

Part V Statements Regarding Other IRS Filings and Tax Compliance 0. 1a 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <u>1b</u> c Did the organization comply with backup withholding rules for reportable payments to vendors and 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | Statements, filed for the calendar year ending with or within the year covered by this return. . 2a 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)...... Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?....... 3b b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 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 Χ **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 Χ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?...... Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ 6a organization solicit any contributions that were not tax deductible as charitable contributions?......... b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с X X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year?........... Sponsoring organizations maintaining donor advised funds. 9a a Did the sponsoring organization make any taxable distributions under section 4966?............... **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?...... Section 501(c)(7) organizations. Enter: 10 a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. [12b] Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state?........ Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which Χ **14a** Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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	,	
Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	₹ "No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI	X

Sect	ion 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 <u>1a</u>	4		
	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	Enter the number of voting members included in line 1a, above, who are independent 1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Χ	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
-	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
·	the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		X
ecti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
	,		Yes	No
I0a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
~	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	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? <i>If "No," go to line 13 </i>	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
~	rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		
	Other officers or key employees of the organization	15b		
IJ	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
. v u	with a taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
D	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		
Secti	ion C. Disclosure	1 2.3		
17	List the states with which a copy of this Form 990 is required to be filed ▶NJ,			
1 <i>1</i> 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501/	~)(3)e	c only)
	available for public inspection. Indicate how you made these available. Check all that apply.	11 00 1(1	J(U)S	, orny)
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest	policy	y, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and recor	ds:▶		

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or dir	Position (do not check more box, unless person officer and a direct Officer Individual trustee or director			is both an		(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 organizations
(1)JOHN MACMOYLE	.50									
TRUSTEE	0.	Х						0.	0.	0.
(2)BUZZ REYNOLDS	.50									
TRUSTEE	0.	X						0.	0.	0.
(3)JOHN BRODERICK	.50									
TRUSTEE	0.	Х						0.	0.	0.
(4)TRICIA SURDOVEL	.50									
TRUSTEE	0.	Х						0.	0.	0.
(5)CARL BECK	.50									
TRUSTEE	0.	Х						0.	0.	0.
(6)RUSSELL SCHON	.50									
TRUSTEE	0.	Х						0.	0.	0.
(7)DONALD PARSEGHIAN	.50									
TRUSTEE	0.	Х						0.	0.	0.
(8)ROY J WILKINS	.50									
TRUSTEE	0.	Х						0.	0.	0.
(9)JAMES FRY	.50									
TRUSTEE	0.	Х						0.	0.	0.
(10)CHRIS HIGHAM	.50									
TRUSTEE	0.	Х						0.	0.	0.
(11)TONY ARICO	.50									
TRUSTEE	0.	Х						0.	0.	0.
(12)BRENDAN HOGAN	.50									
TRUSTEE	0.	Х						0.	0.	0.
(13)ROBERT KOAR SR	.50									
TRUSTEE	0.	Х						0.	0.	0.
(14)SCOTT YATES	.50									
TRUSTEE	0.	Х						0.	0.	0.

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Form **990** (2017)

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	ıplo	ye	es,	and I	lig	hest Compensat	ed Employees (d	continued)
(A) Name and title	(B) Average hours per week (list any hours for	age s per (do not box, unlos for officer a			erson	is both tor/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) RUSSELL LUCAS	5.00									
FLEET CAPTAIN	0.			Χ				0.	0.	0.
16) ALLAN TERHUNE SR	5.00									
REAR COMMODORE	0.			Χ				0.	0.	0 .
17) PEETER MUST	5.00									
MEASURER	0.			Χ				0.	0.	0 .
18) TIMOTHY FARANETTA	5.00									
TREASURER	0.			Χ				0.	0.	0
19) LORRAINE MORROW	5.00									
SECRETARY	0.			Χ				0.	0.	0
20) EDWARD VIENCKOWSKI	15.00									
COMMODORE	0.			Χ				0.	0.	0 .
21) MARK MASUR	10.00									
VICE COMMODORE	0.			X				0.	0.	0.
										
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, S								0.	0.	0.
d Total (add lines 1b and 1c)	_						•	0.	0.	0.
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				o re	eceived more than	\$100,000 of	
										Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3 X
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,00	00?	. If	"Yes	3, "	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "You	accrue co	mpen	satio	on f	fron	n any	un	related organization	on or individual	5 X
Section B. Independent Contractors										
Complete this table for your five highest com- compensation from the organization. Report of										

year.

(A) Name and business address	(B) Description of services	(C) Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.

orm 990 (201			DAI	IACIII	TACING	ASSOCIATION	22-6049570	Page 9
Part VIII	Statement of Reve	MILE						

		Check if Schedule O contains a respoi	ise of note to an				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
S S	1	Federated campaigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	1a	. outstated sampaignes i i i i i i i i i i	00.750				
عَ ق	b	Membership dues	32,760.				
ffs	С	Fundraising events 1c					
פַ ٰڐ	d	Related organizations 1d					
Sin	е	Government grants (contributions) 1e					
er er	f	All other contributions, gifts, grants,					
들본		and similar amounts not included above . 1f	55,895.				
ğ	g	Noncash contributions included in lines 1a-1f: \$					
ğ ç	h	Total. Add lines 1a-1f		88,655.			
_e	<u> </u>		Business Code	00,000.			
len /		DEGLAMDAMION DEDG		22 205	22 205		
Ş.	2a	REGISTRATION FEES		22,395.	22,395.		
9	b	PROGRAM BOOK		3,530.	3,530.		
Ξ	С	BOAT CHARTER FEES		13,000.	13,000.		
Š	d						
'nг	е						
Program Service Revenue	f	All other program service revenue					
<u> </u>	g	Total. Add lines 2a-2f	▶	38,925.			
	3	Investment income (including divider	nds, interest,				
		and other similar amounts)		31.	31.		
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties	•	0.			
		(i) Real	(ii) Personal				
		Cross rents					
	6a	Gross rents					
	b	Less: rental expenses					
	C	Rental income or (loss)					
	d _d	Net rental income or (loss)	(ii) Other	0.			
	7a	Gross amount from sales of (I) Securities	(II) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)	. <u></u>	0.			
•	8a	Gross income from fundraising					
ğ		events (not including \$					
eve		of contributions reported on line 1c).					
ď		See Part IV, line 18 a					
Other Revenue	_						
Ó	b	Less: direct expenses b Net income or (loss) from fundraising events		0			
	C			0.			
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less					
		returns and allowances a	844.				
	b	Less: cost of goods sold ATCH . 1 . b					
	С	Net income or (loss) from sales of inventory.		844.			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	C						
	d	All other revenue					
		Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions		128,455.	38,956.		
				120,400.	JO, JJO.		

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Form **990** (2017)

22-6049570

Part IX Statement of Functional Expenses

section 501(c)(3) and 501(c)(4) or	rganizations must complete all columns. A	All other organizations must com	plete column (A).
------------------------------------	---	----------------------------------	-------------------

	Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 6b, 7b, 9b, 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	0.						
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22	0.						
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
	individuals. See Part IV, lines 15 and 16	0.						
4	Benefits paid to or for members	0.						
5	Compensation of current officers, directors,							
	trustees, and key employees	0.						
6	Compensation not included above, to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	0.						
7	Other salaries and wages	0.						
8	Pension plan accruals and contributions (include	2						
	section 401(k) and 403(b) employer contributions)	0.						
9	Other employee benefits	0.						
10	Payroll taxes	0.						
	Fees for services (non-employees):	^						
	Management	0.						
	Legal		2 150					
	Accounting	3,150.	3,150.					
	I Lobbying	0.						
	Professional fundraising services. See Part IV, line 17	0.						
	f Investment management fees	0.						
g	Other. (If line 11g amount exceeds 10% of line 25, column	0.						
40	(A) amount, list line 11g expenses on Schedule O.)	0.						
	Advertising and promotion	3,835.		3,835.				
13	Office expenses	0.		3,033.				
14	Information technology	0.						
15 16	Royalties	0.						
	Travel	0.						
	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials	0.						
19	Conferences, conventions, and meetings	1,243.	1,243.					
	Interest	0.	·					
	Payments to affiliates	0.						
22	· ·	37,217.	37,217.	_				
23	Insurance	9,026.	9,026.					
	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.)							
а	FLAGS, TROPHIES & AWARDS	24,472.	24,472.					
b	RACE EQUIPMENT & RACE DAY CO	5,092.	5,092.					
_	DECALS	2,152.	2,152.					
d	EQUIPMENT REPAIRS & MAINTENA	61,417.	61,417.					
е	All other expenses	4,650.	4,650.					
	Total functional expenses. Add lines 1 through 24e	152,254.	148,419.	3,835.				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and							
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	^						
	10110Willing 001 30-2 (A00 300-120)	0.						

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Form **990** (2017)

Part X Balance Sheet

		Check if Schedule O contains a response of	r not	e to any line in this Pa	art X		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			153,760.	1	144,557.
	2	Savings and temporary cash investments			41,700.	2	64,321.
	3	Pledges and grants receivable, net			0.	3	0.
	4	Accounts receivable, net			0.	4	0.
	5	Loans and other receivables from current and					
		trustees, key employees, and highest co	ompe	nsated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers			0.	5	0.
	6						
		4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu					
"		organizations (see instructions). Complete Part II of Sche			0.	6	0.
ets	7	Notes and loans receivable, net			0.	7	0.
Assets	8	Inventories for sale or use			0.	8	0.
	9	Prepaid expenses and deferred charges			0.	9	0.
	10 a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	10b	472,476.	37,217.	10c	0.
	11	Investments - publicly traded securities			0.	11	0.
	12	Investments - other securities. See Part IV, line 11			0.	12	0.
	13	Investments - program-related. See Part IV, line 11	١		0.	13	0.
	14	Intangible assets			0.	14	0.
	15	Other assets. See Part IV, line 11				15	0.
	16	Total assets. Add lines 1 through 15 (must equal			232,677.	16	208,878.
	17	Accounts payable and accrued expenses				17	0.
	18	Grants payable				18	0.
	19	Deferred revenue				19	0.
	20	Tax-exempt bond liabilities				20	0.
	21	Escrow or custodial account liability. Complete Pa			0.	21	0.
es	22	Loans and other payables to current and for					
Liabilities		trustees, key employees, highest compen					
jab		disqualified persons. Complete Part II of Schedule				22	0.
_	23	Secured mortgages and notes payable to unrelate				23	0.
	24	Unsecured notes and loans payable to unrelated			0.	24	0.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines			•	_	_
		of Schedule D			0.		0.
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
ses		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and		k here ► X and			
<u>a</u> n	27	Unrestricted net assets			190,977.	27	167,136.
Ва	28	Temporarily restricted net assets			41,700.	28	41,742.
pu	29	Permanently restricted net assets			0.	29	0.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.), chec	ck here 🕨 🔃 and			
ţ	30	Capital stock or trust principal, or current funds .				30	
SSe	31	Paid-in or capital surplus, or land, building, or equ	uipmei	nt fund		31	
Net Assets	32	Retained earnings, endowment, accumulated inc	ome,	or other funds		32	
Se	33	Total net assets or fund balances			232,677.	33	208,878.
_	34	Total liabilities and net assets/fund balances	<u> </u>		232,677.	34	208,878.
							Form 990 (2017)

Part :	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			28,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	52,2	254.
3	Revenue less expenses. Subtract line 2 from line 1	3		_	23,7	799.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	32,6	577.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		2	08,8	378.
Part	. •					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ght			
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ounta	nt?	2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	ı in			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ı in			
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b		

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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2017
Open to Public Inspection

22-6049570

Department of the Treasury Internal Revenue Service

Name of the organization

BARNEGAT BAY YACHT RACING ASSOCIATION

Employer identification number

Рa	rt I	Reason for Public Cha	rity Status (All o	organizations must c	omplete	e this pa	art.) See instructions	
The	org	anization is not a private fou	ndation because it	is: (For lines 1 throu	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desci	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described i	n sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st						
5		An organization operated t	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ntal unit described in
	_	section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local go	•				, , , , , ,	
7		An organization that norma	=	•	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)		=	_			
8		A community trust describe						
9		An agricultural research org				-	=	
		or university or a non-land-	grant college of ag	riculture (see instruct	ions). Ei	nter the i	name, city, and state of	the college or
		university:				•		
10	X	An organization that norma receipts from activities rela support from gross investm acquired by the organizatio	ted to its exempt frent income and u	unctions - subject to on the control of the control	certain e able inco	xception me (les	s, and (2) no more tha s section 511 tax) from	n 331/3 % of its
11		An organization organized	•	•	-		, ,, ,	
12		An organization organized	•	•			·	
		of one or more publicly su	· ·					
	_	Check the box in lines 12a t	=			_	·	_
а	L	Type I. A supporting orga	•	•	-		• , ,	
		the supported organization				ajority of	the directors or truste	es of the
	Г	supporting organization.	•					/
b	L	Type II. A supporting org	·					
		control or management o		=	tne sam	e persor	is that control or man	age the supported
_	Г	_ organization(s). You must _ Type III functionally integer	•		tod in o	onnoctio	n with and functional	ly intograted with
С	_	its supported organization						ny integrated with,
d	Г	Type III non-functionally		•				ted organization(s)
u	_	that is not functionally into	-		-			
		requirement (see instruct	-		_		•	a un attornivonoco
е	Г	Check this box if the orga	-	-				I. Type III
		functionally integrated, or						., .) [
f	En	iter the number of supported	• •					
g	Pr	ovide the following information	on about the suppo	orted organization(s).				
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				, , , , , ,	Yes	No	,	,
(A)								
(B)								
(C)								
(D)								
(D)								
(E)								
Tota	al							

Sche	edule A (Form 990 or 990-EZ) 2017						Page 2
Pa	rt II Support Schedule for Orga (Complete only if you checked Part III. If the organization fail	d the box on l	ine 5, 7, or 8	of Part I or iḟ t	he organizatio	n failed to qua	
Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						

11	Total support. Add lines 7 through 10				
	Gross receipts from related activities, etc. (se		 	12	
	First five years. If the Form 990 is for				501(c)(3)
	organization, check this box and stop here .				

organization, check this box and stop here	 		 . ▶	
Section C. Computation of Public Support Percentage		·		

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	<u></u> %
15	Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a	331/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33	1/3 % or more, check this	

Tou bond in appoint to the first in the organization and not officer the box of fine 10, and fine 14 is 00 1/3 /0 of fine 0, officer the	·	_
box and stop here . The organization qualifies as a publicly supported organization		
b 331/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, che		

	this box and stop here . The organization qualifies as a publicly supported organization	
17a	10%-facts-and-circumstances test - 2017. 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 ston here. Explain in	

10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain	n in
· · · · · · · · · · · · · · · · · · ·	
Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly support	rted
organization	•
 1. 400/ factor and also restaurant and 10040. If the comparisation did not about a bound in 100 40 40 40 40 and 72 and	

	· ·
b	10%-facts-and-circumstances test - 2016. 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
	supported organization

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

Schedule A (Form 990 or 990-EZ) 2017

10

Schedule A (Form 990 or 990-EZ) 2017 Page **3**

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

(Complete only if you checked the box on line 10 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	182,368.	33,467.	31,300.	76,335.	88,630.	412,100.
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	62,023.	5,928.	871.	156.	844.	69,822.
3	Gross receipts from activities that are not an	02,020.	0,320.	0,11.	100:	011.	03,022.
	unrelated trade or business under section 513						0.
4	Tax revenues levied for the						<u> </u>
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						0.
J	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	244 224	22.225	00.474	75 404	00.474	0.
		244,391.	39,395.	32,171.	76,491.	89,474.	481,922.
ı a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						0.
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from						
500	tion B. Total Support						481,922.
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6,	. ,					
	Gross income from interest, dividends,	244,391.	39,395.	32,171.	76,491.	89,474.	481,922.
	payments received on securities loans,						
	rents, royalties, and income from similar	27	2.6	2.1	2.5	21	120
h	Unrelated business taxable income (less	27.	26.	21.	25.	31.	130.
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	· '						0.
	Add lines 10a and 10b	27.	26.	21.	25.	31.	130.
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						0.
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	244,418.	39,421.	32,192.	76,516.	89,505.	482,052.
14	First five years. If the Form 990 is f	Ü	,		,		` ^ ` /
<u></u>	organization, check this box and stop here						
<u>3ec</u> 15	tion C. Computation of Public Sup Public support percentage for 2017 (line 8)		•	np (f))		45	99.97%
		, ,	•	. , ,		15	99.96%
16 Soc	Public support percentage from 2016 Schettion D. Computation of Investmen					16	<u> </u>
				3 column (f))		17	.03%
17 10	Investment income percentage for 2017 (lin						.03%
18	Investment income percentage from 2016					18	
ıya	331/3% support tests - 2017. If the org	-					
	17 is not more than 331/3 %, check th	-	-	•	•		
a	331/3% support tests - 2016. If the orga						
20	line 18 is not more than 331/3 %, check			•			

JSA 7E1221 1.000 Schedule A (Form 990 or 990-EZ) 2017 Page **4**

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- c 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **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.
- c 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.
- 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).
- **b** 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 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).
- 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**.
- **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.**
- c 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.**
- 10 a 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.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No 1 2 3a 3b 3с 4a 4b 4c 5a 5b 6 7 8 9a 9b 9c 10a 10b

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Part	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		
b	A family member of a person described in (a) above?	11b		
С	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		
Sect	ion 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		
Sect	ion C. Type II Supporting Organizations			
			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).			
C = =4		1		
Seci	ion 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		res	NO
	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? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
·	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		
Sect	ion 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 ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc		
2	Activities Test. Answer (a) and (b) below.		Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	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	, ,			
	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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	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 of its supported organizations? <i>If "Yes." describe in Part VI the role played by the organization in this regard.</i>	3b		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
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-functionall	y integra	ted Type III supporting	g organization (see
instructions).			·

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Page 7 Schedule A (Form 990 or 990-EZ) 2017 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 ex			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo			
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 which			
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
h	Excess from 2014			

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Excess from 2015.... Excess from 2016.... Excess from 2017....

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, 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 B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a 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 E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule A (Form 990 or 990-EZ) 2017