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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2013**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**A** For the 2013 calendar year, or tax year beginning

, 2013, and ending

, 20

B Check if applicable☐ Address change☐ Name change☐ Initial return☐ Terminated☐ Amended return☐ Application pending**C** Name of organization

LAKE SAINT CATHERINE ASSN INC

Number and street (or P.O. box, if mail is not delivered to street address)

P.O. BOX 631

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

WELLS VT 05774

D Employer identification number

03-0270055

E Telephone number

518-428-1943

F Group Exemption

Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c)() ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$**Part I Revenue, Expenses, and Changes in Net 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 ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	150
	2	Program service revenue including government fees and contracts	2	49710
	3	Membership dues and assessments	3	45040
	4	Investment income	4	65
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O) ADVERTISING REVENUE	8	2395	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	94360	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	6371
	13	Professional fees and other payments to independent contractors	13	83464
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	13228
	16	Other expenses (describe in Schedule O) WICKLIAB INSUR	16	2138
17	Total expenses. Add lines 10 through 16	17	105203	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	28843
	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)	19	155399
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	146556

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form 990-EZ (2013)

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
c 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	<input type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a <u> </u>	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization file Form 1120-POL for this year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved	<input type="checkbox"/>	<input type="checkbox"/>
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a <u> </u>	
b Gross receipts, included on line 9, for public use of club facilities	39b <u> </u>	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u> </u> ; section 4912 ▶ <u> </u> ; section 4955 ▶ <u> </u>		
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c 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 ▶ <u> </u>		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <u> </u>		
e 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
41 List the states with which a copy of this return is filed ▶ <u>VERMONT</u>		
42a The organization's books are in care of ▶ <u>ELIOTH JAY ROSEN</u> Telephone no. ▶ <u>518-428-1943</u> Located at ▶ <u>204 JAY ST - ALBANY, NY 12210</u> ZIP + 4 ▶ <u>12210</u>		
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)? If "Yes," enter the name of the foreign country: ▶ <u> </u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ <u> </u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 ▶ 43 <u> </u>		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		<input checked="" type="checkbox"/>

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48	<input checked="" type="checkbox"/>
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a	<input checked="" type="checkbox"/>
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b If "Yes," was the related organization a section 527 organization?

49b	<input checked="" type="checkbox"/>
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here **Signature of officer** Elliot Jay Rosen **TREASURER** **Date** 3/26/14
Type or print name and title ELLIOTT JAY ROSEN

Paid Preparer Use Only **Print/Type preparer's name** N/A **Preparer's signature** **Date** **Check ☐ if self-employed** **PTIN**
Firm's name **Firm's EIN**
Firm's address **Phone no.**

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

990 EZ PART III - 2013

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

LINE 28: WE REMOVE EURASIAN MILFOIL AND OTHER WEEDS FROM SWIMMING AND BOATING AREAS WITH WEED HARVESTING EQUIPMENT, MOTOR BOATS, CHEMICAL TREATMENTS, AND SCUBA DIVERS.

LINE 28a \$ 83,466

LINE 29: WE HIRE SUMMER INTERNS TO MONITOR THE VERMONT OWNED BOAT LAUNCH AND CHECK INCOMING & OUTGOING BOATS FOR ANY EURASIAN MILFOIL, WATER CHESTNUTS, & OTHER INVASIVE SPECIES DURING THE SUMMER MONTHS.

LINE 29a \$ 6,371

LINE 30: WATER SAFETY AND QUALITY: WE PLACE AND MAINTAIN BUOYS AND WATER MARKERS IN THE LAKE; WE CONDUCT BOAT SAFETY COURSES FOR POWER BOAT OPERATORS; WE TEST THE WATER QUALITY ALL SUMMER LONG. WE ALSO PROVIDE EDUCATIONAL NEWSLETTERS & DIRECTORIES TO OUR MEMBERS AND TOWN RESIDENTS

LINE 30a \$ 12,666

LINE 32 – TOTAL PROGRAM SERVICE EXPENSES \$ 102,503

Trustees of The Lake St. Catherine Association (as of June, 2013)

Name & position	Spouse	Address Summer	Address Winter	Telephone Email Summer/Winter	Term expires
Abt, Ken Suction Harvesting		674 Cones Point Rd. Poultney, VT 05764 (Camp 227)	1322 West Way Drive. Sarasota FL 34236 .	802-287-9440 (S) 941-312-6454 (W) kabt42@hotmail.com	2015
Burgner, Rand Volunteers & Greeter Program	Lila	271 Cones Point Rd. Poultney, VT 05764 (Camp 212)	2180 Torrey Pine Ct Spring Hill, FL 34606	802-287-9372 (S) 520-400-7864(W) Burgner@msn.com	2015
Callahan, Frank Boating Safety	Grace	28 Clayton Tract Rd (PO Box 641) Wells, VT 05774 (Camp 146)	Same	802-645-9136 (S/W) f-g-callahan@comcast.net	2013
Canders, Jim President	Karen	188 West Lake Rd. Wells, VT 05774 (Camp 53)	443 Old Best Rd. W. Sand Lake, NY 12196	(802) 645-0925 (S) 518-505-2195 (Cell) jpc1td414@aol.com	2014
Crandall, Jeff Milfoil Committee Chair	Lena	1598 West Lake Rd. Wells, VT 05774 (Camp 8)	227 Fox Meadow Rd, Scarsdale, NY 10583	802-645-0833 (S) 914-725-9721 (W) jpc142lp@verizon.net.	2014
Goldman, Rob East Poultney Day Membership /Fun	Jennifer Good	44 West Lake Rd. Wells, VT 05774 (Camp 105-E)	133 Old Redding Rd, Redding, CT 06896	802-645-0636 (S) 203-470-8917 (Cell)) theratsvt@comcast.net	2013
Greenberg, Martin Publicity/Newsletter Ellen Greenberg Secretary	Ellen Martin	26 Bert's Nest Rd PO Box 24 Wells, VT 05774 (Camp 26)	390A Heritage Hills Somers, NY 10589	802-645-0879 (S) 914-669-8588 (W) mgreenb@sover.net	2014

Trustees of The Lake St. Catherine Association (as of June, 2013)

Name & position	Spouse	Address Summer	Address Winter	Telephone Email Summer/Winter	Term expires
Laird, Ed Legal counsel	Ellen	126 West Lake Rd Wells, VT 05774 (Camp 79)	60 Daniel St. Slingerlands, NY 12159	802-645-9500 (S) 518-439-0471 (W) elaird60@gmail.com	2013
McLaughlin, Bill Golf Outing	Kate	122 West Lake Rd. Wells, VT 05774 (Camp 81)	389 State St. Albany, NY 12210 (Oct-Dec)	802-645-0832 (S) 518-462-4485 (W) 518-429-8878 (Cell) bill@wfmclaughlin.com	2014
Morris, Dan Newsletter Design	Kris	335 Kinni Kinnic Lane Poultney, VT 05764 (Camp 255-1)	9949 Cape Haze Circle Parrish, FL 34219 (Sept-May)	802-287-9530 941-776-5457 (FL) 941-224-4881 (C) kanddmorris@aol.com	2015
Nesbit, Rob Strategic Planning	Jennifer	1265 Ferncliff Rd. Poultney, VT 05764 (Camp 288)	260 Bradley Lane Williston, VT 05495	802-287-9077 (S) 802-878-8520 (W) redcottagelsc@gmail.com	2015
Pope, Phil Government Relations	Polly	1373 Ferncliff Rd. Poultney, VT 05764 (Camp 293-A)	49 Maple St, Apt 217, Manchester Center, VT 05255	802-287-9514 (S) 802 3666-9047 (W) ptpope@sover.net	2013
Rosen, Elliott Treasurer	Eileen	PO Box 791 Wells, VT 05774 (Camp 159)	204 Jay Street Albany, NY 12210	802-645-0887 (S) 518-428-1943 (Cell) erosen@trgc.com	2015
Teetor, Mary Jo Vice President, Water Quality Chair	Mark	19 Ferncliff Camps. Poultney, VT 05764 (Camp 264)	Same	802-287-5836 (S & W) ferncliff@comcast.net	2013

Trustees of The Lake St. Catherine Association (as of June, 2013)					
Name & position	Spouse	Address Summer	Address Winter	Telephone Email Summer/Winter	Term expires
Williams, Bob Nominating Committee Chair	Rosalia	48 West Lake Rd Wells, VT 05774 (Camp 105-C)	26 Hidden Hills Dr. Queensbury, N.Y. 1280	802-645-0385 (S) 518-223-5042 (W) bobro5@msn.com	2014