Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury

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

- Do not enter social security numbers on this form as it may be made public.
 - ► Go to www.irs.gov/Form990 for instructions and the latest information.

| Α | For the | e 2020 ca | lendar year, or tax year beginning | | , and e | <u>nding</u> | | | | |
|---------------|--------------|----------------|--|------------------------------------|-------------------|--------------------|-----------------|---------------|---------------|---------|
| В | Check if | applicable: | C Name of organization Lake Winnipe | saukee Sailing Associatio | n Inc | D E | mployer ide | ntification | number | |
| | Address | change | Doing business as | | | | | | | |
| 一 | | - | Number and street (or P.O. box if mail is not | delivered to street address) | Room/suite | 02-0 | 439135 | | | |
| Ш | Name ch | ange | PO Box 7047 | | | E T | elephone nui | mber | | |
| | Initial retu | urn | City or town | State | ZIP code | | | | | |
| \equiv | | | Gilford | NH | 03247 | (603 |) 589-117 | <u>/</u> | | |
| Ш | Final return | n/terminated | Foreign country name Foreign | province/state/county | Foreign postal | code | | | | |
| П | Amended | d return | , , | | | G | Fross receipts | \$ | 1 | 162,012 |
| \equiv | | | - N | | | - <u>-</u> - | | | | |
| Ш | Application | on pending | F Name and address of principal officer: | | | H(a) Is this a gro | | - | Yes | X No |
| | | | Guy Nickerson 95 Business Park Dri | ve, Tiltin, NH 03276 | | H(b) Are all su | ıbordinates in | cluded? | Yes | No |
| 1 | Tax-exe | mpt status: | X 501(c)(3) 501(c) () | (insert no.) 4947(a)(1) |) or 527 | If "No," a | ttach a list. S | ee instructio | ns | |
| ÷ | | | | . (| , | 14/2 0 | | | | |
| <u>J</u> | vvensite | : ► lws | | | | H(c) Group ex | emption num | bei - | | |
| Κ | Form of | organizatior | : X Corporation Trust Associa | ation Other > | L Yea | ar of formation: | 1987 | M State of I | egal domicile | : NH |
| | Part I | Su | mmary | | * | | • | | | |
| _ | 1 | | escribe the organization's mission or | most significant activitie | s. To e | ncourage the | e sport of s | sailing an | d | |
| æ | | _ | o introduce and teach people, especia | _ | | noodrage th | o oport or t | Janning an | <u> </u> | |
| ä | | | | ally young people and p | copic with | | | | | |
| Governance | | | es, sailing. | | | | | | | |
| Š | 2 | | | continued its operations | | of more tha | n 25% of it | s net ass | ets. | |
| Ō | 3 | Number | of voting members of the governing b | oody (Part VI, line 1a) . | | | 3 | j . | | 11 |
| ο O | 4 | Number | of independent voting members of th | e governing body (Part | VI, line 1b). | | . 4 | ļ. | | 10 |
| Ę | 5 | Total nu | mber of individuals employed in caler | ndar year 2020 (Part V, | line 2a) . . | | 5 | 5 | | 16 |
| Activities & | 6 | | mber of volunteers (estimate if neces | | | | | ; | | 20 |
| Ą | 7a | | related business revenue from Part V | | | | | a | | 0 |
| - | b | | elated business taxable income from F | | | | | | | 0 |
| | - | NOT UNIT | nated business taxable moome nom | OTTI 550-1, 1 dit i, iiic | | | Year | | Current Yea | |
| Revenue | 8 | Contribu | itions and grants (Part VIII, line 1h) . | | | FIIO | 104,45 | 5.5 | Current rea | 78,095 |
| | 0 | | | | • | | | | | |
| ē | 9 | - | n service revenue (Part VIII, line 2g) . | Y . W | | | 107,42 | | | 29,684 |
| è | 10 | | ent income (Part VIII, column (A), line | | | | | 33 | | 3,359 |
| _ | 11 | | venue (Part VIII, column (A), lines 5, | | | | 2,30 | | | 884 |
| | 12 | | enue—add lines 8 through 11 (must equ | | | | 214,21 | 12 | • | 112,022 |
| | 13 | Grants a | and similar amounts paid (Part IX, col | umn (A), lines 1-3) | | | | 0 | | 0 |
| | 14 | Benefits | paid to or for members (Part IX, colu | mn (A), line 4) | | | | 0 | | 0 |
| Ś | 15 | Salaries, | other compensation, employee benefits | (Part IX, column (A), line | s 5–10) . . | | 54,3 | 16 | | 37,707 |
| Expenses | 16a | | onal fundraising fees (Part IX, column | | | | | 0 | | 0 |
| ē | b | | ndraising expenses (Part IX, column (| | 0 | | | | | |
| Ä | 17 | | openses (Part IX, column (A), lines 11 | | | | 80.62 | 26 | | 52,828 |
| | 18 | | penses. Add lines 13–17 (must equal | | | | 134,94 | | | 90,535 |
| | | | e less expenses. Subtract line 18 fron | | 5 23) | | 79,27 | | | • |
| | 19 | Revenu | iess expenses. Subtract line 18 from | Time IZ | <u> </u> | Bii | | | F. J. (V | 21,487 |
| Net Assets or | | . | (| | ; | Beginning of | | | End of Yea | |
| SSe | 20 | | | | • | | 811,4 | | | 332,890 |
| et A | 21 | | | | | | | 51 | | 0 |
| | | Net ass | ets or fund balances. Subtract line 21 | from line 20 | | | 811,40 |)3 | 3 | 332,890 |
| Pa | art II | Sig | nature Block | | | | | | | |
| | | | y, I declare that I have examined this return, inclu | | | | - | - | | |
| and | belief, it i | is true, corre | ct, and complete. Declaration of preparer (other | than officer) is based on all info | ormation of which | n preparer has a | ny knowledge | Э. | | |
| Sig | nn | | | | | | | | | |
| | _ | | Signature of officer | | | | Date | | | |
| He | ere | | Guy Nickerson | | Trea | surer | | | | |
| | | | Type or print name and title | | 20 | | | | | |
| | | Prin | t/Type preparer's name | Preparer's signature | | Date | | | PTIN | |
| Pa | id | | . 21 1 | 1 | | | Check | k X if | | |
| | | Vict | oria L Phillips, CPA | | | 5/4/202 | _ | | P0012075 | 56 |
| | eparei | | l's name ► Victoria L Phillips, CPA | | | Firm | s EIN ► 30 | | | |
| US | e Only | y — | | udon NIII 00007 | | | | | | |
| | | • | ı's address ▶ 143 Clough Hill Road, Loı | | | Phon | | 03) 783-4 | | |
| Ма | y the IF | RS discus | s this return with the preparer shown | above? See instructions | 3 | | | | X Yes | No |

| If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program | Pa | rt III | Statement of Program Servi Check if Schedule O contains | ce Accomplishments a response or note to any line in this F | Part III........ | |
|--|------------|-------------|--|---|--|------------|
| To encourage the sport of sailing and racing, to introduce and teach people, especially young people and people with disabilities, ading. To encourage youth sailing and to provide facilities and programs for the education of children in sailing and sailtocal racing; to foster sportsmanship throughout the sport: to promote the science of seamanship 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? 1 'Yes, 'Gescribe these services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services as services? 11'Yes,' describe these schanges on Schedule O. 4 Describe the organization program service accomplishments for each of its three largest program services, as measured by expenses. Section 901(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 76,786 including grants of \$ // (Revenue \$ 19,167) Youth Development Sailing Program that completed 116 sailing weeks for students ages 5-16 and, attending 12 days due to COVID-19; or season ran for 8 weeks with professional instructors and no competitive events in 2020 due to COVID-19. 4b (Code:) (Expenses \$ // (Expense | 1 | Briefly de | scribe the organization's mission: | | | <u></u> |
| young people and people with disabilities, sailing. To encourage youth sailing and on provide facilities and programs for the education of children in sailing and sailboat racing; to foster sportsmanship throughout the sport, to promote the science of seamanship racing; to foster sportsmanship throughout the sport, to promote the science of seamanship. 2 Did the organization underside any significant program services during the year which were not listed on the prior Form 990 or 990-E27. 11 "Yes, "Secretic these we services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?." Yes No II "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses, Section 501(03) and 501(04) organizations are required to report the amount of prints and siliccations to others, the total expenses, and revenue, if any, for each program service reported. 4 (Code:) (Expenses \$ 76,786 including grants of \$ (Revenue \$ 19,167) Youth Development Sailing Program that completed 116 sailing weeks for students ages \$-15 (Revenue \$ 19,167) Youth Development Sailing Program that completed 116 sailing weeks with professional instructors and no competitive events in 2020 due to COVID-19. 4 (Code:) (Expenses \$ ncluding grants of \$) (Revenue \$ 10,517) Boating Programs: Adult Rading Program was carefuled by 200 due to COVID-19. 4 (Code:) (Expenses \$ including grants of \$) (Revenue \$ 10,517) Boating Programs services (Describe on Schedule O.) | | • | • | to introduce and teach people, especially | | |
| provide facilities and programs for the education of children in saling and saliboat racing; to loster sportsmanship throughout the sport; to promote the science of seamanship 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by services? If "Yes," describe these changes on Schedule O. Describe the organization program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 76.766 including grants of \$) (Revenue \$ 19.167) Youth Development: Salling Program that completed 115 salling weeks for students ages 8-16 and alternding 12 days due to COVID-19. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$ 10.517) Boating Programs: Adult Racing Program was candeled for 2020 due to COVID-19. 4c (Code:) (Expenses \$ including grants of \$) (Revenue | | | | | | |
| 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services are vices? If "Yes," describe these changes on Schedule O. Describe the organization program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 76,786 including grants of \$ (Revenue \$ 19,167) Youth Development: Saling Program that completed 116 saling weeks for students ages 8-16 and attending 1/2 days due to COVID-19, our season ran for 8 weeks with professional histocross an no competitive events in 2020 due to COVID-19. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$ 19,517) Boating Programs: Adult Racing Program was canbelled for 2020 due to COVID-19. 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Revenue \$) | | | | | | |
| the prior Form 990 or 990-EZ? | | racing; to | foster sportsmanship throughout th | e sport; to promote the science of seamans | hip | |
| If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of lis three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of arrains and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 76,786 including grants of \$) (Revenue \$ 19,167.) Youth Development: Sailing Program that completed 116 sailing weeks for students ages 8-16 and attending 1/2 days due to COVID-19, our season ran for 8 weeks with professional instructors and no competitive events in 2020 due to COVID-19. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$ 10,517.) Boating Programs: Adult Racing Program was centeled for 2020 due to COVID-19. 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Revenue \$) | 2 | | | · · · | The state of the s | |
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| ### If "Yes." describe these changes on Schedule O. ### Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of praints and allocations to others, the total expenses, and revenue, if any, for each program service reported. ################################### | 3 | | | | nny program | |
| 4a Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 76,786 including grants of \$) (Revenue \$ 19,167.) Youth Development: Salling Program that completed 116 salling weeks for students ages 8-16 and attending 1/2 days due to COVID-19; our season ran for 8 weeks with professional instructors and no competitive events in 2020 due to COVID-19. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$ 10,517.) Beating Programs: Adult Racing Program was canbelled for 2020 due to COVID-19. 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) Code: (Expenses \$ including grants of \$) (Revenue \$) | | | | | | Yes X No |
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| 4c (Code:) (Expenses \$ | 40 | | | | | |
| 4d Other program services (Describe on Schedule O.) | | Doaling F | Tograms. Addit Macing Program wa | s cancelled for 2020 tide to COVID-19. | | |
| 4d Other program services (Describe on Schedule O.) | | | | | | |
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| | 40 | - | - , | • | ue \$ |) |

76,786

Total program service expenses

| Part IV Ch | ecklist of Req | quired 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 | X | |
| 2 | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions? | 2 | Χ | |
| 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</i> "Yes," <i>complete Schedule C, Part I</i> | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | V |
| _ | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Χ |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. | 7 | | Χ |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | Х |
| 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 | | | V |
| 10 | negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | 9 | | Х |
| 10 | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X as applicable. | | | |
| 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 | Х | |
| D | 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</i> "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Χ |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | 11d | | Χ |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Χ |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| 42- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> | 11f | | Χ |
| 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 | | Х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes,"</i> | | | |
| | and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Χ |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Χ |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Χ |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | ., |
| 45 | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. | 14b | | Χ |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | |
| 4- | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. | 16 | | Χ |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I See instructions | 17 | | ~ |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | 17 | | Х |
| 10 | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Χ |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | ., |
| • | If "Yes," complete Schedule G, Part III | 19 | | X |
| 20a | 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 20a | | Х |
| b 24 | - , 5 | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | Х |
| | democio gereniment en l'artix, columni (r.), inte 1: 11 100, complete concedite i, i arte i anti i | 41 | | ^ |

| | 990 (2020) Lake Winnipesaukee Sailing Association Inc 02-04 | 39135 | Р | Page 4 |
|-----|--|-----------|-----|----------------|
| Par | t IV Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| 23 | Part IX, column (A), line 2? <i>If</i> "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 23 | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | | Х |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | <u> </u> |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines | | | |
| | 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | <u> </u> |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 1 | 25a | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a | | | |
| | prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | 250 | | ^ |
| 20 | 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 | | Х |
| 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? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | |
| | Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| _ | If"Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | 20- | | |
| 29 | If"Yes," complete Schedule L, Part IV | 28c 29 | 1 | X |
| 30 | Did the organization receive more than \$25,000 in hori-cash contributions? If res, complete schedule in | 29 | | ├^ |
| 30 | conservation contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? | | | |
| | If "Yes," complete Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 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 | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled | 254 | | |
| 26 | entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," complete Schedule R, Part V, line 2 | 35b | | - |
| 36 | organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 30 | | ^ |
| 0. | and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | <u> </u> | | Ť |
| 30 | 19? Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Par | t 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 | | | |
| | · · · · · · · · · · · · · · · · · · · | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | - | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | | | |
| | gaming (gambling) winnings to prize winners? | 1c | Х | |

| Par | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
|--------|--|------------------|-----|-----|
| | | | 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 16 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Χ | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х |
| b | 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 | | Х |
| 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). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Χ |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| - | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | - ` |
| ~ | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 0.0 | | |
| , a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| u | and services provided to the payor? | 7a | | Х |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | 7.0 | | |
| · | required to file Form 8282? | 7c | | Х |
| d | 1-1 | 70 | | ^ |
| | If "Yes," indicate the number of Forms 8282 filed during the year | 7e | | Х |
| e f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | ^ |
| g h | If the organization received a contribution of qualified intellectual property, did the organization file in one of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. | 7 <u>9</u> 7h | Χ | |
| | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 711 | ^ | |
| 8 | sponsoring organizations maintaining donor advised runds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| • | | 0 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 0- | | |
| a | 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: | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| D | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| 40- | against amounts due or received from them.) | 40- | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 40 | | |
| 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 | | | |
| C | Enter the amount of reserves on hand | 4. | | Α, |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| b | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year | 15 | | Х |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х |
| | If "Yes," complete Form 4720, Schedule O. | | | |
| | · · · · · · · · · · · · · · · · · · · | | | |

Part VI

| Sect | ion A. Governing Body and Management | | | |
|--------------------|---|----------|-----|----------|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year <u>1a</u> 11 | | | |
| | If there are material differences in voting rights among members of the governing body, or | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | |
| | committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 10 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| | any other officer, director, trustee, or key employee? | 2 | Χ | |
| 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 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Χ |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Χ |
| 6 | Did the organization have members or stockholders? | 6 | | Χ |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | |
| | one or more members of the governing body? | 7a | | Х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | |
| | stockholders, or persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following: | | | |
| а | The governing body? | 8a | Χ | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Χ | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached | | | |
| | at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | Χ |
| Sect | ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C | Code. |) | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | | 11a | Х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Χ | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | 4.0 | | |
| 40 | describe in Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | X |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | |
| - | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | 4- | V | |
| a | The organization's CEO, Executive Director, or top management official. | 15a | X | <u> </u> |
| b | Other officers or key employees of the organization | 15b | Χ | |
| 46- | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | 40- | | V |
| | with a taxable entity during the year? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |
| Saat | | 160 | | |
| <u> 5ect</u> 17 | ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NH | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 5 | 501(c) | | |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | JU 1 (U, | ' | |
| | X Own website Another's website Upon request Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol | icv | | |
| | and financial statements available to the public during the tax year. | . o y , | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | • | | |
| | (602) 206 4266 | | | |
| | 95 Rusiness Park Drive, Tilton, NH 03276 | | | |

| 02- | $\Lambda \Lambda$ | 30 | 1 | 25 | |
|-----|-------------------|----|-----|----|--|
| UZ- | U4 | ວອ | , , | ວບ | |

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

| | | | | • | | | • | | | |
|------------------------|---|------|----------------|----------------------|-----------------|-------------------------------------|----|---|--|--|
| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | box, | unles er an | Pos neck ss pe | rson lirecto | than on its both pr/truste employee | an | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| (1) Alan Himmer | 7.00 | | | | | | | | | |
| Board member | 0.00 | Х | | | | | | | | |
| (2) John Kevin Hayes | 1.00 | | | | | | | | | |
| Secretary | 0.00 | Х | | Χ | | | | | | |
| (3) John R Norden III | 10.00 | | | | | | | | | |
| President | 0.00 | Х | | Х | | | | | | |
| (4) Guy Nickerson | 5.00 | | | | | | | | | |
| Treasurer | 0.00 | Х | | Х | | | | | | |
| (5) Hayden McLaughlin | 1.00 | | | | | | | | | |
| Board member | 0.00 | Х | | | | | | | | |
| (6) Conor Hayes | 1.00 | | | | | | | | | |
| Board member | 0.00 | Х | | | | | | | | |
| (7) David Stowe | 2.00 | | | | | | | | | |
| Board member | 0.00 | Х | | | | | | | | |
| (8) Jeffrey Rabinowitz | 2.00 | | | | | | | | | |
| Board member | 0.00 | Χ | | | | | | | | |
| (9) Liam Shanahan | 1.50 | | | | | | | | | |
| Board member | 0.00 | Χ | | | | | | | | |
| (10) Kimberly Scamman | 8.00 | | | | | | | | | |
| Vice President | 0.00 | Χ | | Χ | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

| Pa | art VI Section A. Officers, Directors, Tru | ustees, Key Em | ploye | ees, | and | iH b | ghes | t Co | ompensated En | iployees (d | ontin | ued) | |
|-------|--|-----------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|----------|---------------------------|----------------------------|--------|----------------|--------------------|
| | | | | | • | C) sition | | | | | | | |
| | (A) | (B) | , | | neck | more | than o | | (D) | (E) | | | (F) |
| | Name and title | Average hours | | | | | is both or/trust | | Reportable compensation | Reportab compensa | | | ed amount other |
| | | per week (list any | Indi or c | Inst | Officer | Key | High emp | Former | from the organization | from relat organization | | | ensation m the |
| | | hours for related | Individual trustee or director | Institutional trustee | er | Key employee | Highest compensated employee | ner | (W-2/1099-MISC) | (W-2/1099-N | IISC) | | ation and |
| | | organizations | or trus | nal tr | | oloye | omp | | | | | Tolatoa ol | garnzations |
| | | below dotted line) | stee | uste | | O O | ensa | | | | | | |
| | | | | • | | | ited | | | | | | |
| (15) | | | | | | | | | | | | | |
| (40) | | | | ļ | | | | | | | | | |
| (16) | | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | | |
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| (18) | | | | | | | | | | | | | |
| (19) | | | | - | | | 4 | | | | - | | |
| 1.57. | | | | | | | | | | | | | |
| (20) | | | | | | | | | " | | | | |
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| (21) | | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (23) | | | | 1 | · | | | | | | | | |
| (24) | | | | | | | | | | | _ | | |
| | | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | | |
| 1b | Subtotal | | 1 | | | | | _ | 0 | | 0 | | 0 |
| C | Total from continuation sheets to Part VII, S | | | • | | • | | - | 0 | | 0 | | 0 |
| d | Total (add lines 1b and 1c). | | | | | | | | 0 | | 0 | | 0 |
| 2 | Total number of individuals (including but not li | | sted a | abov | ve) v | vho | recei | ved | I more than \$100 | 0,000 of | | | _ |
| - | reportable compensation from the organization | | | | | | | | | | | | 0 'es No |
| 3 | Did the organization list any former officer, dire | ector, trustee, ke | y em | ploy | ee, | or h | nighes | st co | ompensated | | ı | | 63 140 |
| | employee on line 1a? If "Yes," complete Scheo | lule J for such in | divid | ual. | • | | | | | | | 3 | Х |
| 4 | For any individual listed on line 1a, is the sum of | • | | | | | | | | | | | |
| | the organization and related organizations greating in the control of the control | | | | | | - | | | h | | | |
| _ | | | | | | | | | | امینما | | 4 | X |
| 5 | Did any person listed on line 1a receive or accr for services rendered to the organization? If "Yo | • | | | - | | | _ | | | | 5 | Х |
| Sec | tion B. Independent Contractors | • | | | | | | | | | | | |
| 1 | Complete this table for your five highest compe | | | | | | | | | | | | |
| | compensation from the organization. Report co | mpensation for t | tne ca | alen | dar | yea | ır end | ıng | with or within the (B) | e organizati | on's t | ax yeaı (C) | r |
| | Name and business add | ress | | | | | | | Description of ser | vices | С | compensa | ation |
| | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | 0 |
| | | | | | | | | | | + | | | 0 |
| | | | | | | | | | | | | | 0 |
| 2 | Total number of independent contractors (inclu | | | tho | se l | iste | d abo | ve) | 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 function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| ts, Grants Amounts | 1a b c | Federated campaigns | 2,150 0 | | | | SCOUNT OF E |
| Contributions, Gifts, Grants and Other Similar Amounts | e f | Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f | 20,900 55,045 | | | 1 | |
| Contri and O | g h | Noncash contributions included in lines 1a–1f | | 78,095 | | | |
| Program Service Revenue | 2a b c d | Youth Sailing Program Registrations Adult Racing Registrations | 611600 711300 | 19,167 10,517 0 | 19,167 10,517 | | |
| Progra Re | e f g | All other program service revenue Total. Add lines 2a–2f | | 0 0 29,684 | | | |
| | 4 5 | Investment income (including dividends, interest other similar amounts) | oceeds • | 269 0 | | | 269 |
| | 6a b c | Gross rents 6a Less: rental expenses . Rental income or (loss) (i) Real 6b 6c 0 | (ii) Personal | | | | |
| | d 7a | Net rental income or (loss) | (ii) Other 53,080 | 0 | | | |
| r Revenue | b c d | Less: cost or other basis and sales expenses | , | 3,090 | | | 3,090 |
| Other | 8a | Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 8a | 0 | 0,000 | | | 0,000 |
| | b c 9a | Less: direct expenses | 0 | 0 | | | |
| | b c 10a | Less: direct expenses | 0 | 0 | | | |
| sn | b c | Less: cost of goods sold | | 884 | 884 | | |
| Miscellaneous Revenue | 11a b c d | All other revenue | | 0 0 0 | | | |
| Σiξ | e | Total. Add lines 11a–11d | | 0 | | | |
| | 12 | Total revenue. See instructions | | 112,022 | 30,568 | 0 | 3,359 |

Lake Winnipesaukee Sailing Association Inc Statement of Functional Expenses Part IX Section 501

| | ction 501(c)(3) and 501(c)(4) | organizations must complete | all columns. All other organ | nizations must complete o | column (A). |
|--|-------------------------------|-----------------------------|------------------------------|---------------------------|-------------|
|--|-------------------------------|-----------------------------|------------------------------|---------------------------|-------------|

| | Check if Schedule O contains a response or note | to any line in this Pa | art IX | | |
|--------|--|------------------------|------------------------------|---|---|
| | not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | domestic governments. See Part IV, line 21 | 0 | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | 0 | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | 0 | | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 0 | | 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) | 34,759 | 34,759 | | |
| 7 | Other salaries and wages | 0 | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 0 | | | |
| 9 | Other employee benefits | 0 | | | |
| 10 | Payroll taxes | 2,948 | 2,948 | | |
| 11 | Fees for services (nonemployees): | | · | | |
| а | Management | 0 | | | |
| b | Legal | 0 | 000 | 4.005 | |
| C | Accounting | 1,925 | 300 | 1,625 | |
| d | Lobbying | 0 | | | |
| e f | Professional fundraising services. See Part IV, line 17 | 0 | | | |
| | Other. (If line 11g amount exceeds 10% of line 25, column | U | | | |
| g | (A) amount, list line 11g expenses on Schedule O.) | 0 | | 0 | |
| 12 | Advertising and promotion | 369 | 249 | 120 | |
| 13 | Office expenses | 2,021 | 1,309 | 712 | |
| 14 | Information technology | 0 | 1,000 | 7.12 | |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 2,406 | | 2,406 | |
| 17 | Travel | 0 | | _, | |
| 18 | Payments of travel or entertainment expenses | <u> </u> | | | |
| | for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings | 595 | 195 | 400 | |
| 20 | | 6 | 6 | | |
| 21 | Interest | 225 | 113 | 112 | |
| 22 | Depreciation, depletion, and amortization | 20,912 | 17,045 | 3,867 | 0 |
| 23 | Insurance | 10,722 | 6,566 | 4,156 | |
| 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 | Bank & Credit card fees | 4,097 | 3,746 | | |
| b | Boat expenses | 7,085 | 7,085 | | |
| С | Payroll processing fees | 2,223 | 2,223 | | |
| d | Supplies | 242 | 242 | | |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 90,535 | 76,786 | 13,749 | 0 |
| 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) | | | | |

02-0439135

Part X **Balance Sheet**

| | | Check if Schedule O contains a response of | r note to any line | in this Part \boldsymbol{X} . | | | |
|-----------------------------|-----|--|---------------------|---------------------------------|-------------------|-----|-------------|
| | | | | | (A) | | (B) |
| | | | | | Beginning of year | | End of year |
| | 1 | Cash—non-interest-bearing | | | 114,654 | 1 | 147,447 |
| | 2 | Savings and temporary cash investments | | | 0 | 2 | |
| | 3 | Pledges and grants receivable, net | | | 0 | 3 | 0 |
| | 4 | Accounts receivable, net | 4 | 3,800 | | | |
| | 5 | Loans and other receivables from any current of | or former officer, | director, | | | |
| | | trustee, key employee, creator or founder, subs | stantial contributo | or, or 35% | | | |
| | | controlled entity or family member of any of these persons | | | | | |
| | 6 | Loans and other receivables from other disqualit | | | | | |
| | | under section 4958(f)(1)), and persons describe | 0 | 6 | | | |
|)ts | 7 | Notes and loans receivable, net | | | 0 | 7 | 0 |
| Assets | 8 | Inventories for sale or use | | <u> </u> | 0 | 8 | |
| Ä | 9 | Prepaid expenses and deferred charges | | | 0 | 9 | |
| | 10a | Land, buildings, and equipment: cost or | | | | | |
| | | other basis. Complete Part VI of Schedule D | 10a | 795,954 | | | |
| | b | Less: accumulated depreciation | 10b | 114,311 | 664,500 | 10c | 681,643 |
| | 11 | Investments—publicly traded securities | | · - | 0 | 11 | 0 |
| | 12 | Investments—other securities. See Part IV, line | | _ | 0 | 12 | 0 |
| | 13 | Investments—program-related. See Part IV, lin | | _ | 0 | 13 | 0 |
| | 14 | Intangible assets | | | 0 | 14 | 0 |
| | 15 | Other assets. See Part IV, line 11 | 32,300 | 15 | 0 | | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | | | 811,454 | 16 | 832,890 |
| | 17 | Accounts payable and accrued expenses | | | 51 | 17 | 002,000 |
| | 18 | Grants payable | | - | 0 | 18 | |
| | 19 | Deferred revenue | 19 | | | | |
| | 20 | Tax-exempt bond liabilities | 20 | | | | |
| | | Escrow or custodial account liability. Complete | | | 0 | 21 | |
| w | 21 | | | | U | 21 | |
| Liabilities | 22 | Loans and other payables to any current or form | | | | | |
| ≣ | | trustee, key employee, creator or founder, subs | | | 0 | 20 | |
| <u> a</u> | | controlled entity or family member of any of the | | | 0 | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrel | | | 0 | 23 | 0 |
| | 24 | Unsecured notes and loans payable to unrelate | | <u> </u> | 0 | 24 | 0 |
| | 25 | Other liabilities (including federal income tax, p | | | | | |
| | | parties, and other liabilities not included on line | | | | | |
| | | Part X of Schedule D | | | 0 | 25 | 0 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 51 | 26 | 0 |
| es | | Organizations that follow FASB ASC 958, ch | eck here ► X | J ∥ | | | |
| S C | | and complete lines 27, 28, 32, and 33. | | | | | |
| a | 27 | Net assets without donor restrictions | | | 811,403 | 27 | 832,890 |
| <u>п</u> | 28 | Net assets with donor restrictions | | <u></u> | 0 | 28 | |
| Š | | Organizations that do not follow FASB ASC | 958, check here | ·►∐ ∥ | | | |
| Net Assets or Fund Balances | | and complete lines 29 through 33. | | - | | | |
| Ö | 29 | Capital stock or trust principal, or current funds | | | 0 | 29 | |
| ets | 30 | Paid-in or capital surplus, or land, building, or e | equipment fund . | | 0 | 30 | |
| 1 SS | 31 | Retained earnings, endowment, accumulated in | ncome, or other f | unds | 0 | 31 | |
| et / | 32 | Total net assets or fund balances | | | 811,403 | 32 | 832,890 |
| ž | 33 | Total liabilities and net assets/fund balances . | | | 811,454 | | 832,890 |

| U | Donated services and use of facilities | | | |
|------|--|----|----------|-------|
| 7 | Investment expenses | | | |
| 8 | Prior period adjustments | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | | 832 | 2,890 |
| 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: X Cash Accrual Other | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | |
| | Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | Χ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | |
| | separate basis, consolidated basis, or both: | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | |
| • | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | |
| С | the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | 20 | | |
| | Schedule O. | | | |
| 20 | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 20 | | _ |
| L | | 3a | \vdash | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | 1 / | I |

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Employer identification number

| Name of the organization Employer identification number | | | | | | | |
|---|---|--|-----------------------------|-------------------------|--|-------------------------------------|--|
| Lake Winnipesaukee Sailing Association | | | | | | 39135 | |
| Part I Reason for Public Char | | | | | | | |
| The organization is not a private founda 1 A church, convention of church | , | | - | | • | | |
| A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) | | | | | | | |
| 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 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 section 170(b)(1)(A)(iv). (Complete Part II.) | | | | | | | |
| 6 A federal, state, or local govern | | | | | | | |
| 7 An organization that normally r described in section 170(b)(1) | | | m a gove | rnmental เ | unit or from the gene | ral public | |
| 8 A community trust described in | | • | II.) | | | | |
| 9 An agricultural research organ or university or a non-land-grauniversity: | ization described in | section 170(b)(1)(A)(ix |) operated | | | | |
| An organization that normally receipts from activities related support from gross investment acquired by the organization a | to its exempt function income and unrelated | ns—subject to certain ed business taxable in | exception come (les | s, and (2) s section | no more than 33 1/3 511 tax) from busine | 3% of its | |
| 11 An organization organized and | operated exclusive | ly to test for public safe | ety. See s e | ection 509 | 9(a)(4). | | |
| An organization organized and of one or more publicly suppor Check the box in lines 12a thro | ted organizations de | escribed in section 509 | (a)(1) or | section 50 | 09(a)(2). See section | n 509(a)(3). | |
| a Type I. A supporting organization(organization. You must con | s) the power to regu | larly appoint or elect a | | | | | |
| b Type II. A supporting organ control or management of the organization(s). You must o | ne supporting organi complete Part IV, S | ization vested in the sa ections A and C. | ime perso | ns that co | ntrol or manage the | supported | |
| c Type III functionally integring its supported organization(s | | | | | | rated with, | |
| d Type III non-functionally in that is not functionally integree requirement (see instruction | ntegrated. A suppor rated. The organizat | ting organization opera ion generally must sati | ated in cor isfy a distr | nnection w | vith its supported org quirement and an att | | |
| e Check this box if the organi | | | | | | e III | |
| functionally integrated, or T | | | | | | | |
| f Enter the number of supported | - | | | | | 0 | |
| g Provide the following information (i) Name of supported organization | on about the support | ed organization(s). (iii) Type of organization | (iv) le the c | organization | (v) Amount of monetary | (vi) Amount of | |
| (i) Ivanie of Supported Organization | (II) EIIV | (described on lines 1–10 above (see instructions)) | listed in you | ur governing ment? | support (see instructions) | other support (see instructions) | |
| | | | Yes | No | | | |
| (A) | | | | | | | |
| (B) | | | | | | | |
| (C) | | | | | | | |
| (D) | | | | | | | |
| (E) | | | | | | | |
| Total | | | | | _ | ^ | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (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.)

| | tion A. Public Support | | | | 1 | <u>, </u> | |
|----------|--|------------------------|---------------------|---------------------|----------------------|--|----------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | ı | | | | | |
| • | include any "unusual grants.") | | | | | | 0 |
| 2 | Tax revenues levied for the organization's benefit and either paid | ı | | | | | |
| | to or expended on its behalf | | | | | | 0 |
| 3 | The value of services or facilities | | | | | | |
| Ŭ | furnished by a governmental unit to the | ı | | | | | |
| | organization without charge | ı | | | | | 0 |
| 4 | Total. Add lines 1 through 3 | 0 | 0 | 0 | 0 | 0 | 0 |
| 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) | | | | | | |
| | Public support. Subtract line 5 from line 4 | | | | | | 0 |
| | tion B. Total Support ndar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 7 | Amounts from line 4 | (a) 2010 | (b) 2017 | (6) 2010 | (u) 2019 | (e) 2020 | (i) Total 0 |
| 8 | Gross income from interest, dividends, | | 0 | 0 | 0 | 0 | |
| U | payments received on securities loans, | ı | | | | | |
| | rents, royalties, and income from | ı | | | | | |
| | similar sources | ı | | | | | 0 |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the business is | ı | | | | | |
| | regularly carried on | | | | | | 0 |
| 10 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | ı | | | | | |
| | (Explain in Part VI.) | | | | | | 0 |
| 11 | Total support. Add lines 7 through 10 | | | | | 40 | 0 |
| 12 | Gross receipts from related activities, etc. (se | | | | | 12 | |
| 13 | First 5 years. If the Form 990 is for the organization, check this box and stop here . | | | | | | ▶□ |
| 800 | | | | | | | |
| | tion C. Computation of Public Sup Public support percentage for 2020 (line 6, c | | | (f \) | | 14 | 0.00% |
| 14 15 | Public support percentage from 2019 Schedu | | | | | 15 | 0.00% |
| | 33 1/3% support test—2020. If the organization | , , | | | | | 0.0070 |
| ··· | and stop here . The organization qualifies as | | | | | | |
| b | 33 1/3% support test—2019. If the organization | | | | | | · <u></u> |
| | box and stop here . The organization qualified | | | • | | | |
| 17a | 10%-facts-and-circumstances test—2020 |). If the organizatior | n did not check a b | ox on line 13, 16a, | , or 16b, and line 1 | 1 | |
| | 10% or more, and if the organization meets t | | | | | | |
| | Part VI how the organization meets the facts | | • | • | . , | | _ — |
| | organization | | | | | | · · · · · ▶ [|
| b | 10%-facts-and-circumstances test—2019 | • | | | | | |
| | 15 is 10% or more, and if the organization m in Part VI how the organization meets the fac | | | | | | |
| | organization | | _ | | | | |
| 18 | Private foundation. If the organization did r | not check a box on | line 13, 16a. 16b. | 17a, or 17b. check | this box and see | | - <u></u> |
| | instructions | | -,, | , , | | | . □ |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | ction A. Public Support | | | | | | |
|------|--|-----------------------|------------------------------|--------------------|------------------------------|----------|---|
| Cale | ndar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 245,334 | 54,815 | 48,558 | 104,455 | 78,095 | 531,257 |
| 2 | Gross receipts from admissions, merchandise | 243,334 | 34,013 | 40,000 | 104,433 | 70,095 | 331,237 |
| | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | 70,729 | 72 507 | 99 701 | 107 424 | 29,684 | 270 215 |
| 3 | organization's tax-exempt purpose | 10,129 | 73,587 | 88,791 | 107,424 | 29,004 | 370,215 |
| 3 | unrelated trade or business under section 513 | | | | | | 0 |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | 0 |
| 5 | The value of services or facilities | | | | | | _ |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | 0 |
| 6 | Total. Add lines 1 through 5 | 316,063 | 128,402 | 137,349 | 211,879 | 107,779 | 901,472 |
| 7a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons | 118,295 | 9,600 | 1,264 | 3,650 | 18,564 | 151,373 |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 | | | | | | 0 |
| | or 1% of the amount on line 13 for the year | 118,295 | 9,600 | 1,264 | 3,650 | 18,564 | 151,373 |
| 8 | Add lines 7a and 7b | 110,293 | 9,000 | 1,204 | 3,030 | 10,504 | 101,070 |
| 0 | line 6.) | | | | | | 750,099 |
| Sec | ction B. Total Support | | | | | | 700,000 |
| | ndar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 9 | Amounts from line 6 | 316,063 | 128,402 | 137,349 | 211,879 | 107,779 | 901,472 |
| | Gross income from interest, dividends, | 2 . 2,2 . 2 | , | , | , | | |
| | payments received on securities loans, rents, | | | | | | |
| | royalties, and income from similar sources | 48 | 44 | 45 | 446 | 269 | 852 |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | 0 |
| С | Add lines 10a and 10b | 48 | 44 | 45 | 446 | 269 | 852 |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on . | | | | | | 0 |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | • |
| 40 | (Explain in Part VI.) | | | | | | 0 |
| 13 | Total support. (Add lines 9, 10c, 11, | 316,111 | 120 446 | 127 204 | 212 225 | 100 040 | 002 224 |
| 14 | and 12.) First 5 years. If the Form 990 is for the orga | | 128,446 | 137,394 | 212,325 section 501(c)(3) | 108,048 | 902,324 |
| • • | organization, check this box and stop here . | | | - | | | |
| Sec | ction C. Computation of Public Su | | | | | | |
| 15 | Public support percentage for 2020 (line 8, c | | | (f)) | | 15 | 83.13% |
| 16 | Public support percentage from 2019 Sched | • • • | • | . , , | ľ | 16 | 82.36% |
| Sec | tion D. Computation of Investmen | t Income Perc | entage | | | | |
| 17 | Investment income percentage for 2020 (line | e 10c, column (f), di | vided by line 13, c | olumn (f)) | | 17 | 0.09% |
| 18 | Investment income percentage from 2019 Se | | | | | 18 | 0.07% |
| 19a | 33 1/3% support tests—2020. If the organi | | | | | | |
| | not more than 33 1/3%, check this box and s | - | | | - | | ▶ X |
| b | 33 1/3% support tests—2019. If the organi line 18 is not more than 33 1/3%, check this | | | | | | ▶□ |
| 20 | Private foundation. If the organization did r | | | | | | |
| 20 | i invate iounidation. Il the organization did l | ior crieck a box off | 1 -1 , 13a, ∪1 19 | o, oneon una box a | 114 366 11181146110118 | | · · · · • • <u>- </u> |

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

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

2020

Open to Public Inspection

| Name | E of the organization | yer identification number |
|------|---|----------------------------------|
| | te Winnipesaukee Sailing Association Inc | 02-0439135 |
| Part | | r Accounts. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 6. | |
| | (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 advisors in writing that the assets held in donor | r advised |
| | funds are the organization's property, subject to the organization's exclusive legal control? | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds of | |
| | only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other | |
| | conferring impermissible private benefit? | |
| Pari | art II Conservation Easements. | |
| ı ar | Complete if the organization answered "Yes" on Form 990, Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply). | |
| • | | historically important land area |
| | | |
| | Protection of natural habitat Preservation of a | certified historic structure |
| | Preservation of open space | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the | e form of a conservation |
| | easement on the last day of the tax year. | Held at the End of the Tax Year |
| а | a Total number of conservation easements | 2a |
| b | b Total acreage restricted by conservation easements | 2b |
| С | c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | d Number of conservation easements included in (c) acquired after 7/25/06, and not on a | |
| | historic structure listed in the National Register | 2d |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated | by the organization during |
| | the tax year | |
| 4 | Number of states where property subject to conservation easement is located | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, handle | |
| | violations, and enforcement of the conservation easements it holds? | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservations. | ation easements during the year |
| | > | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation | n easements during the year |
| | ▶ \$ | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section | |
| | and section 170(h)(4)(B)(ii)? | |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and e | |
| | balance sheet, and include, if applicable, the text of the footnote to the organization's financial s | statements that describes the |
| _ | organization's accounting for conservation easements. | |
| Part | organizations Maintaining Collections of Art, Historical Treasures, or Other | er Similar Assets. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 8. | |
| 1a | , , | |
| | works of art, historical treasures, or other similar assets held for public exhibition, education, or | |
| | public service, provide in Part XIII the text of the footnote to its financial statements that describ | |
| b | b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement | |
| | works of art, historical treasures, or other similar assets held for public exhibition, education, or | research in furtherance of |
| | public service, provide the following amounts relating to these items: | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | • \$ |
| | (ii) Assets included in Form 990, Part X | > \$ |
| 2 | , , , | inancial gain, provide the |
| | following amounts required to be reported under FASB ASC 958 relating to these items: | |
| а | · | • \$ |
| h | h Assats included in Form 000 Part V | ▶ € |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

| Part | III Organizations Maintaining Collection | ctions of Art, Histor | rical Treasures, or | Other Similar Asset | t s (continued) | |
|--------|--|----------------------------|---------------------------------------|---------------------------------------|------------------------|----------|
| 3 | Using the organization's acquisition, accessi | on, and other records, | check any of the follow | ing that make significan | t use of its | |
| | collection items (check all that apply): | | | | | |
| а | Public exhibition | d | Loan or exchange p | rogram | | |
| b | Scholarly research | e | Other | | | |
| | | | | | | |
| C | Preservation for future generations | . 11 41 | 41 | ! | and the David | |
| 4 | Provide a description of the organization's co XIII. | ollections and explain n | ow they further the org | anızatıon's exempt purp | ose in Part | |
| 5 | During the year, did the organization solicit of | or receive donations of | art historical treasures | or other similar | | |
| • | assets to be sold to raise funds rather than to | | | | Yes No | , |
| Part | | <u> </u> | <u> </u> | | | |
| ıaıı | Complete if the organization answer | | 000 Part IV line 0 | or reported an amour | nt on Form | |
| | 990, Part X, line 21. | ored res our our c | 550, 1 art 1v, iii c 5, | or reported air airiodi | it off i offi | |
| 1a | Is the organization an agent, trustee, custodi | ian or other intermediar | y for contributions or c | ther assets not | | _ |
| | included on Form 990, Part X? | | = | | Yes No |) |
| b | If "Yes," explain the arrangement in Part XIII | and complete the follow | wing table: | | | |
| | | • | | | Amount | _ |
| С | Beginning balance | | | . 1c | | 0 |
| d | Additions during the year | | | 1d | | |
| е | Distributions during the year | | | 1e | | |
| f | Ending balance | | | 1f | | 0 |
| 2a | Did the organization include an amount on F | orm 990, Part X, line 2 | 1, for escrow or custod | ial account liability? | Yes X No | , |
| b | If "Yes," explain the arrangement in Part XIII | | | | | |
| Part | | | | | | _ |
| rait | Complete if the organization answer | ared "Ves" on Form (| 000 Part IV line 10 | | | |
| | | | or year (c) Two years | | k (e) Four years back | _ |
| 1a | Beginning of year balance | 0 | 0 | 0 | _ | 0 |
| b | Contributions | <u> </u> | <u> </u> | | - | _ |
| C | Net investment earnings, gains, | | | | | _ |
| · | and losses | | | | | |
| d | Grants or scholarships | | | | | _ |
| e | Other expenditures for facilities | | | | | _ |
| | and programs | | | | | |
| f | Administrative expenses | | | | | _ |
| g | End of year balance | 0 | 0 | 0 | 0 | 0 |
| 2 | Provide the estimated percentage of the curr | rent year end balance (| line 1g, column (a)) he | ld as: | | |
| а | Board designated or quasi-endowment | % | | | | |
| b | Permanent endowment | % | | | | |
| С | Term endowment ▶% | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | • | | | | |
| 3a | Are there endowment funds not in the posse | ession of the organization | on that are held and ad | ministered for the | | |
| | organization by: | | | | Yes No | , |
| | (i) Unrelated organizations | | | | 3a(i) | |
| | (ii) Related organizations | | | | 3a(ii) | |
| b | If "Yes" on line 3a(ii), are the related organiz | • | | | 3b | |
| 4 | Describe in Part XIII the intended uses of the | | nent funds. | | | |
| Part | | | | | | |
| | Complete if the organization answe | ered "Yes" on Form 9 | | a. See Form 990, Pa | rt X, line 10. | |
| | Description of property | (a) Cost or other basis | (b) Cost or other basis | (c) Accumulated | (d) Book value | |
| | | (investment) | (other) | depreciation | | _ |
| 1a | Land | 0 | , | | 468,53 | _ |
| b | Buildings | 0 | 142,357 | · · · · · · · · · · · · · · · · · · · | 117,56 | _ |
| C | Leasehold improvements | 0 | 3,476 | · · · · · · · · · · · · · · · · · · · | 1,94 | _ |
| d e | Equipment | 0 | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | 93,59 | <u>8</u> |
| - | V // I I I I | 1 11 | 1 | 1 111 | | |

681,643

| Complete if the organization answered | | | |
|---|--------------------------------------|--------------------------|--|
| (a) Description of security or category (including name of security) | (b) Book value | | od of valuation: of-year market value |
| (1) Financial derivatives | 0 | | • |
| 2) Closely held equity interests | 0 | | |
| 3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶ | 0 | | |
| Part VIII Investments—Program Related. Complete if the organization answered | "Yes" on Form 990, | Part IV, line 11c. See F | orm 990, Part X, line 13. |
| (a) Description of investment | (b) Book value | (c) Meth Cost or end- | od of valuation: of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| | | | |
| | | | |
| (8) (9) | | | |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ | 0 | | |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ Part IX Other Assets. | | | form 000 Part V line 15 |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ Part IX Other Assets. Complete if the organization answered | "Yes" on Form 990, | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.). ▶ Part IX Other Assets. Complete if the organization answered (a) Description | "Yes" on Form 990, | | form 990, Part X, line 15. |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.). ► Part IX Other Assets. Complete if the organization answered (a) Description | "Yes" on Form 990, | | |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ Part IX Other Assets. Complete if the organization answered (a) Description (1) | "Yes" on Form 990, | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.). ▶ Part IX Other Assets. Complete if the organization answered (a) Description (1) (2) (3) | "Yes" on Form 990, | | |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ Part IX Other Assets. Complete if the organization answered (a) Description (2) (3) (4) | "Yes" on Form 990, | | |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.). ▶ Part IX Other Assets. Complete if the organization answered (a) Description (1) (2) (3) (4) (5) | "Yes" on Form 990, | | |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.). ▶ Part IX Other Assets. Complete if the organization answered (a) Description (1) (2) (3) (4) (5) (6) | "Yes" on Form 990, | | |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ Part IX Other Assets. Complete if the organization answered (a) Descr (1) (2) (3) (4) (5) (6) (7) | "Yes" on Form 990, | | |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.). ▶ Part IX Other Assets. Complete if the organization answered (a) Description (1) (2) (3) (4) (5) (6) | "Yes" on Form 990, | | |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ Part IX Other Assets. Complete if the organization answered (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) | "Yes" on Form 990, iption | Part IV, line 11d. See F | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.). ▶ Part IX Other Assets. Complete if the organization answered (a) Description (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) I | "Yes" on Form 990, iption | Part IV, line 11d. See F | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.). ► Part IX Other Assets. Complete if the organization answered (a) Description (b) (c) (c) (d) (d) (e) (e) (e) (e) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f | "Yes" on Form 990, ription | Part IV, line 11d. See F | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ Part IX Other Assets. Complete if the organization answered (a) Description (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) In Part X Other Liabilities. Complete if the organization answered line 25. | "Yes" on Form 990, ription | Part IV, line 11d. See F | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.). ▶ Part IX Other Assets. Complete if the organization answered (a) Description (c) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) in the part X of the Complete if the organization answered line 25. | "Yes" on Form 990, ription ine 15.) | Part IV, line 11d. See F | (b) Book value . ▶ See Form 990, Part X, |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.). ▶ Part IX Other Assets. Complete if the organization answered (a) Description (c) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) II Part X Other Liabilities. Complete if the organization answered line 25. (a) Description (b) Description (c) (b) Must equal Form 990, Part X, col. (B) II (a) Description (b) Description (c) Description (d) Description | "Yes" on Form 990, ription ine 15.) | Part IV, line 11d. See F | (b) Book value . ▶ See Form 990, Part X, (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.). ▶ Part IX Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col. (B) II (B) (Column (b) must equal Form 990, Part X, col. (B) II Part X Other Liabilities. Complete if the organization answered line 25. (a) Description (b) Federal income taxes | "Yes" on Form 990, ription ine 15.) | Part IV, line 11d. See F | (b) Book value . ▶ See Form 990, Part X, (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.). ▶ Part IX Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col. (B) II (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C | "Yes" on Form 990, ription ine 15.) | Part IV, line 11d. See F | (b) Book value . ▶ See Form 990, Part X, |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.). ► Part IX Other Assets. Complete if the organization answered (a) Description (b) Must equal Form 990, Part X, col. (B) If Part X Other Liabilities. Complete if the organization answered line 25. (a) Description (b) Must equal Form 990, Part X, col. (B) If Part X Other Liabilities. Complete if the organization answered line 25. (a) Description (c) Deposits (3) | "Yes" on Form 990, ription ine 15.) | Part IV, line 11d. See F | (b) Book value . ▶ See Form 990, Part X, |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ Part IX Other Assets. Complete if the organization answered (a) Description (b) Column (b) must equal Form 990, Part X, col. (B) If Part X Other Liabilities. Complete if the organization answered line 25. I. (a) Description (c) Deposits (3) (4) | "Yes" on Form 990, ription ine 15.) | Part IV, line 11d. See F | (b) Book value . ▶ See Form 990, Part X, |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.). ► Part IX Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col. (B) II (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) II Part X Other Liabilities. Complete if the organization answered line 25. 1. (a) Description (b) Description (c) Deposits (3) (4) (5) | "Yes" on Form 990, ription ine 15.) | Part IV, line 11d. See F | (b) Book value . ▶ See Form 990, Part X, |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.). Part IX Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col. (B) II (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) II Part X Other Liabilities. Complete if the organization answered line 25. 1. (a) Description (1) Federal income taxes (2) Deposits (3) (4) (5) (6) | "Yes" on Form 990, ription ine 15.) | Part IV, line 11d. See F | (b) Book value . ▶ See Form 990, Part X, |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.). Part IX Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col. (B) II (B) (Column (b) must equal Form 990, Part X, col. (B) II (Column (b) | "Yes" on Form 990, ription ine 15.) | Part IV, line 11d. See F | (b) Book value . ▶ See Form 990, Part X, (b) Book value |

| Schedu | ule D (Form 990) 2020 Lake Winnipesaukee Sailing Association Inc | | 02-0439135 | Page 4 |
|--------|---|--------------------|------------|--------|
| Par | | With Revenue per R | eturn. | |
| | Complete if the organization answered "Yes" on Form 990, Part | | | |
| 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 | | |
| С | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| е | Add lines 2a through 2d | | 2e | 0 |
| 3 | Subtract line 2e from line 1 | | 3 | 0 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | - | |
| b | Other (Describe in Part XIII.) | 4b | | |
| | Add lines 4a and 4b | | 4c | 0 |
| 5 | Total revenue. Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, line</i> 12.) . | | 5 | 0 |
| Part | · · · · · · · · · · · · · · · · · · · | | Return. | |
| | Complete if the organization answered "Yes" on Form 990, Part | | 1 1 | |
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 1 | | |
| a | Donated services and use of facilities | 2a | - | |
| b | Prior year adjustments | 2b | - | |
| С | Other losses | 2c | - | |
| d | Other (Describe in Part XIII.) | 2d | | |
| | Add lines 2a through 2d | | 2e | 0 |
| 3 | Subtract line 2e from line 1 | | 3 | 0 |
| 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 | 4a | - | |
| b | Other (Describe in Part XIII.) | 4b | | _ |
| _ | Add lines 4a and 4b | | 4c | 0 |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | 0 |
| | XIII Supplemental Information. | | | |
| | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Prt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 2020 Open to Public

Inspection

Employer identification number

Name of the organization Lake Winnipesaukee Sailing Association Inc 02-0439135 Form 990, Part VI, Section B, Line 11b: Treasurer drafts the 990 with the assistance of a CPA if needed, the draft is disseminated to the board for review. If the board approves the draft by written approval within one week, the Treasurer and/or the CPA can submit the final draft. Form 990, Part VI, Section C, Line 19: Form 990s for the years 2003-2019, plus conflict of interest policy and governing documents are published on our website for public review at the following location: http://www.lwsa.org/about.php Form 990, Part VI, Section A, Line 2: J Kevin Hayes and Conor Hayes - Family relationship

Form **4797**

Department of the Treasury

Lake Winnipesaukee Sailing Association Inc.

Internal Revenue Service
Name(s) shown on return

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2020

Attachment
Sequence No. 27

02-0439135

Identifying number

Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Part I Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other (g) Gain or (loss) 2 (a) Description (b) Date acquired (c) Date sold (d) Gross allowed or basis plus Subtract (f) from the sum of (d) and (e) of property (mo., day, yr.) (mo., day, yr.) sales price allowable since improvements and expense of sale acquisition 9/18/2017 Club 420 (Hingham Yacht Club) 5/1/2020 1.200 4.800 -1.429 0 0 0 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 6 6 -1,429 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7 Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. 8 Nonrecaptured net section 1231 losses from prior years. See instructions... 8 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. 9 If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a 9 0 **Ordinary Gains and Losses** (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 0 0 0 0 1,429) 11 11 12 Gain, if any, from line 7 or amount from line 8, if applicable 12 434 13 13 14 14 15 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 -995 17 17 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an 18a Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4. 18b

Page 2

Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 Part III

| | (see instructions) | | | | | | | |
|----------|--|-----------|---------------|-------------|------|--------------------------|---------|-------------------------------|
| 19 | (a) Description of section 1245, 1250, 1252, 1254, or 1255 proper | erty: | | | | (b) Date ad (mo., day | | (c) Date sold (mo., day, yr.) |
| Α | 4 Optis-1 | | | | | 6/15/20 | 012 | 7/31/2020 |
| В | | | | | | | | |
| С | | | | | | | | |
| D | | | | | | | | |
| | | • | Property A | Property E | 3 | Proper | ty C | Property D |
| 20 | These columns relate to the properties on lines 19A through 19D. | 20 | 500 | | | | | |
| 20 21 | Gross sales price (Note: See line 1 before completing.) Cost or other basis plus expense of sale | 21 | 500 | | | | | |
| 22 | Depreciation (or depletion) allowed or allowable | 22 | 434 | | | | | |
| 23 | Adjusted basis. Subtract line 22 from line 21 | 23 | 66 | | 0 | | 0 | (|
| | Adjusted basis. Subtract into 22 noin into 21 | | | | Ť | | | |
| 24 | Total gain. Subtract line 23 from line 20 | 24 | 434 | | 0 | | 0 | (|
| 25 | If section 1245 property: | | | | | | | |
| а | Depreciation allowed or allowable from line 22 | 25a | 434 | | | | | |
| b | Enter the smaller of line 24 or 25a | 25b | 434 | | 0 | | 0 | (|
| 26 | If section 1250 property: If straight line depreciation was used, | | | | | | | |
| | enter -0- on line 26g, except for a corporation subject to section 291. | | | | | | | |
| а | Additional depreciation after 1975. See instructions | 26a | | | | | | |
| b | Applicable percentage multiplied by the smaller | | | | | | | |
| | of line 24 or line 26a. See instructions | 26b | | | | | | |
| С | Subtract line 26a from line 24. If residential rental property | | | | | | | |
| | or line 24 isn't more than line 26a, skip lines 26d and 26e | 26c | 0 | | 0 | | 0 | C |
| d | Additional depreciation after 1969 and before 1976 | 26d | | | _ | | | |
| е | Enter the smaller of line 26c or 26d | 26e | 0 | | 0 | | 0 | C |
| f | Section 291 amount (corporations only) | 26f | 0 | | _ | | | |
| g | Add lines 26b, 26e, and 26f | 26g | 0 | | 0 | | 0 | (|
| 27 | If section 1252 property: Skip this section if you didn't | | | | | | | |
| | dispose of farmland or if this form is being completed for | | | | | | | |
| _ | a partnership. | 27a | | | | | | |
| a b | Soil, water, and land clearing expenses | 27b | 0 | | 0 | | 0 | (|
| C | Enter the smaller of line 24 or 27b | 27c | 0 | | 0 | | 0 | (|
| 28 | If section 1254 property: | 210 | Ü | | Ŭ | | | |
| 20 a | Intangible drilling and development costs, expenditures | | | | | | | |
| u | for development of mines and other natural deposits, | | | | | | | |
| | mining exploration costs, and depletion. See instructions | 28a | | | | | | |
| b | Enter the smaller of line 24 or 28a | 28b | 0 | | 0 | | 0 | (|
| 29 | If section 1255 property: | | | | | | | |
| а | Applicable percentage of payments excluded from | | | | | | | |
| | income under section 126. See instructions | 29a | | | | | | |
| b | Enter the smaller of line 24 or 29a. See instructions | 29b | 0 | | 0 | | 0 | (|
| Sun | nmary of Part III Gains. Complete property columns | A thro | ugh D through | line 29b be | efoi | e going | to line | 30. |
| | | | | | | | | |
| 30 | Total gains for all properties. Add property columns A through D | | | | | | 30 | 434 |
| 31 | Add property columns A through D, lines 25b, 26g, 27c, 28b, and | | | | | | 31 | 434 |
| 32 | Subtract line 31 from line 30. Enter the portion from casualty or t | | | | | | | ۔ |
| D | from other than casualty or theft on Form 4797, line 6 | | | | | | 32 | 0/ 0.1 000 |
| Part | Recapture Amounts Under Sections 179 are (see instructions) | 1a 280 | r(b)(2) When | Business | US | rops טיי | το 50' | % or Less |
| | (| | | | | (a) Sec | tion | (b) Section |
| | | | | | | 179 | | 280F(b)(2) |
| 33 | Section 179 expense deduction or depreciation allowable in prior | r years . | | 3 | 3 | | | |
| 34 | Recomputed depreciation. See instructions | | | 3 | 4 | | | |

Recapture amount. Subtract line 34 from line 33. See the instructions for where to report .

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

Attachment

Department of the Treasury Internal Revenue Service (99) Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment
Sequence No. 179

| | ne(s) shown on return | | ivity to which this fo | rm relates | | Identifying num | oer | |
|-----|--|---|--|--------------------|----------------|------------------|-----------------|----------------------|
| | e Winnipesaukee Sailing Association Inc | 990 | | | | 02-0439135 | | |
| Pa | rt I Election To Expense Certain | | | | | | | |
| | Note: If you have any listed property, | complete Part V b | pefore you complete | e Part I. | | | | |
| | Maximum amount (see instructions) | | | | | | 1 | 1,040,000 |
| | Total cost of section 179 property placed in | | | | | | 2 | 40,750 |
| | Threshold cost of section 179 property before | | • | , | | | 3 | 2,590,000 |
| | Reduction in limitation. Subtract line 3 from | | | | | | 4 | 0 |
| | Dollar limitation for tax year. Subtract line 4 | | | | • | | 5 | 1 040 000 |
| 6 | separately, see instructions | | | st (business use | | (c) Elected cost | | 1,040,000 |
| - | (a) Description of property | | (b) co. | st (business use t | ority) | (C) Liected cos | • | |
| | | | | | | | | |
| 7 | Listed property. Enter the amount from line | 29 | | | 7 | | | |
| | Total elected cost of section 179 property. A | | | | | | 8 | 0 |
| | Tentative deduction. Enter the smaller of lin | | | | | | 9 | 0 |
| | Carryover of disallowed deduction from line | | | | | | 10 | |
| | Business income limitation. Enter the smalle | | | | | | 11 | |
| | Section 179 expense deduction. Add lines 9 | | | | | | 12 | 0 |
| 13 | Carryover of disallowed deduction to 2021. | Add lines 9 and | 10, less line 12 . | | ▶ 13 | | 0 | |
| Not | te: Don't use Part II or Part III below for listed | | | | • | • | • | |
| Pa | rt II Special Depreciation Allowa | nce and Othe | r Depreciation | (Don't incl | ude listed pr | operty. See ins | tructi | ons.) |
| | Special depreciation allowance for qualified | | | | | | | |
| | during the tax year. See instructions | | | | | | 14 | |
| | Property subject to section 168(f)(1) election | | | | | | 15 | |
| 16 | Other depreciation (including ACRS) | | <u> </u> | <u></u> | | | 16 | |
| Pa | rt III MACRS Depreciation (Don't | include listed | | nstructions.) | | | | |
| 47 | MACDO de diretione for acceste placed in acc | | Section A | 2020 | | | 47 | 40.047 |
| | MACRS deductions for assets placed in ser | | | | | | 17 | 19,017 |
| | If you are electing to group any assets place asset accounts, check here | | - | | - | ▶ □ | | |
| | | | · · · · · · · | | | | | |
| | Section B - Assets Placed | | | r Using the (| General Depre | eciation System | | |
| | (a) Classification of property (b) Mon | | is for depreciation | (d) Recovery | | | | |
| | (a) Classification of property year pl | * | ss/investment use see instructions) | period | (e) Convention | (f) Method | (g) De | preciation deduction |
| 19 | | vice only— | see ilistructions) | | | | | |
| 19 | a 3-year propertyb 5-year property | | | | | | | |
| | c 7-year property | | | | | | | |
| | d 10-year property | | 40,750 | 10 | MQ | 200DB | | 1,893 |
| | e 15-year property | | 40,700 | 10 | IVIQ | 20088 | | 1,000 |
| | f 20-year property | | | | | | | |
| | g 25-year property | | | 25 yrs. | | S/L | | |
| | h Residential rental | | | 27.5 yrs. | MM | S/L | | |
| | property | | | 27.5 yrs. | MM | S/L | | |
| | i Nonresidential real | | | 39 yrs. | MM | S/L | | |
| | property | | | - | MM | S/L | | |
| | Section C - Assets Placed i | n Service Durin | g 2020 Tax Year | Using the Al | ternative Dep | reciation Systen | 1 | |
| 20 | a Class life | | | | | S/L | | |
| | b 12-year | | | 12 yrs. | | S/L | | |
| | c 30-year | | | 30 yrs. | MM | S/L | | |
| _ | d 40-year | | | 40 yrs. | MM | S/L | | |
| | rt IV Summary (See instructions.) | | | | | | <u> </u> | |
| | Listed property. Enter amount from line 28 | | | | | | 21 | |
| | Total. Add amounts from line 12, lines 14 th | - | | | | | 20 | 00.040 |
| | here and on the appropriate lines of your ref For assets shown above and placed in serv | | | | uctions | <u></u> | 22 | 20,910 |
| | portion of the basis attributable to section 26 | | | | 23 | | | |
| | polition of the Sacio attributable to section 20 | , | | <u> </u> | 20 | 1 | | |

Elections

Election to NOT claim first-year special depreciation - 10 Year Property

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all 10-Year depreciable property placed in service during the current tax year.