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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization SKANEATELES RECREATIONAL CHARITABLE TRUST C/O DOUGLAS ADAMS		D Employer identification number 16-1556744
	Doing Business As		E Telephone number 315-253-8461
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 460		
	City, town, or post office, state, and ZIP code AUBURN, NY 13021		G Gross receipts \$ 148,563.
	F Name and address of principal officer: CHARLES WALLACE SAME AS C ABOVE		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527			
J Website: ▶ N/A			
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶			
L Year of formation: 1998 M State of legal domicile: NY			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: EXPANDING AND IMPROVING UPON THE EXISTING COMMUNITY RECREATIONAL FACILITIES AVAILABLE TO THE CITIZENS	
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	13
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	1
	6 Total number of volunteers (estimate if necessary)	0
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	0.
	b Net unrelated business taxable income from Form 990-T, line 34	0.
	8 Contributions and grants (Part VIII, line 1h)	97,659.
	9 Program service revenue (Part VIII, line 2g)	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	97,659.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,055.
Expenses	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	252,680.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	256,735.
	19 Revenue less expenses. Subtract line 18 from line 12	-159,076.
	20 Total assets (Part X, line 16)	7,311,985.
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	0.
	22 Net assets or fund balances. Subtract line 21 from line 20	7,311,985.

Part II Signature Block

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		Date
	DOUGLAS ADAMS, TREASURER		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	ROBERT S KOTCHER		02/18/14
Firm's name	Firm's EIN	Check ☐ if self-employed	PTIN
	TESTONE, MARSHALL & DISCENZA, LLP	16-1076996	P01240645
Firm's address	Phone no		
THE FOUNDRY 432 NORTH FRANKLIN ST. SYRACUSE, NY 13204	315-476-4004		

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2012)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

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