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OMB No 1545-1150

EXTENSIONS GRANTED THROUGH 11/15/13

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)

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. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the pend of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements. Department of the Treasury Internal Revenue Service

Open to Public Inspection

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Accommend changes change	В	Check If	C Name of organization				D Emp	loyer id:	entification number
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Website: CISF CLUBS TESOLUTIONS COM									X if the organization is not
Tax-exempt status (check only one)							l		· ·
Check				201	4047/2\/1\	or 527	•		
\$\$0,000 A Form 990-EZ or Form 990 returns 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 50, 6c, and 7b, to line 9 to determine gross receipts are \$200,000 or more, or if total assets (Part II), line 25c, column (8) below) are \$500,000 or more, file Form 990-file 7 mines 90 misted of Form 990-file 7 mines 90. The Not Assets or Fund Balances (see the instructions for Part I) The Revenue, Expenses, and Changes in Not At Assets or Fund Balances (see the instructions for Part I) The Contributions, grits, grants, and similar amounts received 1 Contributions, grits, grants, and similar amounts received 2 Program service revenue including opworment fees and contracts 3 Membership dues and assessments 4 Invistment income 5a Gross amount from sale of assets other than inventory 5a Gross amount from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Garning and fundraising events (add lines 6a and 6b and subtract line 6c) 7 Gard Gross sales of inventory, less returns and allowances in Less direct expenses from garning and fundraising events 4 Not increasing a fundraising events (add lines 6a and 6b and subtract line 6c) 7 Gross profit or (loss) from sales of inventory, less returns and allowances in Less cost of goods sold 6 Gross profit or (loss) from sales of mentory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to of for members 12 Salanes, other compensation, and employee benefits 13 Cyclopancy, rent, utilities, and maintenance 14 Cyclopancy, rent, utilities, and maintenance 15 Profits, paid to fit the expenses form of year (from line 27, column (A)) (mist agree with end-of-year figure reported on pror year's return) 19 Recess or (deficit) for the year (Subtract line 17 from line 9) 19 Recess or (deficit) for the year (Subtract line 17 from line 9) 19						-			
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Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) Net assets or fund balances at end of year Combine lines 18 through 20 Net assets or fund balances at end of year Combine lines 18 through 20 10 11 12 34,959. 13 5,145. 14 15 17 75,016. 18 40,449. 19 19 34,959. 18 40,449. 19 19 34,959. 19 19 34,959. 19 19 34,959. 19 19 34,959. 19 19 34,959. 10 11 12 34,959. 13 5,145. 14 15 17 75,016. 18 18 18 18 19 30,571. 20 20 21 294,003.	鈐	8						8	<u></u>
11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 11 34,959. 12 34,959. 13 5,145. 14 0 15 16 34,912. 16 34,912. 17 75,016. 18 234,567.> 29 330,571. 20 Other changes in net assets or fund balances (explain in Schedule O) 20 <2,001.> 21 294,003.	m	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					9	40,449.
11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year Combine lines 18 through 20 11 34,959. 12 34,959. 13 5,145. 14 5. 15 75,016. 16 34,912. 17 75,016. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 <34,567.> 21 294,003.	U	10						10	
12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 12 34,959. 13 5,145. 14 5. 15 16 34,912. 16 34,912. 17 75,016. 28 24,001.		11						11	
17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year Combine lines 18 through 20 17 73,010. 73,010. 18 330,571. 20 21 294,003.	Ĭ		•					12	34,959.
17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year Combine lines 18 through 20 17 73,010. 18 <34,567.> 29 330,571. 20 <2,001.> 21 294,003.	Se							13	5,145.
17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year Combine lines 18 through 20 17 73,010. 18 <34,567.> 29 330,571. 20 <2,001.> 21 294,003.	<u>~</u>	1	· •					14	<u>.</u>
17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year Combine lines 18 through 20 17 73,010. 18 <34,567.> 29 330,571. 20 <2,001.> 21 294,003.	Ë	1	• •					-	
17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year Combine lines 18 through 20 17 73,010. 73,010. 18 330,571. 20 21 294,003.	\geqslant			SEE	SCHEI	OULE O			34,912.
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) Net assets or fund balances at end of year Combine lines 18 through 20 18 <34,567.> 19 330,571. 20 <2,001.> 21 294,003.	ಪ	1						$\overline{}$	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 SEE SCHEDULE O 20 <22,001.> 21 294,003.	_	+-				_		1	<34,567.>
21 Net assets or fund balances at end of year Combine lines 18 through 20	ets	1							<u> </u>
21 Net assets or fund balances at end of year Combine lines 18 through 20	ASS	,,,						19	330,571.
21 Net assets or fund balances at end of year Combine lines 18 through 20	et /	20		SEE	SCHE	DULE O		-	
000 F7 (000)	Z	- 1					•		
								<u>, l</u>	

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Form **990-EZ**

Page 2

Pa	Balance Sheets (see the instructions for Part I	II)				
	Check if the organization used Schedule O to		estion in this I	art I	<u> </u>	X
			A) Beginning of year		(B) Er	nd of year
22	Cash, savings, and investments		45,882.	22		15,841.
23	Land and buildings			23		
24	Other assets (describe in Schedule O) SEE SCHEDULE O		284,689.	24		278,162.
25	Total assets		330,571.	25		294,003.
26	Total liabilities (describe in Schedule 0)		0.	26		0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		330,571.			294,003.
Pa	art III Statement of Program Service Accomplishmen	its (see the instruc	ctions for Part I	II)		penses
 Wha	Check if the organization used Schedule O to t is the organization's primary exempt purpose?PROMOTING COMP	respond to any qu ETITIVE SAIL	estion in this I	-au-Ly		for section and 501(c)(4) ons and section
Desci	nbe the organization's program service accomplishments for each of its three largest program services provided, the number of persons benefited, and other relevant inform	services, as measured by expense				trusts, optional
	PROMOTED COMPETITIVE SAILING, ASSIS		AT.S WITH	\dashv		
		INING FOR THE		<u> </u>		
	HIIDADING AI KEGATIAD AND WITH TICK	INTING TOR INT	OBITH 100.	<u>'</u>		
	(Grants \$) If this amount includes foreign g	rante check here		<u> </u>	28a	60,062.
29	(Crains w) in this amount includes roleigh g	nants, check here			.04	33/3323
				- (
						
	(Grants \$) If this amount includes foreign g	rants check here		<u> </u>	29a	
30	The this amount includes foreign g	itants, on <u>con</u> norc		<u> </u>		
				_		
				— i		
	(Grants \$) If this amount includes foreign g	irants, check here	•		30a	
	Other program services (describe in Schedule O)	IIIIIII			-	 ,
	(Grants \$) If this amount includes foreign g	rants, check here	▶		31a	
	Total program service expenses (add lines 28a through 31a)	rantoj eneek nere		_	32	60,062.
Pa	Int IV List of Officers, Directors, Trustees, and Key E	mployees List each one	even if not compensated (s			
	Check if the organization used Schedule O to					$\overline{\mathbf{X}}$
		(b) Average hours		(d) Heal	th benefits,	(e) Estimated
	(a) Name and title	per week devoted to	compensation (Forms W-2/1099-MISC)		outions to ree benefit	amount of other
	1-7	position	(if not paid, enter -0-)		nd deferred ensation	compensation
HA	NNAH M. SWETT					
	ESIDENT	3.00	0.		0.	0.
	BERT A. SALK					
TR	EASURER	3.00	0.		0.	0.
	YCE DWYER		1 7			
	CRETARY	1.00	0.		0.	0.
	ZANNE AUBOIS					
	RECTOR	1.00	0.		0.	0.
	M BISHOP, SR.					
	RECTOR	1.00	0.		0.	0.
	ONARD BRESCIA					
	RECTOR	1.00	0.		0.	0.
	M BRYER					
	RECTOR	1.00	0.		0.	0.
	RISTOPHER CANNON					
	RECTOR	1.00	0.		0.	0.
	NE DEFFLEY					
	RECTOR	1.00	0.		0.	0.
	M FERGUSON	1.00	 			
	RECTOR	1.00	0.		0.	0.
	LPH M. KINDER	1.00	 			 -
	RECTOR	1.00	0.		0.	0.
	ZY LEECH	1.00	+ '-			
		1.00			Λ	
<u> </u>	RECTOR	T • 00	0.		0.	0.

Form **990-EZ** (2012)

Form 990-EZ (2012) CONANICUT ISLAND SAILING FOUNDATION 05-0513580 Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V) Check if the organization used Sch. O to respond to any question in this Exit V Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each Х 33 activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended Х 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 35a on lines 2, 6a, and 7a, among others)? N/A 35b 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 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 Х 35c requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," Х 36 complete applicable parts of Schedule N 0. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions Х 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 Х 38a in a prior year and still outstanding at the end of the tax year covered by this return? 38b N/A b If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations Enter N/A 39a a Initiation fees and capital contributions included on line 9 N/A39h 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 0 • , section 4912 ► 0 • , section 4955 ► 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? Х If "Yes," complete Schedule L, Part I 40b c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers 0. 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 0. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter Х transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed $\triangleright RI$ Telephone no ► 212-772-7550 42a The organization's books are in care of ► HANNAH SWETT Located at ▶ 1536 THIRD AVENUE, 3RD FLOOR, NEW YORK, b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b 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. 42c Х c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here N/A **▶** 43 | and enter the amount of tax-exempt interest received or accrued 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 Х 44a Form 990-EZ 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 X c 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

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Form 990-EZ (2012)

45a

X

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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)

orm 990-EZ <u>(</u> 2	012) CONANICUT ISLAND SAILING	FOUNDATION		<u>05-0513</u>			age 4
				r		Yes	No
	ganization engage, directly or indirectly, in political campaign activitie	es on behalf of or in oppositio	n to candidates for pu	iblic office?			
	omplete Schedule C, Part I				46		<u>X</u>
	Section 501(c)(3) organizations only						
	All section 501(c)(3) organizations must answer questions 47	•	e the tables for line	s 50 and 51			
	Check if the organization used Schedule O to respond to any	question in this Part VI		- •		V	Na
						Yes	No
	ganization engage in lobbying activities or have a section 501(h) elec		ear? If "Yes," complete	e Sch. C, Part II	47		X
•	anization a school as described in section 170(b)(1)(A)(ii)? If "Yes," o			ŀ	48		X
	ganization make any transfers to an exempt non-charitable related or	ganization?		}	49a		^
· · · · · · · · · · · · · · · · · · ·	ras the related organization a section 527 organization?	. / - Ab Ab	- 4]	49b	an ad a	
	this table for the organization's five highest compensated employees		s, trustees and key er	iipioyees) wiio e	acii rec	eiveu i	noie
than \$100	0,000 of compensation from the organization. If there is none, enter "I	(b) Average hours	(0) 0	(d) Health benefits	(0)	Estim	atad
	(a) Name and title of each employee paid more than \$100,000	per week devoted to	(C) Reportable compensation (Forms	contributions to employee benefit	1		other
	NONE	position	W-2/1099-MISC)	plans, and deferre		npens	
	NONE			Compensation	+-		
		†					
-			1		+		
		1					
					+		
		1					
					+		
		1					
					+-		
		1			-		
	ion If there is none, enter "None" NONE daddress of each independent contractor paid more than \$100,000	(b) Type (of service	(c)	Compe	nsatio	n
							
		_		l			
d Total nun	nber of other independent contractors each receiving over \$100,000	· ·	>	•			
2 Did the o	rganization complete Schedule A? Note : All section 501(c)(3) organiz	zations and 4947(a)(1) nonex	empt				-
charitable	trusts must attach a completed Schedule A			▶ [X Ye	s 🗆	□ No
Inder penalties o eclaration of pre	f perjury, I declare that I have examined this return, including accompanying sche parer (other than officer) is based on all information of which greparer has any kno	dules and statements, and to the bowledge	pest of my knowledge and	belief, it is true, co	rrect, an	d comp	lete
	1 in a way		31				
Sign Here	Signature of office		1.1	Date			
	116500		1/1/1/2	>			
	Type or print name and title						
	Print/Type preparer's name Preparer's signature	Date ,	Check	if PTIN			
Paid	1/2 hours	1111	self- emplo	·			
Preparer	DEBORAH A. HOPKINS Y/V/OWY	WIXIUN !!!!	10	P00			
Jse Only	Firm's name KAHN, LITWIN, RENZA &	CO(), LTD.	Firm's Ell				
	Firm's address ▶ 951 NORTH MAIN STREET		Phone no	401-2	74-	200	1
	PROVIDENCE, RI 02904						
May the IRS di	scuss this return with the preparer shown above? See instructions	_		<u> </u>	X Ye	s	<u> </u>
	•				Form 9	90-EZ	(2012

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. | See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization CONANICUT ISLAND SAILING FOUNDATION

Employer identification number 05-0513580

Part I	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	e this part) See inst	ructions.		· · ·
he orga			because it is: (For lines 1							
ı 🗆	A church, co	nvention of churches	s, or association of chur	ches desci	ribed in se	ction 170(b)(1)(A)(ı).		
2	7		0(b)(1)(A)(iı) (Attach Sc			`	~ ~ ~	•		
3 🗔			tal service organization o		n section	170(b)(1)(A)(111).			
4 🗔			operated in conjunction					b)(1)(A)(i	iiı) <u>E</u> nter	the hospital's name,
	city, and stat									
5	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	erated by	a governr	nental uni	t describ	ed in
	section 170((b)(1)(A)(iv) (Comple	ete Part II.)							
6 🗀	A federal, sta	ate, or local governm	ent or governmental unit	t described	ın section	170(b)(1	(A)(v).			
7 X	An organizati	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general	public described in
	section 170(1	$b)(1)(A)(v_1)$ (Comple	te Part II)							
8 🖳	A community	\prime trust described in $_{ m S}$	ection 170(b)(1)(A)(vi)	(Complete	Part II)					
9	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, a	nd gross receipts from
	activities rela	ited to its exempt fur	nctions - subject to certa	un exception	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross investment
			axable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired b	y the orga	ınızatıon	after June 30, 1975.
		509(a)(2). (Complete								
10 📙	7		perated exclusively to te				` ' '	•		
11 🗀			perated exclusively for the							
			itions described in section				!). See _{sec}	tion 509(a	a)(3). Ch	eck the box that
			organization and comple		_					
	a L ∐ Type I			ype III - Fu						n-functionally integrated
e			t the organization is not							
		-	han one or more publicly		-				∌(a)(1) or	section 509(a)(2).
f			ten determination from t	ine IRS tha	atitisa iy	pe I, Type	II, or Type	9 111		
		rganization, check th		64		f	af tha fall.			
g			rganization accepted ar							
	•		irectly controls, either al	one or tog	etner with	persons o	iescribed i	n (II) and (iii) below	
	_		upported organization? n described in (i) above?							11g(ı)
	()		person described in (i) o		- 2					11g(ii)
L	` '		about the supported or							11g(ui)
h	Trovide the h	Cilowing information	about the supported of	garnzationi	(3).					
(i) Nam	ne of supported	(II) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did voi	notify the	(vi) ls	the	(vii) Amount of monetary
` '	ganization	(11) E114	(described on lines 1-9	in col (i) lis			•	organizátic (i) organiz	on in col	support
0.	9424		above or IRC section	governing	document?	(i) of your	support?	('', organiz	?	Одррон
			(see instructions))	Yes	No	Yes	No	Yes	No	
										·-
									ļ	· · · · · · · · · · · · · · · · · · ·
Γotal				<u> </u>		<u> </u>		<u> </u>	1	

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

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.)

Se	ction A. Public Support		 ·	<u> </u>			
Cal	endar 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	i					
	include any "unusual grants.")	62,171.	39,136.	18,695.	14,646.	51,448.	186,096.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	İ					
	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	62,171.	39,136.	18,695.	14,646.	51,448.	186,096.
	The portion of total contributions						
_	by each person (other than a			1			
	governmental unit or publicly						
	supported organization) included	ŀ					
	on line 1 that exceeds 2% of the					-	
	amount shown on line 11,						
	column (f)						9.290.
6	Public support Subtract line 5 from line 4						9,290.
Se	ction B. Total Support	<u> </u>			<u></u>		2,0,000
	indar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(a) 2012	(f)Total
	Amounts from line 4	(a) 2008 62,171.	(b) 2009 39, 136.	18,695.	14,646.	(e) 2012 51, 448.	186,096.
8	Gross income from interest,		• • • • • •	•	•	•	
Ŭ	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	6,751.	6,720.	6,724.	6,722.	4,968.	31,885.
9	Net income from unrelated business	•	•				
	activities, whether or not the			İ		1	
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11							217,981.
	Gross receipts from related activities,	etc. (see instructio	ns)	<u>.</u>		12	
	First five years. If the Form 990 is for			fourth, or fifth tax	L Vear as a section		
15	organization, check this box and ston			, routing or man coo	t your do a cootion	. 60 (6)(6)	▶□
Se	ction C. Computation of Publi		centage	<u> </u>		•	
14	Public support percentage for 2012 (I	ine 6, column (f) div	rided by line 11, co	lumn (f))		14	81.11 %
	Public support percentage from 2011	**	•		Ī	15	94.54 %
	33 1/3% support test - 2012. If the c			line 13, and line 14	4 is 33 1/3% or m		
	stop here. The organization qualifies			,		,	▶ X
h	33 1/3% support test - 2011. If the c			e 13 or 16a, and l	ine 15 is 33 1/3%	or more, check th	
-	and stop here. The organization quali					,	▶□
17a	10% -facts-and-circumstances test -		inization did not ch		13. 16a. or 16b. a	nd line 14 is 10%	or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						▶ □
1-	10% -facts-and-circumstances test -		nization did not ch			7a, and line 15 is	10% or
·	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation If the organization						, , ,
							or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 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

ection A. Public Support	,,,	,,,,,,				
lendar 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 Gross receipts from admissions,		† 				
merchandise sold or services per-		1		i		
formed, or facilities furnished in						
any activity that is related to the		Î	1			
organization's tax-exempt purpose		 				
3 Gross receipts from activities that						
are not an unrelated trade or bus-					1	
iness under section 513		 				
4 Tax revenues levied for the organ-						
ızatıon's benefit and either paid to				ļ		
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to		ļ		ļ	Į l	
the organization without charge		İ	1			
5 Total. Add lines 1 through 5						-
7a Amounts included on lines 1, 2, and		 	<u> </u>			
3 received from disqualified persons]]	
h Amounts included on lines 2 and 3 received		 	 			
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the		1)	}		
amount on line 13 for the year		 			 	
c Add lines 7a and 7b		 			 	
R Public support (Subtract line 7c from line 6)	<u></u>	<u></u>	L	[<u>.</u>	<u> </u>	
		T 0000	1	0044	0010	in Tabal
lendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	<u>(f)</u> Total
Amounts from line 6		 			 	
)a Gross income from interest, dividends, payments received on		i		į		
securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975		<u> </u>		_		
c Add lines 10a and 10b						
Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
2 Other income. Do not include gain		 	_			
or loss from the sale of capital						
assets (Explain in Part IV.)		 	 		 	
Total support. (Add lines 9, 10c, 11, and 12)	ho proprieties-1	lo first second the	ما المسلم عند الأطلاب	N 1005 00 5 005411	501(a)(2) aresi:	l
First five years. If the Form 990 is for t	ne organization	s first, second, thi	ra, tourth, or tilth to	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here	Cummant Da					
ection C. Computation of Public						
Public support percentage for 2012 (lin			column (f))		15	
Public support percentage from 2011 S					<u> </u>	
ection D. Computation of Invest	ment Incom	<u>ne Percentage</u>			, , ,	
Investment income percentage for 201			ne 13, column (f))		17	
Investment income percentage from 20						. <u> </u>
a 33 1/3% support tests - 2012. If the o	rganization did i	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	17 is not
more than 33 1/3%, check this box and						►□
b 33 1/3% support tests - 2011. If the o						and
line 18 is not more than 33 1/3%, chec						
Devices foundation of the organization		•				<u>,</u>

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

| Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

CONANICUT ISLAND SAILING FOUNDATION

Employer identification number 05-0513580

NCOME:	
	AMOUNT:
	5,212.
	-244.
	4,968.
	AMOUNT:
	313.
	29,777.
	522.
	712.
	3,065.
	300.
	28.
	195.
	34,912.
SETS:	
	AMOUNT:
	-2,001.
BEG. OF YEAR	END OF YEAR
284,689.	266,162.
0.	12,000.
	BEG. OF YEAR 284,689.

SCHEDULE O

(Form 990 or 990-EZ)

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.

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CONANICUT ISLAND SAILING FOUNDATION

Employer identification number 05-0513580

TOTAL TO FORM 990-EZ, LINE 24	284,689.	278,162.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL	BENEFIT CO	ONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE	ANY FUNDS,	DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFI	T CONTRACT	•
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY	PREMIUMS,	DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.		
		
	-	

Name of the organization Employer identification number 05-0513580 CONANICUT ISLAND SAILING FOUNDATION Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV) (d) Health benefits, contributions to employee benefit plans, and deferred (e) Estimated (b) Average hours (C) Reportable compensation (Forms W-2/1099-MISC) per week devoted to amount of other (a) Name and title position compensation (If not paid, enter -0-) compensation CORY SERTL DIRECTOR 1.00 0. 0. 0. MEG MYLES EXECUTIVE DIRECTOR 40.00 30,285. 4,674 0.

Form **8868**

(Rev. January 2013)
Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Form 8868 (Rev. 1-2013)

al Revenue Service | File a separate application for each return.

If you are Do not comp Electronic for required to for time to file Personal Bevisit www.irs Part f A corporatio Part I only All other comp Type or print	filing for an Automatic 3-Month Extension, complete filing for an Additional (Not Automatic) 3-Month Explete Part II unless you have already been granted a filing (e-file). You can electronically file Form 8868 if yille Form 990-T), or an additional (not automatic) 3-mone any of the forms listed in Part I or Part II with the excendit Contracts, which must be sent to the IRS in paperagoviefile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Times on required to file Form 990-T and requesting an automatic surface of the file for Charities in paperations (including 1120-C filers), partnerships, REMI etax returns. Name of exempt organization or other filer, see instructions (CONANICUT ISLAND SAILING FO	tension, of an automatic need a need	complete only Part II (on page 2 of the 3-month extension on a previous a 3-month automatic extension of time a 3-month automatic extension of time and of time. You can electronically fill form 8870, information Return for (see instructions). For more details of submit original (no copies onth extension - check this box and crusts must use Form 7004 to request	this form). sly filed Form 86 Transfers A on the electromplete st an exten	rm 8868. is months for a corp is 868 to request an expectated With Controlic filing of this	extension ertain form, Liber (EIN) or	
filing your	Number, street, and room or suite no. If a P.O. box, so 1536 THIRD AVENUE, 3RD FLOO		tions.	Social se	curity number (SS	N)	
Instructions.	City, town or post office, state, and ZIP code. For a fond NEW YORK, NY 10028 sturn code for the return that this application is for (file	reign add				01	
Application		Return	Application			Return	
Is For		Code					
	Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990-Bl		02	Form 1041-A			08	
Form 4720 (03	Form 4720			09	
Form 990-PF		04	Form 5227			10	
	(sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T	(trust other than above) HANNAH SWETT	06	Form 8870		 	12	
Telephon If the organizer of this is for	is are in the care of 1536 THIRD AVEN	in the Ur Group Exe	FAX No. ► inted States, check this box emption Number (GEN)	If this is fo	r the whole group,		
A is for t	est an automatic 3-month (6 months for a corporation UGUST 15, 2013 , to file the exempt the organization's return for: calendar year 2012 or	t organiza			The extension		
	tax year entered in line 1 is for less than 12 months, concluded in accounting period	heck reas	on: Initial return	Final retur	n		
nonref	application is for Form 990-BL, 990-PF, 990-T, 4720, of fundable credits. See instructions.			3a	\$	0.	
_	application is for Form 990-PF, 990-T, 4720, or 6069,	3b	_	0.			
	estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,						
	ce due, Subtract line 35 from line 3a. Include your pa ng EFTPS (Electronic <u>Federal Tax Payment System).</u> :			30		0.	
	rig Er i ro <u>(Electronic Federal Tax Payment System).</u> /ou are going to make an electronic fund withdrawal v				EO for payment in		

223841

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form (868 (Rev. 1-2013)					Page 2	
• If yo	u are filing for an Additional (Not Automatic) 3-Month Ex	tension,	complete only Part II and check this	s box		▶ X	
Note.	Only complete Part II if you have already been granted an a	automatic	3-month extension on a previously f	iled Form	B 86 8.		
• If yo	u are filing for an Automatic 3-Month Extension, comple	te only Pa	art I (on page 1).				
Pari	II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original	tinal (no	copies	needed)	
			· · · · · · · · · · · · · · · · · · ·		-	see instructions	
Type o	Name of exempt organization or other filer, see instru	mployer identification number (EIN) or					
File by t	ty the CONANICUT ISLAND SAILING FOUNDATION					13580	
filing you return S	1536 THIRD AVENUE, 3RD FLOOR		tions.	Social se	curity numb	er (SSN) 	
instruction	ns City, town or post office, state, and ZIP code. For a for NEW YORK, NY 10028	oreign add	iress, see instructions.				
						01	
Enter	he Return code for the return that this application is for (file	e a separa	te application for each return)		• •• ••	[0]1	
Applic	ation	Return	Application			Return	
Is For		Code	Is For			Code	
Form 9	90 or Form 990-EZ	01	(A. 12) (A. 14)		w 147.14		
Form 9	90-BL	02_	Form 1041-A			08	
Form 4	720 (individual)	03	Form 4720			09	
Form 9		04	Form 5227				
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069				
	90-T (trust other than above) Do not complete Part II if you were not already granted	06	Form 8870			12	
● If the box ▶ 4 5 6	request an additional 3-month extension of time until for calendar year 2012, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, of Change in accounting period State in detail why you need the extension ADDITIONAL TIME AND INFORMATIONAL	Group Exe and atta NOVEM check reas	emption Number (GEN) I ach a list with the names and EINs of BER 15, 2013, and ending on: Initial return	f this is fo f all memb	r the whole (ers the exte	nsion is for.	
	ACCURATE RETURN.						
8a	f this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	inter the tentative tax, less any				
!	onrefundable credits. See instructions.			8a	\$	0.	
	f this application is for Form 990-PF, 990-T, 4720, or 6069,	•		200			
1	ax payments made. Include any prior year overpayment al	llowed as	a credit and any amount paid			•	
	previously with Form 8868.			8b	\$	0.	
	Balance due. Subtract line 8b from line 8a. Include your pa	-	th this form, if required, by using			0	
	FTPS (Electronic Federal Tax Payment System). See instr			8c	\$	0.	
Under it is tru Signati	enalties of perjury, I declare that I have examined this form, include, correct/indicomplete, and that I amparty orized to prepare this fo	ino accomi	est be completed for Part II of panying schedules and statements, and to		. 1	ge and belief,	