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DLN: 93493318070144

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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS

generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A Fo	r the	2013 cal	endar year, or tax year beginnin	g 07-01-2013 , 2013, and ending 06-	30-2014			
		applicable	C Name of organization MASSACHUSETTS LOBSTERMEN'S A	SSOC INC		D Employ	er identifie	cation number
	dress cl	-	Doing Business As			04-25	87614	
	me cha							
	tial retu rminate		Number and street (or P O box if r 8 OTIS PLACE	mail is not delivered to street address) Room/s	suite	E Telepho	ne number	
	nended		City or town state or province cou	Intry, and ZIP or foreign postal code		(781)	545-6984	1
		n pending	SCITUATE, MA 02066	intry, and 21r of foleigh postar code		<b>6</b> Cm as no	acunto d. 417	
, ,,,	pileatio	ii pending	<b>F</b> Name and address of pri	ncipal officer	H(a) I		ceipts \$ 413	3,373
			DAVID CASONI	merpar omee.		s this a group ubordinates?	return for	┌ Yes 🗸 No
			8 OTIS PLACE SCITUATE,MA 02066		H(b) ^	re all subordir	atos	┌ Yes ┌ No
					ır ا	ncluded?		
<b>I</b> Ta	ıx-exen	npt status	「501(c)(3) 「 501(c)(6)◀	(insert no ) 4947(a)(1) or 527	_ I1	f "No," attach	a list (see	e instructions)
J W	ebsite	e:► WV	W LOBSTERMEN COM		H(c)	Group exempti	on numbe	r►
<b>K</b> For	m of or	rganızatıon	Corporation Trust Association	on	<b>L</b> Year	of formation 196	3 M State	e of legal domicile MA
Pa	rt I	Sum	mary					
Governance		FISHER AND AN EDUCA	IES LAWS, THE ENCOURAGEN I EXCHANGE OF IDEAS AMON TIONAL AND OTHER PROGRA	N IN LOBSTER FISHERIES, THE ENC IENT OF SOUND ECONOMICAL PRA G LOBSTERMEN, AND THE SPONSO MS ISCONTINUED ITS OPERATIONS OF DISPOSED	CTICES, T RSHIP AN	HE PROMOTI D ADMINISTI	ON OF C	O O P ERATION ) F
						ı	- 1	
Activities &	1			ning body (Part VI, line 1a) of the governing body (Part VI, line 1		ŀ	3 4	14
<u>ਵ</u> ਹ੍				calendar year 2013 (Part V, line 2a)			5	3
∢			• •	necessary)			6	0
	7a	Total un	related business revenue from P	Part VIII, column (C), line 12		[	7a	21,843
	b	Net unre	elated business taxable income	from Form 990-T, line 34	<u> </u>		7b	0
						Prior Year		Current Year
ā	8			ne 1h)		159,8	7.6	15,340
Revenue	10			ne 2g)		203,1		196,193
å	11		· ·	, lines 5, 6d, 8c, 9c, 10c, and 11e)		28,2		12,812
	12			(must equal Part VIII, column (A), li	ne	391,2	E 7	387,040
	13					5,3		7,500
	14		·	IX, column (A), line 4)		2,2		2,000
70	15			ee benefits (Part IX, column (A), lines		1613		150.053
Expenses	16a	5-10 Profes	•	, column (A), line 11e)		161,3	0	159,953
क ⊕	b		indraising expenses (Part IX, column (E		•		1	0
Э	17			lines 11a-11d, 11f-24e)		192,1	14	186,646
	18			ust equal Part IX, column (A), line 25)		360,9		356,099
	19	Rever	ue less expenses Subtract line	18 from line 12		30,2	88	30,941
8 8 8 68 8 68					Begin	ning of Currer Year	it	End of Year
Not Assets or Fund Balances	20	Total	assets (Part X, line 16)			733,7	50	767,086
# 장면 10명	21					16,6	_	19,015
žĒ	22	Net as	ssets or fund balances Subtract	: line 21 from line 20		717,1	30	748,071
Pa	rt II	Sigr	ature Block					
my k	nowle arer ha	as any k	belief, it is true, correct, and connowledge  ** ature of officer C CASONI TREASURER	amined this return, including accompamplete Declaration of preparer (other				
		<u> </u>	e or print name and title	Preparer's signature	Date	a F . T	PTIN	
Paid	Ч	L-	THOMAS F O'REILLY CPA	, ,	2014-11-05	Check If self-employed	P11N P00151921	
	u pare	er	Firm's name FULCHINO O'REILLY &	COMPANY PC		Firm's EIN 🟲 04	-3018997	
	On		Firm's address 🟲 155 MIDDLESEX TURN	PIKE		Phone no (781)	270-5800	

BURLINGTON, MA 01803 May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes ☐ No

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

Other program services (Describe in Schedule O )

) (Revenue \$

including grants of \$

(Expenses \$

art IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Νo
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I^{\bullet}$	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II"	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part $IV^{\bullet}$	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{\bullet}$	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule $H$	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, 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," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

-	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. J No
1	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   10			.,,
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
1	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	by this return	<u>.</u> .	l   ,,	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule $O$	3b	Yes	
	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)?	4a	Yes	
	If "Yes," enter the name of the foreign country PBD			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a	Yes	
	organization solicit any contributions that were not tax deductible as charitable contributions?	<u> </u>		
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
	Organizations that may receive deductible contributions under section 170(c).	0.5	103	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	۳		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
)	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	ļ		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	ection A. Governing Body and Hanagement					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		relationship with any	2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management coi			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the oi	rganız	ation's assets? .	5		No
6	Did the organization have members or stockholders?			6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?		elect or appoint one or	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?	lby)	members, stockholders,	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written active year by the following		ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schedule			9		No
Se	ection B. Policies (This Section B requests information about policies not			eveni	ue Cod	e.)
			· <b>/</b>			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	_		10a	Yes	
	Did the organization have local chapters, branches, or affiliates?	tivitie	s of such chapters,	10a 10b	Yes	No No
b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization	tivitie on's e	s of such chapters, xempt purposes?	10b	Yes	
b 11a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form?	tivitie on's e s gov	s of such chapters, xempt purposes? erning body before filing 	10b	Yes	
b 11a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form?	tivitie on's e s gov • •	s of such chapters, exempt purposes? erning body before filing 	10b	Yes	
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form?	tivitie on's e s gov • • •	s of such chapters, exempt purposes? erning body before filing  990	10b		
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this Form Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?	tivitie on's e s gov  Form 9	s of such chapters, exempt purposes? erning body before filing	10b	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this Fold the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.	tivitie on's e s gov form 9	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a	Yes Yes Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form?	tivitie on's e s gov form 9	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a 12b	Yes Yes Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this Fold the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.	tivitie on's e s gov Form 9	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a 12b 12c	Yes Yes Yes	
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this Fold the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the	tivitie on's e s gov form s ly inte the p	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form?	tivitie on's e s gov form s ly inte the p	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this Fold the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the	tivitie on's e s gov  form 9 ily inte the p iew ar	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official	tivitie on's e s gov  form 9 ily inte the p iew ar	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization	tivitie on's e s gov  form 9  ly inte the p  lew arie deli	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this FD id the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture of	tivitie on's essential service deli	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization	tivitie on's essential service deli	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	tivitie on's essential service deli	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►DAVID CASONI TREASURER 8 OTIS PLACE SCITUATE, MA 02066 (781) 545-6984

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ♦ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - ◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ♦ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ♦ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	more pers and	than on is	one bot	not box h ar or/tr	check, unle n offici rustee	ess er e)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) BERNARD J FEENEY	3 00	х		Х				3,959	0	0
PRESIDENT				L				3,939		
(2) ARTHUR SAWYER JR	3 00			Х				063	2.000	0
1ST VICE PRESIDENT		Х		^				963	3,080	U
(3) DAVID CASONI	3 00	· ·		.,				075		
SECRETARY/TREASURER		Х		Х				875	0	0
(4) WILLIAM ADLER	40 00									
EXECUTIVE DIRECTOR		Х		Х				57,236	25,688	7,375
(5) WILLIAM LISTER	3 00									
EXECUTIVE COMMITTEE MEMBER		Х						0	0	0
(6) MARK RING	3 00									
EXECUTIVE COMMITTEE MEMBER		Х						963	0	0
(7) JOHN CARVER	3 00									
•		х						0	1,103	0
EXECUTIVE COMMITTEE MEMBER  (8) WILLIAM SOUZA	3 00									
	3 00	х						0	0	0
EXECUTIVE COMMITTEE MEMBER										
(9) STEVEN HOLLER	3 00	х						875	0	0
EXECUTIVE COMMITTEE MEMBER										
(10) WILLIAM DOHERTY	3 00	x						0	0	0
EXECUTIVE COMMITTEE MEMBER								_		
(11) ALEX BROWN	3 00	x						656	0	0
EXECUTIVE COMMITTEE MEMBER		_ ^						030	0	
(12) JARRETT DRAKE	3 00	х						721	0	0
EXECUTIVE COMMITTEE MEMBER		^						/21	U	U
(13) JOHN BARRETT	3 00								_	
EXECUTIVE COMMITTEE MEMBER		Х						0	0	0
(14) SUSAN MICHAUD	3 00									
EXECUTIVE COMMITTEE MEMBER		X						888	0	0
	†	<u> </u>			$\Box$		П			

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per week (list any hours	more t	han o	one both	box, ıan d	heck unless officer stee)	i	Repor comper from organiza	table nsation the tion (W-	(E) Reportable compensation from related organizations (W	/-	(F) Estima amount o compens from t	ted f other ation he
		for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		rganizati relate organiza	ed
41.	Cult Tabel							<u></u>				_		
1b c	Sub-Total		ection (	٠	•									
d	Total (add lines 1b and 1c) .	•		• •	٠.	٠.		Þ		67,136	29,8	71		7,375
2	Total number of individuals (ii \$100,000 of reportable comp	ncluding but not	lımıted				d abov	e) w	ho receive	d more th	ian			
													Yes	No
3	Did the organization list any <b>f</b> on line 1a? <i>If "Yes," complete</i> .						emplo	yee,	, or highes	t compen	sated employee	3		No
4	For any individual listed on lir organization and related organ											4		
5	Did any person listed on line is services rendered to the orga									anızatıon	or individual for	5		No No
1 1	Complete this table for your fi compensation from the organi	ve highest comp											tax year	
		( <b>A</b> ) Name and business						-			(B) cription of services		(C Comper	)
												-		
												7		
2	Total number of independent co	ontractors (inclu	dına but	t not	lımıt	ed to	o those	e list	ted above)	who rece	ived more than			

\$100,000 of compensation from the organization  $\blacktriangleright 0$ 

Part V	/##	Statement o	of Revenue ule O contains a respo	nce or note to any lin	o in this Bart VIII			
		Check if Schedi	uie O concains a respo	inse of flote to ally fil	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
10	1a	Federated cam	paigns 1a					312 311
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership du	ies 1b	,				
6r2	c	Fundraising eve	ents <b>1</b> 0					
ffs, ≓A	d	Related organiz						
i5 [a	e	Government grant						
Sin	f							
uti. her	'	similar amounts no						
	g	Noncash contributi 1a-1f \$	ons included in lines					
Coni	h	Total. Add lines	s 1 a - 1 f		15,340			
				Business Code				
Program Serwice Revenue	2a	MEMBERSHIP DUE	S	900099	79,050	79,050		
γ	ь	ANNUAL MEETING		900099	41,232			41,23
55	С	SPECIAL PROJECTS	S & MIS	900099	20,559	20,559		
Şe. Ş	d	MONTHLY NEWSLE	TTERS	541800	19,200		19,200	
Ē	e	SCHOLARSHIPS		900099	2,054	2,054		
S S	f	All other progra	am service revenue		600		600	
<u>~</u>	g	Total. Add lines	s 2a-2f		162,695			
	3		ome (including divider ar amounts)		196,193		31	196,16
	4		stment of tax-exempt bond					
	5	Royalties	<u></u>	▶				
		_	(ı) Real	(II) Personal				
	6a	Gross rents Less rental	28,800 14,345					
		expenses Rental income	14,455					
		or (loss)	<u> </u>		14 455	10.900	3,655	
	d	Net rental inco	me or (loss)  (i) Securities	<b>▶</b> -	14,455	10,800	3,033	
	7a	Gross amount from sales of assets other than inventory	(i) decanties	(ii) o dilei				
	Ь	Less cost or other basis and sales expenses						
	C .	Gain or (loss)						
	d 8a		ss)					
ænne æ	, ou	events (not inc \$	luding					
Other Revenue		of contributions See Part IV, lir	s reported on line 1c) ne 18 <b>a</b>					
	ь	Less direct ex	penses b					
Ò	C		(loss) from fundraising	events 🛌				
	9a		rom gaming activities ne 19 <b>a</b>					
	ь	Less direct ex	penses b					
	c	Net income or	(loss) from gamıng act	ıvıtıes				
	10a	Gross sales of returns and allo		10,345				
	ь	Less cost of a	oods sold b	11,988				
			(loss) from sales of inv		-1,643		-1,643	
		Miscellaneou	s Revenue	Business Code				
	11a							
	b							
	С	A.II						
	d e	All other reven  Total. Add lines		▶				
				· · · · •				
	12	iotal revenue.	See Instructions .	· · · · •	387,040	112,463	21,843	237,39

	990 (2013)  EIX Statement of Functional Expenses				Page <b>10</b>
	on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizat	ions must comp	olete column (A )	
	Check if Schedule O contains a response or note to any line in this l				<u></u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21		'	-	•
2	Grants and other assistance to individuals in the United States See Part IV, line 22	7,500			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	.,			
4	Benefits paid to or for members	2,000			
5	Compensation of current officers, directors, trustees, and key employees	62,600			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	78,719			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,430			
9	Other employee benefits	5,730			
10	Payroll taxes	11,474			_
11	Fees for services (non-employees)				
а	Management				
b	Legal	17,283			
•					
ے ۔	Accounting	12,425			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	883			
13	Office expenses	7,541			
14	Information technology				
15	Royalties				
16	Occupancy				_
17	Travel	4,436			_
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,438			
20	Interest	46			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,707			
23	Insurance	3,157			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	ANNUAL MEETING	29,918			
b	SPECIAL PROJECTS	20,106			
С	NEWSLETTER	18,864			
d	DIRECTORS FEES & EXPENS	16,838			
_	All other expenses	47,004			
25	Total functional expenses. Add lines 1 through 24e	356,099			
26	Joint costs. Complete this line only if the organization	330,039			
20	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here F [ if following SOP 98-2 (ASC 958-720)				

Form 990 (2013)

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response or note to any line in this	Part X				
		a contains a contains a contains and any mile in the		- · ·	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			129,769	1	146,895
	2	Savings and temporary cash investments			67,805	2	75,921
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former officers, dire employees, and highest compensated employees Complete Part Schedule L	II of			5	
Assets	6	Loans and other receivables from other disqualified persons (as d $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and corand sponsoring organizations of section $501(c)(9)$ voluntary emporganizations (see instructions) Complete Part II of Schedule L	tributing	employers		6	
386	7	Notes and loans receivable, net		_		7	
⋖	8	Inventories for sale or use		_	19.840	8	25,189
	9	Prepaid expenses and deferred charges			5,651	9	2,749
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	347,236	,		
	ь	Less accumulated depreciation	10b	145,059	200,952	10c	202,177
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11			250,000	12	250,000
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			59,733	15	64,155
	16	Total assets. Add lines 1 through 15 (must equal line 34)			733,750	16	767,086
	17	Accounts payable and accrued expenses			6,509	17	3,847
	18	Grants payable				18	
	19	Deferred revenue				19	900
	20	Tax-exempt bond liabilities				20	
Ø	21	Escrow or custodial account liability Complete Part IV of Schedu	le D .			21	
Liabilitie	22	Loans and other payables to current and former officers, directors key employees, highest compensated employees, and disqualified	•	5,			
<u> </u>		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			2,402	23	
	24	Unsecured notes and loans payable to unrelated third parties $oldsymbol{\cdot}$		•		24	
	25	Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Part D			7,709	25	14,268
	26	Total liabilities. Add lines 17 through 25			16,620	26	19,015
-se		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ lines 27 through 29, and lines 33 and 34.		lete			
ant	27	Unrestricted net assets				27	
<u>ක</u>	28	Temporarily restricted net assets				28	
Ξ	29	Permanently restricted net assets				29	
r Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.	e ⊫  ⊽an	d			
Š.	30	Capital stock or trust principal, or current funds			693,227	30	718,300
Assets or	31	Paid-in or capital surplus, or land, building or equipment fund .			0	31	0
As	32	Retained earnings, endowment, accumulated income, or other fun-	ds		23,903	32	29,771
Ř	33	Total net assets or fund balances			717,130	33	748,071
~	34	Total liabilities and net assets/fund balances			733,750	34	767,086
						Fo	orm <b>990</b> (2013)

ar	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			. Г
			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both			
	▼ Separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

DLN: 93493318070144

# OMB No 1545-0047

**SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

	me of the organization			Empl	oyer ide	ntification number
MAS	SSACHUSETTS LOBSTERMEN'S ASSOC IN	NC		04-2	587614	4
ar	t I-A Complete if the or	ganization is exempt under	section 501(			
1	Provide a description of the or	ganızatıon's dırect and ındırect polit	ıcal campaıgn act	ivities in Part IV		
2	Political expenditures				<b>F</b>	\$
3	Volunteer hours					
ar	t I-B Complete if the or	ganization is exempt under	section 501(	c)(3).		
1	Enter the amount of any excise	e tax incurred by the organization ur	nder section 4955	5	<b>F</b>	\$
2	Enter the amount of any excise	e tax incurred by organization mana	gers under sectio	n 4955	•	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 47	20 for this year?			┌ Yes ┌ No
4a	Was a correction made?					┌ Yes ┌ No
b	If "Yes," describe in Part IV					
Par	t I-C Complete if the or	ganization is exempt under	section 501(	c), except sec	tion 5	01(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	ection 527 exem	pt function activiti	es 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to o	ther organizations	s for section 527	<b>F</b>	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b	•	\$
4	Did the filing organization file Form 1120-POL for this year?					
5	organization made payments l amount of political contribution	nd employer identification number (E For each organization listed, enter th ns received that were promptly and o political action committee (PAC) I	ne amount paid fro directly delivered	om the filing organ to a separate poli	ızatıon's tıcal org	funds Also enter the janization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount pa filing organize funds If none, a	ation's	contributions received

Sch	nedule C (Form 990 or 990-EZ) 2013					Page <b>2</b>
Pä	art II-A Complete if the organization	is exempt under	section 501(	c)(3) and file	ed Form 5768	
_	under section 501(h)).		Link in Doub TV an	- h - 66:1: - h - d		a adduces FIN
٠.	Check ► If the filing organization belongs to a expenses, and share of excess lobb		iist in Part IV ea	ch amiliated gro	up members nam	e, address, EIN,
3	Check ► ☐ If the filing organization checked bo		l" provisions app	ly		
	Limits on Lobbying E (The term "expenditures" means ar		l <b>.</b> )		(a) Filing organization's totals	( <b>b)</b> Affiliated group totals
La	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
ь	Total lobbying expenditures to influence a legisl	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	o)		Γ		
d	O ther exempt purpose expenditures			Γ		
e	Total exempt purpose expenditures (add lines 1	c and 1d)		Γ		
f	Lobbying nontaxable amount Enter the amount is columns	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000					
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lir	ue 1f)				
h	Subtract line 1g from line 1a If zero or less, ent	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t	he instructions fo	ection do not r lines 2a thro	havè to con ough 2f on p		ne five
	Lobbying Exp	enditures During	4-Year Avera ⊤	ging Period	1	1
	Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					

e Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

	pach "Vee" recognize to lines to through to below r	arounds in Part IV a detailed description of the lebbying	( a	1)	(1	b)
	each "Yes" response to lines la through li below, p /ity.	rovide in Part IV a detailed description of the lobbying	Yes	No	Amo	ount
-	legislation, including any attempt to influence through the use of	empt to influence foreign, national, state or local public opinion on a legislative matter or referendum,				
a -	Volunteers?					
)		ion in expenses reported on lines 1c through 1i)?				
:	Media advertisements?					
ı	Mailings to members, legislators, or the public Publications, or published or broadcast states	<b>-</b>				
e F	Grants to other organizations for lobbying pur	<u> </u>				
		·				
) 1	Direct contact with legislators, their staffs, go Rallies, demonstrations, seminars, conventio					
•	Other activities?	is, speeches, lectures, or any similar means?				
	Total Add lines 1c through 1i	-				
	_	tion to be not described in section 501(c)(3)?	ı			
,	If "Yes," enter the amount of any tax incurred					
2		by organization managers under section 4912				
	If the filing organization incurred a section 49		I			
		n is exempt under section 501(c)(4), section 5	501(c	)(5), c	r sect	ion
	501(c)(6).					
	W 1 1 1 1 1 1 1 (000)			_	Y •	-
	Were substantially all (90% or more) dues re-	•		L	1	1
	Did the organization make only in-house lobb			L	2 Y e	_
		ing and political expenditures from the prior year?	-01(-)	\(\bullet\)	3	1
EL		n is exempt under section 501(c)(4), section 5 BOTH Part III-A, lines 1 and 2, are answered "				
	Dues, assessments and similar amounts from	members	1			
	Section 162(e) nondeductible lobbying and poexpenses for which the section 527(f) tax was	olitical expenditures (do not include amounts of political as paid).				
1	Current year		2a			
)	Carryover from last year		2b			
3	Total	N4.V4.V	2c			
		e)(1)(A) notices of nondeductible section 162(e) dues	3			
		c exceeds the amount on line 3, what portion of the excess e reasonable estimate of nondeductible lobbying and				
	political expenditure next year?	e reasonable estimate of hondeductible lobbying and	4			
	Taxable amount of lobbying and political expe	nditures (see instructions)	5			
2	art IV Supplemental Information					
	ovide the descriptions required for Part I-A, line irt II-B, line 1 Also, complete this part for any a	1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	ıp lıst),	Part II	-A, line	2, an
_	Return Reference	Explanation				
	l					

201104410 3 (1 01111 3 3 0 01 3 3 0 12 ) 2 0 1 3		i age <del>-i</del>
Part IV Supplemental Information	on <i>(continued)</i>	
Return Reference	Explanation	

Schedule D (Form 990) 2013

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Department of the Treasury

DLN: 93493318070144

OMB No 1545-0047

**SCHEDULE D Supplemental Financial Statements** (Form 990)

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

CITIC	in Neverlide Octation			Inspection
	me of the organization SSACHUSETTS LOBSTERMEN'S ASSOC INC			loyer identification number
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990			
	organization answered Tes to Form 330	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advise funds are the organization's property, subject to the or		onor advi	sed Yes No
5	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the benef	<del>_</del>		r purpose
	conferring impermissible private benefit?			Yes No
Pa	rt II Conservation Easements. Complete if		' to Forn	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat	or education)  Preservation of		ically important land area d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	a qualified conservation contribution ii	n the forn	n of a conservation
	easement on the last day of the tax year			Held at the End of the Year
а	Total number of conservation easements		2a	Tield at the Lild of the real
b	Total acreage restricted by conservation easements		2b	
_	Number of conservation easements on a certified histo	oric structure included in (a)		
c		• •	2c	
d	Number of conservation easements included in (c) accommodate structure listed in the National Register		2d	
3	Number of conservation easements modified, transfering the tax year -	red, released, extinguished, or termina	ited by tr	ne organization during
ŀ	Number of states where property subject to conservat	ion easement is located ►		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, ha	indling of	violations, and Yes No
5	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation eas	ements o	luring the year
	A mount of avances included in monitoring increasing	and enforcing concernation accommo	nto dumin	a the week
7	Amount of expenses incurred in monitoring, inspecting  \$ \begin{align*} al	g, and enforcing conservation easeme	nts during	g the year
3	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of s	ection 17	70(h)(4)(B)(ı)
•	In Part XIII, describe how the organization reports colbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financ		
aī	rt III Organizations Maintaining Collection Complete if the organization answered "Y		, or Otl	her Similar Assets.
la	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote t	ets held for public exhibition, education	n, or rese	arch in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	ets held for public exhibition, education		
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$
	(ii) Assets included in Form 990, Part X			<u></u>
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS			'
а	Revenues included in Form 990, Part VIII, line 1	. , , , , , , , , , , , , , , , , , , ,		<b>▶</b> \$
	chaco meradea mironi 220, i dic viii, ilie i			F +

**b** Assets included in Form 990, Part X

Part	Organizations Maintaining Co	lections of Art,	Hist	ori	<u>cal Tre</u>	asui	res, or Ot	hei	Similar Asse	ts (co.	ntınued)
3	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other record	s, che	ck a			_		significant use of	ıts	
а	Public exhibition		d	Г	Loan or	exch	ange progra	ms			
b	Scholarly research		e	Г	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	llections and explair	n how	the	y further	the o	rganızatıon'	s ex	empt purpose ın		
5	During the year, did the organization solicit o								_		<b>-</b>
Day	assets to be sold to raise funds rather than to talk Escrow and Custodial Arrange									Yes	No_
FGI	Part IV, line 9, or reported an am						answered	1 11	es to Follil 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						r other asse	ets n		Yes	┌ No
b	If "Yes," explain the arrangement in Part XII $$	I and complete the f	ollowi	ng t	able						
									Amou	nt	
С	Beginning balance						_ :	1c			
d	Additions during the year						<u> </u>	1d			
e	Distributions during the year						<u> </u>	le			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?						Γ-,	Yes	□ No
_ь	If "Yes," explain the arrangement in Part XII										<u> </u>
Pa	rt V Endowment Funds. Complete r	f the organization (a)Current year	answ (b)P					_		NEOUR WA	ears back
1a	Beginning of year balance	23,903	( <b>D</b> )P	TIOL	24,328	(C) IV	9,487	(a)	Three years back (e	rour ye	ears back
ъ	Contributions	13,368			4,875		22,841				
c	Net investment earnings, gains, and losses										
		7,500			5,300		8,000				
d	Grants or scholarships Other expenditures for facilities	7,300			3,300				+		
е	and programs										
f	Administrative expenses										
g	End of year balance	29,771			23,903		24,328				
2	Provide the estimated percentage of the curr	ent year end balance	e (line	1g,	column	(a)) h	eld as				
а	Board designated or quasi-endowment 🕨 1	00 000 %									
b	Permanent endowment ►										
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%									
За	Are there endowment funds not in the posses	sion of the organizat	tion th	nata	are held a	and a	dmınıstered	for	the		
	organization by									Yes	No
	(i) unrelated organizations			•				•	3a(i)		No No
b	(ii) related organizations		on Sc	hed	ule R?			• •	3a(ii)		110
4	Describe in Part XIII the intended uses of th									l l	
Par	t VI Land, Buildings, and Equipme					answ	ered 'Yes'	to	Form 990, Part	IV, lır	ne
	11a. See Form 990, Part X, line 1	.0.			<b>)</b> Coot on a	Al	(I-) C+		(-) A	(d) D-	-1
	Description of property				i) Cost or d sis (investn		(b)Cost or of basis (othe		(c) Accumulated depreciation	(a) Bo	ok value
4-							-	F0.0			
	Land						, 	500	120.022		8,500
	Buildings		'				304,	924	120,822		184,102
	Leasenoid improvements		•				22	812	24,237		9,575
	Other						, ,,	212	24,237		2,313
	I. Add lines 1a through 1e <i>(Column (d) must e</i>	ual Form 990. Part X.	colum	nn (1	B), line 10	)(c).)			🕨		202,177
		,		(1	<i>,,</i> 2 20	\ */*/	<u> </u>	-	Schedule D (F	orm 9	

Part VII Investments—Other Securities. Com	plete if the organization	answered 'Yes' to For	m 990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c) Method of v	
(including name of security)		Cost or end-of-year	market value
(1)Financial derivatives			
(2)Closely-held equity interests (3)Other			
(A) INVESTMENT IN SUBSIDIARY, AT COST, MLA NON PROFIT BOAT PROTECTION CO-OP LTD	250,000	С	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII  Investments—Program Related. Con See Form 990, Part X, line 13.			orm 990, Part IV, line 11c.
(a) Description of investment	(b) Book value	(c) Method of ve Cost or end-of-year	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. Complete if the organization	 answered 'Yes' to Form 990	, Part IV, line 11d See	Form 990, Part X, line 15
(a) Descrip			(b) Book value
(1) DUE FROM RELATED ENTITIES			48,551
(2) DUE FROM UNRESTRICTED FUND			13,368
(3) REFUNDABLE INCOME TAXES			2,236
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.	)		64,155
Part X Other Liabilities. Complete if the organ	ization answered 'Yes' to	o Form 990, Part IV,	line 11e or 11f. See
Form 990, Part X, line 25.  1 (a) Description of liability	(b) Book value		
Federal income taxes			
DUE TO RESTRICTED FUND	13,368		
SECURITY DEPOSIT	900		
Table (Column (b) and a series of a series			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶  2. Liability for uncertain tax positions In Part XIII, provide to	14,268 the text of the footnote to the	e organization's financia	I statements that

Part		evenue per Audited Financial State vered 'Yes' to Form 990, Part IV, line 12		ts Wi	th Re	even	ue pe	er Re	turn Complete	ıf
1		er support per audited financial statements .						1		
2	A mounts included on line 1 bu	ut not on Form 990, Part VIII, line 12					Ī			
a	Net unrealized gains on inves	tments	2a							
b	Donated services and use of f	acılıtıes	2b							
c	Recoveries of prior year grant	s	2c							
d	Other (Describe in Part XIII )		2d							
e	Add lines <b>2a</b> through <b>2d</b> .							2e		
3	Subtract line $\mathbf{2e}$ from line $1$ .						. [	3		
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1								
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a							
b	Other (Describe in Part XIII )	[	4b							
c	Add lines <b>4a</b> and <b>4b</b>						$\overline{\cdot}$	<b>4</b> c		
5	Total revenue Add lines <b>3</b> and	d <b>4c.</b> (This must equal Form 990, Part I, line 1	2).					5		
Part		xpenses per Audited Financial Stat swered 'Yes' to Form 990, Part IV, line :		nts W	ith E	xpe	ises	per	<b>Return.</b> Comple	te
1	Total expenses and losses pe	r audited financial statements						1		
2	Amounts included on line 1 bu	it not on Form 990, Part IX, line 25								
а	Donated services and use of f	acılıtıes	2a							
b	Prior year adjustments		2b							
c	Otherlosses		2c							
d	Other (Describe in Part XIII )		2d							
e	Add lines 2a through 2d						. [	2e		
3	Subtract line ${f 2e}$ from line ${f 1}$ .						. [	3		
4	A mounts included on Form 99	0, Part IX, line 25, but not on line 1:								
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a							
b	Other (Describe in Part XIII )		4b							
С	Add lines <b>4a</b> and <b>4b</b>							<b>4</b> c		
5	Total expenses Add lines <b>3</b> a	nd <b>4c.</b> (This must equal Form 990, Part I, line	18)					5		
Part	XIII Supplemental Int	formation								
Part		Part II, lines 3, 5, and 9, Part III, lines 1a ai , lines 2d and 4b, and Part XII, lines 2d and 4							e any additional	
	Return Reference	Explanation								
PART	V, LINE 4	SCHOLARSHIP FUND FOR MEMBERS OR T	HEIR	DEPE	NDEN	ITS EI	NTERI	NG C	OLLEGE	
PART	X, LINE 2	IN DETERMINING THE RECOGNITION OF APPLIES A MORE-LIKELY-THAN-NOT RECOGNITION OF UNCERTAIN TAX POST PROBABILITIES OF THE OUTCOMES THAT SETTLEMENT WITH TAXING AUTHORITIES NO UNCERTAIN TAX POSITIONS THAT QUISCLOSURE IN THE FINANCIAL STATES UNDER EXAMINATION BY ANY TAXING J	COGN SITIO AT CO ES AS SUALI MENT	ITION NS CC ULD E S OF JU FY FO S THE	N THR NSID E REA JNE 3 R EIT E ASS	ESHO ERIN ALIZE 0,20 HER R OCIA	LD AN G THE D UPC 14, TH ECOG TION	ND DE AMO N UL IE AS GNITI IS NC	TERMINES THE UNTS AND TIMATE SOCIATION HAS ON OR CURRENTLY	

STATE TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS

FOLLOWING THE DATE FILED

•	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

► Attach to Form 990
► Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

2013

DLN: 93493318070144

Open to Public Inspection

**Employer identification number** 

MACCACUUCETTO LODGTEDMENIO	A C C O C TNIC					1 ' '	
MASSACHUSETTS LOBSTERMEN'S	S ASSUC INC					04-2587614	
Part I General Information	on on Grants and	d Assistance				•	
<ul> <li>Does the organization maintain the selection criteria used to a</li> <li>Describe in Part IV the organization</li> </ul>	ward the grants or as	sıstance?					F Yes □ I
			<b>rganizations in the</b> more than \$5,000. Pa				es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
						-	
2 Enter total number of section 5		=	ed in the line 1 table.			· · · • •	

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered	"Yes" to Form 990,	Part IV,	line 22
Part III can be duplicated if additional space is needed.			

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS FOR EDUCATION	10	7,500			

Part IV	Supplemental Inforn	<b>mation.</b> Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	
Return Refer	ence	Evolunation	

Schedule I (Form 990) 2013

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

DLN: 93493318070144

**Transactions with Interested Persons** 

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

	e of the or ACHUSETTS	ganızatıon LOBSTERMEN'	S ASSO	OC INC								tificatio	n numbe	er
Part	I Exc	ess Bene	fit T	ransact	ions (sect	ion 501(c)	(3) and section	n 501(c)(4)			87614 ns only	).		
							990, Part IV, line							
1	(a) Nam	e of disqual	ıfıed	person		nship betwe on and orga	en disqualified	(c) Desc	cription	of tra	nsactio	n	(d) Cor	
					pers	on and orga	IIIZacion						Yes	No
												+		
	Enter the a	mount of ta	ax inc	curred by o	rganization	managers o	or disqualified pe	rsons durina t	he vea	r unde	rsectio	n		
	4958 .		• •								<b>F</b> \$	··		
3	Enter the a	amount of ta	ax, if	any, on lın	e 2, above,	reımbursed	by the organizat	ion			<b>F</b> \$			
Par	t III Lo	ans to ar	nd/d	or From	Interest	ed Persoi								
							n 990-EZ, Part \	/, line 38a, or	Form 9	90, P	art IV, I	ine 26,	or ıf the	
			eport				X, line 5, 6, or 22		1		T		1	
	Name of erested	(b) Relations	hip	(c) Purpose o	( <b>d)</b> Loar		(e)Original principal	(f)Balance due	(g) Indefaul		(h) Approv	ved	(i)Wr	
pe	erson	with		loan	organızat	ion?	amount				by			
		organızat	ion								board or			
						_					commi	ttee?		
					То	From			Yes	No	Yes	No	Yes	No
												-	_	
												-	_	
													_	
													_	
				<u> </u>							ļ		_	
Total				<u> </u>	<b>6</b>									
Part							<b>ted Persons.</b> on Form 990, P	art IV line 3	77					
(a)	Name of I		_	_	ship betwee		ount of assistance			sistand	e (e	Purpo:	se of ass	sistance
• • •	perso			erested pe	rson and th						`			
				organı	zation									

Part IV Business Transactions I Complete if the organization			e 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	<b>(c)</b> A mount of transaction	(d) Description of transaction	(e) Sh of organiz reveni	: zation's
				Yes	No
(1) ELIZABETH CASONI	EMPLOYEE OF ORGANIZATION AND FAMILY MEMBER OF DIRECTOR	64,213	W-2 COMPENSATION		No
				1	1

### Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2013

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DLN: 93493318070144

OMB No 1545-0047

2013

Open to Public Inspection

## 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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization MASSACHUSETTS LOBSTERMEN'S ASSOC INC **Employer identification number** 

04-2587614

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	
FORM 990, PART VI, SECTION A, LINE 7A	REGULAR MEMBERS HAVE VOTING RIGHTS TO ELECT MEMBERS OF THE ASSOCIATION'S GOVERNING BODY
FORM 990, PART VI, SECTION A, LINE 7B	REGULAR MEMBERS HAVE VOTING RIGHTS TO ELECT OR REMOVE MEMBERS OF THE BOARD OF DELEGATES TH AT IS RESPONSIBLE FOR THE GENERAL MANAGEMENT AND DIRECTION OF THE ASSOCIATION
FORM 990, PART VI, SECTION B, LINE 11	A COPY OF FORM 990 IS PROVIDED TO EXECUTIVE COMMITTEE MEMBERS FOR REVIEW AND COMMENTS BY T HE MEMBERS PRIOR TO FILING TAX PREPARER IS CONTACTED WITH ANY QUESTIONS OR COMMENTS
FORM 990, PART VI, SECTION B, LINE 12C	ANY POTENTIAL CONFLICTS OF INTEREST ARE DISCUSSED AT EXECUTIVE COMMITTEE MEETINGS
FORM 990, PART VI, SECTION B, LINE 15A	COMPENSATION OF THE EXECUTIVE DIRECTOR IS REVIEWED AND APPROVED BY EXECUTIVE COMMITTEE MEMBERS OF THE BOARD OF DELEGATES
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND OTHER INFORMATI ON IS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AT THE OFFICES OF THE ASSOCIATION
FORM 990, PART IX, LINE 24E	POSTAGE 11,501 PROMOTION & DONATIONS 9,198 DUES & SUBSCRIPTIONS 5,537 TELEPHONE 5,409 MISCELLANEOUS 4,250 INDUSTRY RELATIONS 4,066 OUTSIDE SERVICES 2,383 REAL ESTATE TAXES 1 ,281 REGULATORY AND LEGISLATIVE EXPENSE 1,253 UTILITIES 918 REPAIRS & MAINTENANCE 630 INDUSTRY MEETINGS 450 DESIGNEE EXPENSE 128
FORM 5471, SCHEDULE I, LINE 1 AND FORM 5471, SCHEDULE J - SUBPART F INCOME	FOREIGN CORPORATION FILED A 953(D) ELECTION TO BE TREATED AS A DOMESTIC CORPORATION FOR UN ITED STATES INCOME TAX PURPOSES CONSEQUENTLY, THERE IS NO SUBPART F INCOME
FORM 4562 - BONUS DEPRECIATION ELECTION	FOR THE YEAR ENDING JUNE 30, 2014 MASSACHUSETTS LOBSTERMEN'S ASSOC INC HEREBY ELECTS, PU RSUANT TO IRC SEC 168(K)(2)(D)(III), NOT TO CLAIM THE ADDITIONAL FIRST-YEAR BONUS DEPRECI ATION ALLOWABLE UNDER SEC 168(K) FOR THE QUALIFYING PROPERTY PLACED IN SERVICE DURING THE TAX YEAR ENDING JUNE 30, 2014 ALL PROPERTY IN THE 5 YEAR CLASS ALL PROPERTY IN THE 7 YE AR CLASS ALL PROPERTY IN THE 10 YEAR CLASS ALL PROPERTY IN THE 15 YEAR CLASS ALL PROPERTY I

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE R** 

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

MASSACHUSETTS LOBSTERMEN'S ASSOC INC

DLN: 93493318070144

2013

OMB No 1545-0047

Open to Public

**Related Organizations and Unrelated Partnerships** 

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ► See separate instructions.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

**Employer identification number** 

				04-25876	514			
Part I Identification of Disregarded Entities Complete  (a)  Name, address, and EIN (if applicable) of disregarded entity	e if the organization (b) Primary activity	(c) Legal domicile (state or foreign country)	n Form 990, Pa (d) Total income	(e) End-of-year assets	Dı	(f) irect controlling entity		
Part II Identification of Related Tax-Exempt Organizations during the	ations Complete if tax year.	the organization a	nswered "Yes"	on Form 990, P	art IV, l	lıne 34 because ı	t had or	ne
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	tion (e) Public charity (if section 501	status (c)(3))	<b>(f)</b> Direct controlling entity	Section (13) co en	ontroll ntity?
							Yes	No
								<u> </u>
							+	$\perp$
							+	+
							+	
								+
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 501	35Y	ı	I	Schedule R (For	m 990) 2	 2013

Part III Identification of Related Or							ızatıon a	nswered "Y	es" on	Form	1 990, Par	t IV, l	ine 3	4	
because it had one or more related organization		(b) Primary activity	(c)	(d) Direc control entit	et Pre ling incor y ui exc	(e) dominant ne(relate nrelated, uded fror x under	total inco		Dispro	<b>1)</b> prtionate tions?	(i) e Code V-UE amount in b 20 of Schedule K (Form 106	I Geno ox mar par	(j) eral or naging tner?	(F Perce owne	
						514)			Yes	No		Yes	No		
														1	
							+			+			<del> </del>		
Part IV Identification of Related Or Inne 34 because it had one or n  (a)  Name, address, and EIN of related organization			s a cor	poratio		t during			1	<b>(g)</b> e of end-	of- Perc	h) entage	$\overline{}$	(i) Section (b)(1)	512
related organization		(state or fo	oreign		entity		or trust)	income		year assets	OWI	егыпр		control entity	lled y?
(1) MLA FISHERMEN	ADMINISTRATION SERVICES	MA		ML	A NON-PRO	TT C		285,000	) )	39,3	309 100	000 %	ŀ	Yes	No No
SERVICES CORP  8 OTIS PLACE SCITUATE, MA 02066 04-3100369					AT PROTEC <sup>*</sup> OPERATIVE										
(2) MLA NON-PROFIT BOAT PROTECTION COOPERATIVE LTD	INSURANCE COMPANY	BD		N/	Α	С		790,39	7	1,949,3	349 100	000 %			No
40 CHURCH STREET PO BOX HM2062 HAMILTON BD															
04-3492678									+				_		

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

Yes

$oldsymbol{1}$ During the tax year, did the organization engage in any of the following transactions with one or more in	related organizations lis	sted in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	Yes	
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b		No
<b>c</b> Gift, grant, or capital contribution from related organization(s)				1c		No
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d	Yes	
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f	Yes	
g Sale of assets to related organization(s)				<b>1</b> g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
j Lease of facilities, equipment, or other assets to related organization(s)				1j	Yes	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)				11		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
• Sharing of paid employees with related organization(s)				10		No
<b>p</b> Reimbursement paid to related organization(s) for expenses				1р		No
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q	Yes	
r Other transfer of cash or property to related organization(s)				1r		No
s Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complet	1	·				
(a)  Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of determining amo	ount ir	nvolved	
1) MLA FISHERMEN SERVICES CORP	Α	18,000	FAIR RENTAL			
2) MLA NON-PROFIT BOAT PROTECTION COOPERATIVE LTD	F	196,000	DIVIDEND RECEIVED			

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions													
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) all partners section 501(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	( <b>h)</b> Disproprtiona allocations <sup>7</sup>	_	(i) Code V <sup>2</sup> UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	<b>(k)</b> Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	
							<u> </u>						

Schedule R (Form 990) 2013

# Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2013

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(Including Information on Listed Property)

OMB No 1545-0172

Attachment Sequence No 179

Department of the Treasury Internal Revenue Service (99)

> ► See separate instructions. ► Attach to your tax return. Business or activity to which this form relates

**Identifying number** 

	SSACHUSETTS LOBS	TERMEN'S ASS	OC INC	FORM 95	FO FAGL 10				
									04-2587614
Pā		To Expense (							
_		ou have any li				ore you comp	olete Part I.	Τ.	F00 000
	Maximum amount (se	•						1	500,000
	Total cost of section							2	
3	Threshold cost of se		-			tructions) •		3	2,000,000
4	Reduction in limitation	on Subtract line	3 from line 2 I	fzero or le	ess, enter -0-			4	
5		· ·			=				
	filing separately, see	Instructions		<u></u>				5	
					1 (1) 0 . (1)				
6	(a)	Description of pi	operty		(b) Cost (bu		(c) Elected	cost	
						.,,,			1
									7
7	Listed property Enter	the amount from	ı lıne 29 🔒			. 7			_
8	Total elected cost of	f section 179 pro	perty Add am	ounts in co	olumn (c), lines	6 and 7 • •		<b>⊤</b> 8	
	Tentative deduction	•			` ''			9	
	Carryover of disallow							10	
	Business income lim		•			nan zaro) or line	5 (500	<u> </u>	
	instructions) •		e sinaner or bus					11	
12	Section 179 expense	a dadustian Ada	dlines 0 and 10	hut do n	at antar mara th	on line 11		12	
	Carryover of disallowe			-		_		12	
	te: Do not use Part								
							nclude listed	nroner	ty ) (See instructions )
	Special depreciation							I	(y ) (See mistractions )
	the tax year (see ins	•		•				14	
15	Property subject to s	-	) election					15	
	Other depreciation (							16	
		preciation (I						10	
	MACKS DE	preciation (	DO HOE Miciaa		ction A	e mstruction	3.)		
17	MACRS deductions f	for assets placed	d in service in t			2013		17	7,835
	If you are electing to								,
	asset accounts, che				-		_		
	Section B-Ass	ets Placed in	Service Du	rina 201	L3 Tax Year	Using the G	eneral De	preci	ation System
			(c) Basis						
(	a) Classification of	(b) Month and	deprecia		(d) Recovery				(g)Depreciation
`	property	year placed in service	(business/inv use	estment	period	(e) Convention	on <b>(f)</b> Meti	hod	deduction
		Service	only—see inst	ructions)					
L9a	3-year property		·						
b	5-year property	]		7,835	5 0	HY	200 D	В	2,265
C	7-year property								
	10-year property								
	15-year property								
	20-year property	1							
	25-year property				25 yrs		S/L		
	Residential rental				27 5 yrs	MM	S/L		
	property				27 5 yrs	MM	S/L		
	Nonresidential real property				39 yrs	M M M M	S/L S/L		
		l on C—Assets Plac	ced in Service D	Juring 2013	3 Tay Voar Hein	<u> </u>		on Sve	tem
202	Class life	M C-ASSELS FIA	Ca in Service D	army ZUI.	Z TAX TEAT USING	The Aiternati	S/L	on ays	
	12-year	1			12 yrs		S/L		
	40-year				40 yrs	ММ	S/L		
		<b>y</b> (see instruc	tions.)		, <u> </u>				
	Listed property Enter							21	
22	<b>Total.</b> Add amounts fro	om line 12, lines	14 through 17	, lines 19	and 20 in colum	nn (g), and line	21 Enter		
	here and on the appr							22	10,100
23	 For assets shown abov				*	e 🗌		•	, , , , , , , , , , , , , , , , , , ,
	portion of the basis att		_			. 23			

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	<u>nd Other I</u>	<u>nforma</u>	tion (C	aution	<u>: See</u>	the i	nstr	uctio	ns for	<u>limits</u>	for pa	asseng	ier au	tomol	oiles. )
<b>24a</b> Do you have evider	nce to support	the business/inv	estment ι	ise claime	d? <b>┌ Yes</b>	Гио			24b	If "Yes,"	is the e	/ idence	written?	Гү	s $\Gamma_{N}$	0
(a) Type of property (list vehicles first)	<b>(b)</b> Date placed in service	(c) Business/ investment use percentage	(c Cost o ba		Basis for (busines us			(f) Recov perio	ery	<b>(g)</b> Method, Conventi		( <b>l</b> Depred dedu			(i) Electe section cost	179
25Special depreciation allo	•		erty placed	in service (	during the	tax yea	rand u	ised m	nore t	han 2!	_					
50% in a qualified busi	•		hueinaee	IICA						2:	<u>,                                    </u>					
201 Toperty used more	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	%	Dusiness	usc					Т							
		%														
37 Dranarty used 500/		%														
<b>27</b> Property used 50%	oriess in a	quanned bus	iness us	e	1				S	/L -						
		%							S,	/L -						
		%			<u> </u>					/L -						
28 Add amounts in co						ne 21,	page	1	2	8						
29 Add amounts in c	olumn (ı), lın						<u></u>	•	<u> </u>		• •		29			
Complete this section	for vehicles		ction B								or relat	مط مما	con			
If you provided vehicles to														se vehi	les	
30 Total business/in	vestment mi	les driven du	rıng the		<b>a)</b> icle 1		<b>b)</b>		_	c)	-	d)	-	e)		( <b>f</b> )
year ( <b>do not</b> ınclu	de commutir	ng miles) .	•	Veni	icie I	ven	cle 2		veni	icle 3	veni	cle 4	veni	cle 5	ven	ıcle 6
<b>31</b> Total commuting	mıles drıven	during the ve	ar .													
32 Total other person	nal(noncomn	nutina) miles	drıven					+					<u> </u>		<del>                                     </del>	
33 Total miles driven through 32	•															
34 Was the vehicle a	vaılable for p	personal use	• •	Yes	No	Yes	No	<b> </b>	'es	No	Yes	No	Yes	No	Yes	No
during off-duty ho	urs? .															
<b>35</b> Was the vehicle u owner or related p	•	y by a more tl	nan 5%													
<b>36</b> Is another vehicle	available fo	or personal us	e? .													
<b>Section</b> Answer these question 5% owners or related	ns to determ	•	et an exc												<b>not</b> mo	re thar
<b>37</b> Do you maintain a employees?	written poli	cy statement	that prof	nibits all	personal • •	use of	vehic	cles,	ınclı	uding co	mmutir	ng, by	your · · ·	<u> </u>	'es	No
<b>38</b> Do you maintain a employees? See t																
39 Do you treat all us																
<b>40</b> Do you provide movehicles, and reta	ore than five	vehicles to y	our empl			ormatic	n fror	n yol	uren	nployees	about	the u	se of			
<b>41</b> Do you meet the r				 automobi	le demor	nstratio	on use	 e?(S	ee ir	structio	ns)					
Note: If your answ	•	3	•					,			•	s				
	rtization	.,,,		,												
(a)		<b>(b)</b> Date		( A mort				(d) Code		1 .	e) ization		Λmo	( <b>f</b> )	on for	
Description of c	osts	amortizatio begins	n	amo				ectioi		1 '	od or ntage			his ye		
<b>42</b> A mortization of co	sts that beg	gins during yo	ur 2013	tax year	(see ins	tructio	ns)									
43 A mortization of co	sts that beg	gan before yo	ır 2013 t	ax year					•		43					
44 Total. Add amoun	ts ın column	(f) See the i	nstructio	ns for wh	ere to re	port					44					



# TY 2013 Earnings and Profits Other Adjustments Statement

Name: MASSACHUSETTS LOBSTERMEN'S ASSOC INC

Description	Amount
EQUITY IN LOSS OF SUBSIDIARY	4,457



# **TY 2013 Investment in Subsidiaries Statement**

Name: MASSACHUSETTS LOBSTERMEN'S ASSOC INC

Description	Beginning Amount	Ending Amount
MLA FISHERMEN SERVICES CORP	33,324	28,869

# TY 2013 Itemized Other Current Liabilities Schedule

Name: MASSACHUSETTS LOBSTERMEN'S ASSOC INC

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
MLA NON-PROFIT BOAT PROTECTION COOPERATI	04-3492678	ACCRUED REINSURANCE	7,250	4,625
MLA NON-PROFIT BOAT PROTECTION COOPERATI	04-3492678	CLAIMS PAYABLE	867,412	420,898
MLA NON-PROFIT BOAT PROTECTION COOPERATI	04-3492678	UNEARNED INSURANCE PREMIUMS	648,902	599,014
MLA NON-PROFIT BOAT PROTECTION COOPERATI	04-3492678	ACCRUED INCOME TAXES		

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### **TY 2013 Itemized Other Current Assets Schedule**

Name: MASSACHUSETTS LOBSTERMEN'S ASSOC INC

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
MLA NON-PROFIT BOAT PROTECTION COOPERATI	04-3492678	REINSURANCE RECEIVABLE	743,824	541,226
MLA NON-PROFIT BOAT PROTECTION COOPERATI	04-3492678	PREPAID EXPENSE AND OTHER	2,025	144,687
MLA NON-PROFIT BOAT PROTECTION COOPERATI	04-3492678	REFUNDABLE INCOME TAXES	39,374	12,000

# **TY 2013 Other Deductions Schedule**

Name: MASSACHUSETTS LOBSTERMEN'S ASSOC INC

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
INSURANCE CLAIMS		185,573
ADMINISTRATIVE FEES		282,500
BERMUDA FEES		118,227
PROFESSIONAL FEES		65,608
GENERAL INSURANCE		2,754
OFFICE EXPENSE		5,162
DIRECTORS FEES		5,021
MISCELLANEOUS		2,550

# **TY 2013 Itemized Other Liabilities Schedule**

Name: MASSACHUSETTS LOBSTERMEN'S ASSOC INC

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
MLA NON-PROFIT BOAT PROTECTION COOPERATI	04-3492678	RESERVE FOR LOSSES	30,000	30,000
MLA NON-PROFIT BOAT PROTECTION COOPERATI	04-3492678	EXCESS OF LOSS OVER INVESTMENT IN SUB	0	



# **TY 2013 Other Income Statement**

Name: MASSACHUSETTS LOBSTERMEN'S ASSOC INC

Description	Foreign Amount	Amount
SURVEY FEES AND EXPENSES		5,250
EQUITY IN LOSS OF SUBSIDIARY		-4,457