Public Inspection Copy Extended to October 15, 2021

(Rev. January 2020) 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

Open to Public Inspection

ΑI	For the	2019 calendar year, or tax year beginning $$ DEC $$ 1 , $$ $$ $$ 2019 $$ and enc	ding N	OV 30, 2020	
B	Check if applicable	C Name of organization		D Employer identifie	cation number
	Addres change	The Downtown Sailing Center, Inc.			
	Name change	Doing business as		52-18674	34
	Initial return	,	om/suite	E Telephone number	
	Final return/ termin-	1425 Key Highway, Suite 110		410-727-	
_	ated Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	691,361.
F	return Applica	Baltimore, MD 21230		H(a) Is this a group re	
	tiòn pendin	F Name and address of principal officer; DCddIC IIOCCOI		for subordinates H(b) Are all subordinates in	
_	Tav-ava	mpt status: $X = 501(c)(3)$ $501(c)(6)$ $(insert no.)$ $4947(a)(1)$ or	527		list. (see instructions)
		$\lim_{s \to \infty} saids. \xrightarrow{\text{Las}} sor(c)(s) \xrightarrow{\text{Sort}(c)} \text{S$	021	H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year o		State of legal domicile: MD
	art I	Summary		•	
-	1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{The}}$ $\overline{ ext{Do}}$	wnto	wn Sailing	Center
Governance]	provides quality life enriching programs t	hat	promote sel	f-esteem
ern		Check this box 🕨 📖 if the organization discontinued its operations or disposed	d of more	than 25% of its net as	
Š				3	14
۵		Number of independent voting members of the governing body (Part VI, line 1b) $$			14
ties		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			68
Activities &		Total number of volunteers (estimate if necessary)			0.
Ą	1	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	"	Net unrelated business taxable income from Form 990-T, line 39		Prior Year	Current Year
•	8 (Contributions and grants (Part VIII, line 1h)		434,477.	518,106.
nue		Program service revenue (Part VIII, line 2g)		178,330.	150,606.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		672.	10,980.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-5,062.	-5,524.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		608,417.	674,168.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{ m}$		326,054.	346,664.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ä	b	Total fundraising expenses (Part IX, column (D), line 25) 17,416		305,692.	326,593.
	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		631,746.	673,257.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12		-23,329.	911.
or	13	16 Vertide 1635 experises. Cabaract line 16 from line 12	Be	ginning of Current Year	End of Year
sets	20	Fotal assets (Part X, line 16)		530,971.	771,349.
ASS	21	otal liabilities (Part X, line 26)		157,002.	396,074.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		373,969.	375,275.
Pa	art II	Signature Block			
	•	ties of perjury, I declare that I have examined this return, including accompanying schedules an			y knowledge and belief, it is
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer	has any knowledge.	
٥.		Signature of officer		 Date	
Sig		Stuart Proctor, Executive Director		Duto	
Her	e	Type or print name and title			
		Print/Type preparer's name Preparer's signature	D	Date Check	PTIN
Pai		Jennica Jardine Whitfield Innica Il Opolin Whitfie	ild	9/2/2021 if self-employe	P01379267
	- +	Firm's name Kositzka, Wicks and Company		John Gillipidy	54-1342298
Use		Firm's address 5270 Shawnee Road, Suite 250			
_		Alexandria, VA 22312		Phone no. (7	03) 642-2700
Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The Downtown Sailing Center provides quality life enriching programs
	that promote self-esteem and teamwork through the joy of sailing. The
	Downtown Sailing Center is committed to promoting an environment of
	inclusiveness and accessibility, especially to youth, persons with
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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 measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 207,747. including grants of \$) (Revenue \$)
	Membership- Our membership, which includes our cadre of "volunteer
	level" members, is the foundation for our Downtown Sailing Community.
	We are a community of individuals from as far away as Pennsylvania and
	Washington, DC. Our members are college students and retirees;
	professionals and blue collar workers; from all walks of life, economic
	classes, ethnicities, and religious affiliations. Most came to the DSC
	to learn how to sail or to volunteer in our programs for persons with
	disabilities. Our members are our greatest volunteers; and many have
	been contributing to the DSC for years.
	166 020
4b	(Code:) (Expenses \$166,929. including grants of \$) (Revenue \$150,675.) Junior Camp and Adult Education— The Downtown Sailing Center (DSC)
	began offering youth sailing programs in 1990 to make sailing available
	and convenient to all Baltimore-area children. Sailing is an
	exhilarating way for children to develop teamwork skills, improve
	concentration, and become more self-confident.
	Concentration, and become more bell confidence.
	The Downtown Sailing Center is an accredited US Sailing school that
	provides courses for all experience levels. Our unified curriculum lets
	every student reach their full potential by developing skills in a
	logical progression while offering tailored instruction for every
	member of our community.
4c	(Code:) (Expenses \$ 140,218 • including grants of \$) (Revenue \$)
	Community Outreach-The Downtown Sailing Center (DSC) is committed to
	providing opportunities to sail for everyone, regardless of race,
	ability, or economic status. We believe that sailing can change lives.
	We also believe that lives can change sailing. The DSC's targeted
	outreach programs strive to break down all barriers to participation,
	giving the community equal access to the water and providing us with a
	more diverse community of sailors.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ \text{including grants of \$} \text{) (Revenue \$} \text{)}
<u>4e</u>	Total program service expenses ► 514,894.
	Form 990 (2019)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	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	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			\ \ •
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		 -
	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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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		Х
20a		20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

	1990 (2019) The Downtown Sailing Center, Inc. 52-1867	434	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)		I.,	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 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 exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			_v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
21	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
31	Did the organization requidate, terminate, or dissolve and cease operations? If Test, complete Schedule 14, Fattr	31		
32	Octobrilla N. Do. I II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			۱
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	l		\ _{3,7}
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
. u	Check if Schedule O contains a response or note to any line in this Part V			
	Chock in Contodulo C Contains a reciponed of riote to any line in this rait v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	L		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b)		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

932004 01-20-20

(gambling) winnings to prize winners?

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a 68							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2 b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	a Did the organization have unrelated business gross income of \$1,000 or more during the year?								
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X				
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	·							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		0-		x				
	any contributions that were not tax deductible as charitable contributions?		6a						
D	If "Yes," did the organization include with every solicitation an express statement that such contribut	-	6h						
7	were not tax deductible? 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 goods and ser	vices provided to the payor?	7a		x				
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		7.5						
Ū	to file Form 8282?		7с		х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the							
	sponsoring organization have excess business holdings at any time during the year?		8						
9	Sponsoring organizations maintaining donor advised funds.								
а			9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b						
10	Section 501(c)(7) organizations. Enter:	 							
a	Initiation fees and capital contributions included on Part VIII, line 12	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:	ا عما							
	Gross income from members or shareholders	11a							
Ü	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	.za						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120							
	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
14a			14a		Х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or			_				
	excess parachute payment(s) during the year?		15		X				
	If "Yes," see instructions and file Form 4720, Schedule N.				37				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X				
	If "Yes," complete Form 4720, Schedule O.		Farm	990	(0040)				

Form **990** (2019)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	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							
	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	b Enter the number of voting members included on line 1a, above, who are independent 1b 1b							
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		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6	Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c	Х					
13	Did the organization have a written whistleblower policy?	13		X				
14	Did the organization have a written document retention and destruction policy?	14		Х				
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a		X				
b	Other officers or key employees of the organization	15b		Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ►MD							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)))s only	/) avail	able				
	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)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d fina	ncial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	The Organization - 410-727-0722							
	1425 Key Highway, Suite 110, Baltimore, MD 21230							

Form 990 (2019) 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(10) Lynn Handy 5.00 Member-at-large X (11) Jamie Barnett 5.00 Member-at-large X (12) Marty Fetsch 5.00 Member-at-large X (13) Jim Kucher 5.00 Member-at-large X (14) Rob Law 5.00	(A)	(B)	Ĭ		((<u>)</u>			(D)	(E)	(F)
Secretary Secr	Name and title	hours per	box	not c , unle:	heck ss pe	more rson i	than is bot	h an	compensation	compensation	amount of
President		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	compensation from the organization and related
Calcade Calc		5.00								0	•
Vice President			X		Х				0.	0.	0.
Secretary	,-,	5.00	l							•	•
Secretary			X		Х				0.	0.	0.
Member-at-large		5.00								•	
Member-at-large X 0. 0. 0. (5) William Harrington 5.00 X 0. 0. 0. Member-at-large X 0. 0. 0. 0. (6) Viktoriya Shpigelman 5.00 X 0. 0. 0. 0. Member-at-large X 0.			X		Х				0.	0.	0.
Solition Solition		5.00								_	
Member-at-large X 0. 0. 0. (6) Viktoriya Shpigelman 5.00 X 0. 0. 0. (7) Mike McNamara 5.00 X 0. 0. 0. (8) Matt Lynn 5.00 X 0. 0. 0. Member-at-large X 0. 0. 0. 0. (9) Jemimah Tacadena 5.00 X 0. 0. 0. Member-at-large X 0. 0. 0. 0. (10) Lynn Handy 5.00 X 0. 0. 0. Member-at-large X 0. 0. 0. 0. (11) Jamie Barnett 5.00 X 0. 0. 0. Member-at-large X 0. 0. 0. 0. (13) Jim Kucher 5.00 X 0. 0. 0. Member-at-large X 0. 0. 0. 0. (13) Jim Kucher 5.00			X						0.	0.	0.
Member	(5) William Harrington	5.00							_	_	_
Member-at-large X 0. 0. 0. (7) Mike McNamara 5.00 X 0. 0. 0. Member-at-large X 0. 0. 0. 0. (8) Matt Lynn 5.00 X 0. 0. 0. 0. (9) Jemimah Tacadena 5.00 X 0. 0. 0. 0. (10) Lynn Handy 5.00 X 0. 0. 0. 0. Member-at-large X 0. 0. 0. 0. 0. (11) Jamie Barnett 5.00 X 0. 0. 0. 0. Member-at-large X 0. 0. 0. 0. 0. (12) Marty Fetsch 5.00 X 0. 0. 0. 0. Member-at-large X 0. 0. 0. 0. 0. (13) Jim Kucher X 0. 0. 0. 0. 0. Member-at-large			X						0.	0.	0.
(7) Mike McNamara 5.00 Member-at-large X (8) Matt Lynn 5.00 Member-at-large X (9) Jemimah Tacadena 5.00 Member-at-large X (10) Lynn Handy 5.00 Member-at-large X (11) Jamie Barnett 5.00 Member-at-large X (12) Marty Fetsch 5.00 Member-at-large X (13) Jim Kucher 5.00 Member-at-large X (14) Rob Law 5.00 Member-at-large X (15) Stuard Proctor 40.00	(6) Viktoriya Shpigelman	5.00									
Member-at-large X 0. 0. 0. (8) Matt Lynn 5.00 0. 0. 0. Member-at-large X 0. 0. 0. (9) Jemimah Tacadena 5.00 0. 0. 0. Member-at-large X 0. 0. 0. (10) Lynn Handy 5.00 0. 0. 0. Member-at-large X 0. 0. 0. (11) Jamie Barnett 5.00 0. 0. 0. Member-at-large X 0. 0. 0. (12) Marty Fetsch 5.00 0. 0. 0. Member-at-large X 0. 0. 0. (13) Jim Kucher 5.00 0. 0. 0. Member-at-large X 0. 0. 0. (14) Rob Law 5.00 0. 0. 0. Member-at-large X 0. 0. 0. (15) Stuard Proctor 40.00 0. 0. 0.	Member-at-large		Х						0.	0.	0.
(8) Matt Lynn 5.00 Member-at-large X (9) Jemimah Tacadena 5.00 Member-at-large X (10) Lynn Handy 5.00 Member-at-large X (11) Jamie Barnett 5.00 Member-at-large X (12) Marty Fetsch 5.00 Member-at-large X (13) Jim Kucher 5.00 Member-at-large X (14) Rob Law 5.00 Member-at-large X (15) Stuard Proctor 40.00	(7) Mike McNamara	5.00									
Member-at-large X 0. 0. 0. (9) Jemimah Tacadena 5.00 0. 0. 0. Member-at-large X 0. 0. 0. (10) Lynn Handy 5.00 0. 0. 0. Member-at-large X 0. 0. 0. (11) Jamie Barnett 5.00 0. 0. 0. Member-at-large X 0. 0. 0. (12) Marty Fetsch 5.00 0. 0. 0. Member-at-large X 0. 0. 0. (13) Jim Kucher 5.00 0. 0. 0. Member-at-large X 0. 0. 0. (14) Rob Law 5.00 0. 0. 0. (15) Stuard Proctor 40.00 0. 0. 0.	Member-at-large		Х						0.	0.	0.
(9) Jemimah Tacadena 5.00 Member-at-large X (10) Lynn Handy 5.00 Member-at-large X (11) Jamie Barnett 5.00 Member-at-large X (12) Marty Fetsch 5.00 Member-at-large X (13) Jim Kucher 5.00 Member-at-large X (14) Rob Law 5.00 Member-at-large X (15) Stuard Proctor 40.00	(8) Matt Lynn	5.00									
Member-at-large X 0. 0. 0. (10) Lynn Handy 5.00 X 0. 0. 0. Member-at-large X 0. 0. 0. 0. (11) Jamie Barnett 5.00 X 0. 0. 0. 0. Member-at-large X 0. 0. 0. 0. 0. 0. (13) Jim Kucher 5.00 X 0. 0. 0. 0. 0. Member-at-large X 0. 0. 0. 0. 0. 0. (14) Rob Law 5.00 X 0. 0. 0. 0. 0. 0. (15) Stuard Proctor 40.00 0.	Member-at-large		X						0.	0.	0.
Member-at-large	(9) Jemimah Tacadena	5.00									
Member-at-large X 0. 0. 0. (11) Jamie Barnett 5.00 X 0. 0. 0. Member-at-large X 0. 0. 0. 0. (12) Marty Fetsch 5.00 0. 0. 0. 0. Member-at-large X 0. 0. 0. 0. (13) Jim Kucher 5.00 0. 0. 0. 0. 0. Member-at-large X 0. 0. 0. 0. 0. (14) Rob Law 5.00 0. 0. 0. 0. 0. (15) Stuard Proctor 40.00 0. 0. 0. 0. 0.	Member-at-large		Х						0.	0.	0.
(11) Jamie Barnett 5.00 Member-at-large X (12) Marty Fetsch 5.00 Member-at-large X (13) Jim Kucher 5.00 Member-at-large X (14) Rob Law 5.00 Member-at-large X (15) Stuard Proctor 40.00	(10) Lynn Handy	5.00									
Member-at-large X 0. 0. 0. (12) Marty Fetsch 5.00 X 0. 0. 0. Member-at-large X 0. 0. 0. 0. (13) Jim Kucher 5.00 0. 0. 0. 0. Member-at-large X 0. 0. 0. 0. (14) Rob Law 5.00 0. 0. 0. 0. 0. (15) Stuard Proctor 40.00 0. 0. 0. 0. 0.	Member-at-large		Х						0.	0.	0.
(12) Marty Fetsch 5.00 Member-at-large X (13) Jim Kucher 5.00 Member-at-large X (14) Rob Law 5.00 Member-at-large X (15) Stuard Proctor 40.00	(11) Jamie Barnett	5.00									
Member-at-large X 0. 0. 0. (13) Jim Kucher 5.00 0. 0. 0. Member-at-large X 0. 0. 0. (14) Rob Law 5.00 0. 0. 0. 0. Member-at-large X 0. 0. 0. 0. (15) Stuard Proctor 40.00 0. 0. 0. 0.	Member-at-large		Х						0.	0.	0.
(13) Jim Kucher 5.00 Member-at-large X (14) Rob Law 5.00 Member-at-large X (15) Stuard Proctor 40.00	(12) Marty Fetsch	5.00									
Member-at-large X 0. 0. 0. (14) Rob Law 5.00 0.	Member-at-large		Х						0.	0.	0.
(14) Rob Law 5.00 Member-at-large X 0. 0. 0. (15) Stuard Proctor 40.00 0. 0. 0. 0.	(13) Jim Kucher	5.00									
Member-at-large X 0. 0. 0. (15) Stuard Proctor 40.00 0.	Member-at-large		Х						0.	0.	0.
(15) Stuard Proctor 40.00	(14) Rob Law	5.00									
	Member-at-large		Х			L	<u> </u>	L	0.	0.	0.
Executive Director X 59,107. 0. 8,440.	(15) Stuard Proctor	40.00									
	Executive Director		_		Х				59,107.	0.	8,440.

Form **990** (2019)

Form 990 (2019)

\$100,000 of compensation from the organization

The Downtown Sailing Center, Inc. 52-1867434 Page 9 Form 990 (2019) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 163,014. **b** Membership dues 1b 163,112. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 191,980. similar amounts not included above 1f 82,200. g Noncash contributions included in lines 1a-1f 1g |\$ 518,106. h Total. Add lines 1a-1f **Business Code** 150,114. 2 a Tuition fees 611600 150,114. Program Service Revenue Community outreach 611600 492. 492. b С All other program service revenue 150,606. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 88 88. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b **c** Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 22,000. assets other than inventory 7a b Less: cost or other basis Other Revenue 11,108 7b and sales expenses 10,892. c Gain or (loss) 10,892. 10,892. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 163,112. of contributions reported on line 1c). See 0 Part IV, line 18 6,085. **b** Less: direct expenses _____ -6,085. -6,085. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10b **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a Other 900099 561. 561. b

12 932009 01-20-20 4,895.

561.

674,168.

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions

151,167

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 respon-				(B)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	C7 F4C	F0 CC0	12 500	2 277
	trustees, and key employees	67,546.	50,660.	13,509.	3,377
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	227 007	104 422	47 507	F 0F0
7	Other salaries and wages	237,987.	184,432.	47,597.	5,958
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	16,880.	13,166.	3,376.	338
9	Other employee benefits	24,251.	18,674.	4,849.	728
10	Payroll taxes	24,231.	10,0/4.	4,049.	140
11	Fees for services (nonemployees):				
а	Management				
b	Legal	21,300.	16,401.	4,899.	
С	Accounting	21,300.	10,401.	4,033.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	535.	412.	107.	16
12	Advertising and promotion	2,384.	1,836.	476.	72
13	Office expenses	2,304.	1,030.	470.	14
14	Information technology				
15	Royalties	86,133.	66,322.	17,227.	2,584
16	Occupancy	00,133.	00,322.	11,221•	2,304
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	6,703.	5,162.	1,340.	201
19	Conferences, conventions, and meetings	5,561.	3,102.	5,561.	201
20	Interest	3,301.		3,301.	
21	Payments to affiliates	62,881.	48,419.	12,576.	1,886
22 23	· .	40,434.	31,135.	8,086.	1,213
23 24	Other expenses. Itemize expenses not covered	10 / 13 11	31/1331	0,0001	1,213
24	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Program supplies	30,122.	23,195.	6,927.	
b	Repairs and maintenance	26,327.	20,272.	6,055.	
c	Bank fees	11,823.	9,104.	2,364.	355
d	Telecommunications	10,834.	8,342.	2,167.	325
	All other expenses	21,556.	17,362.	3,831.	363
25	Total functional expenses. Add lines 1 through 24e	673,257.	514,894.	140,947.	17,416
<u> 26</u>	Joint costs. Complete this line only if the organization	•	,	· †	
	reported in column (B) joint costs from a complined - i		ı,		
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Form **990** (2019)

Ра	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			44,699.	1	255,004
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			910.	4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial c	ontributor, or 35%			
		controlled entity or family member of any of the	nese perso	ons		5	
	6	Loans and other receivables from other disqu	alified pers	sons (as defined			
		under section 4958(f)(1)), and persons descri	bed in sect	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ď	9	Prepaid expenses and deferred charges			900.	9	1,929
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D	10a	1,340,092.			
	b		10b	829,116.	481,462.	10c	510,976
	11	Investments - publicly traded securities			3,000.	11	3,440
	12	Investments - other securities. See Part IV, lin	e 11			12	
	13	Investments - program-related. See Part IV, lir	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e	qual line 33	3)	530,971.	16	771,349
	17	Accounts payable and accrued expenses			9,351.	17	11,457
	18	Grants payable		18			
	19	Deferred revenue			13,301.	19	35,753
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	te Part IV c	of Schedule D		21	
es	22	Loans and other payables to any current or for	ormer office	er, director,			
Liabilities		trustee, key employee, creator or founder, su	bstantial c	ontributor, or 35%			
jab		controlled entity or family member of any of the	nese perso	ons		22	
_	23	Secured mortgages and notes payable to uni			91,002.	23	59,818
	24	Unsecured notes and loans payable to unrela	ted third p	parties		24	220,021
	25	Other liabilities (including federal income tax,	payables t	o related third			
		parties, and other liabilities not included on lin	nes 17-24).	Complete Part X	40.040		60.005
		of Schedule D			43,348.		69,025
	26	Total liabilities. Add lines 17 through 25			157,002.	26	396,074
Ś		Organizations that follow FASB ASC 958, o	heck here	• ► X			
nce		and complete lines 27, 28, 32, and 33.			252 060		255 055
alaı	27	Net assets without donor restrictions			373,969.	27	375,275
d B	28	Net assets with donor restrictions			0.	28	0 .
Net Assets or Fund Balances		Organizations that do not follow FASB ASC	958, che	ck here ▶ ☐			
		and complete lines 29 through 33.					
)ts	29	Capital stock or trust principal, or current fun-				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
λA	31	Retained earnings, endowment, accumulated			272 060	31	275 275
ž	32	Total net assets or fund balances			373,969.	32	375,275
	33	Total liabilities and net assets/fund balances			530,971.	33	771,349.

-1867434 Pa	age 12
-------------	---------------

Pa	rt XI Reconciliation of Net Assets				_		
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		74,1 73,2			
2							
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3'	73,9			
5	Net unrealized gains (losses) on investments	5		3	95.		
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			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	3'	75,2	75.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				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 in Schedule	О.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	X 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	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si						
	Act and OMB Circular A-133?	-	3a	.	X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audi	it				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits						

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

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

Name of the organization Employer identification number The Downtown Sailing Center, Inc. 52-1867434 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. 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 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in 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. 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2019 The Downtown Sailing Center, Inc. 52-18674 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	ction A. Public Support		•	•						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
	Gifts, grants, contributions, and	,	, ,	, ,	, ,	,	.,			
	membership fees received. (Do not									
	include any "unusual grants.")	616,877.	461,256.	574,472.	439,415.	518,106.	2,610,126.			
2	Tax revenues levied for the organ-									
	ization'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	616 000	461 056	F. 7. 4. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.	420 415	F10 106				
	Total. Add lines 1 through 3	616,877.	461,256.	574,472.	439,415.	518,106.	2,610,126.			
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,						105 160			
_	column (f)						125,168.			
	Public support. Subtract line 5 from line 4.						2,484,958.			
	ndar year (or fiscal year beginning in)	(a) 201 <i>E</i>	(b) 2016	(a) 2017	(4) 2019	(a) 2010	(f) Total			
		(a) 2015 616,877.	(b) 2016 461, 256.	(c) 2017 574, 472.	(d) 2018 439,415.	(e) 2019 518,106.	(f) Total 2,610,126.			
	Amounts from line 4 Gross income from interest,	010,077	101,230.	3/1/1/20	433,413.	310,100.	2,010,120.			
0	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	8.	9.	9.	148.	88.	262.			
9	Net income from unrelated business					001				
·	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						2,610,388.			
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	814,190.			
13	First five years. If the Form 990 is for	r the organization's				n 501(c)(3)				
	organization, check this box and stop	here					> □_			
Sec	ction C. Computation of Publ	ic Support Pe	rcentage							
14	Public support percentage for 2019 (line 6, column (f) d	ivided by line 11, c	olumn (f))		14	95.19 %			
15	Public support percentage from 2018	3 Schedule A, Part	II, line 14			15	94.30 %			
16a	33 1/3% support test - 2019. If the o	•		•		•				
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X			
b	33 1/3% support test - 2018. If the o	•		•		•				
	and stop here. The organization qual									
17a	10% -facts-and-circumstances tes	•					•			
	and if the organization meets the "fac									
	meets the "facts-and-circumstances"									
b	10% -facts-and-circumstances tes	_								
	more, and if the organization meets the				-					
40	organization meets the "facts-and-circ									
<u>18</u>	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

Schedule A (Form 990 or 990-EZ) 2019

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.)

Section A. Public Support	, 1	,				
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
· ·						
ization'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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
ocquired ofter June 20, 1075						
c Add lines 10a and 10b		1		1		
11 Net income from unrelated business activities not included in line 10b,	1					
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	or the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
						>
Section C. Computation of Pub	lic Support Pe	ercentage				
15 Public support percentage for 2019	(line 8, column (f), o	divided by line 13,	column (f))		15	%
16 Public support percentage from 201	8 Schedule A, Part	: III, line 15			16	%
Section D. Computation of Inve	estment Incom	e Percentage				
17 Investment income percentage for 2	019 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2019. If th						
more than 33 1/3%, check this box						
b 33 1/3% support tests - 2018. If th						
line 18 is not more than 33 1/3%, ch	•			•		
mie io is not more trali 33 1/3%, Cl	on did not check a					······································

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
		100	110
	1		
	2		
	0-		
	3a		
	01		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	F1-		
	5b 5c		
	33		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	33		
	10a		
	iva		
	10b		
~ O	90 or 90	00_E7	2010

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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove 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	tion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Seci	tion D. All Type III Supporting Organizations		Yes	Na.
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		res	No
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction)	ons).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	e instructions	s).	
	Activities Test. Answer (a) and (b) below.		Yes	No
	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		
	Did the activities described in (a) 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	Oh		
	activities but for the organization's involvement. Parent of Supported Organizations, Answer (a) and (b) below	2b		
	Parent of Supported Organizations. Answer (a) and (b) below. 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? <i>Provide details in</i> Part VI.	За		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3h		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	g Orga	anizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete :	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		
Sect	ion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .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 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-functiona	lly integr	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

			·	
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _(continued)	
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which to	he organization is responsive	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

Name of the organization

The Downtown Sailing Center, Inc.

Employer identification number 52-1867434

Schedule D (Form 990) 2019

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other	Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.		
		(a) Donor advise	d 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			
	are the organization's property, subject to the organization's $% \left(1\right) =\left(1\right) \left(1$			
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose co	
Da	impermissible private benefit?			
Par		-	· · · · · · · · · · · · · · · · · · ·	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	7	
	Preservation of land for public use (for example, recrea	ation or education)	7	historically important land area
	Protection of natural habitat		☐ Preservation of a	certified historic structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contrib	oution in the form of	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b	Total acreage restricted by conservation easements			****
	Number of conservation easements on a certified historic str			
d	Number of conservation easements included in (c) acquired			
_	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or	terminated by the c	organization during the tax
	year >			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the per			□ vaa □ Na
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	, nandling of violations, a	na enforcing conse	rvation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and or	oforcina consorvatio	on agraments during the year
′	\$\\$\$ \$\$	alling of violations, and el	norchig conservation	or easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requiremen	nts of section 170(h	\(4\(\R\(i\)
Ū	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati			
Ŭ	balance sheet, and include, if applicable, the text of the footi		-	
	organization's accounting for conservation easements.	note to the organization	o miariolal otatornol	its that describes the
Par	t III Organizations Maintaining Collections o	f Art, Historical Tr	easures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form	•	•	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its rev	enue statement an	d balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, educatior	, or research in furt	herance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that de	scribes these items	
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public			
	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 tre			
	the following amounts required to be reported under FASB A			- · · · ·
а	Revenue included on Form 990, Part VIII, line 1	-		> \$
b	Assets included in Form 990, Part X			

932051 10-02-19

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

	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, d	or Othe	er Simila	ar Asse	t s (contir	nued)	- J -
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following tha	t make s	ignificant	use of its	i		
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how th	ney further t	he organizati	on's exer	mpt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	sures, or oth	er similar	assets		_		_
	to be sold to raise funds rather than to be ma	intained as part of t	he orga	nization's co	ollection?			L	Yes		No
Pai	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered '	'Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other as	sets not	included	_	_		,
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow or c	ustodial acco	unt liabil	ity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.				-						
Pai	t V Endowment Funds. Complete if	the organization an	swered	"Yes" on Fo	orm 990, Part	IV, line 1	10.				
		(a) Current year	(b) F	rior year	(c) Two year	s back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%	_								
С	Term endowment > 9	6									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiza	ation tha	at are held a	and administe	red for th	ne organiz	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	red on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the									•	
Pai	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990), Part I	/, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulate	d	(d) Boo	k value	Э
		basis (investr	nent)	basis	(other)	dep	reciation				
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
е	Other			1,34	0,092.		329,13	16.		0,9	
	. Add lines 1a through 1e. (Column (d) must ed		X, colur	nn (B), line 1	10c.)			•	51	0,9	76.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 The Downtown Sa	ailing	Center	, Inc.	52-1867434 _{Page} :
Part VII Investments - Other Securities.				•
Complete if the organization answered "Yes" on Fore				
	b) Book value	e (c)	Method of valua	tion: Cost or end-of-year market value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H) Total (Col. (h) must equal Form 000, Port V. col. (P) line 12 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" on Form	m 000 Dort	IV line 11e Se	oo Form 000 Don	t V line 12
	b) Book value			tion: Cost or end-of-year market value
	- Dook value	- (e)	, monitor of value	aren. eest er end er yeur market value
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" on For	m 990, Part	IV, line 11d. Se	ee Form 990, Par	t X, line 15.
(a) Descrip	otion			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)				>
Part X Other Liabilities.				
Complete if the organization answered "Yes" on Fore	m 990, Part I	IV, line 11e or	11f. See Form 99	
1. (a) Description of liability				(b) Book value
(1) Federal income taxes				60.005
(2) Deferred corporate membership	<u>) </u>			69,025
(3)				
(4)				
(5)				
(6)				
(7)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2019

69,025.

(8)

	edule D (Form 990) 2019 The Downtown Sailing Cente	-			367434 _{Page} 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With Rev	venue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				4=4=4
1	Total revenue, gains, and other support per audited financial statements			1	674,563.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		205		
	Net unrealized gains (losses) on investments		395.		
	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	, , , , , , , , , , , , , , , , , , , ,				205
	Add lines 2a through 2d			2e	395.
3	Subtract line 2e from line 1			3	674,168.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
a	, , , , , , , , , , , , , , , , , , , ,			-	
	Other (Describe in Part XIII.)			4.	0.
_	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			4c 5	674,168
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Statem			_	-
· u	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		penses per	Hetain	•
1	Total expenses and losses per audited financial statements			1	673,257.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				075,257
z a		2a			
	Prior year adjustments				
c	011			-	
d		· 		-	
	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	673,257
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	673,257
	rt XIII Supplemental Information.				
Prov	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b and	2b; Part V, line	4; Part X,	line 2; Part XI,
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	litional informatio	n.		
Pa:	rt X, Line 2:				
		_	_		_
Гh	e Center is exempt from federal and state	income ta	axes und	er Se	ection
50	1(c)(3) of the Internal Revenue Code and i	s classii	tied as	an	
			. 1	-	-
or	ganization that is not a private foundatio	n. For t	the year	ende	ed
· T		1			
NO	vember 30, 2020, the Center did not have a	ny unrela	ated bus	iness	ncome
	1. 2				
su.	bject to income taxes.				

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number Name of the organization The Downtown Sailing Center, Inc. 52-1867434 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes 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 (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 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.

932081 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

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

2 Less: Contributions	Pa	irt i		•	•		·
Ya Gotta Regatta Regat			or furidialsing event contributions and gr	i e			Tis greater than \$5,000.
Regatta (event type) (event type) (total number) (col. (c)) (col.					(b) Event #2	1 ' '	(d) Total events
Govern type (event type) (colar number) Col. (c)						None	(add col. (a) through
1 Gross receipts					/ 11 \	(1.1.1	col. (c))
2 Less: Contributions 163,112.	Pe			(event type)	(event type)	(total number)	
3 Gross income (line 1 minus line 2)	Reven	1	Gross receipts	163,112.			163,112.
4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 1 Net income summary. Subtract line 10 from line 3, column (d) Part III Garning. 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. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (add col. (a) through col. (c) 1 Gross revenue (d) Total gaming (add col. (a) through col. (c) 1 Gross revenue (e) Other gaming (col. (a) through col. (c) 2 Cash prizes (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (add col. (a) through col. (c) 4 Rent/facility costs (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (add col. (a) through col. (c) 7 Other direct expenses Yes 96		2	Less: Contributions	163,112.			163,112.
5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 10 Direct expense summary. Subtract line 10 from line 3, column (d) 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 1 (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (add col. (a) through col. (c) 4 Rent/facility costs 5 Other direct expenses 1 Ves % Yes % Yes % 5 Other direct expenses 6 Volunteer labor No		3	Gross income (line 1 minus line 2)				
6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses ummary. Add lines 4 through 9 in column (d) 10 Direct expense summary. Add lines 2 through 5 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 12 Cash prizes 13 Noncash prizes 14 Rent/facility costs 15 Other direct expenses 16 Volunteer labor 17 Direct expense summary. Add lines 2 through 5 in column (d) 18 Net gaming income summary. Subtract line 7 from line 1, column (d) 19 Enter the state(s) in which the organization conducts gaming activities: 10 a Were any of the organization licensed to conduct gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Yes No		4	Cash prizes				
8 Entertainment 9 Other direct expenses 6, 085 10 Direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 5, 085 11 Net income summary. Subtract line 10 from line 3, column (d) 5, 085 11 Net income summary. Subtract line 10 from line 3, column (d) 5, 085 11 Net income summary. Subtract line 10 from line 3, column (d) 5, 085 11 Net income summary. Subtract line 10 from line 3, column (d) 5, 085 11 Net income summary. Subtract line 10 from line 3, column (d) 5, 085 11 Net income summary. Subtract line 7 from line 1, column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities in each of these states? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	es	5	Noncash prizes				
8 Entertainment 9 Other direct expenses 6, 085 10 Direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 5, 085 11 Net income summary. Subtract line 10 from line 3, column (d) 5, 085 11 Net income summary. Subtract line 10 from line 3, column (d) 5, 085 11 Net income summary. Subtract line 10 from line 3, column (d) 5, 085 11 Net income summary. Subtract line 10 from line 3, column (d) 5, 085 11 Net income summary. Subtract line 10 from line 3, column (d) 5, 085 11 Net income summary. Subtract line 7 from line 1, column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities in each of these states? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	xbens	6	Rent/facility costs				
8 Entertainment 9 Other direct expenses 6, 085 10 Direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 5, 085 11 Net income summary. Subtract line 10 from line 3, column (d) 5, 085 11 Net income summary. Subtract line 10 from line 3, column (d) 5, 085 11 Net income summary. Subtract line 10 from line 3, column (d) 5, 085 11 Net income summary. Subtract line 10 from line 3, column (d) 5, 085 11 Net income summary. Subtract line 10 from line 3, column (d) 5, 085 11 Net income summary. Subtract line 7 from line 1, column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities in each of these states? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	Direct E	7	Food and beverages				
9 Other direct expenses	_	8	Entertainment				
10 Direct expense summary. Add lines 4 through 9 in column (d)		9					6,085.
1 Net income summary. Subtract line 10 from line 3, column (d) -6, 085		10				>	6,085.
Part III 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. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (add col. (a) through col. (c) I do the		11	Net income summary. Subtract line 10 from li				-6,085.
(a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (add col. (a) through col. (c) 1 Gross revenue	Pa	ırt I	Gaming. Complete if the organization				
1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 7 Each of these states 7 Each of the organization is gaming licenses revoked, suspended, or terminated during the tax year? 7 Each of tax year? 7 Each of the tax year? 7 Each of tax year? 7 Each of the tax year? 7 Each of tax year. 7 Each of			\$15,000 on Form 990-EZ, line 6a.			1	1
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses No No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No	e			(a) Bingo		(c) Other gaming	(d) Total gaming (add
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses No No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No	/en				billgo/progressive billgo		col. (a) through col. (c))
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10b Version Versio	Re						
3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No		1	Gross revenue				
3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No							
5 Other direct expenses	ses	2	Cash prizes				
5 Other direct expenses	Expens	3	Noncash prizes				
Yes % Yes	Direct	4	Rent/facility costs				
Yes % Yes		5	Other direct expenses				
7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No			·	Yes %	Yes %	Yes %	
8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No		6	Volunteer labor	No		No No	
9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No		7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No		8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No							
b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No				_			
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?							Yes No
	b	If "	No," explain:				
	40	\^'	are only of the organization to sensite a first	avolend acceptable to	orminatael di mir - H 1	() () () () () () () () () ()	
ы і теэ, елріант						year?	. Lites LiNo
	O	ш	165, 6APIAIII.				
		_					
		_					

Sch	edule G (Form 990 or 990-EZ) 2019 The Downtown Sailing Center, Inc. 52-1	8674	434	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/	O No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. — Y	es/es	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
С	If "Yes," enter name and address of the third party:			
	Nama -			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of continuous control N			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	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	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	,	, ,
	, , , , , , , , , , , , , , , , , , , ,			
		-		
-				

Schedule G	(Form 990 or 990-EZ)	The	Downtown	Sailing	Center,	Inc.	52-1867434	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation	(continued)					
	•••		,					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization The Downtown Sailing Center, Inc. Employer identification number 52-1867434

Par	rt I Types of Property										
		(a)	(b)	(c)	(d)						
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on		Method of determining noncash contribution amount					
		арріісаріє		Form 990, Part VIII, line 1) Horicasii contrib	ution a	mount				
1	Art - Works of art										
2	Art - Historical treasures										
3	Art - Fractional interests										
4	Books and publications										
5	Clothing and household goods										
6	Cars and other vehicles										
7	Boats and planes	X	5	82,200	.Comparable	sal	es				
8	Intellectual property										
9	Securities - Publicly traded										
10	Securities - Closely held stock										
11	Securities - Partnership, LLC, or										
	trust interests										
	Securities - Miscellaneous										
13	Qualified conservation contribution -										
	Historic structures										
14	Qualified conservation contribution - Other										
15	Real estate - Residential										
16	Real estate - Commercial										
17	Real estate - Other										
18	Collectibles										
	Food inventory										
	Drugs and medical supplies										
21	Taxidermy										
	Historical artifacts										
	Scientific specimens										
	Archeological artifacts										
25	Other ()										
26	Other • ()										
27	Other (
28	Other (
29	Number of Forms 8283 received by the organization	zation during	g the tax year for o	contributions	•						
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement 29							
							Yes	No			
30a	During the year, did the organization receive by	y contributio	n any property rep	ported in Part I, lines 1 thro	ugh 28, that it						
	must hold for at least three years from the date										
	exempt purposes for the entire holding period	?				30a		X			
b	If "Yes," describe the arrangement in Part II.										
	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contril	outions?	31		X			
	Does the organization hire or use third parties										
	contributions?		•			32a		Х			
b	If "Yes," describe in Part II.										
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is ch	necked,						
	describe in Part II.										
НΔ	For Panerwork Reduction Act Notice see	the Instruc	tions for Form 90	0	Schedule I	M (Forr	n 990)	2019			

34

932142 09-27-19

Schedule M (Form 990) 2019

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Name of the organization

The Downtown Sailing Center, Inc.

Employer identification number 52-1867434

Form 990, Part I, Line 1, Description of Organization Mission: and teamwork through the joy of sailing. The Downtown Sailing Center is committed to promoting an environment of inclusiveness and accessibility, especially to youth, persons with disabilities, and those with limited opportunity.

Form 990, Part III, Line 1, Description of Organization Mission: disabilities, and those with limited opportunity.

Form 990, Part VI, Section A, line 6:

Pursuant to the governing documents of the Downtown Sailing Center, the members of the Board of Directors (the governing body) constitute the legal members of the Downtown Sailing Center. The Downtown Sailing Center has no other "members".

Form 990, Part VI, Section B, line 11b:

A copy of the 990 was provided to the Executive Director, Treasurer and Board Members for review.

Form 990, Part VI, Section B, Line 12c:

The conflict of interest policy is reviewed annually.

Form 990, Part VI, Section C, Line 19:

Copies of financial reports and Form 990 are available upon request and also posted on the organization's website.

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

Schedule O (Form 990 or 990-EZ) (2019)

2019 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10 990

928111 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form 990 Page 10

23	22	21	20	19	18	17	16	15	14		87	72	27	26	25		84	Asset No.
J22 Jibs	Sonar Jibs	sails for general fleet	(D)sail for Island Girl	race markers	new sails (North Sails 1 Design & Rolly Tasker Sales	Rigging donated by Paul Bowe	Sails - J/22s and Sonors	Access Dinghy	Access Dinghy Sails	* 990 Page 10 Total -	Kayaks	Boston Whaler Super Sport 13	RIB - move to motor boat	Seahunt '17 Hoss	Boston Whaler 16 - Mary Anna	* 990 Page 10 Total -	Motor/Engine from Beacon Light Marina	Description
05/31/17	03/27/17	07/20/16	04/11/16	03/22/16	01/30/15	01/30/14	09/30/13	12/01/12	05/01/02		11/03/20	05/18/19	12/01/12	03/24/11	12/20/07		09/22/20	Date Acquired
SL	SL	SL	SL	SL	IS	SL	SL	SL	SL		SL	SL	SL	SL	SL		SL	Method
7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00		7.00	7.00	7.00	7.00	7.00		7.00	Life
16	16	16	16	16	16	16	16	16	16		16	16	16	16	16		16	< > 0 0
3,850.	5,482.	2,428.	1,495.	1,079.	12,966.	2,500.	19,516.	590.	2,300.	32,772.	2,672.	6,000.	3,500.	10,000.	10,600.	34,596.	1,775.	Line Unadjusted No. Cost Or Basis
																		Bus % Excl
																		Section 179 Expense
																		Reduction In Basis
3,850.	5,482.	2,428.	1,495.	1,079.	12,966.	2,500.	19,516.	590.	2,300.	32,772.	2,672.	6,000.	3,500.	10,000.	10,600.	34,596.	1,775.	Basis For Depreciation
1,375.	2,088.	1,157.	784.	565.	8,952.	2,083.	17,193.	590.	2,300.	24,529.		429.	3,500.	10,000.	10,600.	22,363.		Beginning Accumulated Depreciation
																		Current Sec 179 Expense
550.	783.	347.	214.	154.	1,852.	357.	2,323.	0.	0.	889.	32.	857.	0.	0.	0.	1,374.	42.	Current Year Deduction
1,925.	2,871.	1,504.	998.	719.	10,804.	2,440.	19,516.	590.	2,300.	25,418.	32.	1,286.	3,500.	10,000.	10,600.	23,737.	42.	Ending Accumulated Depreciation

928111 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2019 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10 990

29	28		77	76	75	74	71	70	69	68	67	66	65	63	59	58	24	Asset No.
J/22 - Jazz #1039	J/22 - Jammin'	* 990 Page 10 Total -	Roller Furling Genoa	Boat Fenders	Sails	Sonar Mainsails	J/22 Mainsails	Sail covers	Description									
04/15/94	04/15/94		08/17/20	07/08/20	07/22/20	07/22/20	11/12/19	10/14/19	09/10/19	08/06/19	08/06/19	07/23/19	03/26/19	05/25/18	11/30/17	11/30/17	11/21/17	Date Acquired
SL	SL		SL	SL	SL	SL	SL	SL	SL	SL	SL	SL	SL	SL	SL	SL	SL	Method
7.00	7.00		7.00	5.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	Life
16	16		16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	C Line o No. v
14,000.	11,000.	98,651.	1,918.	2,007.	2,887.	2,880.	994.	826.	2,077.	1,676.	1,260.	799.	9,240.	1,265.	5,440.	11,297.	1,879.	ne Unadjusted o. Cost Or Basis
																		Bus % Excl
																		Section 179 Expense
																		Reduction In Basis
14,000.	11,000.	98,651.	1,918.	2,007.	2,887.	2,880.	994.	826.	2,077.	1,676.	1,260.	799.	9,240.	1,265.	5,440.	11,297.	1,879.	Basis For Depreciation
14,000.	11,000.	43,840.					12.	20.	74.	80.	60.	38.	880.	271.	1,554.	3,228.	536.	Beginning Accumulated Depreciation
																		Current Sec 179 Expense
0.	0.	12,340.	69.	167.	137.	137.	142.	118.	297.	239.	180.	114.	1,320.	181.	777.	1,614.	268.	Current Year Deduction
14,000.	11,000.	56,180.	69.	167.	137.	137.	154.	138.	371.	319.	240.	152.	2,200.	452.	2,331.	4,842.	804.	Ending Accumulated Depreciation

(D) - Asset disposed

928111 04-01-19

 * ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form 990 Page 10

990

																		ъ
47	46	45	44	43	42	41	40	39	ω 8	37	36	ω 51	3 4	ω	3 2	31	30	Asset No.
J/22 - CocoJ	J/22 - OJ	Access Dinghy /Trlr.2000 #12	Sonar #34-"Sugar"	Sonar - Stormy	AD-303's - #11	Sonar - Color Wars #14 "Seahorse"	Sonar - Green #100 "Scooby"	AD 303's - # 9 -10	J/22 - JackRabbit #512	AD 303's - #5 - 8	J/22 - Jolly Roger #560	Sonar - Sayonara #98	AD 303's - #1 - 4	J/22 - Joker	J/22 - Jester	J/22 - Jolie	J/22 - Jalepeno #1042	Description
06/02/08	12/15/05	07/06/05	12/24/03	01/29/03	10/27/02	09/12/02	03/05/02	02/19/02	01/15/02	07/25/01	05/02/01	03/01/01	02/08/01	12/21/00	01/31/00	01/19/96	04/15/94	Date Acquired
SL	SL	IS	IS	SL	SL	SL	SL	IS	IS	SL	SL	SL	SL	SL	SL	SL	SL	Method
7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	Life
16	16	16	Н	16	16	16	16	16	Н	16	Н	Ь	Н	16	16	16	16	< 3 0 0
6	0	0	16	0	0	0	0	0	16	0	16	16	16	0	o	0	0	No. Co
10,000.	8,000.	1,500.	6,200.	8,000.	3,800.	2,500.	4,496.	7,600.	8,000.	15,200.	8,857.	7,500.	14,213.	9,510.	9,500.	5,500.	14,000.	Unadjusted Cost Or Basis
																		Bus % Excl
																		Section 179 Expense
																		Reduction In Basis
10,000.	8,000.	1,500.	6,200.	8,000.	3,800.	2,500.	4,496.	7,600.	8,000.	15,200.	8,857.	7,500.	14,213.	9,510.	9,500.	5,500.	14,000.	Basis For Depreciation
10,000.	8,000.	1,500.	6,200.	8,000.	3,800.	2,500.	4,496.	7,600.	8,000.	15,200.	8,857.	7,500.	14,213.	9,510.	9,500.	5,500.	14,000.	Beginning Accumulated Depreciation
																		Current Sec 179 Expense
0.	0.	0.	0.	0.	0.	0.	0.	0.	0.	0.	0.	0.	0.	0.	0.	0.	0.	Current Year Deduction
10,000.	8,000.	1,500.	6,200.	8,000.	3,800.	2,500.	4,496.	7,600.	8,000.	15,200.	8,857.	7,500.	14,213.	9,510.	9,500.	5,500.	14,000.	Ending Accumulated Depreciation

928111 04-01-19

Form 990 Page 10 990

36.5

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

928111 04-01-19

													→.Þ	For
												64	Asset No.	m 99
			Ending book value	Ending accum depr less dispositions	Ending balance	Dispositions/Retired	Acquisitions	Beginning balance	Current Year Activity	* Grand Total 990 Page 10 Depr	* 990 Page 10 Total -	(D)Computer	Description	Form 990 Page 10
												08/27/19	Date Acquired	
												SL	Method	
												5.00	Life	
													< = 0 C]
					ь			ь		ь		16	Line No.	
					1,340,091.	35,940.	103,503.	1,272,528.		1,376,031.	945.	945.	Unadjusted Cost Or Basis	
													Bus % Excl	990
													Section 179 Expense	
					0.	0.	0.	0.					Reduction In Basis	
					1,340,091.	35,940.	103,503.	1,272,528.		1,376,031.	945.	945.	Basis For Depreciation	
			510,974.	829,117.	771,120.	19,947.	0.	791,067.		791,067.	47.	47.	Beginning Accumulated Depreciation	
													Current Sec 179 Expense	
										62,882.	189.	189.	Current Year Deduction	
					829,117.	24,832.	9,027.	844,922.		853,949.	236.	236.	Ending Accumulated Depreciation	

36.6

928111 04-01-19