	· · ·				Short Form						OMB No 1545 1150
For			Under s	section 501(c), 52 (except black im	cation Exempt 27, or 4947(a)(1) of th ng benefit trust or pr	e Intern	al R unda	levenue Code ation)) must f	ile	2009
 Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total assets Department of the Treasury 								Open to Public			
Depa	Department of the Treasury Internal Revenue Service Ites than \$1,20,000 at the end of the year may use this form Inspection										
Α	A For the 2009 calendar year, or tax year beginning , 2009, and ending									,	
	B Check if applicable C Name of organization D Emplo								-	identification number	
	Address change	use IRS label or	Riverside Y				In .				349162
	tame thange	print or type.		•	s not delivered to street add	ress)	Roc	om/suite			number
	Termination	See Specific	52 Ship Ave	nue or country, and ZIP +					()	(8T)	395-9872
		Instruc- tions.		or country, and ZIP +	4	142	0.2	2155		up E nber	xemption 🛛 🖻
<u> </u>	Application pending		Medford			MA	02	G Accounting n		-	4 ···
	Section 5	UT(c)(s ust atta	l) organizations an ach a completed Si	d 4947(a)(1) non chedule A (Form	exempt charitable tru 990 or 990-EZ).	usts		Other (specif			
-		-		•							ganization is not
	Website: ► <u>N</u>							required to a 990-EZ, or 9			dule B (Form 990,
	Tax-exempt status						27				
ĸ	Check ► ∐ift \$25.000 A Form	ne org n 990-F	anization is not a s FZ or Form 990 reti	ection 509(a)(3) urn is not require	supporting organizati	ion and tion cho	ose:	s to file a return.	be sur	re to	file a complete return
					eipts, if \$500,000 or n						
	Instead of Form	990-E	Z		_					►\$	150,812.
Pa					Net Assets or Fu	nd Bal	lan	ces(See the in	nstru		ns for Part I)
		-	fts, grants, and sim						F	1	
	5		revenue including	•	and contracts				⊢	23	42 412
S	 3 Membersh 4 Investmen 	•	s and assessments	•					F	4	43,412. 4,928.
			om sale of assets of	ther than invent)rv	5	5a			-	
R			er basis and sales				5b				
E C			ale of assets other than	•	ne 5b from line 5a)	·				5 c	
SCANNEL"JUN	6 Special event	ts and ac	ctivities (complete appli	cable parts of Schedu	le G) If any amount is from	ngaming,	chec	ckhere ⊳[
S N	a Gross reve	enue (r	not including \$		of contributions						
⊊ ĕ	reported o		•				ja				
2		•	enses other than fu	• •		6	5b			6.	
é		• •	from special events and ventory, less return	-		1 -	7a	50,8	17 F	6c	<u> </u>
\sim	b Less cost			is and anowance	:5		/b	54,9			
010				inventory (Subtra	ict line 7b from line 7					7 c	-4,178.
	8 Other revenu	e (descr	ıbe ► See Other F	Revenue Stateme	nt) [8	51,655.
	9 Total reve	nue. A	dd lines 1, 2, 3, 4,	5c, 6c, 7c, and 8	3				►	9	95,817.
-	10 Grants and	d sımılı	ar amounts paid (a	ttach schedule)						10	
ε	11 Benefits p	aid to i	or for members	r	· · · · · · · · · · · · · · · · · · ·	_				11	
EXPENSE	12 Salaries, o	other c	ompensation, and	employee benefit	RECEIVED)				12	
E N			and other paymer		at-contractors					13 14	<u> </u>
S E			, utilities, and main ions, postage, and		MAY 17 2010	No.				15	544.
s			ribe ► See Other E		ent	S-OSC)		16	97,586.
	17 Total expe	enses.	Add lines 10 through	nh 16		<u> </u>		,	-	17	109,629.
	18 Excess or	(defici	t) for the year (Sub	tract line 12_from	WEDEN, UT	-				18	-13,812.
A S					om line 27, column (#] A)) (mus	st ac	aree with end-of-v	_{∕ear} [
N S E S T E	figure repo	orted o	n prior year's retur	n)		,, (- 5	,		19	460,839.
'T S		-	net assets or fund						_	20	
					e lines 18 through 20	_		(1. 5	_	21	447,027.
Pa	rtii Balai	ice 5		sets on line 25, c uctions for Part I	olumn (B) are \$1,250	1,000 or	mo	re, file Form 990 (A) Beginning			(B) End of year
22	Cash, savings	and		actions for Part I	• •			(A) Beginning (181,			200,038.
23	-								521.	23	58,521.
24		-	e⊳ <u>See L-2</u>	4 Stmt)			221,		24	188,468.
25	Total assets				·			460,		+ +	447,027.
26	Total liabilities)				0.	26	0.
27					t agree with line 21)			460,	839.	27	447,027.
BAA	For Privacy A	ct and	Paperwork Reduct		see the separate inst	ructions	5.				Form 990-EZ (2009)
				TE	EA0812 01/30/10						

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Form 990-EZ (2009) Riverside Yacht Club, Inc. Part III Statement of Program Service Accomplishmen	ons.)	7349162 Page 2 Expenses	
What is the organization's primary exempt purpose? <u>Marina where the members st</u> Describe what was achieved in carrying out the organization's exempt pur describe the services provided, the number of persons benefited, or other program title	ncise manner, d	Required for section (01(c)(3) and (4) organizations and section (947(a)(1) trusts, optional or others)	
28 Costs related to operation and maintenance for the benefit of its members	e of a marina		
(Grants \$) If this amount includes foreign (28a 109,629.	
(Grants \$) If this amount includes foreign	 	29 a	
30			
(Grants \$) If this amount includes foreign of 31 Other program services (attach schedule) (Grants \$) If this amount includes foreign of	<u> </u>		30a 31a 32 109,629.
32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Ei			
Part IV List of Officers, Directors, Trustees, and Key Eu (a) Name and address (b) Title and average hours per week devoted to position		(d) Contributions to employee benefit plans deferred compensation	and and other allowances
Michael Silvestro			
137 Lincoln Road Commodore			
Medford MA 02155 1.00	0.		0. 0.
William Lanzo 1 Josephine Avenue Vice Commodore			
Burlington MA 01803 1.00	0.		0. 0.
David A. Proch-Wilson 18 York Road Treasurer			
Winchester MA 01890 1.00	0.		0. 0.
Nick DeAngelo 180 Newbury Street, #1202Secretary Danvers MA 01923 1.00	0.		0. 0.
	<u>_</u>		0. 0.
			<u> </u>
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 34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), butnot reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 	33 34 35 a 35 b	Yes	No X X X
 each activity 34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), butnot reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 	33 34 35 a 35 b		x
 each activity 34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), butnot reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 	34 35a 35b	x	<u>x</u>
 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), butnot reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 	35a 35b	x	
attach a statement explaining why the organization did not report the income on Form 990-T a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 b	x	
reporting, and proxy tax requirements?	35 b	X	
b If 'Yes,' has it filed a tax return on Form 990-T for this year?			'v
			<u> </u>
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		x
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨 37 a 0.			
b Did the organization file Form 1120-POL for this year?	37 b		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		x
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b			
39 Section 501(c)(7) organizations Enter			
a Initiation fees and capital contributions included on line 9 39a 1,000.			
b Gross receipts, included on line 9, for public use of club facilities 39b 0.	1		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
section 4911 ▶, section 4912 ▶, section 4955 ▶			
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40 Ь		
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ►			
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		x
41 List the states with which a copy of this return is filed >			
42a The organization's books are in care of ▷ <u>Riverside Yacht Club</u> , <u>Inc.</u> <u>Telephone no ▷ (781) 3</u> Located at ▷ <u>52</u> <u>Ship Avenue</u> <u>Medford</u> <u>MA</u> <u>ZIP + 4 ▷ 02155</u> b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▷	 	-987 Yes	2 <u>No</u>

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts
${f c}$ At any time during the calendar year, did the organization maintain an office outside of the U S ?
If 'Yes,' enter the name of the foreign country 🎽

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year	> 43		
		Yes	No
Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		x
Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If Form 990 must be completed instead of Form 990-EZ	'Yes,' 45		x
TEEA0812 01/30/10	Form 9	90-EZ	(2009)

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Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46.49b and complete the tables for lines 50 and 51. 46 Dot the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'ves,' complete Schedule C, Part II 47 Did the organization as and section 4947(a)(1) nonexempt charitable trusts must answer questions 48 Is the organization as and section 4947(a)(1) non-exempt charitable trusts 49 Did the organization as and section 4947(a)(1) non-exempt charitable trusts must answer questions 49 Did the organization as any transfers to an exempt non-charitable trade organization as each of trade organization as each of the organization form the organization for the set of the organization form the organization form the organization for the set of the organization form the organization for the set of the organization form the organization form the organization form the organization for the set of the organization form the organization form the organization form the organization for the set of the organization for the set of the set of the organization form the organization for the set of the organization form the organization for the set of the organization form the organis organis form deal organization form the organis organ	orm 990-E	Z (2009) Riverside Yacht Clu	ub, Inc.			23-73491	62	F	age
46 Up the organization engage in indirect or indirect point all campaign activities on behand to on thom thoughout the calculates of the production engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 47 Did the organization as choosen to section 170(b)(1)(A)(0) " "Yes," complete Schedule E 48 48 Did the organization as choosen to setton 170(b)(1)(A)(0) " "Yes," complete Schedule E 48 49 Did the organization as choosen to see any to non-chantable related organization? 49 50 Complete this table for the organization is twe highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization is there highest compensation from the organization is there highest compensation from the organization is the highest compensation from the organization is the highest compensation from the organization is the related organization is the highest compensated independent contractors who each received more than \$100,000 (e) Complete this table for the organization is the highest compensated independent contractors who each received more than \$100,000 *		Section 501(c)(3) organization	s and section 494	7(a)(1) nonex onexempt cha 51.	empt charital aritable trusts	ble trusts only. must answer o	All se juestic	ction ons	
In public office? If Yes,' complete Schedule C, Part II 42 47 Det the organization range in lobbying activities? If Yes,' complete Schedule C, Part II 43 48 is the organization as chool as described in section 170(b)(1)(A)(ii)? If Yes,' complete Schedule E 43 49a Did the organization aske any transfers to an exempt non-chantable related organization? 49a 50 Complete this table for the organization? 49a 51 Yes,' complete Schedule C, Part II 47 54 Complete this table for the organization? 49a 50 Complete this table for the organization? 49a 60 Name and address of each employee and more than \$100,000 of compensated employees (other than offices, directors, trustees and key employees (other than offices, directors, trustees, and key employees (other than \$100,000 of compensation more than \$100,000 of compensated employees (other than offices, directors, trustees, and key employees (other than \$100,000 of compensated) 6) Total number of other employees paid over \$100,000 •	46 Did th	e organization engage in direct or indire	ct political campaign ac	tivities on behal	f of or in oppositi	ion to candidates		Yes	No
48 is the organization as school as described in section 170(b)(1)(A)(0)? If Yes, complete Schedule E 48 49a Did the organization as chool as described in section 170(b)(1)(A)(0)? If Yes, complete Schedule E 49 49a Diff. Yes, was the related organization as exempt non-charitable related organization? 49 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization if there is none, enter 'None' 60 (a) Name and address of each employee paid hours by review. (a) Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 (b) Expense that induces and other employees (other than officers) as the related organization as the review. (a) Expense that induces and other employees paid the organization of the organization in the organization of the organization of the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter 'None' 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter 'None' (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (d) Total number of other independent contractors each receiving over \$10	for pu	blic office? If 'Yes,' complete Schedule (C, Part I						
49 a Did the organization make any transfers to an exempt non-chartable related organization? 49 a 50 Complete this table for the organization is five highest compensation from the organization. If there is none, enter None. 60 Complete this table for the organization is five highest compensation from the organization. If there is none, enter None. 60 Name and address of each enologie paid more than \$100,000 more									
b If Yes,' was the related organization a section 527 organization? 49b 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter None? (e) Compensation (f) Total number of other employees paid over \$100,000 (e) Compensation (f) Total number of other employees paid over \$100,000 (e) Compensation (f) Compensation <td colspan="7">-</td> <td></td> <td></td>	-								
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter None. (a) Name and address of each employee paid hour, per week, device to position (a) Compensation (b) Expense escand address of each employee to position (b) Name and address of each employee paid evice to position (b) Title and evice to position (c) Compensation (c) Expense escand address of each employee to position (c) Name and address of each employees paid evice to position (c) Compensation (c) Compensation (c) Expense escand address of each employee to position (c) Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization' five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization' five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization' five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter 'None' (c) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (d) Name and address of each independent contractors each receiving over \$100,000 (c) Compensation (c) Compensation (d) Total number of other independent contractors each rece				related organize					
(a) Name and address of each employee paid more than \$100,000 (b) Title and werage devoted to position (c) Compensation (d) Computations to employee benet plans and deferred compensation (e) Compensation	50 Comp	lete this table for the organization's five	highest compensated e	mployees (other from the organi	r than officers, di zation If there is	rectors, trustees ar none, enter 'None	nd key		
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter 'None' (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (c) Compensation (d) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (c) Type of service (c) Compensation (d) Type of service (e) Compensation (d) Type of service (e) Compensation (f) Type of service (f) Type of s		Name and address of each employee paid	(b) Title and average hours per week		ition (d) Contribution	itions to employee fit plans and	(e) Ex accou	nt and	5
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter 'None' (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (c) Type of service (c) Comp									
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization of there is none, enter 'None'									
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'					_		-		
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization of there is none, enter 'None'									-
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization of there is none, enter 'None' (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (c) Type of service (c)			· - · · · · · · · · · · · · · · · · · ·						
compensation from the organization If there is none, enter 'None ' (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation	f Total	number of other employees paid over \$1	00,000 ▶		·	· · · · · ·			
d Total number of other independent contractors each receiving over \$100,000 ▷				ndependent cont	ractors who each	received more that	an \$100	,000 c	of
Under penalties of penalty) declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and opmplete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		(a) Name and address of each independent conti	actor paid more than \$100,000)	(b) Type of	service	(c) Comp	ensatio	n
Under penalties of penalty) declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and opmplete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge									
Under penalties of pendity) declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and opmplete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge									
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Under penalties of pendity) declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and opmplete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge									
Under penalties of penalty) declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and opmplete Declaration of prepare (other than officer) is based on all information of which preparer has any knowledge		·							
Under penalties of penalty) declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and opmplete Declaration of prepare (other than officer) is based on all information of which preparer has any knowledge									
Under penalties of rearroy declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and opmplete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	d Total ı	number of other independent contractors			⊳				
true, correct, and opmpleter Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge									
ian SIIIO		Under penalties of perjury) declare that I have exam true, correct, and opmplete Declaration of preparer (nined this return, including account other than officer) is based on	ompanying schedules all information of whi	and statements, and to ch preparer has any kr	o the best of my knowled nowledge	ge and be	elief, it i	5
lere Signator for Date	Sign	» Allan				5/11/10	,		

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Paid

Pre-

Only

BAA

parer's Use

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP + 4

David A. Proch-Wilson

Winchester

John W MacArthur CPA

John W MacArthur PC

May the IRS discuss this return with the preparer shown above? See instructions

▶ 600 Main Street Suite 3

Type or print name and title

Date

MA

05/09/10

Treasurer

EIN

01890-4304 Phone no P

Check if self employed

⊳

⊳

Preparer's Identifying Number (See instructions)

X Yes No

Form 990-EZ (2009)

(781) 721-1234

`Form 990-EZ Part II

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Other Assets and Liabilities

Name as Shown on Return Riverside Yacht Club, Inc.		Employer Identificat 23-7349162		
Line 24 - Other Assets:	Beginni of Yea		End of Year	
Inventories for sale or use Development costs on new clubhouse Other depreciable assets		291. 584. 400.	4,722. 6,222. 177,524.	
Totals to Form 990-EZ, Part II, line 24	221,2	275.	188,468.	
Line 26 - Total Liabilities:	Beginni of Yea	-	End of Year	
Totals to Form 990-EZ, Part II, line 26				

TEEW1801 SCR 02/11/10

Riverside Yacht Club, Inc. 23-7349162		1
Form 990-EZ, Part I, Line 8 Other Revenue Statement		
Other revenue (describe)		
Banquet	6,300.	
Float Rentals	32,627.	
Boat storage	12,378.	
Club Rental Income	350.	
Total	51,655.	
Form 990-EZ, Part I, Line 16 Other Expenses Statement Other expenses (describe)		
Banquet	6,242.	
Donations		
Dues & Subscriptions	1,315.	
Float rentals expense	25,199.	
Liability insurance	4,176.	
Marina maintenance	20,985.	
MDC Dues	575.	
Office supplies and expense	2,393.	
Storage	-71.	
Supplies	1,161.	
Taxes	428.	
Work parties	1,252.	
Miscellaneous	697.	
Depreciation	32,529.	
Total	97,586.	

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Supporting Statement of:

Form 990-EZ/Line 7a

Description	Amount
Total Bar Income Total Income Fuel	<u> </u>
Total	50,817.

Supporting Statement of:

Form 990-EZ/Line 7b

Description	Amount
Total Cost of Sales - Bar	5,142.
Total Bar Expenses	5,230.
Bar Supplies	201.
Total Cost of Sales - Fuel	39,796.
Total Fuel Expenses	4,501.
Bartender	125.
Total	54,995.

Supporting Statement of:

Form 990-EZ/Line 23, Column (A)

	Description	Amount
Land		58,521.
Total		58,521.

Supporting Statement of:

Form 990-EZ/Line 23, Column (B)

	Description	Amount
Land		58,521.
Total		58,521.

1

盕熀皔獔蘣鋧侰趮誷娊偮孨趪覴亃鎴鋧<u>鋧赩</u>趮倱霮赩鑸愮漝蘠壨濸闧櫗逳顮姄艞颽儮惖岻覭榓礛礛礛礛礛礛礛礛礛礛礛礛礛礛礛礛礛礛礛礛礛礛 BBF-1022 (09/05) AUTHORIZED SIGNATURE 100 5-12-10 Date しどせる 257349162 599.60 **BROOKLINE BANK**

Form	4562

Department of the Treasury Internal Revenue Service

(99)

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

▷ See separate instructions. ▷ Attach to your tax return.

2009 Attachment Sequence No 67

Name(s) shown on return							Identifying number 23-7349162			
Riverside Yacht Cl Business or activity to which this form r						23-	7345102			
Form 990 / Form 99										
		Property Under Se								
	any listed property,	, complete Part V before	you complete Pa	nrt I						
1 Maximum amount See						1	\$250,000			
2 Total cost of section 179	property placed in	service (see instructions	.)			2				
3 Threshold cost of section	n 179 property befor	re reduction in limitation	(see instructions))		3	\$800,000			
4 Reduction in limitation	Subtract line 3 from	line 2 If zero or less, er	nter -0-			4				
5 Dollar limitation for tax y separately, see instructi	vear Subtract line 4	from line 1 If zero or le	ess, enter -0- If m	narried filing		5				
	(a) Description of property		(b) Cost (business	use only)	(c) Elected cos	st				
		· · ·								
7 Listed property. Enter th	e amount from line	29		7						
8 Total elected cost of sec			c), lines 6 and 7			8				
9 Tentative deduction Ent						9				
10 Carryover of disallowed	deduction from line	13 of your 2008 Form 45	562			10				
11 Business income limitat	on Enter the small	er of business income (r	ot less than zero)) or line 5 (se	e instrs)	11				
12 Section 179 expense de	duction Add lines 9	and 10, but do not ente	r more than line 1	11		12				
13 Carryover of disallowed				▶ 13						
lote: Do not use <u>Part II or Pa</u>										
Part II Special Depre	ciation Allowar	nce and Other Depr	eciation (Do not	t include liste	d property)	(See ins	structions)			
14 Special depreciation allo tax year (see instruction		property (other than list	ed property) place	ed in service	during the	14	327			
	•	n				15				
		1				16				
16 Other depreciation (inclu Part III MACRS Depr		nclude listed property) ((See instructions)							
artin macks bepi	eciation (bonot)	Section								
17 MACRS deductions for a						17	32,186			
17 MACRS deductions for a	issets placed in ser	vice in tax years beginnin	ng before 2009			<u> </u>				
18 If you are electing to gro asset accounts, check h		ed in service during the t	ax year into one	or more gene	eral P					
Section	B - Assets Placed	in Service During 2009	Tax Year Using t	he General D	epreciation	System				
(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	e l	(g) Depreciation deduction			
19a 3-year property			-			-				
b 5-year property					<u> </u>					
c 7-year property	_				<u> </u>	_				
d 10-year property		326.	10.0 yrs	НҮ	S/L	. 1	16			
e 15-year property			10.0 915							
			· -							
f 20-year property			25		C / I		<u> </u>			
g 25-year property			<u>25 yrs</u>		S/L					
h Residential rental	· ·		27.5 yrs	MM	S/L					
property			27.5 yrs	MM	S/I					
i Nonresidential real			<u>39 yrs</u>		S/I					
property					S/L		<u></u>			
	Assets Placed i	n Service During 2009 T	ax Year Using the	e Alternative	T		<u>n</u>			
20 a Class life					S/I					
b 12-year			12 yrs		S/I					
c 40-year			40 yrs	MM	S/L	<u>ا</u> _د				
Part IV Summary (See		·····	- <u></u>							
21 Listed property Enter a	mount from line 28				Ļ	21	<u> </u>			
22 Total Add amounts from line	12, lines 14 through 17, I	ines 19 and 20 in column (g), a	and line 21 Enter here	and on		22	30 500			
the appropriate lines of your re	eturn Partnerships and S	corporations – see instruction				22	32,529			

23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDIZ0812 07/07/09

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		Riverside	Yacht C	lub, 1	Inc.	_							23-7	34916	2	 Page 2	
Pa	t V Listed	Property (Incomment, recreation	clude automot	oiles, cerl nent.)	tain other	vehicle	es, cellu	ılar te	elepł	nones, c	ertain c	ompute	ers, and	property	used for	or	
	Note: Fo	or any vehicle fo (a) through (c)	or which you a of Section A,	re using all of Se	the stand ection B, a	lard mil and Se	leage ra ction C	ite or if apj	r dea plica	lucting le able	ease ex	pense,	comple	te only 2	24a, 24b	,	
		n A – Depreciat				ution: S		Instru						omobile			
24	a Do you have eviden					l	Yes		No	24b If 'Y	- <u>t</u>		1		Yes	No	
T;	(a) ype of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cos	(d) (e) (f) (g) Cost or ther basis Basis for depreciation (business/investment use only) Recovery period Method/ Convention		Dep	(h) reciation duction	(i) Elected section 179 cost								
25	Special depreci used more than	ation allowance 50% in a quali	e for qualified ified business	listed pro	operty pla e inst <u>ruct</u> i	iced in ons)	service	durır	ng th	ie tax ye	ar and	25					
26	Property used r	more than 50%	in a qualified	business	s use										- <u>-</u>		
									-		_						
										_							
27	Property used 5	0% or less in a	qualified bus	iness use	e								1		1		
															_		
		<u> </u>					_					1					
	Add amounts in		-				ne 21, p	bage	1			28					
_29	Add amounts in		e 20 Enterne		B – Infoi		onlle	a of \	lohid	cloc				29			
Corr	plete this sectior	n for vehicles us	sed by a sole								.' or rela	ated ne	rson If	vou prov	uded vel	hicles	
to ye	our employees, fi	rst answer the o	questions in S	ection C	to see if	you me	et an e	хсер	tion	to comp	leting th	nis sect	tion for 1	those ve	hicles		
20	Tatal humana (((a)	(ł)		(c)	(d)	(e)	(f)	
30	during the year	(do not include		Veh	icle 1	Vehi	cle 2	<u> </u>	Vehic	cle 3	Vehic	le 4	Veh	icle 5	Vehi	Vehicle 6	
~ ~	commuting mile	,						ļ					ļ				
31	Total commuting mi	5	3														
32	Total other pers miles driven	sonal (noncomm	nuting)														
33	Tota ^l miles drive lines 30 through	en during the ye 1 32	ear Add									_					
				Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No	Yes	No	
34	during off-duty I	hours?															
35	Was the vehicle than 5% owner	used primarily or related perso	by a more on?		ļ												
36	Is another vehic personal use?																
			C – Questions							-		• •					
Ansv 5% (wer these questio owners or related	ns to determine persons (see ir	e if you meet a nstructions)	an excep	tion to co	mpletir	ig Secti	on B	for	vehicles	used by	y emplo	oyees w	ho are n e	ot more	than	
37	Do you maintair by your employe	a written policy ees?	y statement th	nat prohit	oits all pe	rsonal	use of v	vehic	les, i	including	g comm	uting,			Yes	No	
38	Do you maintair employees? See	a written policy the instruction	y statement th is for vehicles	nat prohit used by	oits perso corporate	nal use e office	e of vehi rs, direc	icles, ctors,	, exc , or 1	ept com 1% or m	muting, ore owr	by you lers	٦Ľ				
39	Do you treat all																
40	Do you provide i vehicles, and re	more than five v tain the informa	vehicles to you	ur emplo	yees, obta	aın info	rmation	fron	n yoı	ur emplo	yees al	pout the	e use of	the			
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles																	
Par	rt VI Amorti:																
	Desc	(a) ription of costs		Date an	(b) nortization egins	,	(c) Amortizabl amount	le		(d) Cod secti	e	Amo per	(e) rtization riod or centage		(f) mortization or this year		
42	Amortization of	costs that begin	ns during your	2009 tax	x year (se	_ie instri	uctions)	_					÷ .	<u> </u>			

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43	Amortization of costs that began before your 2009 tax year	43	
_ 44	Total. Add amounts in column (f) See the instructions for where to report	44	
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