

Form **990-EZ**  
 Department of the Treasury  
 Internal Revenue Service

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
 (except black lung benefit trust or private foundation)  
 ▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.  
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150  
**2007**  
**Open to Public Inspection**

**A For the 2007 calendar year, or tax year beginning 01-01-2007, 2007, and ending 12-31-2007, 20**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C** Name of organization: INDIAN RIVER YACHT CLUB  
 Number and street (or P O box, if mail is not delivered to street address) Room/suite: PO BOX 992  
 City or town, state or country, and ZIP + 4: COCOA, FL 329230992

**D** Employer identification number: 59-2175768  
**E** Telephone number: (321) 452-0034  
**F** Group Exemption Number: ▶

**Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**  
**G** Accounting method:  Cash  Accrual  
 Other (specify) ▶

**I Website:** WWW.IRYC.ORG  
**H** Check  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)  
**J Organization type** (check only one) —  501(c)(7) (insert no )  4947(a)(1) or  527

**K** Check  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ. \$ 7,129

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 38 of the instructions.)

Revenue		Expenses		Net Assets	
<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	100	<b>10</b>	Grants and similar amounts paid (attach schedule)
<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	750	<b>11</b>	Benefits paid to or for members
<b>3</b>	Membership dues and assessments	<b>3</b>	2,400	<b>12</b>	Salaries, other compensation, and employee benefits
<b>4</b>	Investment income	<b>4</b>	526	<b>13</b>	Professional fees and other payments to independent contractors
<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	0	<b>14</b>	Occupancy, rent, utilities, and maintenance
<b>b</b>	Less cost or other basis and sales expenses	<b>5b</b>	0	<b>15</b>	Printing, publications, postage, and shipping
<b>c</b>	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	<b>5c</b>	0	<b>16</b>	Other expenses (describe ▶)
<b>6</b>	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			<b>17</b>	<b>Total expenses</b> (add lines 10 through 16)
<b>a</b>	Gross revenue (not including \$ 0 of contributions reported on line 1) <input checked="" type="checkbox"/>	<b>6a</b>	1,450	<b>18</b>	Excess or (deficit) for the year (line 9 less line 17)
<b>b</b>	Less direct expenses other than fundraising expenses	<b>6b</b>	1,950	<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
<b>c</b>	Net income or (loss) from special events and activities (line 6a less line 6b)	<b>6c</b>	-500	<b>20</b>	Other changes in net assets or fund balances (attach explanation)
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>	1,903	<b>21</b>	Net assets or fund balances at end of year (combine lines 18 through 20)
<b>b</b>	Less cost of goods sold	<b>7b</b>	2,432		
<b>c</b>	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	<b>7c</b>	-529		
<b>8</b>	Other revenue (describe ▶)	<b>8</b>	0		
<b>9</b>	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	<b>9</b>	2,747		

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See page 41 of the instructions.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	12,060	<b>22</b> 12,232
<b>23</b> Land and buildings	0	<b>23</b> 0
<b>24</b> Other assets (describe ▶)	0	<b>24</b> 0
<b>25</b> <b>Total assets</b>	12,060	<b>25</b> 12,232
<b>26</b> <b>Total liabilities</b> (describe ▶)	0	<b>26</b> 0
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	12,060	<b>27</b> 12,232

<b>Part III Statement of Program Service Accomplishments</b> (See page 42 of the instructions )		<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? THE PROMOTION OF SAILING AND RACING AND THE ENJOYMENT OF THE SPORT FOR THE CENTRAL EAST FLORIDA AREA ORGANIZED RACING AND OTHER SAILING RELATED ACTIVITIES			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
<b>28</b> Athletic & Sports Programs, General/Other SUCCESSFULLY OFFERED YEAR ROUND RACING AND WEEKLY MEETINGS RELATED TO SAILING WE SUCCESSFULLY ORGANIZED AND RAN STATE LEVEL SAILBOAT RACING AND COUNTY WIDE REGATTAS WE ORGANIZED AND PROVIDED YOUTH SAILING INSTRUCTIONS THROUGH THE LOCAL COUNTY PARKS AND RECREATION DEPARTMENT MAINTAINED RACING COURSE IN THE LOCAL WATERS (0 RACES AND CLASSES) (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>		0
<b>29</b> (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>29a</b>		
<b>30</b> (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>30a</b>		
<b>31</b> Other program services (attach schedule) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>31a</b>		
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>		0

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See page 42 of the instructions )				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
STEVE NEVILLE PO BOX 992 COCOA, FL 329230992	Treasurer 4	0	0	0
SHARON TOLSON PO BOX 992 COCOA, FL 329230992	COMMODORE 4	0	0	0

<b>Part V Other Information</b> (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<b>33</b>		No
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes . . . . .	<b>34</b>		No
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? . . . . .	<b>35a</b>		No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>35b</b>		
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement) . . . . .	<b>36</b>		No
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/>	<b>37a</b>		0
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>		No
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return? . . . . .	<b>38a</b>		No
<b>b</b> If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved . . . . .	<b>38b</b>		0
<b>39</b> 501(c)(7) organizations. Enter			
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>		0
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>		0

**Part V Other Information** (Note the attachment requirement in General Instruction V, page 14.) (Continued)

**40a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 , section 4912 , section 4955

**b** 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation . . . . .

	Yes	No
<b>40b</b>		

**c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .  0

**d** Enter amount of tax on line 40c reimbursed by the organization . . . . .  0

**e** All organizations. At any time during the tax year, was the organization a party to a prohibited transaction? . . . . .

**41** List the states with which a copy of this return is filed

**42a** The books are in care of  STEVE NEVILLE  
 3905 WILDPINE LANE  
 Located at  MERRITT ISLAND, FL

**b** At any time during the calendar year, did the organization have an interest in, or exercise control over, a financial account in a foreign country (such as a bank account, securities account)?

If "Yes," enter the name of the foreign country

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

**c** At any time during the calendar year, did the organization maintain an office outside of the U S ?

<b>42c</b>		No
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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 . . . . .  **43**

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

**Please Sign Here**

Signature of officer  2008-01-15 Date  
 STEVE NEVILLE TREASURER Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature <input type="text"/>	Date <input type="text"/>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="text"/>			EIN <input type="text"/>
			Phone no <input type="text"/>

## TY 2007 Other Expenses Schedule

**Name:** INDIAN RIVER YACHT CLUB

**EIN:** 59-2175768

**Software ID:** 07000149

**Software Version:** v1.00

Description	Amount
TROPHIES	655
INSURANCE	1,200

## TY 2007 Special Events Schedule

**Name:** INDIAN RIVER YACHT CLUB

**EIN:** 59-2175768

**Software ID:** 07000149

**Software Version:** v1.00

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
YOUTH SAILING INSTRUCTIONS	750	0	750	650	100
RACING	700	0	700	1,300	-600

550 UNITED STATES. 1 page tax completed and signed form 8453-EO-0310

Form <b>8453-EO</b>	<b>Exempt Organization Declaration and Signature for Electronic Filing</b>	OMB No 1545-1879
	For calendar year 2007, or tax year beginning <u>1/1/2007</u> , and ending <u>12/31/2007</u> For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868 ▶ See instructions on back.	<b>2007</b>

Name of exempt organization <b>INDIAN RIVER YACHT CLUB</b>	Employer identification number <b>59 2175768</b>
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**Part I Type of Return and Return Information (Whole Dollars Only)**

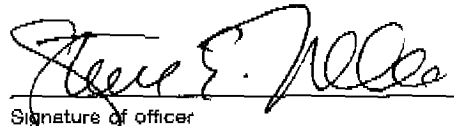
Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (that is, do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	\$2,747
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	

**Part II Declaration of Officer**

- 6  I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure statement contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies)

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund

<b>Sign Here</b>		<u>1/17/08</u>	<b>STEVE NEVILLE, TREASURER</b>
	Signature of officer	Date	

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)**

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4206, Information for Authorized IRS e-file Providers of Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge

<b>ERO's Use Only</b>	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code				EIN
					Phone no. ( )

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code			EIN
				Phone no. ( )