Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form. ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

B Croset application Name of organization Deptoyer identification number Name change Name of organization Name of organization Name and steed (or P.O. box, if mail a not delivered to street address) Room/suite Enterphane number Name of the name of th	A F	or the	2012 calenda	ar year, or tax year beginning	01/01	, 2012,	and ending	_	12/31	, 20	12
Number and street of P.O. box, if mail is not delivered to street address)	B 0	Check if ap	plicable:	C Name of organization				D Emple	oyer ide	ntification numb	er
Pos 27047 Pos		Address cl	hange	LAKE WINNIPESAUKEE SAILING A	ASSOCIATION INC				02	2-0439135	
Terrimoted 10 10 10 10 10 10 10 1		Name cha	change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite				E Telep	hone nu	ımber		
Aprecisation problems Gilford, Mth 03247 Support Approximation problems Gilford, Mth 03247 Support Approximation Support Suppor	=			PO Box 7047					603	3-589-1177	
Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	=	Terminated City or town, state or country, and ZIP + 4									
Accounting Method: □ Cash	$\overline{}$			Gilford, NH 03247					•	•	
Website: ►	_			' 	pocify)		u				n in not
Tarcevempt status (check only one)			· ·				"			-	11 15 1101
K Check If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form \$90-EZ or Form \$910 per turn is not required though Form \$90-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II). I contributions, \$900,000 or more, tile Form \$900 instead of Form \$90-EZ\$					(incort no.)	1947(a)(1) or		•			1
Not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II.) Iline 25c, solumn (9) below) are \$500,000 or more, file Form 990-EZ P2PTI Revenue, Expenses, and Changes in Nart Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I								•	-		
the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II). Image: 2s, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II). Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I I Contributions, gifts, grants, and similar amounts received											
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Form 990-EZ (2012) Page **2**

Pa	Balance Sheets (see the instructions f	,				
	Check if the organization used Schedule	O to respond to ar	ny question in this			
00	Cook covings and investments		-	(A) Beginning of year	00	(B) End of year
22	Cash, savings, and investments			69,350	22	115,653
23 24	Land and buildings			87,609	_	0
25	Total assets		_	156,959	_	2,963 118,616
26	Total liabilities (describe in Schedule O)				26	118,616
27	Net assets or fund balances (line 27 of column			156,959		118,616
	Statement of Program Service Accom	· , •				
	Check if the organization used Schedule	•		•	(Do	Expenses equired for section
Wha	<u> </u>	Teaching and training	•	•		1(c)(3) and 501(c)(4)
Desc	ribe the organization's program service accomplis		•			anizations and section
	neasured by expenses. In a clear and concise m					17(a)(1) trusts; optional others.)
	ons benefited, and other relevant information for ea		,	•	10.	outoro.,
28	Youth development: Sailing School for students age	8 to 16, running for 8	weeks with profess	ional		
	instructors. Also competitive events locally and regi	onally.				
	(Grants \$ 0) If this amount	includes foreign gra	nts, check here .	▶ □	28	a 42,934
29	Boating programs: Adult Racing Program: Seasonal	racing with Thursday	y night and occasion	al weekend		
	races for adults on larger boats with youth participal	tion as crew.				
	·	includes foreign gra			298	a 4,477
30	Boating Programs: Ran a J/80 Class regional circuit	regatta with national	participation. (Aprox	c. 76		
	participants).					
	/O	in a land of a mail and a mail			00	_
04	· · · · · · · · · · · · · · · · · · ·	includes foreign gra			30	a 4,598
31	Other program services (describe in Schedule O)_ (Grants \$ 0) If this amount	includes foreign gra	nto obsolvhovo		31	
32	Total program service expenses (add lines 28a t	hrough 31a)	ints, check here .	· · · •	32	
-	Total program our vice expenses (add into 20a t	inoughoru,				32,009
Par						
Par	List of Officers, Directors, Trustees, and Key	Employees List each	n one even if not com	pensated (see the in	struc	ctions for Part IV)
Par		Employees List each O to respond to an	n one even if not com	pensated (see the in	struc	
Par	List of Officers, Directors, Trustees, and Key	O to respond to an (b) Average hours per week	n one even if not coming question in this (c) Reportable compensation	pensated (see the in Part IV	ee (e	ctions for Part IV)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	CEMPLOYEES List each O to respond to ar (b) Average	n one even if not com ny question in this (c) Reportable	pensated (see the in Part IV	ree (e	ctions for Part IV)
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Thor Com Jon Vice J Co Vice Jeffr Trea Mich	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title mas Mullen modore (President), Director Rochlis President, Director nor Hayes President, Director ey Kirchhoff surer, Director ael Curtin	(b) Average hours per week devoted to position 5	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated (see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	sstruc.	ctions for Part IV)
Thor Com Jon Vice J Co Vice Jeffr Trea Mich	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title mas Mullen modore (President), Director Rochlis President, Director nor Hayes President, Director ey Kirchhoff surer, Director ael Curtin	(b) Average hours per week devoted to position 5	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated (see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	sstruc.	ctions for Part IV)
Thor Com Jon Vice J Co Vice Jeffr Trea Mich	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title mas Mullen modore (President), Director Rochlis President, Director nor Hayes President, Director ey Kirchhoff surer, Director ael Curtin	(b) Average hours per week devoted to position 5	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated (see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	sstruc.	ctions for Part IV)
Thor Com Jon Vice J Co Vice Jeffr Trea Mich	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title mas Mullen modore (President), Director Rochlis President, Director nor Hayes President, Director ey Kirchhoff surer, Director ael Curtin	(b) Average hours per week devoted to position 5	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated (see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	sstruc.	ctions for Part IV)
Thor Com Jon Vice J Co Vice Jeffr Trea Mich	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title mas Mullen modore (President), Director Rochlis President, Director nor Hayes President, Director ey Kirchhoff surer, Director ael Curtin	(b) Average hours per week devoted to position 5	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated (see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	sstruc.	ctions for Part IV)
Thor Com Jon Vice J Co Vice Jeffr Trea Mich	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title mas Mullen modore (President), Director Rochlis President, Director nor Hayes President, Director ey Kirchhoff surer, Director ael Curtin	(b) Average hours per week devoted to position 5	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated (see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	sstruc.	ctions for Part IV)
Thor Com Jon Vice J Co Vice Jeffr Trea Mich	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title mas Mullen modore (President), Director Rochlis President, Director nor Hayes President, Director ey Kirchhoff surer, Director ael Curtin	(b) Average hours per week devoted to position 5	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated (see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	sstruc.	ctions for Part IV)
Thor Com Jon Vice J Co Vice Jeffr Trea Mich	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title mas Mullen modore (President), Director Rochlis President, Director nor Hayes President, Director ey Kirchhoff surer, Director ael Curtin	(b) Average hours per week devoted to position 5	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated (see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	sstruc.	ctions for Part IV)

Form 990-EZ (2012)

Part	·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		Yes	No
34	·	33		~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		,
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	_		
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		V
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
a b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed ► NH			
42a	The organization's books are in care of ▶ Jeffrey Kirchhoff Telephone no. ▶	503-49	1-798	5
	Located at ► PO Box 7047, Gilford, NH 03247-7047 ZIP + 4 ►	03247	7-7047	
b	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)?	42b	Yes	No 🗸
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		'
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ □
	and onto the unionic of tax oxompt interport opening of about a during the tax year.		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
С	Did the organization receive any payments for indoor tanning services during the year?	44c		~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
45b	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," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		~

Page 3

-orm 990	J-EZ (20	112)								P	age 🖣
										Yes	No
		ne organization engage, directly or in ndidates for public office? If "Yes," o							46		~
Part \		Section 501(c)(3) organizations		raiti	• • •	• • •	• •	•	40		
rait		All section 501(c)(3) organizations		etione 17_10h ar	nd 52 and	d comr	alata th	a tahla	se fo	or line	26
		50 and 51	s must answer que	3110113 41 –430 ai	iu 52, aii	a com	JIELE LI II	table	55 10	אוווו וכ	53
						//					
		Check if the organization used Sch	neaule O to respond	to any question i	n this Par	t VI.					
								. –		Yes	No
		ne organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec		ect dur	ing the		47		/
48	Is the	organization a school as described in	n section 170(b)(1)(A)(ii)? If "Yes." comple	te Schedu	le E.		.	48		~
		ne organization make any transfers to						-	l9a		~
		s," was the related organization a se	•					_	19b		
		blete this table for the organization's								as and	d kay
		byees) who each received more than									а кеу
	Citipie	yees) who each received more than	- Ψ100,000 01 00111ρ01			lealth ber		, crite		0110.	
	(a)	Name and title of each employee	(b) Average	(c) Reportable			employee	(e) Esti	mate	d amou	int of
		paid more than \$100,000	hours per week devoted to position	compensation (Forms W-2/1099-MIS			deferred	othe	com	pensati	ion
				()	, C	mpensat	ion				
None											
51	Comp \$100,	number of other employees paid over olete this table for the organization' 000 of compensation from the organ and address of each independent contractor pa	s five highest compenization. If there is no	ensated independe		ctors w		recei			than
None	tarrio ai	to dudition of odor independent contractor pa	The more than \$100,000	(2)							
None											
d	Total	number of other independent contra	actors each receiving	Over \$100 000	<u> </u>						
		·	_			17/21/4	١				
		ne organization complete Schedule A cempt charitable trusts must attach a				. ,	•	.	V		ما
									Yes		NO.
		of perjury, I declare that I have examined this r d complete. Declaration of preparer (other than						owledge	and	belief,	it is
		\									
Sign Here		Signature of officer				Date					
		Type or print name and title									
Paid		Print/Type preparer's name	Preparer's signature		Date		Check	if P	IN		
raiu Prepa	arer						self-emplo				
Use (Firm's name ▶	•			Firm's I	EIN ▶				
USE (וויכ	Firm's address ▶				Phone					
May th	e IRS	discuss this return with the preparer	shown above? See i	nstructions			1	▶ □	Yes		lo l

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Employer identification number Name of the organization LAKE WINNIPESAUKEE SAILING ASSOCIATION INC 02-0439135 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 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.) 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 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) 8 An organization that normally receives: (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II **c** Type III–Functionally integrated **d** Type III–Non-functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No Yes 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iv) Is the organization (v) Did you notify (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary (vi) Is the organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col. support col. (i) of your governing document? (i) organized in the above or IRC section support? U.S.? (see instructions)) Yes No Yes No Yes No (A) (B) (C) (D) (E)

Total

	(Complete only if you checked the Part III. If the organization fails to				-	•	alify under
Secti	on A. Public Support	quality una	51 1110 10010 110	noa Bolow, pi	odoo oompie	no r art iii.j	
	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(2)					()
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support					1	
	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the	e organization	n's first, secon	d, third, fourth	, or fifth tax ye		
	organization, check this box and stop her	re					▶ □
Secti	on C. Computation of Public Suppor	t Percentag	е				
14 15	Public support percentage for 2012 (line 6 Public support percentage from 2011 Sch	nedule A, Part	II, line 14 .			14 15	%
16a	33 ¹ /3% support test—2012. If the organize box and stop here. The organization qual	ifies as a pub	icly supported	organization			. ▶ □
Ь	b 33¹/₃% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33¹/₃% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a							
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part IV how the organization m supported organization	ion meets the eets the "facts	facts-and-ci	rcumstances" tances" test. T	test, check th	is box and st	op here.
18	Private foundation. If the organization die	d not check a	box on line 13,	16a, 16b, 17a	, or 17b, chec	k this box and	see

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			•	·	,	
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	17,570	10,625	25,612	29,806	20,625	104,238
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	31,435	35,268	56,057	54,409	55,128	232,297
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf	_	_	_	_	_	_
_		0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	49,005	45,893	81,669	84,215	75,753	336,535
7a	Amounts included on lines 1, 2, and 3	177000	10,070	01,007	0.72.0	7.077.00	000,000
	received from disqualified persons .	3,785	3,235	2,385	730	835	10,970
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	0	0	0	0	0	0
	Add lines 7a and 7b	3,785	3,235	2,385	730	835	10,970
8	Public support (Subtract line 7c from						
Sooti	line 6.)						325,565
	on B. Total Support dar year (or fiscal year beginning in)	(a) 2002	(h) 0000	(a) 2010	(d) 0011	(a) 0010	(f) Total
9	Amounts from line 6	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
10a	Gross income from interest, dividends,	49,005	45,893	81,669	84,215	75,753	336,535
IVa	payments received on securities loans, rents,						
	royalties and income from similar sources .	1,171	529	355	380		2,435
b	Unrelated business taxable income (less	,	-				,
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	1,171	529	355	380	0	2,435
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,	0	U	0	U	U	
	and 12.)	50,176	46,422	82,024	84,595	75,753	338,970
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he	re					▶ 🗆
Secti	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2012 (line 8		-	3, column (f))		15	96.04 %
16	Public support percentage from 2011 Sch					16	94.4 %
	on D. Computation of Investment In				(0)	1	
17	Investment income percentage for 2012 (17	0.72 %
18	Investment income percentage from 2011					18 ora than 221 of	1.1 %
19a	33 ¹ / ₃ % support tests—2012. If the organ 17 is not more than 33 ¹ / ₃ %, check this box						
b	33 ¹ / ₃ % support tests—2011. If the organiz	-	_	-		=	_
D	line 18 is not more than 331/3%, check this I						
20	Private foundation. If the organization di						

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization	Employer identification number
LAKE WINNIPESAUKEE SAILING ASSOCIATION INC	02-0439135
LAKE WINNIFESAUREE SAILING ASSOCIATION INC	02-0437133

Schedule O, Statement 1

LAKE WINNIPESAUKEE SAILING ASSOCIATION INC 02-0439135

Form: 990-EZ Page: 1

Line Number: Part I Line 16

Other Expenses Structured Explanation

Description	Amount
Insurance	3,375
Promotion	477
Boats	1,886
T-shirts	1,717
Food	619
Trophies	216
Memberships	140
Classes	632
Regatta expenses	4,598
Fleet expenses	4,477
Total:	18,137

Schedule O, Statement 2

LAKE WINNIPESAUKEE SAILING ASSOCIATION INC 02-0439135

Form: 990-EZ Page: 2

Line Number: Part II Line 24

Other Assets Structured Explanation

Description	EOY Amount
School sailboats net	2,111
Trailers net	852
Total:	2,963