Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service Go to www.irs.gov

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A	For the	e 2024 calen	lar year, or tax year beginning 05/01/2024 and ending	04/30/2	2025	
в	Check if	f applicable:	C Name of organization THE CAL SAILING CLUB		D Emple	oyer identification number
	Address	s change	Doing business as			94-1737515
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address) Re	oom/suite	E Telepł	none number
	Initial re	turn	124 University Ave			510-549-9588
	Final ret	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code			
	Amende	ed return	Berkeley, CA 94710		G Gross	receipts \$ 304,523
	Applicat	tion pending	F Name and address of principal officer: Peter Kuhn	H(a) Is this a gr	oup return fo	or subordinates? 🗌 Yes 🗹 No
			124 University Ave, Berkeley, CA 94710	H(b) Are all s	ubordinat	es included? 🗌 Yes 🗌 No
I	Tax-exe	empt status:	✓ 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	If "No," attach	a list. See ii	nstructions.
J	Website	e: www.cal-	sailing.org	H(c) Group e	xemption	number
κ	Form of	organization: 🗸	Corporation Trust Association Other L Year of formation	tion: 1970	M State	of legal domicile: CA
Ρ	art I	Summa	ŷ			
	1	Briefly des	cribe the organization's mission or most significant activities: sailing a	and windsurfin	g educa	tion and access, safe
đ		boating an	d windsurfing education, and community sailing and windsurfing center.			
Activities & Governance						
n a						
٥ ٧	2	Check this	box $\[\square \]$ if the organization discontinued its operations or disposed of	more than 25	5% of it	s net assets.
G	3	Number of	voting members of the governing body (Part VI, line 1a)		3	9
es c	4	Number of	independent voting members of the governing body (Part VI, line 1b)		4	9
viti	5	Total numb	per of individuals employed in calendar year 2024 (Part V, line 2a) .		5	11
\c ti	6	Total numb	per of volunteers (estimate if necessary)		6	1,200
٩	7a	Total unrel	ated business revenue from Part VIII, column (C), line 12		7a	0
	b	Net unrelat	ed business taxable income from Form 990-T, Part I, line 11		7b	0
				Prior Yea	r	Current Year
Ð	8	Contributio	ns and grants (Part VIII, line 1h)		59,157	55,451
Revenue	9	Program se	ervice revenue (Part VIII, line 2g)	2	36,233	233,137
eve	10	Investment	income (Part VIII, column (A), lines 3, 4, and 7d)		3,606	15,935
Œ	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,826	0
	12	Total reven	ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3	800,822	304,523
	13	Grants and	similar amounts paid (Part IX, column (A), lines 1–3)		0	0
	14	Benefits pa	id to or for members (Part IX, column (A), line 4)		0	0
S	15	Salaries, ot	her compensation, employee benefits (Part IX, column (A), lines 5–10)	1	10,965	105,322
Expenses	16a	Profession	al fundraising fees (Part IX, column (A), line 11e)		0	0
фе	b	Total fundr	aising expenses (Part IX, column (D), line 25) 0			
ш	17	Other expe	nses (Part IX, column (A), lines 11a–11d, 11f–24e)	2	47,555	253,118
	18	Total expe	nses. Add lines 13–17 (must equal Part IX, column (A), line 25) $$. $$	3	58,520	358,440
_	19	Revenue le	ss expenses. Subtract line 18 from line 12		·57,698	-53,917
or Ses				Beginning of Curr	ent Year	End of Year
Net Assets or Fund Balances	20	Total asset	s (Part X, line 16)	4	35,820	381,904
t As: d Bá	21		ties (Part X, line 26)		-1,052	341
Fun	22	Net assets	or fund balances. Subtract line 21 from line 20	4	36,872	381,563
Pa	art II	Signatu	re Block			· · · ·

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.

Sign Here	Signature of officer Peter Kuhn, Treasurer			Date		
	Type or print name and title					
Paid Preparer	Preparer's name	Date		Check if self-employed	PTIN	
Use Only	Firm's name		Firm's EIN			
Use Only	Firm's address		Phone no.			
May the IRS	discuss this return with the preparer s	shown above? See instructions				🗌 Yes 🗌 No
						- 000 (****

For Paperwork Reduction Act Notice, see the separate instructions.

Form 99	0 (2024)				Page 2
Part		ment of Program Service			
				this Part III	
1				ation and access, safe boating and v	
		unity sailing and windsurfing			
2				the year which were not listed or	
	prior Form	990 or 990-EZ?			· 🗌 Yes 🗹 No
		escribe these new services o			
3	Did the or	ganization cease conducting	ng, or make significant change	es in how it conducts, any prog	
					· 🗌 Yes 🖌 No
4		escribe these changes on Sc		h of its three largest preasure son	iona as manaurad by
4	expenses.	Section 501(c)(3) and 501(c)	(4) organizations are required to for each program service repor	h of its three largest program sen o report the amount of grants and ted.	allocations to others,
4a	(Code:) (Expenses \$	357,285 including grants of \$	48,096) (Revenue \$	304,523)
		cost access to sailing and w	indsurfing classes and equipment	to 1200 members, and free sailing a	
	activities to	0 1600 members of the genera	I public and youth groups		
416	(Cada)		including grants of th		
4b	(Code:) (Revenue \$	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other prog	ram services (Describe on S	chedule O.)		
	(Expenses			evenue \$ 0)	
4e	<u> </u>	am service expenses	357,285	·	

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		~
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		~
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		~
с	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		~
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	~	
f	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a		~
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		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		~
D	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. lines 1a and 8a2 <i>If "Yes," complete Schedule C. Part II.</i>	17		
19	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		
00-	If "Yes," complete Schedule G, Part III	19		~
20a b	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		~
21 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	200		~

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Part	V Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	No V
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		~
b c	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 to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		~
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		~
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		~
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		~
b c	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28b 28c		~ ~
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		~ ~
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	31 32		v v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35a 35b		~
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		r
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	~	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
1a b c	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a0Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b00010010101112131415161718191010101112131415151617181919101010111213141515161717181919101010101111121314141515161717181919101010101010111213141515161617171817181819191010101010<		Yes	No
	reportable gaming (gambling) winnings to prize winners?	1c	~	

Form 99			ŀ	Page 5
Part			Yes	No
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 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
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 (FBAR).	_		
-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		~
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7b	レ レ	
h 8	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	7h	V	
Ũ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders			
b	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> . Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		<u> </u>
15	excess parachute payment(s) during the year?	15		~
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Form	990	(2024)
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Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management		V.	
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1a 1a 1a 1a 1a 1a 1a		Yes	No
ь 2	Enter the number of voting members included on line 1a, above, who are independent . 1b 9 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		v
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		~
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	4 5 6 7a	> >	ン ン
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		v
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b 9	The governing body?	8a 8b 9	ン ン	~
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C	ode.)	1
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		~
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a	~	
12a b c	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b 12c		
13 14 15	Did the organization have a written whistleblower policy?	13 14		ン ン
a b 16a	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a 15b		ン ン
b	with a taxable entity during the year?	16a 16b		~
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			

- ✓ Own website ✓ Another's website ✓ Upon request Other (explain on Schedule O)
 P Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of
- **19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 records. Peter Kuhn Treasurer, (510)549-9588

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

Check if Schedule O contains a response or note to any line in this Part VII

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

				((C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average		(do not check more than one		Reportable	Reportable	Estimated amount			
	hours	officer and a director/trustee)				box, unless person is both an officer and a director/trustee)		compensation	compensation	of other
	per week (list any		1		1	1	· ·	from the	from related organizations (W-2/	compensation from the
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	ghe	Former	organization (W-2/ 1099-MISC/	1099-MISC/	organization and
	related	dual	lior	^	mp	st co	Ψ	1099-NEC)	1099-NEC)	related organizations
	organizations below	r tru	al ti		oye	omp				
	dotted line)	stee	uste		O	ens				
			ee			Highest compensated employee				
Nicholas Waton	5.00									
Commodore	0.00]		~				0	0	0
Isha Mishra	5.00									
Vice Commodore	0.00]		~				0	0	0
Memo Gunay	5.00									
1st Vice Commodore	0.00			~				0	0	0
Sofien Sehiri	5.00									
2nd Vice Commodore	0.00			~				0	0	0
Ryan Alder	5.00									
3rd Vice Commodore	0.00			~				0	0	0
John Bongiovanni	5.00									
Rear Commodore	0.00			~				0	0	0
Birk Huber	5.00									
Port Captain	0.00			~				0	0	0
Marco Falcioni	5.00									
Secretary	0.00			~				0	0	0
Peter Kuhn	5.00	-								
Treasurer	0.00			~				0	0	0
		-								
		ļ								
		-								
		-								
	+	-								
										F OO (222.4)

Part	VI Section A. Officers, Directors, 1	rustees,	Key I	Em	ploy	yee	s, an	d F	lighest Compe	nsated	Emplo	yees (contir	nued)		
					(0	C)										
	(A)	(B)				ition			(D)	(E)			(F)			
	Name and title	Average		do not ch		ot check mo unless perso					ie Damastala	Reporta	able	Estima	ated am	ount
		hours per week					or/trust		compensation	compen			of other			
			or Inc	Ins	ç	Кe	en Hig	Fo	from the organization (W-2/	from re organizatio			pensati om the	on		
		(list any hours for	Individual t or director	titu	Officer	Key employee	ploy	Former	1099-MISC/	ັ1099-№	1ISĊ/	organ	ization			
		related organizations	ctor	tion		nplo	/ee	`	1099-NEC)	1099-1	NEC)	related	organiza	ations		
		below	Individual trustee or director	altr		yee	mpe									
		dotted line)	tee	Institutional trustee			Highest compensated employee									
				e e			ted									
]													
]													
			1													
			1													
			1													
			1													
			1													
			1													
			1													
			1													
1b	Subtotal								0		0			0		
с	Total from continuation sheets to Part															
d	Total (add lines 1b and 1c)								0		0			0		
2	Total number of individuals (including			d t	o t	thos	e list	ted	above) who re	eceived	more t	han \$	100,00	00 of		
	reportable compensation from the organi	zation							0							
													Yes	No		
3	Did the organization list any former of	officer, dire	ector,	tru	stee	e, k	ey e	mpl	loyee, or highes	st compe	ensated					
	employee on line 1a? If "Yes," complete S	Schedule J	for si	ıch	indi	ividu	ıal					3		~		
4	For any individual listed on line 1a, is the															
	organization and related organizations	greater th	an \$1	150,	000)? li	f "Yes	s,"	complete Sched	dule J fo	or such					
	individual			•	•							4		~		
5	Did any person listed on line 1a receive o	r accrue co	ompe	nsa	tion	froi	m any	' un	related organizat	tion or ind	dividual					
	for services rendered to the organization?	? If "Yes," c	compl	ete	Sch	nedu	ıle J f	or s	such person .			5		~		
Secti	on B. Independent Contractors															
1	Complete this table for your five high	nest comp	ensat	ed	inde	eper	ndent	со	ontractors that r	eceived	more t	han \$	100,00	00 of		
	compensation from the organization. Repo	ort compen	satio	n foi	r the	e ca	lenda	r ye	ar ending with or	within th	e organ	ization	's tax	year.		
	(A)								(B)			(C)				
	Name and business add	ress							Description of serv	vices	(Compens	sation			
None																
								-			-					

² Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					function revenue	business revenue	from tax under sections 512–514
ts, ts	1a	Federated campaigns 1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b					
Ū Pu U	С	Fundraising events 1c					
iifts ar /	d	Related organizations 1d					
nii, G	e	Government grants (contributions) 1e	48,096				
Si Si	f	and similar encounts not included above					
buti	~	and similar amounts not included above 1f Noncash contributions included in	7,355				
trik I O t	g		¢ 1.500				
Son	h	Ines 1a-1f 1g Total. Add lines 1a-1f .		55,451			
<u> </u>			Business Code	55,451			
e	2a	membership dues	611620	233,137	233,137	0	0
Program Service Revenue	b						
jram Ser Revenue	с						
am	d						
ъ В	е						
Pre	f	All other program service revenue		0	0	0	0
	g	Total. Add lines 2a–2f		233,137			
	3	Investment income (including dividence					
		other similar amounts)		13,923	13,923	0	0
	4	Income from investment of tax-exempt b	-	0	0	0	0
	5	Royalties	(ii) Personal	0	0	0	0
	6a	Gross rents 6a	(ii) i eisonai				
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c) 0				
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a	2,012				
ne	b	Less: cost or other basis					
/en		and sales expenses . 7b (
Revenue	c		2,012				
ř	d			2,012	2,012	0	0
Othe	8a	Gross income from fundraising					
•		events (not including \$0 of contributions reported on line					
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	С	Net income or (loss) from fundraising ev	ents				
	9a	Gross income from gaming					
		activities. See Part IV, line 19 . 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activit	ies				
	10a	Gross sales of inventory, less returns and allowances 10					
		Less: cost of goods sold 10k Net income or (loss) from sales of invent					
<i>w</i>			Business Code				
Miscellaneous Revenue	11a						
scellaneo Revenue	b						
ellé eve	c						
lisc Re	d	All other revenue	-	0	0	0	0
Σ	е	Total. Add lines 11a–11d		0			
	12	Total revenue. See instructions		304,523	249,072	0	0
							Form 990 (2024)

	IX Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete				
	Check if Schedule O contains a response				
	t include amounts reported on lines 6b, 7b, b, 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	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0	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	0	0	
7	Other salaries and wages	97,070	97,070	0	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	
9	Other employee benefits	0	0	0	
10	Payroll taxes	8,252	8,252	0	
11	Fees for services (nonemployees):	- 1			
а	Management	0	0	0	
b	Legal	0	0	0	
С	Accounting	1,155	0	1,155	
d	Lobbying	0	0	0	
е	Professional fundraising services. See Part IV, line 17	0			
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	0	0	0	
12		0	0	0	
13	Advertising and promotion	110	0 110	0	
14	Information technology	3,156	3,156	0	
15		0	0		
16	Occupancy	24,862	24,862		
17	Travel	0	0		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0		
19	Conferences, conventions, and meetings .	9,387	9,387		
20	Interest	0	0		
21	Payments to affiliates	0	0		
22	Depreciation, depletion, and amortization .	91,285	91,285		
23	Insurance	30,532	30,532		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	maintenance parts and repairs	74,744	74,744	0	
b	Member Training Expenses	17,809	17,809	0	
c d	Employee Training Expenses	78	78	0	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	358,440	357,285	1,155	
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)				

Form 990 (2024)

	n 990 (2	,			Page 11
P	art X				
		Check if Schedule O contains a response or note to any line in this Par	tX (A) Beginning of year	<u> </u>	
	1	Cash-non-interest-bearing	0	1	
	2	Savings and temporary cash investments	36,524	2	12,805
	3	Pledges and grants receivable, net		3	<u> </u>
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
its	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,736,987			
	b	Less: accumulated depreciation 10b 1,367,888	399,296		369,099
	11	Investments-publicly traded securities		11	
	12	Investments-other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	405.000	15	
	16 17	Total assets. Add lines 1 through 15 (must equal line 33) . . . Accounts payable and accrued expenses 	435,820	16 17	381,904
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
lide		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	-1,052	25	341
	26	Total liabilities. Add lines 17 through 25	-1,052	26	341
nces		Organizations that follow FASB ASC 958, check here \checkmark and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	436,872	27	381,563
B	28	Net assets with donor restrictions	0	28	0
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
s or	29	Capital stock or trust principal, or current funds		29	
iets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds .		31	
et /	32	Total net assets or fund balances	436,872	32	381,563
Ž	33	Total liabilities and net assets/fund balances	435,820	33	381,904

Form **990** (2024)

Form 99	00 (2024)				Pa	ige 12
Par	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	-		•		~
1	Total revenue (must equal Part VIII, column (A), line 12)	1			30	4,523
2	Total expenses (must equal Part IX, column (A), line 25)	2			35	8,440
3	Revenue less expenses. Subtract line 2 from line 1	3			-5	3,917
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			43	6,872
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7		7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain on Schedule O)	9			-	1,392
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			38	1,563
Part	XII Financial Statements and Reporting					
	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 Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," e	volain				
	Schedule O.	~piairi				
0				2a		~
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were con			2a		V
	reviewed on a separate basis, consolidated basis, or both.	nplied				
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?			2b		~
b	If "Yes," check a box below to indicate whether the financial statements for the year were aud	· ·		20		~
	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 ov	ersiah	t of			
Ŭ	the audit, review, or compilation of its financial statements and selection of an independent account			2c		
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	1				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in	the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			Ba		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	dergo	the 🗌			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b		

Form **990** (2024)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047 2024

р <i>с</i> и т
Department of the Treasury
Internal Revenue Service

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.

Open to Publ	С
Inspection	

Name of the organization

Emplover identificatio

THF (CAL SA	JI ING C	LUB

Employer identification number	
94-1737515	

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state:
- An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.)
- A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a,
 - **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V.
 - Check this box if the organization received a written determination from the IRS that it is a Type I. Type II. Type III. е functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - Provide the following information about the supported organization(s). α

(i) Name of supported organization	(ii) EIN			rganization Ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support			1		1	
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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						
Secti	on B. Total Support			•	•	•	
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the organization, check this box and stop he	organization'	s first, second	l, third, fourth,	or fifth tax ye		
Secti	on C. Computation of Public Support						
14	Public support percentage for 2024 (line	6, column (f), c	livided by line	11, column (f))		14	%
15	Public support percentage from 2023 Scl					15	%
16a	33 ¹ / ₃ % support test – 2024. If the organ box and stop here. The organization qua						
b	33 ¹ / ₃ % support test—2023. If the organization this box and stop here . The organization	ization did not	check a box c	on line 13 or 16	Sa, and line 15	is 331/3% or m	
17a	10%-facts-and-circumstances test — 2 10% or more, and if the organization m Part VI how the organization meets the organization	eets the facts	-and-circumsta	ances test, ch	eck this box a	and stop here.	Explain in
b	10%-facts-and-circumstances test — 2 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the fa	acts-and-circu	mstances test,	, check this bo	ox and stop he	re . Explain
18	Private foundation. If the organization instructions						ox and see

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.)

Secti	on A. Public Support				inplote i art i	.,	
	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees			.,	. ,		
	received. (Do not include any "unusual grants.")	46,999	51,478	80,551	59,157	55,451	293,636
2 3	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 Gross receipts from activities that are not an	133,653	250,118	313,031	241,665	247,872	1,186,339
3	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge	15,000	15,000	15,000	15,000	15,000	75,000
6 7a	Total. Add lines 1 through 5Amounts included on lines 1, 2, and 3received from disqualified persons	195,652	316,596	408,582	315,822	318,323	1,554,975
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b						1 554 075
Secti	on B. Total Support						1,554,975
	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6	195,652	316,596	408,582	315,822	318,323	1,554,975
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			414	3,369	13,924	17,707
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	0	0	414	3,369	13,924	17,707
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
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)			Τ		T	
14	and 12.)	195,652	316,596	408,996 third fourth	319,191	332,247	1,572,682
14	organization, check this box and stop he	0					()()
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2024 (line &	•		3, column (f))		15	98.87 %
16	Public support percentage from 2023 Sch					16	99.75 %
	on D. Computation of Investment Inc					1 1	
17	Investment income percentage for 2024 (-		17	1.13 %
18 10a	Investment income percentage from 2023 33 ¹ / ₃ % support tests-2024. If the organi					18	0.25 %
19a	17 is not more than $33^{1}/_{3}$ %, check this box						
b	331 /3% support tests—2023. If the organiz line 18 is not more than 331/3%, check this b	ation did not cl	neck a box on	line 14 or line 1	9a, and line 16	is more than 33	3 ¹ /3%, and
20	Private foundation. If the organization did	d not check a l	oox on line 14,	19a, or 19b, c	heck this box a	and see instruc	tions .
	Schedule A (Form 990) 2024						

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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.*
- **10a** 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 line 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

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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.

Section C. Type II Supporting Organizations

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).

Section D. All Type III Supporting Organizations

Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described on line 2, above, 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.

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- а The organization satisfied the Activities Test. Complete **line 2** below.
- The organization is the parent of each of its supported organizations. *Complete line 3 below.* b
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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? If "Yes" or "No," provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes No

1

2

1

3

2a

2b

3a

3b

Yes No

Yes No

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			ions A through E.
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-function	allv i	ntegrated Type III suppo	rting organization

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization 7 (see instructions).

Schedule A (Form 990) 2024

Schedu	le A (Form 990) 2024			Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)	
Sect	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e		1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required-	–provide details in Part	<i>VI</i>) 5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive 8	
9	Distributable amount for 2024 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10)
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2024			
а	From 2019			
b	From 2020			
С	From 2021			
d	From 2022			
е	From 2023			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2020			
b	Excess from 2021			
С	Excess from 2022			
d	Excess from 2023			
е	Excess from 2024			

Schedule A (Form 990) 2024

Part VISupplemental 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.)

SCHE	DULE D
(Form	990)

	-	-	
(Rev.	December 2024)	

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public

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THE	CAL	CVII	INC	CL	LIE

Employer identification number

	AL SAILING CLUB		94-1737515
Par			s or Accounts
	Complete if the organization answered "		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a	5	
~	funds are the organization's property, subject to the	•	
6	Did the organization inform all grantees, donors, an only for charitable purposes and not for the benefit		
Dor	Conservation Easements		· · · · · · L Yes L No
Far	Complete if the organization answered "	Voo" on Form 000 Part IV, ling 7	
1	Purpose(s) of conservation easements held by the c		
•	 Preservation of land for public use (for example, recre 		a historically important land area
	 Protection of natural habitat 		a certified historic structure
	Preservation of open space		a certified historic structure
2	Complete lines 2a through 2d if the organization hel	ld a qualified conservation contribution	in the form of a conservation
	easement on the last day of the tax year.	•	Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified h		
d	Number of conservation easements included on line		
	on a historic structure listed in the National Register	r	· 2d
3	Number of conservation easements modified, tran		
	the organization during the tax year		
4	Number of states where property subject to conserv		
5	Does the organization have a written policy rega		
	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring,		-
-	U 1		
7	Amount of expenses incurred in monitoring, in	ispecting, handling of violations, an	
•	3		Ŷ
8	Does each conservation easement reported on line (i) and section 170(h)(4)(B)(ii)?	2d above satisfy the requirements of s	
٥	In Part XIII, describe how the organization reports c		
9	sheet, and include, if applicable, the text of the foot		
	organization's accounting for conservation easement	5	
Part	III Organizations Maintaining Collections	of Art. Historical Treasures, or C	Other Similar Assets
i art	Complete if the organization answered "		
1a	If the organization elected, as permitted under FAS		e statement and balance sheet works
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote t		
b	If the organization elected, as permitted under FAS	B ASC 958, to report in its revenue st	tatement and balance sheet works of
	art, historical treasures, or other similar assets held		
	provide the following amounts relating to these item	IS.	
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art,	historical treasures, or other similar a	assets for financial gain, provide the
	following amounts required to be reported under FA		
а	Revenue included on Form 990. Part VIII. line 1		\$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

b Assets included in Form 990, Part X . \$. .

Schedu	le D (Form	990) (Rev. 12-2024)								ſ	Page 2
Part		Organizations Maintaining	Collections of	f Art, His	torical 1	Freasures	, or Ol	her Similar A	ssets (co	ontini	ued)
3		the organization's acquisition, ion items (check all that apply).		other reco	rds, chec	k any of th	e follov	ving that make	significan	t use	of its
а	🗌 Pub	lic exhibition		d	🗌 Loan	or exchang	e progi	ram			
b	🗌 Sch	olarly research		е	Other						
с	Pres	servation for future generations	6								
4	Provide XIII.	e a description of the organiza	tion's collections	and expl	ain how t	hey further	the org	ganization's exe	empt purp	ose ir	n Part
5		the year, did the organization to be sold to raise funds rather								;	No
Part	IV I	Escrow and Custodial Arra	angements								
		Complete if the organizatior 990, Part X, line 21.	answered "Ye	s" on Foi	m 990, I	Part IV, line	e 9, or	reported an a	imount oi	ו For	m
1a		organization an agent, trustee, ed on Form 990, Part X? .								; []	No
b	If "Yes,	," explain the arrangement in P	art XIII and comp	lete the fo	ollowing ta	able.					
									Amount		
С	Beginn	ing balance					10	;			
d	Additio	ns during the year					10	i			
е	Distribu	utions during the year					16				
f	Ending	balance					1f				
2a	Did the	organization include an amou	nt on Form 990, I	Part X, line	e 21, for e	escrow or c	ustodia	l account liabili	ty? 🗌 Y o	es 🗌	No
b	If "Yes,	" explain the arrangement in P	art XIII. Check he	ere if the e	xplanatio	n has been	provide	ed in Part XIII			
Par	t V 🛛	Endowment Funds									
	(Complete if the organizatior	answered "Ye	s" on Foi	m 990, l	Part IV, line	e 10.				
			(a) Current year	(b) Pr	ior year	(c) Two yea	rs back	(d) Three years ba	ick (e) Fou	r years	back
1a	Beginn	ing of year balance									
b	-	outions									
с	Net inv and los	estment earnings, gains, sses									
d	Grants	or scholarships									
е		expenditures for facilities and ms									
f	Admini	strative expenses									
g		year balance									
2		e the estimated percentage of t	the current vear e	end baland	e (line 1c	, column (a	a)) held	as:			
а		designated or quasi-endowme				,, (-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
b		nent endowment	%								
c		ndowment %									
•		rcentages on lines 2a, 2b, and	2c should equal	100%							
3a		ere endowment funds not in th			zation th	at are held	and ad	ministered for	the		
		zation by:								Yes	No
	-	-							. 3a(i)		
									. 3a(ii)		
b	• •	" on line 3a(ii), are the related o							. 3b		
4		be in Part XIII the intended uses	-	-			• •		. 00		
Part		Land, Buildings, and Equip			Swittent						
I ui i		Complete if the organization		s" on Foi	m 990 I	Part IV lin	⊳ 11a	See Form 99() Part X	line '	10
		Description of property	(a) Cost or			or other basis		Accumulated		ok value	
		Description of property	(investi		1.1	other)		epreciation	(u) BO	JK Value	e
1a	Land			0	<u> </u>	0					0
b		gs	•	0		108,554		101,348			7,206
c		old improvements	•	0		108,554		0			0
d			•	0				-		3 /	
u e			•	0		1,628,433 0		1,266,540 0		30	<u>1,893</u> 0
			· nust equal Form (•			((R))			34	
10101.			nuor oquar i onna	ooo, rait		o, column (l	- <i>11</i> ·			30	9,099

	rm 990) (Rev. 12-2024)			Page 3
Part VII	Investments – Other Securities	V line 11h Cas F	- 	Dart V line 10
	Complete if the organization answered "Yes" on Form 990, Part I (a) Description of security or category	(b) Book value		ethod of valuation:
	(including name of security)	(b) BOOK value		nd-of-year market value
(1) Financia	derivatives			
(2) Closely h	neld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E) (F)				
(G)				
(H)				
	mn (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments – Program Related			
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11c. See F	orm 990	Part X, line 13.
	(a) Description of investment	(b) Book value		ethod of valuation:
			Cost or er	nd-of-year market value
(1)				
(2)				
(3) (4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11d. See F	orm 990	
	(a) Description			(b) Book value
(1)				
(2) (3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, line 15, col. (B))			
Part X	Other Liabilities		o =	
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11e or 11f	. See For	m 990, Part X,
1.	line 25. (a) Description of liability			(b) Book value
(1) Federal in				.,
(1) rederarin (2)				341
 (3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, line 25, col. (B))			341

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Schedu	e D (Form 990) (Rev. 12-2024)		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per	Return
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	-
c	Recoveries of prior year grants	2c	-
d	Other (Describe in Part XIII.)		-
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		-
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		-
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i>		5
Part			
rait			
	Complete if the organization answered "Yes" on Form 990, Total expenses and losses per audited financial statements		4
1			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	-
b	Prior year adjustments	2b	-
c	Other losses	2c	-
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	\ldots	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		-
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	ie 18.)	5
Part	XIII Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an		- Devit V, Kreis A, Devit V, Kreis
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional ir	nformation.

Schedule D (Form 990) (Rev. 12-2024)

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions or	1 OMB No. 1545-0047
(Rev. December 2024)	Form 990 or 990-EZ or to provide any additional information.	
Department of the Treasury	Attach to Form 990 or Form 990-EZ.	Open to Public
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization	ID	Employer identification number
THE CAL SAILING CLU		94-1737515
FUIII 990, Part VI, Sec	tion A, Line 6 - Cal Sailing Club has members.	
Form 990, Part VI, Sec	tion A, Line 7a - Cal Sailing Club's members can vote in general membership meetin	ngs to elect the board of directors
	Committee by the club).	
Form 990 Part VI Sec	tion B, Line 11b - The draft 990 is circulated to the board of directors for review and	comments if any and then
	if necessary before filing	
Form 990, Part VI, Sec	tion C, Line 19 - Our governing documents are posted on our website and are availa	ible upon request.
Form 990, Part XI, Line	9 - change in payroll liabilities	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.