Department of the Treasury Internal Revenue Service

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) For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year. The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

Open to Public Inspection

Α	For the	2003 calend	lar year	r, or tax year beginning	01/01/03	, 2003, and e	ending	12/3	1/03	, 20
В	Check if ap	pplicable:		C Name of organization				D Emplo	yer ide	ntification number
	Address of							0439	135	
	Name cha	ange	print or	Number and street (or P.O. b	nov if mail is not deliv	ered to street address) Room/suite	E Teleph		
Ц	Initial retu		type.	PO Box 7047	ox, ii maii is not deiiv	orea to street address	, Room, suite	(603	1	224-6377
Ц	Final retur		See Specific					(000)	224-0311
Ц	Amended		Instruc-	City of town, state of country	y, and ZIP + 4			F Enter	4-digit	(GEN) ▶
Ш	Applicatio	on pending	tions.	Gilford, NH 03247-7047						
	• Secti	on 501(c)(3)	organiz	zations and 4947(a)(1) nonex	empt charitable tr	usts must attach	G Acco	unting me	thod:	✓ Cash ☐ Accrual
			a cor	mpleted Schedule A (Form 9	990 or 990-EZ).		Other	(specify)	>	
							H Check	→ □	if the o	organization
ı	Web si	ite: ▶						required		•
			sheck or	only one)- ☑ 501(c) (3) ◄ (i	incort no.) 10	47(a)(1) or), 990-EZ, or 990-PF).
				ion's gross receipts are norma						
_				m 990 Package in the mail, it s						
				ine 9 to determine gross receipts						81,583
P	art I	Revenue	<u>, Expe</u>	enses, and Changes in	Net Assets or	Fund Balances	s (See pag	e 36 of	the in	structions.)
	1	Contributio	ns, aifts	s, grants, and similar amoun	nts received				1	27,645
	2		•	revenue including governm					2	34,677
		-							3	1,829
	3			s and assessments					4	22
	4			ne		1 - 1		£40.000	//////	
				om sale of assets other tha	,			\$12,000		
	b	Less: cost	or other	er basis and sales expense	es	5b		13,335		
	c	Gain or (lo	ss) fror	m sale of assets other than	n inventory (line 5	a less line 5b) (at	tach sched	ule) .	5c	-1,335
Revenue	6			nd activities (attach schedu	•					See Statement 2
en				ot including \$, oncon no	° Ш		occ otatement 2
ē	a			· ·		1 - 1		5,410		
\propto				1)		· · · · 				
	b	Less: direc	ct expe	enses other than fundraising	g expenses	6b		4,243		
	c	: Net incom	e or (lo	oss) from special events an	d activities (line 6	a less line 6b) .			6c	1,167
	7a	Gross sale	es of inv	ventory, less returns and a	llowances	7a		0		
				ods sold				0		
	1		_	oss) from sales of inventory					7c	0
						70)			8	
	8	Other reve			70. and 0\)	-	<u> </u>
_	9			dd lines 1, 2, 3, 4, 5c, 6c,					9	\$64,005
	10	Grants and	d simila	ar amounts paid (attach scl	hedule)				10	
	11			or for members					11	0
S	12	Salaries o	ther co	ompensation, and employe	e henefits				12	14,700
JSE	13			and other payments to inc					13	0
penses									14	
Ĕ	14			utilities, and maintenance						0
_	15	Printing, p	ublicati	ions, postage, and shipping	g				15	764
	16			(describe ► See Statemer)	16	32,452
	17	Total expe	enses ((add lines 10 through 16)	<u></u>			_ , ▶	17	47,916
S	18	Excess or	(deficit	t) for the year (line 9 less lin	ne 17)				18	16,089
Net Assets	19			nd balances at beginning of						
ĘŠ	''			e reported on prior year's r					19	47,640
¥ /	20			n net assets or fund balanc		nation) See Stater	ment 3		20	6,404
ž	20			nd balances at end of year			nent o			70,133
<u> </u>							ro filo Farre	. 000 !===	21 tand o	
Ľ.	art II	Dalance		s- If Total assets on line 2		; ⊅∠ɔu,uuu or mo				
			(5	See page 36 of the instruct	tions.)		(A) Beg	ginning of y		(B) End of year
22	2 Cash	h, savings, a	and inv	estments				10,8	42 22	25,105
23	Lanc	d and buildi	ngs .						0 23	
24	Othe	er assets (de	escribe	See Statement 6					98 24	
25	Tota	l assets		-				47,6	40 25	74,133
26	Tota	ii usseis . Il liabilition !	 (dascrib	be See Statement 7					0 26	
20	, iUld Mot	n navillues (iund ha	plances (line 27 of column	(R) must agree v			47.6	40 27	

form 990-EZ (2003) Page **2**

Part III	Statement of Program Service Accom	nlishments (See nac	na 30 of tha i	netructio	ine)		Expenses	
	e organization's primary exempt purpose?					(Red	uired for 501(c)(3)	
mai is ine Ascriba w	e organization's primary exempt purpose?i /hat was achieved in carrying out the organiza	ation's event numer	es In a clear	and conc	isa mannar	and	(4) organizations 4947(a)(1) trusts;	
escribe w	e services provided, the number of persons ber	nefited, or other relevan	nt information f	or each p	rogram title.	opti	onal for others.)	
	otomont E			·				
			(C)	28a	37,924.00	
			,					
			/O)	29a		
. ——			•			-/-		
			(Grants \$,	30a		
Other n	program services (attach schedule))	31a		
	rogram service expenses (add lines 28a thi					32	\$37,924	
art IV	List of Officers, Directors, Trustees, and Key E							
art iv	List of Officers, Directors, Trustees, and Rey L	(B) Title and average		pensation	(D) Contribution		(E) Expense	
	(A) Name and address	hours per week	(If no	paid,	employee benefit	plans &	account and	
oo Stata	ement 8	devoted to position	enter	-0)	deferred compe	полит	other allowances	
se state	ement 8							
	Other Information (Note the ottochus	ant requirement in C	Comoral Imates	iotion M	nogo 14)		Vac Na	
art V	Other Information (Note the attachme	•					Yes No	
	e organization engage in any activity not previously re	•		•	•			
Were a	any changes made to the organizing or governing docume	ents but not reported to the	IRS? If "Yes," att	ach a copy	of changes.		/	
	ted on Form 990-T, attach a statement explainir e organization have unrelated business gross incom						ents?	
b If "Ye	es," has it filed a tax return on Form 990-T for	or this year?						
	there a liquidation, dissolution, termination, or s					.)	- <i>VIIIII</i>	
a Enter	amount of political expenditures, direct or inc	lirect, as described in	the instruction	s. 🕨 🚨	87a		0 ////////////////////////////////	
b Did th	he organization file Form 1120-POL for this y	year?						
a Did th	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee OR were any							
	loans made in a prior year and still unpaid a							
b If "Ye	s," attach schedule specified in the line 38 instru	uctions and enter the ar	mount involved	I. 3	38b		0	
501(c	c)(7) organizations. Enter: a Initiation fees and	capital contributions	included on li	ne 9 🔼	39a			
b Gross	s receipts, included on line 9, for public use of	of club facilities .		🚨	39b			
a 501(c))(3) organizations. Enter: Amount of tax imposed or	n the organization during	the year under	:			<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
		12 ▶			>		0//////////////////////////////////////	
b 501(c))(3) and (4) organizations. Did the organization enga	age in any section 4958	excess benefit	ransactio	n during the y	ear or	did it	
	me aware of an excess benefit transaction from a p							
	nt of tax imposed on organization managers or disc	•						
		qualified persons during to					_	
a Enter	: Amount of tax on line 40c, above, reimburs		he year under 4	912, 4955	, and 4958 ►		0	
		sed by the organization	he year under 4	912, 4955	, and 4958 ►		0	
List th	ne states with which a copy of this return is file	sed by the organization d. ► NH	he year under 4 n	912, 4955	, and 4958 ► ►		0	
List th The b	ne states with which a copy of this return is file books are in care of Alan Kanegsberg	d. ► NH	he year under 4 n	912, 4955 · · · Telepl	, and 4958 ► ► hone no. ►	(0	
List the the Location Section	ne states with which a copy of this return is file books are in care of ► Alan Kanegsberg ted at ► 9 Old Coach Road, Bow, NH on 4947(a)(1) nonexempt charitable trusts filing	ed by the organization d. ► NH mg Form 990-EZ in lie	he year under 4 n	912, 4955 Telepl	, and 4958 ► ► hone no. ► ZIP + 4 ► ck here ►	(033	0 0	
List the the Location Section	ne states with which a copy of this return is file books are in care of ► . Alan Kanegsberg ted at ► . 9 Old Coach Road, Bow, NH	ed by the organization d. ► NH mg Form 990-EZ in lie	he year under 4 n	912, 4955 Telepl	, and 4958 ► ► hone no. ► ZIP + 4 ► ck here ►	(033	0 0	
List the the Location Section	ne states with which a copy of this return is file pooks are in care of ► Alan Kanegsberg ted at ► 9 Old Coach Road, Bow, NH on 4947(a)(1) nonexempt charitable trusts filling enter the amount of tax-exempt interest receil Under penalties of perjury, I declare that I have examin	ng Form 990-EZ in lie ived or accrued during ed this return, including acc	he year under 4 n	912, 4955 Telepl 2 41—Chec	, and 4958 ► ► hone no. ► ZIP + 4 ► ck here ► 43 atements, and t	0330	0 0 0 0 0 0 0 04 04	
List the the Location Section and e	ne states with which a copy of this return is file pooks are in care of ► Alan Kanegsberg ted at ► 9 Old Coach Road, Bow, NH on 4947(a)(1) nonexempt charitable trusts filing the the amount of tax-exempt interest recei	ng Form 990-EZ in lie ived or accrued during ed this return, including acc	he year under 4 n	912, 4955 Telepl 2 41—Chec	, and 4958 ► ► hone no. ► ZIP + 4 ► ck here ► 43 atements, and t	0330	0 0 0 0 0 0 0 04 04	
List the Locate Section and e	ne states with which a copy of this return is file pooks are in care of ► Alan Kanegsberg ted at ► 9 Old Coach Road, Bow, NH on 4947(a)(1) nonexempt charitable trusts filling enter the amount of tax-exempt interest receil Under penalties of perjury, I declare that I have examin	ng Form 990-EZ in lie ived or accrued during ed this return, including acc	he year under 4 n	912, 4955 Telepl 2 41—Chec	, and 4958 ► ► hone no. ► ZIP + 4 ► ck here ► 43 atements, and t	0330	0 0 0 0 0 0 0 04 04	
List the the Locate Section and example case	ne states with which a copy of this return is file pooks are in care of ► Alan Kanegsberg ted at ► 9 Old Coach Road, Bow, NH on 4947(a)(1) nonexempt charitable trusts filling enter the amount of tax-exempt interest receil Under penalties of perjury, I declare that I have examin	ng Form 990-EZ in lie ived or accrued during ed this return, including acc	he year under 4 n	912, 4955 Telepl	, and 4958 ► ► hone no. ► ZIP + 4 ► ck here ► 43 atements, and t	0330	0 0 0 0 0 0 0 04 04	
List the the Locate Section and example case	ne states with which a copy of this return is file pooks are in care of ▶ Alan Kanegsberg ted at ▶ 9 Old Coach Road, Bow, NH on 4947(a)(1) nonexempt charitable trusts filing enter the amount of tax-exempt interest receil Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration	ng Form 990-EZ in lie ived or accrued during ed this return, including acc	he year under 4 n	912, 4955 Telepl	, and 4958 ► ► hone no. ► ZIP + 4 ► ck here ►	0330	0 0 0 0 0 0 0 04 04	
List the the Locate Section and examples as examples a	ne states with which a copy of this return is file pooks are in care of ▶ .Alan Kanegsberg ted at ▶ .9 Old Coach Road, Bow, NH on 4947(a)(1) nonexempt charitable trusts filing enter the amount of tax-exempt interest receil Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration Signature of officer	ng Form 990-EZ in lie ived or accrued during ed this return, including acc	he year under 4 n	912, 4955 Telepl	, and 4958 ► ► hone no. ► ZIP + 4 ► ck here ►	0330	0 0 0 0 0 0 0 04 04	
List the the Local Section and e	ne states with which a copy of this return is file pooks are in care of ► Alan Kanegsberg ted at ► 9 Old Coach Road, Bow, NH on 4947(a)(1) nonexempt charitable trusts filing enter the amount of tax-exempt interest receil. Under penalties of perjury, I declare that I have examin and belief, it is true, correct, and complete. Declaration Signature of officer Alan Kanegsberg, Treasurer Type or print name and title.	ng Form 990-EZ in lie ved or accrued during ed this return, including acc of preparer (other than office).	he year under 4 n	912, 4955 Telepl 41—Chec	, and 4958 ► ► hone no. ► ZIP + 4 ► ck here ►	0330	0 0 0 0 0 0 0 04 04	
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List the the Locate Section and elease gnumbere	ne states with which a copy of this return is file books are in care of ► Alan Kanegsberg ted at ► 9 Old Coach Road, Bow, NH on 4947(a)(1) nonexempt charitable trusts filing enter the amount of tax-exempt interest receil Under penalties of perjury, I declare that I have examin and belief, it is true, correct, and complete. Declaration Signature of officer Alan Kanegsberg, Treasurer Type or print name and title. Preparer's	ng Form 990-EZ in lie ved or accrued during ed this return, including acc of preparer (other than office).	he year under 4 n u of Form 10 g the tax year ompanying schec cer) is based on a	912, 4955 Telepl 41—Chec ules and st Il information	, and 4958	0330	0 0 0 0 0 0 04 est of my knowledge is any knowledge.	
List the the Locate Section and elements and elements and elements are the control of the contro	ne states with which a copy of this return is file books are in care of ► Alan Kanegsberg ted at ► 9 Old Coach Road, Bow, NH on 4947(a)(1) nonexempt charitable trusts filing enter the amount of tax-exempt interest receil. Under penalties of perjury, I declare that I have examin and belief, it is true, correct, and complete. Declaration Signature of officer Alan Kanegsberg, Treasurer Type or print name and title. Preparer's signature	ng Form 990-EZ in lie ved or accrued during ed this return, including acc of preparer (other than office).	he year under 4 n u of Form 10 g the tax year ompanying schec cer) is based on a	912, 4955 Telepl 41—Chec ules and st Il information	, and 4958 ► ► hone no. ► ZIP + 4 ► ck here ►	0330) 603-224-637 04 est of my knowledges any knowledge.	

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information- (See separate instructions.)

2003

Employer identification number

02 0439135

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Lake Winnipesaukee Sailing Association, Inc

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation mployee benefit plans & account and other than \$50,000 per week devoted to position deferred compensation allowances None Total number of other employees paid over 0 \$50,000. Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of others receiving over \$50,000 for professional services . . .

Pai	rt II	Statements About Activities (See page 2 of the instructions.)	Yes	No				
1	atte or	ring the year, has the organization attempted to influence national, state, or local legislation, including any empt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid incurred in connection with the lobbying activities * (Must equal amounts on line 38, tt VI-A, or line i of Part VI-B.)		<u> </u>				
	org	ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other ganizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of elobbying activities.						
2	suk wit ow	ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any ostantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or h any taxable organization with which any such person is affiliated as an officer, director, trustee, majority mer, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the insactions.)						
а	Sal	le, exchange, or leasing of property?		~				
b		nding of money or other extension of credit?		~				
С		rnishing of goods, services, or facilities?		~				
d		yment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		V				
е	Tra	Insfer of any part of its income or assets?		~				
3a		you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how	\ \					
		u determine that recipients qualify to receive payments.)	+	~				
b		you have a section 403(b) annuity plan for your employees?						
4	Dic on	you maintain any separate account for participating donors where donors have the right to provide advice the use or distribution of funds?		~				
Pai	rt I\	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)						
The	orga	anization is not a private foundation because it is: (Please check only ONE applicable box.)						
5		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).						
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)						
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).						
8		A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).						
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's and state ▶	name	, city				
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 17 (Also complete the Support Schedule in Part IV-A.)	'0(b)(1)	(A)(iv				
11a		An organization that normally receives a substantial part of its support from a governmental unit or from the ge Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	neral p	oublic				
11b		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)						
12		An organization that normally receives: (1) more than 33\% of its support from contributions, membership feer receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more the its support from gross investment income and unrelated business taxable income (less section 511 tax) from business by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	an 33¹	/3 % (
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports org described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a) section 509(a)(3).)						
		Provide the following information about the supported organizations. (See page 5 of the instructions.)						
		(a) Name(s) of supported organization(s) (b) Line num from abo						
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)					

Note	e: You may use the worksheet in the instructions	for converting fro	m the accrual to	the cash metho	d of accounting.	
Cale	ndar year (or fiscal year beginning in) . ►	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.).	24,688	16,958	780	2,477	44,903
16	Membership fees received	1,607	784	1,270	2,697	6,358
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose.	33,360	26,731	40,484	25,825	126,400
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.	21	457	144	98	720
19	Net income from unrelated business activities not included in line 18	0	0	0	0	0
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.	0	0	0	0	0
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	0	0	0	0	0
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	0	0	0	0	0
23	Total of lines 15 through 22	59,676	44,930	42,678	31,097	178,381
24	Line 23 minus line 17	26,316	18,199	2,194	5,272	51,981
25	Enter 1% of line 23	597	449	427	311	
26 b c	Organizations described on lines 10 or 11: Prepare a list for your records to show the nam governmental unit or publicly supported organiz amount shown in line 26a. Do not file this list wi Total support for section 509(a)(1) test: Enter line	ne of and amount ation) whose total Ith your return. Er ne 24, column (e)	contributed by e gifts for 1998 th tter the total of all	each person (other rough 2001 exce I these excess am	eded the nounts > 26b	
d e			26b			
f	Public support percentage (line 26e (numera				▶ 26f	%
27	Organizations described on line 12: a Fo person," prepare a list for your records to show to not file this list with your return. Enter the	the name of, and t	otal amounts rec	eived in each yea	vere received from tr from, each "dis	m a "disqualified qualified person."
	(2002) (2001)	0	(2000)	0	. (1999)	0
b	For any amount included in line 17 that was received show the name of, and amount received for each (Include in the list organizations described in lines) the difference between the amount received and amounts) for each year:	yed from each pers year, that was more 5 through 11, as we the larger amount	on (other than "die than the larger ell as individuals.) described in (1) of	isqualified persons of (1) the amount Do not file this lis or (2), enter the su	s"), prepare a list fon line 25 for the st with your returum of these differ	For your records to year or (2) \$5,000. n. After computing ences (the excess
	(2002)		(2000)	0	. (1999)	
С	Add: Amounts from column (e) for lines: 15		16 21		> 27c	177,661
d	Add: Line 27a total	and line 27b total			▶ <u>27d</u>	0
е	Public support (line 27c total minus line 27d total Total support for section 509(a)(2) test: Enter an	tal)			27e	177,661
f						//////////////////////////////////////
g h	Public support percentage (line 27e (numera Investment income percentage (line 18, colu					0 %
28	Unusual Grants: For an organization describe prepare a list for your records to show, for each description of the nature of the grant. Do not f	d in line 10, 11, o	or 12 that receive	ed any unusual ottor, the date and	grants during 19	99 through 2002, grant, and a brief

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	Yes No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31
32 a	Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff?	32a
b c	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	32b
d	with student admissions, programs, and scholarships?	32c 32d
33	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to:	
а	Students' rights or privileges?	33a
b	Admissions policies?	33b 33c
d	Scholarships or other financial assistance?	33d
	Educational policies?	33e 33f
g h	Athletic programs?	33g 33h
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	
34a b	Does the organization receive any financial aid or assistance from a governmental agency?	34a 34b
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35

Par	t VI-A Lobbying Expenditures by E (To be completed ONLY by ar				e instructions.)	. ago
Chec	k ▶ a ☐ if the organization belongs to an affili	ated group. Che	eck ▶ b 🗌 if	you checked "a" a	and "limited control"	provisions apply.
	Limits on Lobbyi				(a) Affiliated group totals	(b) To be completed for ALL electing
	(The term "expenditures" mea	ans amounts paid	or incurred.)			organizations
36	Total lobbying expenditures to influence public	c opinion (grassro	ots lobbying) .	36		
37	Total lobbying expenditures to influence a legi	-		37		
38	Total lobbying expenditures (add lines 36 and	37)				
39						
40	Total exempt purpose expenditures (add lines	•		40		
41	Lobbying nontaxable amount. Enter the amount		-		X	
		bbying nontaxab		, /////		
	Not over \$500,000				X	
	Over \$1,000,000 but not over \$1,500,000 \$175,0	•		1		
	Over \$1,500,000 but not over \$1,500,000 . \$225,0	•				
		,000		I V/////		
42	Grassroots nontaxable amount (enter 25% of					
43	Subtract line 42 from line 36. Enter -0- if line 4	•		4.0		
44	Subtract line 41 from line 38. Enter -0- if line 4	41 is more than lir	ne 38	44		<u> </u>
	-		=		X	
	Caution: If there is an amount on either line 4	3 or line 44, you r	nust file Form 47	¹ 20.	<u> </u>	<u> </u>
	(Some organizations that made a section See the instructions to	for lines 45 throug	jh 50 on page 11	of the instruction		
	Calendar year (or	(a)	(b)	(c)	(d)	(e)
	fiscal year beginning in) ▶	2003	2002	2001	2000	Total
45	Lobbying nontaxable amount					
46	Lobbying ceiling amount (150% of line 45(e)).					
47	Total lobbying expenditures					
48	Grassroots nontaxable amount					
49	Grassroots ceiling amount (150% of line 48(e))					
50	Grassroots lobbying expenditures					
Par	t VI-B Lobbying Activity by Nonelectivity (For reporting only by organization)	•		Part VI-A) (See	page 11 of the	e instructions.)
	g the year, did the organization attempt to infl npt to influence public opinion on a legislative r				any Yes No	Amount
а	Volunteers					
b	Paid staff or management (Include compensat	-	-	c through h.) .		
С	Media advertisements					
d	Mailings to members, legislators, or the public					
e	Publications, or published or broadcast statem					
f ~	Grants to other organizations for lobbying purp					
g	Direct contact with legislators, their staffs, gov Rallies, demonstrations, seminars, conventions		-	-		
h i	T		-		· · //////////////////////////////////	0
1	Iotal lobbying expenditures (Add lines c throu	gri ii.) tement aivina a di	 etailed descrintio	n of the labbying	<u>v//////////////////////////////////</u>	1

Schedule	A (Form 990 or 990-EZ)	2003			F	Page 6
Part V			ansfers To and Transaction be page 12 of the instruction	ns and Relationships With Noncharitans.)	able	
50	1(c) of the Code (otl	her than section 50	01(c)(3) organizations) or in section	following with any other organization describ on 527, relating to political organizations?		
a Tra	insfers from the rep	orting organization	to a noncharitable exempt orga	nization of:	Yes	_
(i)	Cash			<u>51a(</u>)	V
(ii)	Other assets			<u>a(ii)</u>		~
b Oth	ner transactions:					
(i)	Sales or exchang	es of assets with a	noncharitable exempt organization	tion b(i)		~
(ii)	Purchases of ass	ets from a nonchar	itable exempt organization	b(ii)	\perp	~
(iii)	Rental of facilities	s, equipment, or oth	ner assets	b(iii)	ı	~
(iv)	Reimbursement a	rrangements		b(iv)	4	~
(v)	Loans or loan gua	arantees		b(v)		~
(vi)	Performance of se	ervices or members	ship or fundraising solicitations	<u>b(vi)</u>	4	~
c Sh	aring of facilities, ec	quipment, mailing li	sts, other assets, or paid emplo	yees		~
go	ods, other assets, or	services given by th	ne reporting organization. If the org	Column (b) should always show the fair market value in s, other assets, or services received:	alue of any	the
(a) Line no.	(b) Amount involved	Name of none	(c) charitable exempt organization	(d) Description of transfers, transactions, and sharing a	rrangem	ents
des		01(c) of the Code (other than section 501(c)(3)) or i	e or more tax-exempt organizations n section 527? ▶ ☐ Ye	es 🔽	No
	(a) Name of organiz	zation	(b) Type of organization	(c) Description of relationship		
			1	1		

Lake Winnipesaukee Sailing Association, Inc 02-0439135

Statement 1 Form: 990 EZ Page: 1 Part: I Question: 5

Sales of Assets Other than Inventory

Noninventory Asset

Description: 19' Marshall Catboat

Sales Price: \$9,500.00

Date Sold: 05/31/2003

Sold To: Alida | Millham

Expense of Sale: \$285.00

Cost or value when acquired: \$8,550.00

Date acquired: 11/22/2002

Donation

Depreciation since acquistion: \$0.00

Net Sale: \$665.00

Noninventory Asset

How acquired:

Description: 25' Capri Sailboat

 Sales Price:
 \$2,500.00

 Date Sold:
 05/23/2003

 Sold To:
 Raymond Donahue

Expense of Sale: \$0.00

Cost or value when acquired: \$4,500.00

Date acquired: 05/23/2001

How acquired: Donation

Depreciation since acquistion: \$0.00

Net Sale: -\$2,000.00

Lake Winnipesaukee Sailing Association, Inc 02-0439135

Form: 990 EZ Page: 1 Part: I Question: 6

Schedule of Special Events

Description	Gross Receipts	Contributions	Gross Revenue	Direct Costs	Net Income (Loss)
J-Jamboree	\$2,757.00	\$0.00	\$2,757.00	\$2,434.00	\$323.00
Glendale Cup	\$1,503.00	\$1,000.00	\$503.00	\$800.00	-\$297.00
Labor Day Regatta	\$1,195.00	\$0.00	\$1,195.00	\$1,009.00	\$186.00
J80 Fleet 1	\$955.00	\$0.00	\$955.00	\$0.00	\$955.00
Total:	\$6,410.00	\$1,000,00	\$5.410.00	\$4.243.00	\$1.167.00

Lake Winnipesaukee Sailing Association, Inc 02-0439135

Form: 990 EZ Page: 1 Part: I Question: 20

Other changes in Net Assets or Fund Balances

Explanation	Amount
Adjustment in Fixed Assets from 2002	\$6,404.00
Total:	\$6,404.00

Statement 4 Form: 990 EZ Page:

Part: Question:

Lake Winnipesaukee Sailing Association, Inc 02-0439135

Attachment listing other expenses for Part II

Description	Total:	Pgm Services	Mgt and General	Fundrasing
Books and Supplies	\$3,106.00			
Promotion	\$2,944.00			
Telephone and Travel	\$652.00			
Boat Maintenance, Fuel, & Supplies	\$11,600.00			
Dues - USSA & NE Sailing	\$175.00			
Housing	\$1,600.00			
Depreciation	\$8,424.00			
Insurance	\$2,043.00			
Junior Instructors Gifts	\$915.00			
Seminars & Training	\$993.00			
Tatal	#00 4F0 00			

Total: \$32,452.00

Statement 5 Form: 990 EZ Lake Winnipesaukee Sailing Association, Inc 02-0439135

Page: 2
Part: III
Question:

Program Services

Achievement		Pgm. Svc. Exp.
Adult Racing Program - Weekly ralso run.	racing and Regattas are run for adults. Regional championship events are	\$3,762.00
Grants and Allocations:	\$140.00	
Sailing School - for students age instructors. Also competitive eve	e 8 to 16, running for 9 weeks in 1 week sessions with professional ents locally and regionally.	\$34,162.00
Grants and Allocations:	\$31,915.00	
	Total:	\$37,924.00

Lake Winnipesaukee Sailing Association, Inc 02-0439135

Form: 990 EZ Page: 1 Part: II Question: 24

Other Assets

Asset Description	BOY Amount	EOY Amount
Boats and Trailers	\$36,798.00	\$49,028.00
Total:	\$36,798.00	\$49,028.00

Statement 7
Form: 990 F7

Form: 990 EZ Page: 1 Part: II

Question: 26

Lake Winnipesaukee Sailing Association, Inc 02-0439135

Other Liabilities

Liability Description	BOY Amount	EOY Amount	
Charter Option and Security Deposit	\$0.00	\$4,000.00	
Total:	\$0.00	\$4,000.00	

Lake Winnipesaukee Sailing Association, Inc 02-0439135

Statement 8 Form: 990 EZ Page: 2 Part: IV

Question:

Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Hrs	Comp.	Benefits	Expenses
Steve Coneys 35 Irving Drive Weare, NH 03281 United States	Vice President	3	\$0.00	\$0.00	\$0.00
Alan Posnack 387 Brown road Candia, NH 03034 United States	President	4	\$0.00	\$0.00	\$0.00
Wendy Wilson 75 Pinecrest Drive Gilford, NH 03249 United States	Secretary	3	\$0.00	\$0.00	\$0.00
Alan Kanegsberg 9 Old Coach Road Bow, NH 03304 United States	Treasurer	4	\$0.00	\$0.00	\$0.00
Peter Crosby 91 Keyser Road Meredith, NH 03253 United States	Vice President	3	\$0.00	\$0.00	\$0.00

Lake Winnipesaukee Sailing Association, Inc 02-0439135

Form: Schedule A Page: 2 Part: III Question: 3

Explanation of Grant Determination

Explanation of grant qualifications

Students requesting scholarships for need file an application that is reviewed by a committee. Maximum grant is \$195 and about \$1,000 was awarded in total.