Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax 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.

OMB No. 1545-0047 2023 Open to Public Inspection

<u>A</u>	For th	e 2023	calendar year, or tax year beginning , and ending			
В	Check if a	applicable:	C Name of organization LAKE CHAMPLAIN COMMUNITY SAILING		D Employe	er identification number
	Address of	change	CENTER, INC.			
	Name cha	ange	Doing business as Number and street (or P.O. box if mail is not delivered to street address)	I Doom/it-	* * _ * E Telephon	**2594
$\overline{\Box}$	Initial retu	ırn	PO BOX 64818	Room/suite		864-2499
Н	Final retu	ırn/	City or town, state or province, country, and ZIP or foreign postal code		002	001 2199
Н	terminate	ed	BURLINGTON VT 05406		G Gross red	eipts\$ 2,759,750
	Amended	d return	F Name and address of principal officer:			
	Applicatio	on pending	OWEN MILNE	H(a) Is this a g	oup return for	subordinates Yes X No
			PO BOX 64818	H(b) Are all su	bordinates inc	sluded? Yes No
			BURLINGTON VT 05406	If "No	," attach a list.	. See instructions
ī	Tax-exer	mpt status:				
J	Website	e: M	WW.COMMUNITYSAILINGCENTER.ORG	H(c) Group ex	emption numb	per
ĸ	Form of o	organizatior	n: X Corporation Trust Association Other L	Year of formation: 1	994	M State of legal domicile: VT
F	Part I	Sı	ummary			
	1 E	Briefly d	escribe the organization's mission or most significant activities:			
Governance			CHAMPLAIN COMMUNITY SAILING CENTER ENCOURAGES			
nar		RESE	ONSIBLE USE AND LONG-TERM STEWARDSHIP OF LAKE C	CHAMPLAIN I	BY FOST	TERING
Ver			CATIONAL AND RECREATIONAL OPPORTUNITIES FOR ALL			RS.
Ĝ	2 (Check th	his box $oxed{oxed}$ if the organization discontinued its operations or disposed of more that	n 25% of its net a	issets.	
			of voting members of the governing body (Part VI, line 1a)			12
ies	4 1	Number	of independent voting members of the governing body (Part VI, line 1b)		4	12
₹	5 7	Total nui	mber of individuals employed in calendar year 2023 (Part V, line 2a)		5	53
Activities &	6 7	Total nui	mber of volunteers (estimate if necessary)		6	60
•			related business revenue from Part VIII, column (C), line 12			18,515
	b١	Net unre	lated business taxable income from Form 990-T, Part I, line 11			0
				Prior Ye		Current Year
ne	8 (Contribu -	tions and grants (Part VIII, line 1h)		1,825	2,061,115
en			service revenue (Part VIII, line 2g)		2,281	635,969
Revenue	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)		3 , 639	20,910
_			venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,690	-4,764
			renue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,435	2,713,230
			nd similar amounts paid (Part IX, column (A), lines 1–3)		1,920	140,093
		Benefits	paid to or for members (Part IX, column (A), line 4)	60	0.50	0
Expenses	15 8	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)	63	2 , 959	755 , 799
ens	16a	Profession	onal fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25) 257, 269			0
×	b l			C1	2 0 6 0	C 4 0 4 0 0
ш	17		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		3,269	640,488
		-	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		8,148	1,536,380
- 6	19 H	Revenue	e less expenses. Subtract line 18 from line 12	⊥, ⊥∪ Beginning of Cu	3,287	1,176,850 End of Year
Net Assets or	20 7	Total ass	sets (Part X, line 16)	6,11		7,671,942
Ass	21		silities (Det V. line 26)	41		796,536
ž.	22 1		ets or fund balances. Subtract line 21 from line 20		8,556	6,875,406
	Part II		gnature Block	0703	0	070707100
*****			perjury, I declare that I have examined this return, including accompanying schedules and	statements, and to	the best of	my knowledge and belief, it
			complete. Declaration of preparer (other than officer) is based on all information of which pr			, ,
Sig	gn	Signatur	e of officer		Date	
	ere	OWE	N MILNE EXECUTIVE	E DIRECTO)R	
			print name and title			
		Print/Typ	pe preparer's name Preparer's signature	Date	Check	if PTIN
Pai	id	RANDA	LL L. SARGENT, CPA		self-en	nployed *******
Pre	parer	Firm's na	TABLE ACCOUNTABLE DO	· I	Firm's EIN	**-***0081
Us	e Only		463 MOUNTAIN VIEW DR STE 403			
		Firm's ac			Phone no.	802-655-5665
Ма	y the IF		ss this return with the preparer shown above? See instructions			X Yes No
_	-		luction Act Notice, see the separate instructions.			Form 990 (2023)
DAA			· · · · · · · · · · · · · · · · · · ·			s = = (=320)

Form 990 (2023) LAKE CHAMPLAIN COMMUNITY SAILING **-**2594	Page 2
Part III Statement of Program Service Accomplishments	7.7
Check if Schedule O contains a response or note to any line in this Part III	<u>X</u>
1 Briefly describe the organization's mission:	
SEE SCHEDULE O	
·	
2 Did the organization undertake any significant program services during the year which were not listed on the	
	$oxed{Yes}\ oxed{X}$ No
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?	Yes X No
If "Yes," describe these changes on Schedule O.	
4 Describe the organization's program service accomplishments for each of its three largest program services, as meas	sured by
expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	
the total expenses, and revenue, if any, for each program service reported.	,
4a (Code:) (Expenses \$ 294,958 including grants of \$ 54,598) (Revenue	\$ 270 , 850)
YOUTH CAMPS - CSC OFFERS SUMMER CAMPS FOR YOUTH AGES 6-17,	TEACHING SAILIN
SKILLS, BOATING SAFETY, AND LAKE STEWARDSHIP. CAMPS ARE ACC	CESSIBLE TO ALL,
WITH SCHOLARSHIP SUPPORT, AND INCLUDE BOTH SAILING-ONLY AND	
OPTIONS.	
4b (Code:) (Expenses \$ $158,426$ including grants of \$) (Revenue	
LAKE ACCESS - CSC OFFERS A VARIETY OF ACTIVITIES BEYOND SA	
CANOE, KAYAK, AND PADDLEBOARD RENTALS, AS WELL AS YOGA SESS	
DOCK. THESE PROGRAMS PROVIDE ADDITIONAL OPPORTUNITIES FOR '	
VISITORS TO ENGAGE WITH LAKE CHAMPLAIN AND ENJOY THE WATER	FRONT.
·····	
4. (O L) /E	120 015
4c (Code:) (Expenses \$ 221, 194 including grants of \$ 85, 495) (Revenue	\$1∠U,U15.)
SIGNATURE PROGRAMS - CSC OFFERS PROGRAMS THAT PROMOTE LEADI	
INCLUSIVITY, AND EDUCATION THROUGH SAILING, INCLUDING OPPOR	
AT-RISK YOUTH, VERMONT GIRLS, AND INDIVIDUALS WITH DISABIL	
	ANDS-ON,
	HE ENVIRONMENT
THROUGH DIRECT EXPERIENCES ON LAKE CHAMPLAIN.	
•	
•	
Ad Other program convices (Describe on Cohedula C.)	
4d Other program services (Describe on Schedule O.) (Expenses \$ 427,863 including grants of\$) (Revenue \$ 119	, 207 ,
	, 387)
4e Total program service expenses 1,102,441	

 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 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 	3 4 5	XXX	X
 complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 	3 4 5		
 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 	3 4 5		
 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 	3 4 5	21	
 candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 	5		
 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 	5		
election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		X
 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 	5		21
assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			Į.
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			Χ
	6		
have the right to provide advice on the distribution of investment of amounts in such funds of accounts? If	6		
"Von " complete Schodule D. Bort I	0		v
"Yes," complete Schedule D, Part I			X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			3.7
complete Schedule D, Part III	8		X
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			١
debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			١
or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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.			
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
complete Schedule D, Part VI	11a	Χ	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	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
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Χ	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
Schedule D, Parts XI and XII	12a		Χ
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i>			
"Yes," 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		Х
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
fundraising, business, investment, and program service activities outside the United States, or aggregate			
foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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 favoiry avanisation 2 If "Vee " complete Caledylle E. Borto 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			23
assistance to ar for foreign individuals? If "Vas." complete Schodule E. Barte III and IV	16		Х
	10		
Part IV column (A) lines 6 and 11c2 if "Vas " complete School (Ic C. Bort I. See instructions	17		v
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 18. Did the examination report more than \$15,000 total of fundraining event gross income and contributions on	17		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40	37	
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Χ	<u> </u>
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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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		X

Form 990 (2023) LAKE CHAMPLAIN COMMUNITY SAILING **-**2594

Part 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 indiv	/iduals	s on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			22	Χ	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the					
	organization's current and former officers, directors, trustees, key employees, and highest compe	nsate	d			l
	employees? If "Yes," complete Schedule J			23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more					
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answ	er line	s 24b			3.7
L	through 24d and complete Schedule K. If "No," go to line 25a			24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period except			24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during to defease any tax-exempt bonds?	y ine y	/eai	240		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the y			24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an experience of the organization o		henefit	<u></u>		
2 3a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	7,003	benent	25a		Χ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified personal transaction wit	on in a	nrior			2.5
~	year, and that the transaction has not been reported on any of the organization's prior Forms 990					
	If "Ves." complete Schedule I. Part I.			25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to					
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35	-				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			26		Χ
27	Did the organization provide a grant or other assistance to any current or former officer, director, to		e, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection comm					
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of	these	e			
	persons? If "Yes," complete Schedule L, Part III			27		Χ
28	Was the organization a party to a business transaction with one of the following parties? (See the	Sche	dule			
	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 cont	ributo	r? <i>If</i>			
	"Yes," complete Schedule L, Part IV			28a		Χ
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			28b		Χ
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 2	8b? <i>If</i>	'			
	"Yes," complete Schedule L, Part IV			28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Sch					Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qu	alitied	i			37
0.4	conservation contributions? If "Yes," complete Schedule M			30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete So		e N, Paπ I	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Y complete Schedule N, Part II	es,		22		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under			32		X
33	201 7701 2 and 201 7701 22 If "Vee " complete Schoolide D. Bort I	•		33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R,	 Part I				21
• •	A DE AMERICA			34		Χ
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			250		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction w					
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V,)	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-cha					
	related organization? If "Yes," complete Schedule R, Part V, line 2			36		Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related of	rgani	zation			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule	R, Pa	art VI	37		Χ
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, li	nes 1	1b and			1
	19? Note: All Form 990 filers are required to complete Schedule O.			38	X	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Pa	rt V				
		l	۱ ، ۰		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	18			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors an					
	reportable gaming (gambling) winnings to prize winners?		<u></u>	1c		1

Form 990 (2023) LAKE CHAMPLAIN COMMUNITY SAILING **-***2594

000000000000000000000000000000000000000	ort V Statements Regarding Other IRS Filings and Tax Compliance (con	ntinu	<u>-</u>			No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	luitue	<i>-u)</i>		162	NO
Za	Statements, filed for the calendar year ending with or within the year covered by this return	2a	53			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax			2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	return.	o:	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Sche</i>	dula C		3b	X	
_	At any time during the calendar year, did the organization have an interest in, or a signature or of			30	Λ	
4a	a financial account in a foreign country (such as a bank account, securities account, or other fina		-	4a		Χ
h	If "Yes," enter the name of the foreign country	iiciai a		4a		Λ
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finance	ial Ac	counts (ERAD)			
E o			Courts (FBAR).	Fo		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5a		X
b		iisacii	UII!	5b		Λ
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and or	id tha		5c		
6a		ilu tile		60		Χ
h	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contri	hution		6a		Λ
b	gifts were not tax deductible?	DULION	5 01	- Ch		
7	Organizations that may receive deductible contributions under section 170(c).			6b		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for ac	odo			
а	and convices provided to the payor?	_		70	v	
L				7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	it woo		7b	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	it was				v
الم	required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	tra at0			V
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are sinting department.			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maint	lained	by the			
_	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	۔ مدا				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	۔ مدا				
a	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources	441-				
40-	against amounts due or received from them.)	11b	10440	40-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	1	1041? 	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			420		
а	• • • • • • • • • • • • • • • • • • • •			13a		
L	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	426				
_	the organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c		44-		37
14a				14a		Χ
b 45	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Sch</i>			14b		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in rem			4-		3.7
	excess parachute payment(s) during the year?			15		X
46	If "Yes," see instructions and file Form 4720, Schedule N.					7.7
16	Is the organization an educational institution subject to the section 4968 excise tax on net investr	nent ir	ncome?	16		Х
4-	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Form 990 (2023) LAKE CHAMPLAIN COMMUNITY SAILING **-***2594

ı	Da	_	۵	6
- 1	-a	u	е	O

	Check if Schedule O contains a response or note to any line in this Part VI						. X
Sec	tion 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	1a		12			
	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		12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with						
	any other officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct						l
	supervision of officers, directors, trustees, or key employees to a management company or other person?				3		X
1	Did the organization make any significant changes to its governing documents since the prior Form 990 was	filed?	?		4		× × ×
5	Did the organization become aware during the year of a significant diversion of the organization's assets?				5		X
3	Did the organization have members or stockholders?				6		X
'a	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		Χ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
-	stackholders, or persons other than the governing hadv?				7b		Χ
}	Did the organization contemporaneously document the meetings held or written actions undertaken during th		 ar h	ov the foll			
a	The governing hody?	-		-	8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				- 00	21	
	the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>				9		Σ
٥,	tion B. Policies (This Section B requests information about policies not required by the					ode)	
<u>- (</u>	tion b. Folicies (This Section b requests information about policies not required by the	IIILC	111	arrice	nue C		-
	Didth a consideration have been been been been as #filete-0				40.	Yes	_
	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,				401		l
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		<u> </u>
а	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	filing	th	e form?	11a	Χ	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Χ	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise	e to	conflicts	? 12b	Χ	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"						l
	describe on Schedule O how this was done				12c	Χ	
}	Did the organization have a written whistleblower policy?				13	Χ	
	Did the organization have a written document retention and destruction policy?				14	Χ	
;	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	on?					
а	The organization's CEO, Executive Director, or top management official				15a	Χ	l
b	Other officers or key employees of the organization				15b		Χ
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement						
	with a tayable entity during the year?				16a		Χ
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		
_	tion C. Disclosure				100	l	
	List the states with which a copy of this Form 990 is required to be filed NONE						
}	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	ı (se	CII	O)TUC nu			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain on Schedule O)						
)	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	intere	est	policy,			
	and financial statements available to the public during the tax year.						
	State the name, address, and telephone number of the person who possesses the organization's books and	recor	rds	-			
	VEN MILNE PO BOX 64818						

Form 990 (2023) LAKE CHAMPLAIN COMMUNITY SAILING **

*	*	_	*	*	*	2	$\overline{}$	а	Λ	

Page **7**

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the or	ganization nor a	any r	elate	ed or	gan	izatio	on c	ompensated any current o	officer, director, or trustee	
(A) Name and title	(B) Average hours per week	Average box, unles officer an						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) OWEN MILNE	40.00									
EXECUTIVE DIRECTOR	40.00			Х				96 , 990	0	7,200
(2) ROXANNE TENA-NE										
PRESIDENT	2.00	X		Х				0	0	0
(3) ANASTASIA SURMA	VA							<u> </u>		<u> </u>
	2.00			7.7				0	0	
VICE PRESIDENT (4) GILLIAN NANTON	0.00	Х		Χ				0	0	0
PAST PRESIDENT	2.00	Х		Х				0	0	0
(5) LOU SLANINA	0 00									
TREASURER	2.00	X		Х				0	0	0
(6) GARY RUSSELL	0 00									
SECRETARY	2.00	X		Χ				0	0	0
(7) DOUG MERRILL	2 00									
DIRECTOR	2.00	X						0	0	0
(8) KATIE WIGHT	0 00									
DIRECTOR	2.00	X						0	0	0
(9) SIGNE DALY								<u> </u>		<u> </u>
DIRECTOR	2.00	X						0	0	0
(10) MEGAN SULLIVAN		123						Ŭ	<u> </u>	<u> </u>
DIRECTOR	2.00	X						0	0	0
(11) GREG MORSE	0.00									
DIRECTOR	2.00	X						0	0	0

Part VII Section A. Office	ers, Directors, Ti	ust	ees,	Key	Em	ploy	/ees	s, and Highest Compens	ated Employees (continu	ued)
(A) Name and title	(B) Average hours per week	off	o not o x, unle icer a	Pos check ess pe	rson lirecto	is both or/trus	n an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(12) CHRISTINA I (12) DIRECTOR	2.00	Х						0	0	0
(13) DONNA LONDO (13) DIRECTOR	2.00 0.00	Х						0	0	0
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal c Total from continuation d Total (add lines 1b and 2 Total number of individual	sheets to Part VII c) s (including but no	, Se t lim	ctio	n A .				96,990 96,990 pove) who received more		7,200 7,200
3 Did the organization list at employee on line 1a? If ") 4 For any individual listed organization and related organization and related organization individual 5 Did any person listed on lift for services rendered to the Section B. Independent Control.	ny former officer, of es," complete School line 1a, is the suiterganizations great are corganization? If	direction of the coru	etor, file Jaren se reporte se re	for s ortab 3150 mpe	uch le c ,000 	indivomp ? If	ensa "Yes rom	al ation and other compensa s," complete Schedule J fo 	tion from the	Yes No 3 X 4 X 5 X
1 Complete this table for yo compensation from the or	ur five highest com ganization. Report (A) and business address	pen com	sate ipen	d ind satio	depe on fo	ende or the	nt co cal	lendar year ending with or	ore than \$100,000 of within the organization's (B) tion of services	tax year. (C) Compensation
Name	and business address							Descrip	tiòn'of services	Compensation
Total number of independ received more than \$100,								those listed above) who	0	

Form 990 (2023) LAKE CHAMPLAIN COMMUNITY SAILING

Part VIII Statement of Revenue

****-*****2594

Pa	rt V	VIII Statement Check if So	t of Revenue chedule O con	tains	a respo	onse or no	te to any line in	this Part VIII		
			<u> </u>				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ants Ints	1a	Federated campaig	gns	1a						
ည်စွဲ	b	Membership dues		1b						
Ţţ,	С	Fundraising events		1c		8 , 500				
בֻ`פ	d	Related organization		1d						
Sin	e	Government grants (contrib All other contributions, gifts		1e		953,737				
Contributions, Gifts, Grants and Other Similar Amounts	ď	and similar amounts not included Noncash contributions included	cluded above	1f	1,	98,878				
at o	9	lines 1a-1f		1g	\$	3 , 938				
္တ မွ	h	Total. Add lines 1a	n–1f				2,061,115			
						Business Code				
<u>8</u>	2a	REGISTRATION				713990	390,312	390,312		
Program Service Revenue	b	SIGNATURE PRO	OGRAMS			713990	120,357	120,357		
E 9	С	FACILITY USE				713990	57,190	57,190		
Rega	d		RAGE RENTAL			532000	49,595	49,595	11 000	
Pro	е	BOAT AND STOR				532000	11,069		11,069	
		All other program s				532000	7,446		7,446	
		Total. Add lines 2a					635 , 969			
	3	Investment income					20,910			20,910
	4	other similar amount income from investigation		ot bon	d proceed		20,910			20,910
	5	Royalties								
	, J	Toyanes	(i) Real			ersonal				
	6a	Gross rents 6	· · · · · · · · · · · · · · · · · · ·		(,	0.00.10.1				
		Less: rental expenses 61								
		Rental inc. or (loss) 60	-							
		Net rental income of								
		Gross amount from	(i) Securities			Other				
		sales of assets other than inventory 7a								
ne	b	Less: cost or other								
/en		basis and sales exps. 71	b							
ther Revenue	С	Gain or (loss) 70	С							
Jer	d	Net gain or (loss) .								
₹	8a	Gross income from fur								
		(not including \$	8,500							
		of contributions reporte								
		1c). See Part IV, line 1		8a		34,228				
		Less: direct expens		8b		46,520	10 000			10.000
		Net income or (loss		even	ts		-12,292			-12,292
	эа	Gross income from		0 -						
		activities. See Part		9a 9b						
		Less: direct expens Net income or (loss								
		Gross sales of inve	, ,	ivilles						
	IVa	returns and allowar		10a						
	h	Less: cost of goods		10a						
		Net income or (loss			V					
<u>0</u>			,		<i>,</i>	Business Code				
Miscellaneous Revenue	11a	MISCELLANEOUS	S REVENUE			713990	7 , 528	333333333333333333333333333333333333333		7,528
Jan Sun	b						ŕ			·
e e e	С									
Zis R	d	All other revenue								
_		Total. Add lines 11	a–11d				7 , 528			
	12	Total revenue. See	e instructions				2,713,230	617 , 454	18 , 515	16,146

****-*****2594

Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) (B) Program service (C) (**D**) Fundraising Do not include amounts reported on lines 6b, 7b, Total expenses Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 140,093 140,093 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 15,629 104,190 46,885 41,676 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 560,574 426,327 13,403 120,844 Pension plan accruals and contributions (include 6,550 section 401(k) and 403(b) employer contributions) 9,165 390 16,720 Other employee benefits 20,727 107 3,900 9 Payroll taxes $61,14\overline{3}$ 43,700 2,599 Fees for services (nonemployees): a Management Legal c Accounting 87,644 87,644 **d** Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 8,769 8,633 136 **12** Advertising and promotion 8,620 8,564 56 14,563 9,086 5,477 Office expenses Information technology 9,665 14 9,665 Royalties 15 117,397 105,885 1,715 9,797 Occupancy 16 2,257 2**,**257 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 36,264 34,387 1,102 775 19 9,030 9,030 20 Payments to affiliates 21 10,085 237,237 169,557 57,595 Depreciation, depletion, and amortization 22 41,916 34,048 7,868 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.) 26**,**873 PROGRAM SUPPLIES 26,873 PROGRAM PROVIDERS <u>22,463</u> 22,463 17,790 413 17,377 MISCELLANEOUS d e All other expenses 1,536,380 1,102,441 176,670 257,269 Total functional expenses. Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720)

Form 990 (2023) LAKE CHAMPLAIN COMMUNITY SAILING **-***2594

Part X Balance Sheet

Page **11**

		Check if Schedule O contains a response of	or note to a	any lin	e in this Part X			
						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				65 , 123	1	71,983
	2	Savings and temporary cash investments			L	886 , 634	2	252 , 051
	3	Pledges and grants receivable, net			L	209,962	3	560 , 982
	4	Accounts receivable, net				7,220	4	8,740
	5	Loans and other receivables from any current or						
		trustee, key employee, creator or founder, substa	antial conti	ributor	r, or 35%			
		controlled entity or family member of any of these	e persons		L		5	
	6	Loans and other receivables from other disqualif	ied person	ns (as	defined			
ţ		under section 4958(f)(1)), and persons described	d in section	n 4958	3(c)(3)(B)		6	
Assets	7						7	
ğ	8	lanca de dise de la calla canala					8	
	9	December 1 and the second of t				13,003	9	14,333
	10a	Land, buildings, and equipment: cost or other						•
		basis. Complete Part VI of Schedule D	10a	а	8,472,174			
	b	Less: accumulated depreciation			8,472,174 1,903,805	4,718,297	10c	6,568,369
	11	Investments—publicly traded securities		1		4,718,297 10,330	11	,
	12	Investments—other securities. See Part IV, line	4.4			-,	12	
	13	Investments—program-related. See Part IV, line	44				13	
	14	Intangible assets					14	
	15	Other				201,410	15	195,484
	16	Total assets. Add lines 1 through 15 (must equa				6,111,979	16	7,671,942
	17	Accounts payable and accrued expenses				40,387	17	477,419
	18	Grants payable				,	18	•
	19	Deferred revenue				21,626	19	23,633
	20	Tay ayomnt hand liabilities				, -	20	
	21	Escrow or custodial account liability. Complete P					21	
S	22	Loans and other payables to any current or form						
Liabilities		trustee, key employee, creator or founder, substa						
abil		controlled entity or family member of any of these					22	
Ë	23	Secured mortgages and notes payable to unrela	-			150,000	23	100,000
	24	Unsecured notes and loans payable to unrelated	-			= = = ; ; ; ; ;	24	= 0 0 7 0 0 0
	25	Other liabilities (including federal income tax, pay	-					
		parties, and other liabilities not included on lines	-					
		of Schedule D		-		201,410	25	195,484
	26	Total liabilities. Add lines 17 through 25				413,423		796,536
		Organizations that follow FASB ASC 958, che	ck here	X		,		
ő		and complete lines 27, 28, 32, and 33.						
<u>la</u> n	27	Al () () () () () () ()				4,636,054	27	6,519,773
Ва	28					4,636,054 1,062,502	28	6,519,773 355,633
nd		Organizations that do not follow FASB ASC 9	58. check	c her	1	_, ,		
교		and complete lines 29 through 33.	,					
ō	29	Capital stock or trust principal, or current funds					29	
ets	30	Paid-in or capital surplus, or land, building, or eq					30	
\ss	31	Retained earnings, endowment, accumulated inc			ınds		31	
Net Assets or Fund Balances	32					5,698,556		6,875,406
Ž	33	Total liabilities and net assets/fund balances				6,111,979	33	7,671,942

Form **990** (2023)

orm	1990 (2023) LAKE CHAMPLAIN COMMUNITY SAILING **-***2594				Pag	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	71	3,2	230
2	Total expenses (must equal Part IX, column (A), line 25)	2		.,53		
3	Revenue less expenses. Subtract line 2 from line 1	3		,17		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		, 69		
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	6	, 87	75,	406
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	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.					
	X Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		Χ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required guilt or guilte, explain why an Schadula O and describe any stone taken to undergo such guilte			3h		

Form **990** (2023)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

LAKE CHAMPLAIN COMMUNITY SAILING Name of the organization Employer identification number **-***2594 CENTER, INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 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, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 organization support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D)

(E)

Total

Schedule A (Form 990) 2023

LAKE CHAMPLAIN COMMUNITY SAILING

-*2594

Page 2

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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	`				12	
13	First 5 years. If the Form 990 is for the	organization's firs	t, second, third, fo	ourth, or fifth tax y	ear as a section 5	501(c)(3)	
	organization, check this box and stop he						
Sec	tion C. Computation of Public S						
14	Public support percentage for 2023 (line	6, column (f) divi	ded by line 11, co	·lumn (f))		14	%
15	Public support percentage from 2022 Sc 33 1/3% support test — 2023. If the org	hedule A, Part II,	line 14			15	%
16a					14 is 33 1/3% or r	nore, check this	
	box and stop here . The organization qu						
b	33 1/3% support test — 2022. If the org this box and stop here. The organization						
17a	10%-facts-and-circumstances test —					and line 14 is	
	10% or more, and if the organization me						
	Part VI how the organization meets the f				-	•	
	organization			-	•		
b	10%-facts-and-circumstances test —						
J	15 is 10% or more, and if the organization	-					
	in Part VI how the organization meets the						
	organization			-	·		
12	organization Private foundation. If the organization of	did not check a b		16h 17a or 17h			
18	instructions					iiu see	
	instructions						

Schedule A (Form 990) 2023

LAKE CHAMPLAIN COMMUNITY SAILING

****-*****2594

Page 3

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

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

800	tion A Public Cupport	quality diluci	tile tests listee	i bolow, picasi	c complete i c		-
	tion A. Public Support	() 0040	41.0000	() 0004	(1) 0000	() 0000	(6 T)
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	700 170	000 044	1 420 705	1 061 005	0 061 115	7 046 151
_	· · · · · · · · · · · · · · · · · · ·	702,172	990,244	1,430,795	1,861,825	2,061,115	7,046,151
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	564,562	206,827	413,422	562,281	617,454	2,364,546
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	17,877	37 , 330	36,950	66 , 722	7,528	166,407
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	1,284,611	1,234,401	1,881,167	2,490,828	2,686,097	9,577,104
7a							
	received from disqualified persons	442,782	280,000	924,000	920,600	485,000	3,052,382
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b	442,782	280,000	924,000	920,600	485,000	3,052,382
8	Public support. (Subtract line 7c from	442,702	280,000	924,000	920,600	463,000	3,032,382
0	line 6.)						6 504 500
200	tion B. Total Support						6,524,722
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(a) 2022	(f) Total
	· · · · · · · · · · · · · · · · · · ·	` '	` '	` '	` '	(e) 2023	(f) Total
9	Amounts from line 6	1,284,611	1,234,401	1,881,167	2,490,828	2,686,097	9,577,104
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	21	461	659	3,639	20,910	25,690
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	21	461	659	3,639	20,910	25,690
11	Net income from unrelated business						
•	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)	10,893					10 002
13	Total support. (Add lines 9, 10c, 11,	10,693					10,893
13		1 005 505	1 004 060	1 001 006	0 404 465	0 505 005	0 610 600
	and 12.) L First 5 years. If the Form 990 is for the o	1,295,525	1,234,862	1,881,826	2,494,467	2,707,007	9,613,687
14	organization, check this box and stop he	-		-			
200	tion C. Computation of Public S						
15				umn (f\)		15	67 07 0/
	Public support percentage for 2023 (line 8						67.87%
16 Soc	Public support percentage from 2022 Sch					16	65.02%
	tion D. Computation of Investme			12 and times (f))		47	0/
17 40 la	Investment income percentage for 2023 (13, column (t))			<u>%</u>
	evestment income percentage from 2022 S				45:	18	%
19a	33 1/3% support tests — 2023. If the org						X
	17 is not more than 33 1/3%, check this b		_			-	
b	33 1/3% support tests — 2022. If the org	-					
00	line 18 is not more than 33 1/3%, check the	-	_	-		=	
20	Private foundation. If the organization d	iu not check a box	. on line 14. 19a. (or 190. Check this	box and see inst	ructions	[]

LAKE CHAMPLAIN COMMUNITY SAILING

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes." describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b supported organization? If "Yes." describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disgualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
30		
3с		
_		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
<i>.</i>		
8		
00		
9a		
9b		
9c		
10a		
10b	(E025- ^	00/ 2022
Schedule A	(rorm 9	3 0) 2023

LAKE CHAMPLAIN COMMUNITY SAILING

****-*****2594

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
<u>Sect</u>	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	1		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations		T	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0 1	the supported organization(s).	1	ļ	
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI	2		
•	how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have			
3	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruc	tions).	
2	Activities Test. Answer lines 2a and 2b below.	ſ	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2023

LAKE CHAMPLAIN COMMUNITY SAILING

****-*****2594

Page 6

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See						
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1		,			
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection						
	of gross income or for management, conservation, or maintenance of						
	property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
c	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C – Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functionally integrate	ed Ty	pe III supporting organiza	ition			

Schedule A (Form 990) 2023

(see instructions).

Schedule A (Form 990) 2023

LAKE CHAMPLAIN COMMUNITY SAILING **-**2594

Page **7**

Par					
Sect	Current Year				
1	Amounts paid to supported organizations to accomplish exempt pur	poses		1	
2	Amounts paid to perform activity that directly furthers exempt purpo	ses of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provide	details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organ	nization is responsive		8	
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
		(i)	(ii)		(iii)
Sect	ion E – Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	s	Distributable
			Pre-2023		Amount for 2023
1_	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required–explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
	From 2018				
	From 2019				
	From 2020				
	From 2021				
	From 2022				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI.</i> See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022 Excess from 2023				
Δ	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A (For	rm 990) 2023	L_{2}	AKE CHA	MPLAIN	COMMUNI	TY SAILI	ING *	*-***259	94	Page 8
Part VI	Suppleme	ntal Inform	ation. Prov	ide the exp	olanations red	quired by Pa	rt II, line	10; Part II, lin	e 17a or	17b; Part
					3c, 4b, 4c, 5					
					art IV, Section					
					line 1e; Part					
					any additiona				,	
	, 0, 0			по рошето.			(555			
PART T	II, LINE	z 12 – (OTHER T	NCOME I	OETATI.					
	.+.+. / +++**	ff.f.	<u> </u>		~					
MTSC	REVENUE				\$	10 80	3 3			

DAA Schedule A (Form 990) 2023

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 Open to Public Inspection

	or the organization		Employer Identification number
	AKE CHAMPLAIN COMMUNITY SAILING		** ***
	ENTER, INC.		**-***2594
Pa	ort I Organizations Maintaining Donor Advised F	funds or Other Similar Funds	or Accounts
	Complete if the organization answered "Yes" o	n 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 advised	
	funds are the organization's property, subject to the organization's e	1 . 1 . 1 . 10	Yes No
6	Did the organization inform all grantees, donors, and donor advisors		
	only for charitable purposes and not for the benefit of the donor or d		
			Yes No
Pa	art II Conservation Easements		
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (che		
-	Preservation of land for public use (for example, recreation or ed		v important land area
	Protection of natural habitat	Preservation of a certified h	
	Preservation of open space	i reservation of a certified in	istorio structuro
2	Complete lines 2a through 2d if the organization held a qualified con	eservation contribution in the form of a c	conservation
_	easement on the last day of the tax year.	iservation contribution in the form of a c	Held at the End of the Tax Year
_			0 -
	-		-
	Number of conservation easements on a certified historic structure i		2c
d	Number of conservation easements included on line 2c acquired after	er July 25, 2006, and not	
_			2d
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by the orga	anization during the
	tax year		
4	Number of states where property subject to conservation easement		
5	Does the organization have a written policy regarding the periodic m		
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	g of violations, and enforcing conservat	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and enforcing conservation e	asements during the year
8	Does each conservation easement reported on line 2d above satisfy	the requirements of section 170(h)(4)(l	B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation ease	ements in its revenue and expense state	ement and balance
	sheet, and include, if applicable, the text of the footnote to the organ	ization's financial statements that descr	ribes the
	organization's accounting for conservation easements.		
Pa	ort III Organizations Maintaining Collections of Ar		ner Similar Assets
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not t	o report in its revenue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for public exh	ibition, education, or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its financial sta	tements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to re	port in its revenue statement and balan	ce sheet works of
	art, historical treasures, or other similar assets held for public exhibit	tion, education, or research in furtheran	ce of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treasures,		
	following amounts required to be reported under FASB ASC 958 rela	_	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$
	Panerwork Poduction Act Notice see the Instructions for Form 9	00	Schodulo D (Form 990) 2022

Sche	dule D (Form 990) 2023 LAKE CH	AMPLAIN CON	MUNITY SA	AILING	** - ***2	594		Page 2
	rt III Organizations Maintain						sets (cor	ntinued)
3	Using the organization's acquisition, according collection items (check all that apply).	ession, and other rec	ords, check any of	the following th	nat make signific	ant use of its		
а	Public exhibition	d 🗌	Loan or exchange	program				
b	Scholarly research	е 🗍	Other	. •				
С	Preservation for future generations							
4	Provide a description of the organization	s collections and exp	lain how thev furth	er the organiza	ation's exempt p	urpose in Part		
	XIII.	'	,	3		•		
5	During the year, did the organization soli	cit or receive donatio	ns of art. historical	treasures, or o	ther similar			
_	assets to be sold to raise funds rather that						Yes	No
Pa	ert IV Escrow and Custodial		p					
	Complete if the organiza		es" on Form 99	00. Part IV. I	ine 9. or repo	orted an am	ount on F	orm
	990, Part X, line 21.			, , .				
1a	Is the organization an agent, trustee, cus	todian or other intern	nediary for contribu	itions or other a	assets not			
			•				Yes	No
b	If "Yes," explain the arrangement in Part	XIII and complete the	e following table.				Ш	
-							Amount	
С	Beginning balance					1c		
	Additions during the year							
Δ.	Distributions during the year					1e		
f	Ending halance							
2a	Ending balance Did the organization include an amount of	on Form 000 Part Y	line 21 for escrow	or custodial ac	count liability?		Yes	No
	If "Yes," explain the arrangement in Part				•		103	
**************	ert V Endowment Funds	Ziii. Oncok nore ii uk	o explanation has t	occii piovidea	on r dit 7till			
	Complete if the organiza	tion answered "Y	es" on Form 99	0 Part IV I	ine 10			
	Complete ii tilo organiza	(a) Current year	(b) Prior year	(c) Two ye		hree years back	(e) Four ye	ears back
12	Beginning of year balance	(a) current your	(b) i noi your	(0) 1 110 ye	aro suck (u)	Theo years back	(C) i oui y	Jaio Baok
h	Contributions							
0	Contributions Net investment earnings, gains, and							
C								
	losses Cranta or cabalarabina							
	Grants or scholarships						+	
е	Other expenditures for facilities and							
	programs							
	Administrative expenses							
	End of year balance		/!: 4	())				
	Provide the estimated percentage of the	current year end bala	ince (line 1g, colun	nn (a)) held as:	:			
	Board designated or quasi-endowment	%						
b	Permanent endowment %)						
С	Term endowment %							
_	The percentages on lines 2a, 2b, and 2c	•						
за	Are there endowment funds not in the po	ssession of the orgai	nization that are he	eld and adminis	stered for the			
	organization by:							es No
	(i) Unrelated organizations?						3a(i)	
	(ii) Related organizations?						3a(ii)	
	If "Yes" on line 3a(ii), are the related orga			e R?			3b	
	Describe in Part XIII the intended uses o		ndowment funds.					
Pa	rt VI Land, Buildings, and Ed	• •	" -:- -	NO D1 "/ '	in n 44 - 0	C 000	D-4 V "	10
	Complete if the organiza							
	Description of property	(a) Cost or other	` '	or other basis	(c) Accumula		(d) Book va	lue
		(investment)		(other)	depreciation	וונ		
1a	Land			E 2 2 2 2 2 2	E ^ -	, 252	2 22	
b	Buildings		4,	533 , 910	70.	7,353	3,826	<u>,557</u>
	Leasehold improvements			000 50		2 4 5 2		
	Equipment			932 , 731	1,196	452	736	
	Other			005,533			2,005	
Tota	I. Add lines 1a through 1e. (Column (d) m	ust equal Form 990, i	Part X, line 10c, co	lumn (B))			6,568	3,369

(i) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (C) (D) (E) (F) (F) (G) (H) (F) (F) (F) (G) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F		Complete if the organization answered "Yes" o (a) Description of security or category	(b) Book value	(c) Method of v	
2) Closely held equity interests			(b) book value	` '	
2) Closely held equity interests	1) Financial	derivatives			
(a)					
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	3) Other				
(C) (E) (E) (F)	(A)				
(E) (F) (G) (H) (H) (H) (W) must equal Form 990, Part X, line 12, col. (B)) Cotal. (Column (b) must equal Form 990, Part X, line 12, col. (B)) Cotal (column (b) must equal Form 990, Part X, line 13, col. (B)) Cotal (column (b) must equal Form 990, Part X, line 13, col. (B)) Cotal (column (b) must equal Form 990, Part X, line 13, col. (B)) Cotal (column (b) must equal Form 990, Part X, line 13, col. (B)) Cotal (column (b) must equal Form 990, Part X, line 13, col. (B)) Cotal (column (b) must equal Form 990, Part X, line 15, col. (B)) Cotal (column (b) must equal Form 990, Part X, line 15, col. (B)) Cotal (column (b) must equal Form 990, Part X, line 15, col. (B)) Cotal (column (b) must equal Form 990, Part X, line 15, col. (B)) Cotal (column (b) must equal Form 990, Part X, line 15, col. (B)) Cotal (column (b) must equal Form 990, Part X, line 15, col. (B)) Cotal (column (b) must equal Form 990, Part X, line 15, col. (B)) Cotal (column (b) must equal Form 990, Part X, line 15, col. (B)) Cotal (column (b) must equal Form 990, Part X, line 15, col. (B)) Cotal (column (b) must equal Form 990, Part X, line 15, col. (B)) Cotal (column (b) must equal Form 990, Part X, line 15, col. (B)) Cotal (column (b) must equal Form 990, Part X, line 15, col. (B)) Cotal (column (b) must equal Form 990, Part X, line 15, col. (B)) Cotal (column (b) must equal Form 990, Part X, line 15, col. (B)) Cotal (column (b) must equal Form 990, Part X, line 15, col. (B)) Cotal (column (b) must equal Form 990, Part X, line 15, col. (B)) Cotal (column (b) must equal Form 990, Part X, line 15, col. (B)) Cotal (column (b) must equal Form 990, Part X, line 15, col. (B)) Cotal (column (b) must equal Form 990, Part X, line 15, col. (B)) Cotal (column (b) must equal Form 990, Part X, line 15, col. (B)) Cotal (column (b) must equal Form 990, Part X, line 15, col. (B)) Cotal (column (b) must equal Form 990, Part X, line 15, col. (B)) Cotal (column (b) must equal Form 990, Part X, line 15, col. ((B)				
(E)	(C)				
(E)	(D)				
(1)					
(a) Description (b) must equal Form 990, Part X, line 12, col. (B) (b) Book value (c) Method of valuation: (b) Book value (c) Method of valuation: (c) Octor end-of-year market value (f) (a) (b) Book value (c) Method of valuation: (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(F)				
Column (b) must equal Form 990, Part X, line 12, col. (B) Column (b) must equal Form 990, Part X, line 13, col. (B) Column (b) must equal Form 990, Part X, line 13, col. (B) Column (b) must equal Form 990, Part X, line 15, col. (B) Column (b) must equal Form 990, Part X, line 15, col. (B) Column (b) must equal Form 990, Part X, line 15, col. (B) Column (b) must equal Form 990, Part X, line 15, col. (B) Column (b) must equal Form 990, Part X, line 15, col. (B) Column (b) must equal Form 990, Part X, line 15, col. (Column (b) must equal Form 990, Part X, line 15, col. (Column (b) must equal Form 990, Part X, line 15, col. (Column (b) must equal Form 990, Part X, line 15, col. (Column (b) must equal Form 990, Part X, line 15, col. (Column (b) must equal Form 990, Part X, line 15, col. (Column (b) must equal Form 990, Part X, line 15, col. (Column (b) must equal Form 990, Part X, line 15, col. (Column (b) must equal Form 990, Part X, line 15, col. (Column (b) must equal Form 990, Part X, line 15, col. (Column (b) must equal Form 990, Part X, line 15, col. (Column (b) must equal Form 990, Part X, line 15, col. (Column (b) must equal Form 990, Part X, line 15, col. (Column (b) must equal Form 990, Part X, line 15, col. (Column (b) must equal Form 990, Part X, line 15, col. (Column (b) must equal Form 990, Part X, line 15, col. (Column (b) must equal Form 990, Part X, line 15, col. (Column (b) must equal Form 990, Part X, line 15, col. (Column (b) must equal Form 990, Part X, line 15, col. (Column (b) must equal Form 990, Part X, line 15, col. (Column (b) must equal Form 990, Part X, line 15, col. (Column (b) must equal Form 990, Part X, line 15, col. (Column (b) must equal Form 990, Part X, line 15, col. (Column (b) must equal Form 990, Part X, line 15, col. (Column (b) must equal Form 990, Part X, line 15, col. (Column (b) must equal Form 990, Part X, line 15, col. (Column (b) must equal Form 990, Part X, line 15, col. (Column (b) must equal Form 990, Part X, line 15, col. (Column (b) must equal Fo	(G)				
Investments - Program Rolated Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Block value (c) Method of valuation: Coat or end-of-grean markets value					
(a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) must equal Form 990, Part X, line 15, col. (B) (b) (c) (7) (a) (b) (c) (d) (c) (f) (d) (f) (e) (f) (f) (g) (g) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Total (Elabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Gook value (c) Federal income taxes (c) LEASE LIABILITY (d) Federal income taxes (e) LEASE LIABILITY (f) Federal income taxes (g) LEASE LIABILITY (g) (g) (h) (g)	Part VIII		E 000 B (II		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9					
(1) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10		(a) Description of investment	(b) Book value	` '	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) Federal income taxes (1) Federal income taxes (2) LEASE LIABILITY (3) (4) (5) (6) (6) (7) (8) (9)	(4)			Cost of end-of-year	market value
(8)					
(4)					
(6) (7) (8) (9) Total, (Column (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (9) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) LEASE LIABILITY (b) Book value (1) Federal income taxes (2) LEASE LIABILITY (195, 484) (3) (4) (6) (6) (7) (8) (9)					
(6)					
(7) (8) (9) (8) (9) (8) (9) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9)					
(8) (9) Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) LEASE LIABILITY (3) (4) (5) (6) (7) (6) (7) (8) (9)					
Column (b) must equal Form 990, Part X, line 13, col. (B))					
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) Total. (Column (b) must equal Form 990, Part X, line 15.					
Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.		n (b) must equal Form 990 Part X line 13 col (B))			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value			<u> </u>		
(a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) LEASE LIABILITY (b) Book value (4) (5) (6) (7) (8) (9)			n Form 990. Part I	V. line 11d. See Form 99	0. Part X. line 15.
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) LEASE LIABILITY 195, 484 (3) (4) (5) (6) (7) (8) (9)		•	,		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) LEASE LIABILITY 195, 484 (3) (4) (5) (6) (7) (8) (9)	(1)				
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) LEASE LIABILITY 195, 484 (3) (4) (5) (6) (7) (8) (9)					
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) LEASE LIABILITY 195, 484 (3) (4) (5) (6) (7) (8) (9)	(3)				
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) LEASE LIABILITY 195, 484 (3) (4) (5) (6) (7) (8) (9)	(4)				
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) LEASE LIABILITY 195, 484 (3) (4) (5) (6) (7) (8) (9)	(5)				
(8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) LEASE LIABILITY 195, 484 (3) (4) (5) (6) (7) (8) (9)	(6)				
(9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) LEASE LIABILITY (195, 484 (3) (4) (5) (6) (7) (8) (9)	(7)				
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) LEASE LIABILITY 195, 484 (3) (4) (5) (6) (7) (8) (9)	(8)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) LEASE LIABILITY 195, 484 (3) (4) (5) (6) (7) (8) (9)	(9)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1.					
Line 25. (a) Description of liability (b) Book value	Part X		5 000 5 4 1		000 5 434
1. (a) Description of liability (b) Book value (1) Federal income taxes 195,484 (2) LEASE LIABILITY 195,484 (3) (4) (5) (6) (7) (8) (9) (9)			on Form 990, Part I	V, line 11e or 11f. See F	orm 990, Part X,
(1) Federal income taxes (2) LEASE LIABILITY (3) (4) (5) (6) (7) (8)				T	
(2) LEASE LIABILITY 195, 484 (3) (4) (5) (6) (7) (8) (9)					(b) Book value
(3) (4) (5) (6) (7) (8) (9)					105 40
(4) (5) (5) (6) (7) (8) (9) (9)	\ /	E LIABILITY			195,484
(5) (6) (7) (8) (9) (9)					
(6) (7) (8) (9)					
(7) (8) (9)					
(8) (9)					
(9)					
		on /h) must equal Form 000. Best V. line 05 and /DIV			105 40

	rt XI Reconciliation of Revenue per Audited Financial			Page 4
Pa	Complete if the organization answered "Yes" on Fol			
1	Total revenue, gains, and other support per audited financial statements		4	
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	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	40		
a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)			
	Add the second Ale		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		
	rt XII Reconciliation of Expenses per Audited Financia			
	Complete if the organization answered "Yes" on Fo	m 990, Part IV, line 1	2a.	
1			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		
C	Other losses	2c 2d		
d	Other (Describe in Part XIII.)		2e	
3	Add lines 2a through 2d Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			<u> </u>
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	5	
	rt XIII Supplemental Information	14 5 (1) (1)	N D () (B () ()	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			
•	ART X — FIN 48 FOOTNOTE	to provide any additional i	mormation.	
	iii ii io iooinoid			
. Ļ.	AKE CHAMPLAIN COMMUNITY SAILING CENTE	R, INC. (CSC)	IS A NOT-FOR-	PROFIT
.C.	ORPORATION AS DESCRIBED IN SECTION 50	1(C)(3) OF TH	IE INTERNAL REVI	ENUE CODE
.I.	I IS AN ORGANIZATION EXEMPT FROM FEDE	RAL INCOME TA	XES ON RELATED	INCOME
ΡĮ	JRSUANT TO SECTION 501(A) OF THE CODE	. HOWEVER, IN	ICOME FROM CERTA	AIN
A	CTIVITIES NOT DIRECTLY RELATED TO CSC	'S TAX EXEMPT	PURPOSE, IS S	UBJECT TO
T^{2}	AXATION AS UNRELATED BUSINESS INCOME.	THE ORGANIZA	ATION BELIEVES '	THAT IT
	AS APPROPRIATE SUPPORT FOR ANY TAX PC			
.H.	AVE ANY UNCERTAIN TAX POSITIONS THAT	AKE MATERIAL	TO THE FINANCIA	<u>AL</u>
.S:	PATEMENTS.			

Schedule D (F	orm 990) 2023	LAKE	CHAMPLAIN	COMMUNITY	SAILING	**-***2594	Page 5
Part XIII	Supplemen	ntal Info	rmation (continu	COMMUNITY red)			
• • • • • • • • • • • • • • • • • • • •							

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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.

CHAMPLAIN COMMUNITY SAILING Name of the organization Employer identification number **-***2594 CENTER, INC Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of ontributions' col. (i) Yes No 1 2 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LAKESAIL 11/13/2024 8:15 AM **PUBLIC COPY** Schedule G (Form 990) 2023 LAKE CHAMPLAIN COMMUNITY SAILING **-**2594 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events ADVENTURE & WAT ROCK THE DOCK NONE (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 35,843 5,960 41,803 8,500 8,500 2 Less: Contributions 3 Gross income (line 1 minus 5,960 27,343 33,303 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 2,011 2,011 1,491 7 Food and beverages 1,491 8 Entertainment 22,482 22,482 10,728 1,718 12,446 **9** Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 38,430 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue sesued 2 Cash prizes 3 Noncash prizes

ot E)																
Direct	4	Rent/facility costs														
	5	Other direct expenses														
	6	Volunteer labor		\vdash	Yes No	%		Yes	%		Yes No	%				
	7	Direct expense summary	/. A	dd li	nes 2 through	า 5 in columı	n (d) _.									
	8	Net gaming income sum	ma	y. S	Subtract line 7	from line 1,	, colun	nn (d)								
а	ls t	ter the state(s) in which the organization licensed to No," explain:	to c	ond	uct gaming ac	ctivities in ea	ach of	these states	?							
		ere any of the organizatior Yes," explain:	า'ร (gami	ing licenses re	evoked, sus	pende	ed, or termina	ated during the	tax :	year?				Yes	No
AA												Sche	edule G (l	Forn	n 990	2023

Sche	edule G (Form 990) 2023 LAKE CHAMPLAIN COMMUNITY SAILING **-**2594			Page 3
11	Does the organization conduct gaming activities with nonmembers?		Y	es No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity			
	formed to administer charitable gaming?		Y	es No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and			
	records:			
	Name			
	Address			
15-	Does the erganization have a contract with a third party from whom the erganization receives gaming			
ı əa	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			es No
h	If "Yes," enter the amount of gaming revenue received by the organization \$ and the		ш.	62 NO
D	amount of gaming revenue retained by the third party \$			
С	If "Yes," enter name and address of the third party:			
·	The foot mand and address of the time party.			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of convices provided			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Y	es No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			
	spent in the organization's own exempt activities during the tax year \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns			
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additiona	l inforn	natior	١.
	See instructions.			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization LAKE CHAMPLAIN CONCENTER, INC.	MMUNITY S	AILIN	G				Employer identification number **-***2594
Part I General Information on Grants ar	nd Assistance)					
 Does the organization maintain records to substantiat the selection criteria used to award the grants or assis Describe in Part IV the organization's procedures for records. 	e the amount of the stance?	ne grants o	r assistance, the gran	tees' eligibility for the	grants or assistar	nce, and	X Yes No
Part II Grants and Other Assistance to I Part IV, line 21, for any recipient that	Domestic Org at received mo	anizatio ore than S	ns and Domestic \$5,000. Part II car	Governments. n be duplicated if	Complete if the additional spa	e organizati ce is neede	on answered "Yes" on Form 990 ed.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistan	
(1)							
(2)							
(3)							
(4)							
(5)							
······							
(6)							
(7)							
(8)							
•							
(9)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2023 LAKE CHAMPLE	AIN COMMUNITY	SAILING *	* - ***2594		Page 2
Part III Grants and Other Assistance	to Domestic Individ	duals. Complete if th	ne organization ans	wered "Yes" on Form 990	, Part IV, line 22.
Part III can be duplicated if add (a) Type of grant or assistance	itional space is need (b) Number of recipients	ed. (c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 YOUTH CAMP SCHOLARSHIPS	110	54,598			
2 SIG. PRG. SCHOLARSHIPS	3491	85 , 495			
_3					
4					
_ 5					
_ 6					
7			0.0.4111		
Part IV Supplemental Information. Pr	ovide the information	required in Part I, I	ine 2; Part III, colun	nn (b); and any other addi	tional information.
PART I, LINE 2 - PROCEDURE	ES FOR MONITO	RING THE USE	OF GRANT FU	JNDS	
STAFF TRACKS SCHOLARSHIPS	WITH A SPREA	DSHEET AND I	NFORMATION E	FROM EBEANS.	

Employer identification number

PUBLIC COPY

SCHEDULE O (Form 990)

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.

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

LAKE

CHAMPLAIN

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

COMMUNITY SAILING

Open to Public Inspection

-*2594 CENTER. INC FORM 990 - ORGANIZATION'S MISSION THE LAKE CHAMPLAIN COMMUNITY SAILING CENTER (CSC) ENCOURAGES AND CELEBRATES THE RESPONSIBLE USE AND LONG-TERM STEWARDSHIP OF LAKE CHAMPLAIN BY FOSTERING EDUCATIONAL AND RECREATIONAL OPPORTUNITIES FOR ALL MEMBERS OF OUR COMMUNITY. THE CSC IS COMMITTED TO ELIMINATING BARRIERS THAT PREVENT ACCESS TO LAKE CHAMPLAIN, OFFERS EXPERIENTIAL EDUCATION FOR WHICH COURAGE AND LEADERSHIP SKILLS CAN BE DEVELOPED AND PROVIDES AN INCLUSIVE ENVIRONMENT FOR ALL PEOPLE TO LEARN SAILING AND PADDLING. FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS PERFORMANCE SAILING - CSC'S PERFORMANCE SAILING PROGRAM TRAINS TEENS FROM LOCAL SCHOOLS IN LEADERSHIP, RESPONSIBILITY, AND TEAMWORK THROUGH SAILING. THE PROGRAM FOSTERS COMMUNITY AND STRONG RELATIONSHIPS WITH ADULT MENTORS. THE ORGANIZATION ALSO OFFERS RACING OPPORTUNITIES FOR ALL AGES, INCLUDING YOUTH TEAMS AND ADULT DINGHY RACING. ADULT COURSES - CSC'S ADULT INSTRUCTIONAL SAILING PROGRAMS PROVIDE OPPORTUNITIES FOR ADULTS TO LEARN TO SAIL WITH CONFIDENCE. OFFERING A VARIETY OF BOATS, INSTRUCTION LEVELS, AND CLASS TIMES, THE PROGRAMS ARE DESIGNED TO FIT DIFFERENT PREFERENCES AND SCHEDULES, MAKING IT EASY FOR ANYONE TO GET OUT ON THE WATER. GROUP PROGRAMS - CSC OFFERS CUSTOM-DESIGNED LESSONS, PROGRAMS, AND EVENTS TAILORED TO SCHOOLS, BUSINESSES, AND COMMUNITY GROUPS. THESE EXPERIENCES EMPHASIZE TEAMWORK, ADVENTURE, AND SKILL-BUILDING, WITH DIRECT ACCESS TO

LAKE CHAMPLAIN. OPTIONS INCLUDE CORPORATE RETREATS, BIRTHDAY PARTIES,

Schedule O (Form 990) 2023 Name of the organization	Page 2 Employer identification number
LAKE CHAMPLAIN COMMUNITY SAILING	**-***2594
CHILDCARE - IN RESPONSE TO THE COVID-19 PANDEMIC IN N	MARCH 2020, CSC CREATED
A SPECIAL SAILING-FOCUSED CHILDCARE PROGRAM TO SUPPOR	RT FAMILIES OF
ESSENTIAL WORKERS. PARTNERING WITH THE STATE OF VERMO	ONT AND PRIVATE
FOUNDATIONS, THEY OBTAINED A PROVISIONAL CHILDCARE LE	ICENSE AND OFFERED THE
SERVICE AT A DISCOUNTED RATE.	
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS	TO REVIEW FORM 990
MANAGEMENT REVIEWS THE FORM 990 IN DETAIL BEFORE PROV	JIDING A COPY TO THE
EXECUTIVE DIRECTOR TO REVIEW AND SIGN. THE BOARD RECE	EIVES A COPY BEFORE
FILING.	
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICT	rs policy
ALL BOARD MEMBERS ARE REQUESTED TO SUBMIT A LIST OF A	ANY CONFLICTS OF
INTEREST IN WRITING ON AN ANNUAL BASIS. THE LISTS ARE	E KEPT ON FILE AND
REVIEWED PRIOR TO EACH ANNUAL MEETING.	
EODM 000 DADE VI TINE 15A COMPENSATION DECESS EC	
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FO	
EXECUTIVE COMMITTEE REVIEWS PERFORMANCE AND RECOMMENT CHANGES TO THE FINANCE COMMITTEE FOR BUDGET APPROVAL	
APPROVAL.	AND FOLL BOARD
THE INCOME.	
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISC	CLOSURE EXPLANATION
THE GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUE	EST AND IN PUBLIC 990.
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSE	ETS EXPLANATION
FUNDRAISING EXPENSES	\$ 0
SCHOLARSHIPS	\$ 0
	PACE 1 OF 2

Schedule O (Form 990) 2023 Name of the organization	Page 2
	Employer identification number **-**2594
LAKE CHAMPLAIN COMMUNITY SAILING	
FUNDRAISING EXPENSES	\$ 0
SCHOLARSHIPS	\$ 0
	PAGE 2 OF 2

Identifying number

PUBLIC COPY

Form **4562**

Department of the Treasury Internal Revenue Service Name(s) shown on return

Depreciation and Amortization

LAKE CHAMPLAIN COMMUNITY SAILING

(Including Information on Listed Property)
Attach to your tax return.

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

OMB No. 1545-0172

Attachment Sequence No. 179

****-*****2594 CENTER, INC. Business or activity to which this form relates INDIRECT DEPRECIATION **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1,160,000 1 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,890,000 3 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions ... (b) Cost (business use only) 6 (a) Description of property Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 **Note:** Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year. See instructions Property subject to section 168(f)(1) election 15 15 237,242 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2023 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction placed in service only-see instructions) 19a 3-year property b 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property 25 yrs. S/I MM S/L Residential rental 27.5 yrs. property 27.5 yrs. MM S/L MM S/L Nonresidential real 39 yrs. property MM S/L Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System Class life 20a S/L b 12-year S/L 12 yrs. 30-year 30 yrs. S/L MM 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 237,242 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions ... For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

FYE: 12/31/2023

Asset	D	escription	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	Per	Conv Meth	Prior	Current
Other	Depreciation:									
1	420's - #1		12/31/10	6,000		6,000	7	MO S/L	6,000	0
	1001 //0	Sold/Scrapped: 2/01/23	10/01/10				_			
2	420's - #2	Sold/Sarannad: 2/01/22	12/31/10	6,000		6,000	7	MO S/L	6,000	0
3	420's - #3	Sold/Scrapped: 2/01/23	12/31/10	6,000		6,000	7	MO S/L	6,000	0
J	.2055	Sold/Scrapped: 2/01/23	12,01,10	0,000		0,000	,	1.10 2.2	0,000	Ü
4	420's - #4	G 11/G 1 0/04/00	12/31/10	6,000		6,000	7	MO S/L	6,000	0
5	420's - #5	Sold/Scrapped: 2/01/23	12/31/10	6,000		6,000	7	MO S/L	6,000	0
3	4208 - #3	Sold/Scrapped: 2/01/23	12/31/10	0,000		0,000	/	MO 3/L	0,000	U
6	420's - #6		12/31/10	6,000		6,000	7	MO S/L	6,000	0
_	1001 115	Sold/Scrapped: 2/01/23	10/01/10				_			
7	420's - #7	Sold/Sarannad: 2/01/22	12/31/10	6,000		6,000	7	MO S/L	6,000	0
8	420's - #8	Sold/Scrapped: 2/01/23	12/31/10	6,000		6,000	7	MO S/L	6,000	0
		Sold/Scrapped: 2/01/23								
9	420's - #9	• •	12/31/10	6,000		6,000	7	MO S/L	6,000	0
10	420's - #10	Sold/Scrapped: 2/01/23	12/31/10	6,000		6,000	7	MO S/L	6,000	0
10	7208-#10	Sold/Scrapped: 2/01/23	12/31/10	0,000		0,000	/	MIO 3/L	0,000	U
11	420's - #11		12/31/10	6,000		6,000		MO S/L	6,000	0
12	420's - #12		11/29/11	6,656		6,656	7		6,656	0
13	420's - #13 420's - #14		11/29/11	6,656		6,656		MO S/L MO S/L	6,656	0
14 15	420's - #14 420's - #15		11/29/11 11/29/11	6,656 6,656		6,656 6,656		MO S/L MO S/L	6,656 6,656	$\begin{array}{c} 0 \\ 0 \end{array}$
18	Escape - #3		12/31/10	300		300		MO S/L	300	ŏ
	-	Sold/Scrapped: 8/01/23								
19	Escape - #4	C-14/C	12/31/10	300		300	7	MO S/L	300	0
20	Escape - #5	Sold/Scrapped: 8/01/23	12/31/10	300		300	7	MO S/L	300	0
20	Евеаре 113	Sold/Scrapped: 8/01/23	12/31/10	300		500	,	MO S/L	300	Ŭ
27	Laser - #1	**	7/26/11	5,980		5,980		MO S/L	5,980	0
28	Laser - #2		7/26/11	5,980		5,980		MO S/L	5,980	0
29 30	Laser - #3 Laser - #4		7/26/11 7/26/11	5,980 5,980		5,980 5,980		MO S/L MO S/L	5,980 5,980	$\begin{array}{c} 0 \\ 0 \end{array}$
31	Laser - #5		7/26/11	5,980		5,980		MO S/L	5,980	ŏ
32	Laser - #6		7/26/11	5,980		5,980	7	MO S/L	5,980	0
34	Open Bics - #1		12/31/10	2,000		2,000		MO S/L	2,000	0
35 36	Open Bics - #2 Open Bics - #3		12/31/10 12/31/10	2,000 2,000		2,000 2,000		MO S/L MO S/L	2,000 2,000	$\begin{array}{c} 0 \\ 0 \end{array}$
37	Open Bics - #4		12/31/10	2,000		2,000		MO S/L MO S/L	2,000	0
38	Open Bics - #5		12/31/10	2,000		2,000	7	MO S/L	2,000	0
39	Open Bics - #6		12/31/10	2,000		2,000	7	MO S/L	2,000	0
40 41	Open Bics - #7 Open Bics - #8		12/31/10	2,000		2,000 2,000		MO S/L MO S/L	2,000	$\begin{array}{c} 0 \\ 0 \end{array}$
42	Open Bics - #9		12/31/10 12/31/10	2,000 2,000		2,000		MO S/L MO S/L	2,000 2,000	0
43	Rĥodes 19 - #1		12/31/10	2,000		2,000		MO S/L	2,000	ŏ
44	Rhodes 19 - #2		12/31/10	2,000		2,000	7	MO S/L	2,000	0
45	Sonars - #1	Sold/Scronned: 2/01/22	12/31/10	4,500		4,500	7	MO S/L	4,500	0
46	Sonars - #2	Sold/Scrapped: 2/01/23	12/31/10	4,500		4,500	7	MO S/L	4,500	0
10	_ 5111115 112	Sold/Scrapped: 2/01/23				1,500				Ŭ
47	Sonars - #3		12/31/10	4,500		4,500	7	MO S/L	4,500	0
10	Samana #1	Sold/Scrapped: 2/01/23	12/21/10	4.500		4.500	7	MO C/I	4.500	0
48	Sonars - #4	Sold/Scrapped: 2/01/23	12/31/10	4,500		4,500	/	MO S/L	4,500	0
49	Sonars - #5	Sola Solappoa. 2/01/23	12/31/10	4,500		4,500	7	MO S/L	4,500	0
50	Atlas Dock		12/31/10	181,969		181,969	15	MO S/L	145,575	12,131
51 52	Floating Docks		12/31/10	23,477				MO S/L	18,781	1,566
52 53	Mooring - #1 Mooring - #2		12/31/10 12/31/10	500 500				MO S/L MO S/L	400 400	33 33
54	Mooring - #2		12/31/10	500				MO S/L MO S/L	400	33
55	Mooring - #4		12/31/10	500		500	15	MO S/L	400	33
56	Mooring - #5		12/31/10	500				MO S/L	400	33
57 58	Mooring - #6 Mooring - #7		12/31/10 12/31/10	500 500				MO S/L MO S/L	400 400	33 33
59	Mooring - #8		12/31/10	500				MO S/L MO S/L	400	33
60	Mooring - #9		12/31/10	500				MO S/L	400	33

FYE: 12/31/2023

		Date		Bus Sec	Basis			
Asset	Description	In Service	Cost	% 179 Bonus	for Depr	PerConv Meth	Prior	Current
61	Wave Attenuator	12/31/10	257,497		257,497	15 MO S/L	205,997	17,167
62 63	AWP Lift 5 Dollies	12/31/10 12/31/10	1,613 1,333		1,613 1,333	7 MO S/L 7 MO S/L	1,613 1,333	$0 \\ 0$
	5 Dollies	12/31/10	1,333		1,333	7 MO S/L	1,333	0
	5 Dollies	12/31/10	1,333		1,333	7 MO S/L	1,333	0
66 67	5 Dollies 5 Dollies	12/31/10 12/31/10	1,333 1,333		1,333 1,333	7 MO S/L 7 MO S/L	1,333 1,333	$\begin{array}{c} 0 \\ 0 \end{array}$
68	5 Dollies	12/31/10	1,333		1,333	7 MO S/L	1,333	0
69	5 Dollies	3/31/11	1,202		1,202	7 MO S/L	1,202	0
	5 Dollies	3/31/11	1,202		1,202	7 MO S/L	1,202	0
71 72	5 Dollies 5 Dollies	10/29/11 10/29/11	1,202 1,202		1,202 1,202	7 MO S/L 7 MO S/L	1,202 1,202	$\begin{array}{c} 0 \\ 0 \end{array}$
74	Keelboat Yard Trailer - #1	12/31/10	266		266	7 MO S/L	266	ŏ
75	Keelboat Trailer - #2	12/31/10	266		266	7 MO S/L	266	0
76 77	Keelboat Trailer - #3 Keelboat Trailer - #4	12/31/10 12/31/10	266 266		266 266	7 MO S/L 7 MO S/L	266 266	$\begin{array}{c} 0 \\ 0 \end{array}$
78	Keelboat Trailer - #5	12/31/10	266		266	7 MO S/L 7 MO S/L	266	0
79	Keelboat Trailer - #6	12/31/10	273		273	7 MO S/L	273	0
80	Classroom Tent	12/31/10	5,223		5,223	7 MO S/L	5,223	0
86 87	Storage Rack - #5 Storage Rack - #6	12/31/10 12/31/10	225 225		225 225	7 MO S/L 7 MO S/L	225 225	$\begin{array}{c} 0 \\ 0 \end{array}$
88	Storage Rack - #7	12/31/10	225		225	7 MO S/L	225	ŏ
89	Storage Rack - #8	12/31/10	225		225	7 MO S/L	225	0
90 91	Avon Carolina Skiff - #1	12/31/10 12/31/10	2,000 8,288		2,000 8,288	7 MO S/L 7 MO S/L	2,000 8,288	$\begin{array}{c} 0 \\ 0 \end{array}$
92	Carolina Skiff - #2	12/31/10	8,288		8,288	7 MO S/L 7 MO S/L	8,288	0
93	Carolina Skiff - #3	12/31/10	8,290		8,290	7 MO S/L	8,290	0
94	Carolina Skiff - #4	8/16/11	10,624		10,624	7 MO S/L	10,624	0
95 97	Duraboat 2 Kayaks	12/31/10 12/31/10	3,500 266		3,500 266	7 MO S/L 7 MO S/L	3,500 266	$\begin{array}{c} 0 \\ 0 \end{array}$
98	2 Kayaks	12/31/10	266		266	7 MO S/L	266	ő
99	2 Kayaks	12/31/10	268		268	7 MO S/L	268	0
100 101	2 Kayaks 2 Kayaks	6/30/11 6/30/11	308 308		308 308	7 MO S/L 7 MO S/L	308 308	$\begin{array}{c} 0 \\ 0 \end{array}$
	2 Kayaks 1 Kayak	6/30/11	154		154	7 MO S/L 7 MO S/L	308 154	0
122	Paddleboard Whopper AST - #7	6/13/12	1,129		1,129	7 MO S/L	1,129	ŏ
123	Paddleboard Whopper AST - #8	6/13/12	1,129		1,129	7 MO S/L	1,129	0
124 125	Paddleboard Whopper AST - #9 Paddleboard Whopper AST - #10	6/13/12 6/13/12	1,129 1,129		1,129 1,129	7 MO S/L 7 MO S/L	1,129 1,129	$\begin{array}{c} 0 \\ 0 \end{array}$
126	5 Paddles - Enduro Fiber/Tufskin	6/13/12	495		495	7 MO S/L	495	ő
127	5 Paddles - Enduro Fiber/Tufskin	6/13/12	495		495	7 MO S/L	495	0
128 129	Docks Sonar and Rhodes 19 - #3	6/30/12	4,320		4,320 4,442	15 MO S/L 7 MO S/L	3,024	288
130	O'pen Bic Sail and Rudder	4/16/13 4/26/13	4,442 3,775		3,775	7 MO S/L 7 MO S/L	4,442 3,775	$\begin{array}{c} 0 \\ 0 \end{array}$
131	Rhodes 19 - #4	6/01/13	4,442		4,442	7 MO S/L	4,442	ŏ
122	Sold/Scrapped: 2/01/	/23	C 11C		(11(7. MO 6/I	C 44C	0
132 133	5 Paddleboards and Paddles Dock Improvements	7/25/13 6/01/13	6,446 7,222		6,446 7,222	7 MO S/L 15 MO S/L	6,446 4,614	0 482
	Life Jackets/Vests	6/21/13	2,047		2,047	7 MO S/L	2,047	0
135	Donated Laser #7	1/01/14	1,000		1,000	7 MO S/L	1,000	0
	Martin 16 #1 Martin 16 #2	6/10/14 6/10/14	10,855 10,855		10,855 10,855	7 MO S/L 7 MO S/L	10,855 10,855	$\begin{array}{c} 0 \\ 0 \end{array}$
	Donated Open Bic #10	12/15/14	2,000		2,000	7 MO S/L 7 MO S/L	2,000	0
139	Donated Rhodes 19 #3	10/21/14	3,000		3,000	7 MO S/L	3,000	0
140	Carolina Skiff #5	7/31/14	8,817		8,817	7 MO S/L	8,817	0
141 142	Motor for Skiff #5 Motor for Skiff #2	5/01/14 5/01/14	4,329 4,329		4,329 4,329	7 MO S/L 7 MO S/L	4,329 4,329	$\begin{array}{c} 0 \\ 0 \end{array}$
143	5 Kayaks	1/01/14	2,000		2,000	7 MO S/L	2,000	0
144	3 Paddleboards Whopper & Blend	8/21/14	2,100		2,100	7 MO S/L	2,100	0
	Hartley & Dolly #1	5/15/14 5/15/14	3,811 3,811		3,811 3,811	7 MO S/L	3,811	$\begin{array}{c} 0 \\ 0 \end{array}$
146	Hartley & Dolly #2 Hartley & Dolly #3	5/15/14 5/15/14	3,811		3,811	7 MO S/L 7 MO S/L	3,811 3,811	0
148	7 Laser Masts	6/21/14	1,922		1,922	7 MO S/L	1,922	0
	2 Laser Sails	6/21/14	1,017		1,017	7 MO S/L	1,017	0
150 151	2 420 Rudders Donated Angler Panga	6/12/14 9/23/14	1,913 30,500		1,913 30,500	7 MO S/L 7 MO S/L	1,913 30,500	$\begin{array}{c} 0 \\ 0 \end{array}$
	Donated Angler Fanga Donated Noreaster Sailing Dory	1/01/14	4,000		4,000	7 MO S/L 7 MO S/L	4,000	0
155	Dock Improvements	11/24/14	6,620		6,620	15 MO S/L	3,567	442
156	Attenuator Improvements	12/15/14	9,979			15 MO S/L	5,378	665
157 158	Tent Improvements Building	6/06/14 11/30/17	1,161 4,533,910		1,161 4,533,910	7 MO S/L 39 MO S/L	1,161 591,099	0 116,254
150		11.00111	.,225,710		.,225,710	S.E.	2,1,0,,	110,201

FYE: 12/31/2023

		Date		Bus Sec	Basis			
Asset	Description	In Service	Cost	% 179Bonus		PerConv Meth	Prior	Current
161	Sailboats - Zim #3063	3/17/15	25,192		25,192	7 MO S/L	25,192	0
	Sonar 6 420's, 2 Hartleys	5/31/15 6/09/15	5,420 26,214		5,420 26,214	7 MO S/L 7 MO S/L	5,420 26,214	$0 \\ 0$
	Art Sails	10/31/15	18,399		18,399	7 MO S/L	18,399	ő
	Fairbanks dock rebuild	6/01/15	28,021		28,021		14,166	1,868
	Hazelet System repair Chain Lock repair	7/22/15 11/01/15	3,627 12,300		3,627 12,300	15 MO S/L 15 MO S/L	1,793 5,877	242 820
	Life jackets	6/30/15	1,418		1,418	7 MO S/L	1,418	0
169	Adaptive Software	8/20/15	9,075		9,075	5 MO S/L	9,075	0
171 172	6 Zim 420s 7 Fenders for Rhodes 19 Bow	6/01/16 6/01/16	43,164 1,865		43,164 1,865	7 MO S/L 7 MO S/L	40,595 1,754	2,569 111
	Art sails on Zim 420s	6/01/16	4,828		4,828	7 MO S/L 7 MO S/L	4,540	288
	2 Adult paddleboards	7/31/16	7,859		7,859	7 MO S/L	7,204	655
	Laser #8 donated Dock improvements	6/01/16 6/01/16	2,000 29,314		2,000 29,314	7 MO S/L 15 MO S/L	1,881 12,866	119 1,954
179	5' propane gas grill	7/31/16	2,217		2,217	7 MO S/L	2,032	185
180	Wizard flags and tent	3/01/16	4,351		4,351	7 MO S/L	4,247	104
	Hartley 10s #1 Hartley 10s #2	6/01/17 6/01/17	4,351 4,351		4,351 4,351	7 MO S/L 7 MO S/L	3,470 3,470	622 622
	Hartley 10s #2	6/01/17	4,351		4,351	7 MO S/L 7 MO S/L	3,470	622
185	Hartley 10s #4	6/01/17	4,351		4,351	7 MO S/L	3,470	622
	Hartley 10s #5 New Skiff Boat	6/01/17 7/01/17	4,351 3,545		4,351 3,545	7 MO S/L 7 MO S/L	3,470 2,785	622 507
	Engine for new Skiff	7/01/17	6,102		6,102	7 MO S/L 7 MO S/L	4,794	872
189	Engine for old Skiff	6/01/17	5,977		5,977	7 MO S/L	4,767	854
	Donated Sonar (Larose) Donated Laser (Linterman) #1	10/01/17 10/01/17	5,128 1,300		5,128 1,300	7 MO S/L 7 MO S/L	3,846 975	732 186
	Donated Laser (Linterman) #1 Donated Laser (Linterman) #2	10/01/17	2,000		2,000	7 MO S/L 7 MO S/L	1,500	286
193	2 Kayak Donation (Sirois)	10/01/17	1,200		1,200	7 MO S/L	900	171
	2017 Preseason Major upgrades to dock	6/01/17 10/01/17	18,786		18,786 1,000	15 MO S/L	6,992	1,253
	Donated Sonar Trailer (Larose) Sails & covers for sonars	6/01/18	1,000 5,434		5,434	7 MO S/L 7 MO S/L	750 3,558	143 776
197	Stand up paddleboards & fins	7/01/18	6,059		6,059	7 MO S/L	3,895	866
	2018 improvements to dock & structure	7/01/18	27,406		27,406		8,222	1,827
199 200	Shelving and lockers Trach dispenser and receptacles	4/01/18 5/01/18	5,407 2,939		5,407 2,939	7 MO S/L 7 MO S/L	3,669 1,959	772 420
201	PFD Racks	6/01/18	3,000		3,000	7 MO S/L	1,964	429
202 203	Front desk computer, monitor & file cabinet	7/01/18 7/01/18	2,199 1,678		2,199 1,678	5 MO S/L 7 MO S/L	1,979 1,079	220 239
	2018 Life jackets (48) Sound system & shelving	6/05/18	5,025		5,025	5 MO S/L	4,607	418
205	Furniture - new facility	11/30/17	65,642		65,642	7 MO S/L	46,887	9,378
206 208	366 Energy Modeling Boston Whaler Safety Boat	1/01/19 6/10/19	6,600 5,500		6,600 5,500	39 MO S/L 7 MO S/L	677 2,815	169 786
	Etchels Sailboat and Trailer	6/01/19	10,500		10,500	7 MO S/L 7 MO S/L	5,375	1,500
210	New RS Quest with Dolly	8/15/19	12,782		12,782	7 MO S/L	6,239	1,826
211 212	Attenuator Structural Improvement 2019 Dock Improvements & Upgrades	5/15/19 5/15/19	74,955 12,330		74,955	15 MO S/L 15 MO S/L	18,322 3,014	4,997 822
	Cocktail Tables (Amazon)	6/01/19	1,001		1,001	5 MO S/L	717	201
214	Adirondack Chairs	4/01/19	2,264		2,264	7 MO S/L	1,213	323
	Dock Capital Campaign 2.0 - Dock Phase 1 OUS139334 Basin Program project - Sponse	8/01/20 7/01/20	317,537 1,082		317,537 1,082	15 MO S/L 7 MO S/L	51,159 386	21,169 155
	Tahe Outdoors BIC Rudders and Rudder Cc		1,082		1,082	7 MO S/L 7 MO S/L	424	175
218	Docks and Waterfront - Capital Campaign 2	6/01/21	3,112		3,112	15 MO S/L	328	208
	Docks and Waterfront Repair Zim Sailing - Hartley Sails and Rudders	7/01/21 5/01/21	14,137 1,571		14,137 1,571	15 MO S/L 7 MO S/L	1,414 374	942 224
221	Sonar	8/01/21	5,678		5,678	7 MO S/L 7 MO S/L	1,149	811
222	Donated Hard Bottom Inflatable Boat	11/15/21	2,800		2,800	7 MO S/L	467	400
	Donated Galvanized Small Boat Trailer Donated 13' Flying Junior Sailboat	8/01/21 9/01/21	400 2,000		400 2,000	7 MO S/L 7 MO S/L	81 381	57 286
	Donor Wall	10/01/21	3,217		3,217	7 MO S/L 7 MO S/L	574	460
226	2022 docks and waterfront repairs (not CC)	7/01/22	11,565		11,565	15 MO S/L	386	771
	Engine and Repairs for 1998 Avon Inflatabl Used Sonar	6/01/22 8/01/22	5,697 4,440		5,697 4,440	7 MO S/L 7 MO S/L	475 264	814 635
229	Hartley Mast	8/01/22	1,184		1,184	7 MO S/L 7 MO S/L	70	170
230	Avon center console safety boat (order 2688	10/01/22	2,000		2,000	7 MO S/L	71	286
231	1994 14' Sailboat (order 25560) Racks/Shelves and Carts for Equipment	7/01/22 11/01/22	1,500 2,300		1,500 2,300	7 MO S/L 5 MO S/L	107 77	214 460
	Lifejackets	9/01/22	1,050		1,050	5 MO S/L 5 MO S/L	70	210
234	1988 Blazer 23 "SLY" (incl delivery cost)	6/01/23	6,963		6,963	7 MO S/L	0	580
	RS Zests X 5 RS Quest X 10	6/01/23 7/01/23	35,634 136,647		35,634 136,647	7 MO S/L7 MO S/L	$0 \\ 0$	2,970 9,761
	<	,. 01, 23	100,017		150,017	, 1.10 S/L	V	>,/01

LAKESAIL LAKE CHAMPLAIN COMMUNITY SABINGCOPY

-*2594

Federal Asset Report

FYE: 12/31/2023

Form 990, Page 1

11/13/2024 8:15 AM

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
237	Rudders, skiff sails	6/01/23	4,906			4,906	7 MO S/L	0	409
238	Sonar jibs for 6 boats	8/01/23	3,780			3,780	7 MO S/L	0	225
239	Kayaks X 8	9/01/23	5,580			5,580	7 MO S/L	0	266
240	Sonar Mainsails X 6	9/01/23	5,970			5,970	7 MO S/L	0	284
241	2023 docks repair non-capital campaign	9/01/23	9,610			9,610		0	214
242	2023 CC2.0 docks repair	10/01/23	4,202			4,202	15 MO S/L	0	70
243	Snowblower	1/01/23	1,828			1,828	5 MO S/L	0	366
244	Rack for boats	7/01/23	13,601			13,601	5 MO S/L	0	1,360
245	2022 Waterfront CIP	12/31/22	146,946			146,946		0	0
246	2023 WATERFRONT CIP	12/31/23	1,858,587		-	1,858,587	0 Memo	0	0
Total Other Depreciation			8,555,521		-	8,555,521		1,749,913	237,242
	Total ACRS and Other Depreciation				=	8,555,521		1,749,913	237,242
	Grand Totals Less: Dispositions and Transfers Less: Start-up/Org Expense				_	8,555,521 83,342 0		1,749,913 83,342 0	237,242 0 0
	Net Grand Totals	=	8,472,179		=	8,472,179		1,666,571	237,242

Asset	D	escription	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other	Depreciation:								
1	420's - #1	G 11/G 1 0/01/00	12/31/10	0		0	0 HY	0	0
2	420's - #2	Sold/Scrapped: 2/01/23	12/31/10	0		0	0 HY	0	0
	4208 - #Z	Sold/Scrapped: 2/01/23	12/31/10	U		U	0 111	U	U
3	420's - #3		12/31/10	0		0	0 HY	0	0
	4201 //4	Sold/Scrapped: 2/01/23	10/21/10	0		0	0 1137	0	0
4	420's - #4	Sold/Scrapped: 2/01/23	12/31/10	0		0	0 HY	0	0
5	420's - #5	Sold/Scrapped. 2/01/23	12/31/10	0		0	0 HY	0	0
		Sold/Scrapped: 2/01/23							
6	420's - #6	Sold/Sarannad: 2/01/22	12/31/10	0		0	0 HY	0	0
7	420's - #7	Sold/Scrapped: 2/01/23	12/31/10	0		0	0 HY	0	0
,	.205,	Sold/Scrapped: 2/01/23	12.01.10	v		Ů	V 111	ŭ	
8	420's - #8	G 11/G 1 0/01/00	12/31/10	0		0	0 HY	0	0
9	420's - #9	Sold/Scrapped: 2/01/23	12/31/10	0		0	0 HY	0	0
7	π20 5 - π 7	Sold/Scrapped: 2/01/23	14/31/10	U		U	0 111	0	· ·
10	420's - #10		12/31/10	0		0	0 HY	0	0
11	4201- //11	Sold/Scrapped: 2/01/23	10/21/10	•		^	0 1137	^	
11 12	420's - #11 420's - #12		12/31/10 11/29/11	0		0	0 HY 0 HY	$0 \\ 0$	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$
13	420's - #12		11/29/11	0		0	0 HY	0	0
14	420's - #14		11/29/11	0		0	0 HY	0	0
15	420's - #15		11/29/11	0		0	0 HY	0	0
18	Escape - #3	Sold/Scrapped: 8/01/23	12/31/10	0		0	0 HY	0	0
19	Escape - #4	Sold/Scrapped: 6/01/25	12/31/10	0		0	0 HY	0	0
	-	Sold/Scrapped: 8/01/23							
20	Escape - #5	0.11/0	12/31/10	0		0	0 HY	0	0
27	Laser - #1	Sold/Scrapped: 8/01/23	7/26/11	0		0	0 HY	0	0
28	Laser - #2		7/26/11	0		0	0 HY	ő	ő
29	Laser - #3		7/26/11	0		0	0 HY	0	0
30	Laser - #4		7/26/11	0		0	0 HY	0	0
31 32	Laser - #5 Laser - #6		7/26/11 7/26/11	0		0	0 HY 0 HY	$0 \\ 0$	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$
34	Open Bics - #1		12/31/10	ŏ		ő	0 HY	ŏ	ő
35	Open Bics - #2		12/31/10	0		0	0 HY	0	0
36	Open Bics - #3		12/31/10 12/31/10	$0 \\ 0$		0	0 HY	$0 \\ 0$	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$
37 38	Open Bics - #4 Open Bics - #5		12/31/10	0		0	0 HY 0 HY	0	0
39	Open Bics - #6		12/31/10	ŏ		Ő	0 HY	ő	Ö
40	Open Bics - #7		12/31/10	0		0	0 HY	0	0
41 42	Open Bics - #8 Open Bics - #9		12/31/10 12/31/10	0		0	0 HY 0 HY	0	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$
43	Rhodes 19 - #1		12/31/10	0		0	0 HY	0	0
44	Rhodes 19 - #2		12/31/10	0		0	0 HY	0	0
45	Sonars - #1	Sold/Sorone d. 2/01/22	12/31/10	0		0	0 HY	0	0
46	Sonars - #2	Sold/Scrapped: 2/01/23	12/31/10	0		0	0 HY	0	0
	2011412 112	Sold/Scrapped: 2/01/23		v		Ü		v	
47	Sonars - #3	G 11/G 1 0/01/00	12/31/10	0		0	0 HY	0	0
48	Sonars - #4	Sold/Scrapped: 2/01/23	12/31/10	0		0	0 HY	0	0
70	Soliais - #4	Sold/Scrapped: 2/01/23	12/31/10	U		U	0 111	O	U
49	Sonars - #5	11	12/31/10	0		0	0 HY	0	0
50 51	Atlas Dock		12/31/10	0		0	0 HY	0	0
51 52	Floating Docks Mooring - #1		12/31/10 12/31/10	0		0	0 HY 0 HY	$0 \\ 0$	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$
53	Mooring - #1		12/31/10	0		0	0 HY	0	ő
54	Mooring - #3		12/31/10	0		0	0 HY	0	0
55 56	Mooring - #4		12/31/10 12/31/10	0		0	0 HY 0 HY	$0 \\ 0$	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$
56 57	Mooring - #5 Mooring - #6		12/31/10 12/31/10	0		0	0 HY 0 HY	0	0
58	Mooring - #7		12/31/10	0		0	0 HY	0	0
59	Mooring - #8		12/31/10	0		0	0 HY	0	0
60	Mooring - #9		12/31/10	0		0	0 HY	0	0

FYE: 12/31/2023

				_					
Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
61	Wave Attenuator	12/31/10	0		· ·	0	0 HY	0	0
62	AWP Lift	12/31/10	0			0	0 HY	0	0
63	5 Dollies	12/31/10	0			0	0 HY	0	0
64 65	5 Dollies 5 Dollies	12/31/10 12/31/10	0			$0 \\ 0$	0 HY 0 HY	$0 \\ 0$	$0 \\ 0$
66	5 Dollies	12/31/10	0			0	0 HY	0	0
67	5 Dollies	12/31/10	ŏ			ő	0 HY	ŏ	ŏ
68	5 Dollies	12/31/10	0			0	0 HY	0	0
	5 Dollies	3/31/11	0			0	0 HY	0	0
70 71	5 Dollies 5 Dollies	3/31/11 10/29/11	0			0	0 HY 0 HY	$0 \\ 0$	0
72	5 Dollies	10/29/11	0			$0 \\ 0$	0 HY 0 HY	0	$0 \\ 0$
74	Keelboat Yard Trailer - #1	12/31/10	ő			ő	0 HY	ő	ő
75	Keelboat Trailer - #2	12/31/10	0			0	0 HY	0	0
76	Keelboat Trailer - #3	12/31/10	0			0	0 HY	0	0
77	Keelboat Trailer - #4	12/31/10	0			0	0 HY	$0 \\ 0$	0
78 79	Keelboat Trailer - #5 Keelboat Trailer - #6	12/31/10 12/31/10	0			$0 \\ 0$	0 HY 0 HY	0	$0 \\ 0$
80	Classroom Tent	12/31/10	ő			ő	0 HY	ő	ő
86	Storage Rack - #5	12/31/10	ő			ő	0 HY	ő	ŏ
87	Storage Rack - #6	12/31/10	0			0	0 HY	0	0
88	Storage Rack - #7	12/31/10	0			0	0 HY	0	0
89 90	Storage Rack - #8 Avon	12/31/10 12/31/10	0			$0 \\ 0$	0 HY 0 HY	$0 \\ 0$	$0 \\ 0$
91	Carolina Skiff - #1	12/31/10	0			0	0 HY	0	0
92	Carolina Skiff - #2	12/31/10	0			0	0 HY	0	0
93	Carolina Skiff - #3	12/31/10	0			0	0 HY	0	0
94	Carolina Skiff - #4	8/16/11	0			0	0 HY	0	0
95 97	Duraboat 2 Kayaks	12/31/10 12/31/10	0			$0 \\ 0$	0 HY 0 HY	$0 \\ 0$	$0 \\ 0$
98	2 Kayaks	12/31/10	0			0	0 HY	0	0
99	2 Kayaks	12/31/10	ŏ			ő	0 HY	ő	ŏ
100	2 Kayaks	6/30/11	0			0	0 HY	0	0
101	2 Kayaks	6/30/11	0			0	0 HY	0	0
102 122	1 Kayak Paddleboard Whopper AST - #7	6/30/11 6/13/12	0			$0 \\ 0$	0 HY 0 HY	$0 \\ 0$	$0 \\ 0$
122	Paddleboard Whopper AST - #8	6/13/12	0			0	0 HY	0	0
	Paddleboard Whopper AST - #9	6/13/12	ŏ			ő	0 HY	ő	ő
125	Paddleboard Whopper AST - #10	6/13/12	0			0	0 HY	0	0
126	5 Paddles - Enduro Fiber/Tufskin	6/13/12	0			0	0 HY	0	0
127 128	5 Paddles - Enduro Fiber/Tufskin Docks	6/13/12 6/30/12	0			$0 \\ 0$	0 HY 0 HY	$0 \\ 0$	$0 \\ 0$
128	Sonar and Rhodes 19 - #3	4/16/13	0			0	0 HY	0	0
130	O'pen Bic Sail and Rudder	4/26/13	ŏ			ő	0 HY	ő	ŏ
131	Rhodes 19 - #4	6/01/13	0			0	0 HY	0	0
122	Sold/Scrapped: 2/01/23	7/25/12	0			0	0 1137	0	0
132 133	5 Paddleboards and Paddles Dock Improvements	7/25/13 6/01/13	$0 \\ 0$			$0 \\ 0$	0 HY 0 HY	$0 \\ 0$	$0 \\ 0$
	Life Jackets/Vests	6/21/13	0			0	0 HY	0	0
	Donated Laser #7	1/01/14	ŏ			Ö	0 HY	Ö	ő
	Martin 16 #1	6/10/14	0			0	0 HY	0	0
	Martin 16 #2	6/10/14	0			0	0 HY	0	0
	Donated Open Bic #10 Donated Rhodes 19 #3	12/15/14 10/21/14	$0 \\ 0$			$0 \\ 0$	0 HY 0 HY	$0 \\ 0$	$0 \\ 0$
	Carolina Skiff #5	7/31/14	0			0	0 HY	0	0
	Motor for Skiff #5	5/01/14	0			0	0 HY	0	0
	Motor for Skiff #2	5/01/14	0			0	0 HY	0	0
	5 Kayaks	1/01/14	0			0	0 HY	0	0
	3 Paddleboards Whopper & Blend Hartley & Dolly #1	8/21/14 5/15/14	$0 \\ 0$			$0 \\ 0$	0 HY 0 HY	$0 \\ 0$	$0 \\ 0$
	Hartley & Dolly #2	5/15/14	0			0	0 HY	0	0
147	Hartley & Dolly #3	5/15/14	0			ő	0 HY	0	ő
148	7 Laser Masts	6/21/14	0			0	0 HY	0	0
	2 Laser Sails	6/21/14	0			0	0 HY	0	0
	2 420 Rudders Donated Angler Panga	6/12/14 9/23/14	$0 \\ 0$			$0 \\ 0$	0 HY 0 HY	$0 \\ 0$	$0 \\ 0$
	Donated Noreaster Sailing Dory	1/01/14	0			0	0 HY	0	0
155	Dock Improvements	11/24/14	0			Ö	0 HY	0	ő
	Attenuator Improvements	12/15/14	0			0	0 HY	0	0
157 158	Tent Improvements	6/06/14 11/30/17	0 4 533 010			0 4 533 010	0 HY 39 MO S/L	0 591,099	0 116,254
136	Building	11/30/1/	4,533,910			1 ,225,910	37 IVIO 3/L	571,077	110,234

FYE: 12/31/2023

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr PerConv Meth	Prior Currer	nt
	Sailboats - Zim #3063	3/17/15	0	<u> </u>	0 0 HY	0	0
	Sonar	5/31/15	0		0 0 HY	0	0
	6 420's, 2 Hartleys Art Sails	6/09/15 10/31/15	0		$egin{array}{ccc} 0 & 0 & \mathrm{HY} \ 0 & 0 & \mathrm{HY} \end{array}$	0	$0 \\ 0$
	Fairbanks dock rebuild	6/01/15	ő		0 0 HY	ő	ő
	Hazelet System repair	7/22/15	0		0 0 HY	0	0
	Chain Lock repair Life jackets	11/01/15 6/30/15	0		$egin{array}{ccc} 0 & 0 & \mathrm{HY} \ 0 & 0 & \mathrm{HY} \end{array}$	0	$0 \\ 0$
	Adaptive Software	8/20/15	0		0 0 HY	0	0
171	6 Zim 420s	6/01/16	43,164		43,164 7 MO S/L		569
	7 Fenders for Rhodes 19 Bow Art sails on Zim 420s	6/01/16 6/01/16	1,865 4,828		1,865 7 MO S/L 4,828 7 MO S/L		111 288
	2 Adult paddleboards	7/31/16	7,859		7,859 7 MO S/L		655
176	Laser #8 donated	6/01/16	2,000		2,000 7 MO S/L	1,881	119
178 179	Dock improvements	6/01/16 7/31/16	29,314 2,217		29,314 15 MO S/L 2,217 7 MO S/L		954 185
	5' propane gas grill Wizard flags and tent	3/01/16	4,351		4,351 7 MO S/L		104
182	Hartley 10s #1	6/01/17	4,351		4,351 7 MO S/L		622
183	Hartley 10s #2 Hartley 10s #3	6/01/17 6/01/17	$0 \\ 0$		$egin{array}{ccc} 0 & 0 & \mathrm{HY} \ 0 & 0 & \mathrm{HY} \end{array}$	0	$0 \\ 0$
	Hartley 10s #3	6/01/17	0		0 0 HY	0	0
186	Hartley 10s #5	6/01/17	0		0 0 HY	Ō	0
	New Skiff Boat	7/01/17 7/01/17	0		$egin{array}{ccc} 0 & 0 & \mathrm{HY} \ 0 & 0 & \mathrm{HY} \end{array}$	0	0
	Engine for new Skiff Engine for old Skiff	6/01/17	0		$egin{array}{ccc} 0 & 0 & \mathrm{HY} \ 0 & 0 & \mathrm{HY} \end{array}$	0	$0 \\ 0$
190	Donated Sonar (Larose)	10/01/17	0		0 0 HY	Ō	ŏ
	Donated Laser (Linterman) #1	10/01/17	0		0 0 HY	0	0
192 193		10/01/17 10/01/17	0		$egin{array}{ccc} 0 & 0 & \mathrm{HY} \ 0 & 0 & \mathrm{HY} \end{array}$	0	$0 \\ 0$
194	2017 Preseason Major upgrades to dock	6/01/17	ŏ		0 0 HY	ő	ŏ
	Donated Sonar Trailer (Larose)	10/01/17	0		0 0 HY	0	0
196 197	Sails & covers for sonars Stand up paddleboards & fins	6/01/18 7/01/18	5,434 6,059		5,434 7 MO S/L 6,059 7 MO S/L		776 866
	2018 improvements to dock & structure	7/01/18	27,406		27,406 15 MO S/L	8,222 1,	827
199	Shelving and lockers	4/01/18	5,407		5,407 7 MO S/L	3,669	772
	Trach dispenser and receptacles PFD Racks	5/01/18 6/01/18	2,939 3,000		2,939 7 MO S/L 3,000 7 MO S/L		420 429
	Front desk computer, monitor & file cabinet	7/01/18	2,199		2,199 5 MO S/L	1,979	220
203	2018 Life jackets (48)	7/01/18	1,678		1,678 7 MO S/L		239
204	Sound system & shelving Furniture - new facility	6/05/18 11/30/17	5,025 65,642		5,025 5 MO S/L 65,642 7 MO S/L		418 378
206	366 Energy Modeling	1/01/19	6,600		6,600 39 MO S/L		169
208	Boston Whaler Safety Boat	6/10/19	5,500		5,500 7 MO S/L	2,815	786
	Etchels Sailboat and Trailer New RS Quest with Dolly	6/01/19 8/15/19	10,500 12,782		10,500 7 MO S/L 12,782 7 MO S/L	5,375 1, 6,239 1,	500 826
210	Attenuator Structural Improvement	5/15/19	74,955		74,955 15 MO S/L	18,322	997
212	2019 Dock Improvements & Upgrades	5/15/19	12,330		12,330 15 MO S/L	3,014	822
	Cocktail Tables (Amazon) Adirondack Chairs	6/01/19 4/01/19	1,001 2,264		1,001 5 MO S/L 2,264 7 MO S/L	717 1,213	201 323
	Dock Capital Campaign 2.0 - Dock Phase 1	8/01/19	317,537		2,264 7 MO S/L 317,537 15 MO S/L		323 169
216	OUS139334 Basin Program project - Sponse	7/01/20	1,082		1,082 7 MO S/L	386	155
	Tahe Outdoors BIC Rudders and Rudder Co		1,227 3,112		1,227 7 MO S/L 3,112 15 MO S/L		175
	Docks and Waterfront - Capital Campaign 2 Docks and Waterfront Repair	6/01/21 7/01/21	14,137		14,137 15 MO S/L	328 1,414	208 942
220	Zim Sailing - Hartley Sails and Rudders	5/01/21	1,571		1,571 7 MO S/L	374	224
221	Sonar	8/01/21	5,678		5,678 7 MO S/L		811
	Donated Hard Bottom Inflatable Boat Donated Galvanized Small Boat Trailer	11/15/21 8/01/21	2,800 400		2,800 7 MO S/L 400 7 MO S/L	467 81	400 57
224	Donated 13' Flying Junior Sailboat	9/01/21	2,000		2,000 7 MO S/L	381	286
	Donor Wall	10/01/21	3,217		3,217 7 MO S/L	574	460
	2022 docks and waterfront repairs (not CC) Engine and Repairs for 1998 Avon Inflatabl	7/01/22 6/01/22	11,565 5,697		11,565 15 MO S/L 5,697 7 MO S/L		771 814
228	Used Sonar	8/01/22	4,440		4,440 7 MO S/L	264	635
	Hartley Mast	8/01/22	1,184		1,184 7 MO S/L	70	170
	Avon center console safety boat (order 2688 1994 14' Sailboat (order 25560)	7/01/22 7/01/22	2,000 1,500		2,000 7 MO S/L 1,500 7 MO S/L		286 214
232	Racks/Shelves and Carts for Equipment	11/01/22	2,300		2,300 5 MO S/L	77	460
233	Lifejackets	9/01/22	1,050		1,050 5 MO S/L	70	210
	1988 Blazer 23 "SLY" (incl delivery cost) RS Zests X 5	6/01/23 6/01/23	6,963 35,634		6,963 7 MO S/L 35,634 7 MO S/L	$\begin{array}{ccc} 0 & & \\ 0 & & 2, \end{array}$	580 970
	RS Quest X 10	7/01/23	136,647		136,647 7 MO S/L	0 2,	761

LAKESAIL LAKE CHAMPLAIN COMMUNITY SAIBLING COPY

-*2594

AMT Asset Report

Form 990, Page 1

11/13/2024 8:15 AM

FYE: 12/31/2023

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
237	Rudders, skiff sails	6/01/23	4,906			4,906	7 MO S/L	0	409
238	Sonar jibs for 6 boats	8/01/23	3,780			3,780	7 MO S/L	0	225
239	Kayaks X 8	9/01/23	5,580			5,580	7 MO S/L	0	266
240	Sonar Mainsails X 6	9/01/23	5,970			5,970	7 MO S/L	0	284
241	2023 docks repair non-capital campaign	9/01/23	9,610			9,610	15 MO S/L	0	214
242	2023 CC2.0 docks repair	10/01/23	4,202			4,202	15 MO S/L	0	70
243	Snowblower	1/01/23	1,828			1,828	5 MO S/L	0	366
244	Rack for boats	7/01/23	13,601			13,601	5 MO S/L	0	1,360
245	2022 Waterfront CIP	12/31/22	146,946			146,946	0 Memo	0	0
246	2023 WATERFRONT CIP	12/31/23	1,858,587		_	1,858,587	0 Memo	0	0
	Total Other Depreciation	_	7,501,331		-	7,501,331	-	844,136	193,782
Total ACRS and Other Depreciation			7,501,331		=	7,501,331	=	844,136	193,782
	Grand Totals Less: Dispositions and Transfers				_	7,501,331 0	_	844,136 0	193,782 0
	Net Grand Totals	=	7,501,331		=	7,501,331	=	844,136	193,782

FYE: 12/31/2023

LAKESAIL LAKE CHAMPLAIN COMMUNITY SABINGCOPY **-***2594 Depreciation Adjustment Report **All Business Activities**

11/13/2024 8:15 AM

AMT Adjustments/ Preferences Tax AMT Form Unit Asset There are no assets that meet the criteria of this report

Form 990 Two Year Comparison Report 2022 & 2023
For calendar year 2023, or tax year beginning , ending

Name Taxpayer Identification Number LAKE CHAMPLAIN COMMUNITY SAILING **-***2594 CENTER, INC. 2022 2023 **Differences** 1. Contributions, gifts, grants 516,825 -409,4471. 107,378 2. Membership dues and assessments 2. 3. Government contributions and grants 3. 345**,**000 953,737 608,737 4. Program service revenue 635,969 73,688 4. 562,281 5. Investment income 5. 3,639 20,910 6. **6.** Proceeds from tax exempt bonds 7. Net gain or (loss) from sale of assets other than inventory 7. 8. Net income or (loss) from fundraising events 1,380 -12,292-13,6728. 9. 9. Net income or (loss) from gaming **10.** Net gain or (loss) on sales of inventory 10. 12,310 11. Other revenue 7,528 11. 2,713<u>,</u>230 12. 2,441,435 12. Total revenue. Add lines 1 through 11 91,920 140,093 13. **13.** Grants and similar amounts paid 14. Benefits paid to or for members 14. 97,265 6,925 15. Compensation of officers, directors, trustees, etc. 15. 104,190 535,694 651**,**609 115,915 **16.** Salaries, other compensation, and employee benefits 16. 17. 17. Professional fundraising fees 18. Other professional fees 96,720 96,413 -30718. <u>117,</u>397 89,987 27,410 19. Occupancy, rent, utilities, and maintenance 19. 230,014 237,237 7,223 **20.** Depreciation and Depletion 20. 196,548 189,441 21. **21.** Other expenses ,338,148 1,536,380 198,232 22. 22. Total expenses. Add lines 13 through 21 73**,**563 1,103,287 1,176,850 23. Excess or (Deficit). Subtract line 22 from line 12 23. 2,441,435 2,713,230 271,795 24. Total exempt revenue 24. 18,227 **25.** Total unrelated revenue _____ 25. 18,515 288 26. Total excludable revenue 561,383 72,217 633,600 26. 7,671,942 6,111,979 1,559,963 27. Total assets 27. 383**,**113 413,423 796**,**536 28. 28. Total liabilities 29. Retained earnings 5,698,556 6,875,406 29. ,176,850 **30.** Number of voting members of governing body 30. 12 12 31. Number of independent voting members of governing body 12 12 31.

52

60

32.

33.

32. Number of employees

33. Number of volunteers

53

60

Form 990	Tax Return History					
Name	LAKE CHAMPLAIN COMMUNITY SAILING CENTER, INC.	Employer Identification Number **-**2594				

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	702,172	990,244	1,430,795	1,861,825	2,061,115	
Membership dues	,		,	,		
Program service revenue	564,562	226,055	430,744	562,281	635,969	
Capital gain or loss	-5 , 160	-3,768				
Investment income	21	461	659	3 , 639	20,910	
Fundraising revenue (income/loss)		-2,668	-767	1,380	-12,292	
Gaming revenue (income/loss)						
Other revenue	10,893	15,880	10,750	12,310	7,528	
Total revenue	1,272,488	1,226,204	1,872,181	2,441,435	2,713,230	
Grants and similar amounts paid	84,087	18,865	45,573	91,920	140,093	
Benefits paid to or for members						
Compensation of officers, etc.		91,425	92,400	97 , 265	104,190	
Other compensation	424,022	336,336	431,534	535 , 694	651,609	
Professional fees	140,723	123,255	101,467	96 , 720	96,413	
Occupancy costs	88,704	86,635	95 , 235	89 , 987	117,397	
Depreciation and depletion	244,015	253,858	251,849	230,014	237,237	
Other expenses	205,311	149,930	190,421	196,548	189,441	
Total expenses	1,274,862	1,060,304	1,208,479	1,338,148	1,536,380	
Excess or (Deficit)	-2,374	165,900	663,702	1,103,287	1,176,850	
Total exempt revenue	1,272,488	1,226,204	1,872,181	2,441,435	2,713,230	
Total unrelated revenue	18,615	19,228	17,322	18,227	18,515	
Total excludable revenue	551,701	216,732	424,064	561,383	633,600	
Total Assets	5,335,559	5,467,368	5,759,898	6,111,979	7,671,942	
Total Liabilities	1,569,892	1,535,801	1,164,629	413,423	796,536	
Net Fund Balances	3,765,667	3,931,567	4,595,269	5,698,556	6,875,406	

LAKESAIL LAKE CHAMPLAIN COMMUNITY PAIRING COPY

-*2594

Federal Statements

11/13/2024 8:15 AM

FYE: 12/31/2023

TOTAL

Taxable Interest on Investments

Descrip	otion				
		Amount	Exclusion Code	Acquired after 6/30/75	US Obs (\$ or %)
INTEREST	\$	20,910	14		

20,910

LAKESAIL LAKE CHAMPLAIN COMMUNITY SAILING

11/13/2024 8:15 AM

FYE: 12/31/2023

Federal Statements **-***2594

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Ex	Total <u>Expenses</u>		Program Service	Management & General		Fund Raising	
OTHER PROFESSIONAL FEES OTHER PROFESSIONAL FEES OTHER PROFESSIONAL FEES OTHER PROFESSIONAL FEES	\$	1,233 1,233 1,233 5,070	\$	1,233 1,233 1,233 4,934	\$		\$	136
TOTAL	\$	8,769	\$	8,633	\$	0	\$	136