Form 990-EZ

2949226406814 **Short Form Return of Organization Exempt From Income Tax**

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

2018

Do not enter social security numbers on this form as it may be made public.

Open to Public

Department of the Treasury

Internal Revenue Service

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Inspection For the 2018 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address change Pleasant Lake Protective Association 23-7037867 Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return Final return/ terminated P.O. Box 1584 603-526-6741 City or town, state or province, country, and ZIP or foreign postal code **Group Exemption** New London, NH 03257 Number > X Cash ____ Accrual Accounting Method: H Check I if the organization is Other (specify) Website: ▶ www.plpa.net not required to attach Schedule B Tax-exempt status (check only one) - \times 501(c)(3) 501(c)) **◄**(insert no.) 4947(a)(1) or (Form 990, 990-EZ, or 990-PF). K Form of organization: X Corporation ____ Trust Association Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ 41751. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 25813. Contributions, gifts, grants, and similar amounts received 2450. 2 2 32 Program service revenue including government fees and contracts Membership dues and assessments 3 8770. See Schedule O 1370. 4 Investment income Gross amount from sale of assets other than inventory <u>5a</u> Less: cost or other basis and sales expenses 5h c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events: a Gross income from gaming (attach Schedule G if greater than Revenue 6a \$15,000) 743. of contributions b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such 3348. 6b gross income and contributions exceeds \$15,000) 3348 c Less: direct expenses from gaming and fundraising events 0. Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a b Less: cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe in Schedule O) 8 38403. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 4850. See Schedule 10 10 Grants and similar amounts paid (list in Schedule O) 11 11 Benefits paid to or for members Salaries, other compensation, and employee benefits RECEIVED 11496. 12 12 13 Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance 14 14 SEP 1 8 2019 3094. Printing, publications, postage, and shipping 15 See Schedule O 9433. Other expenses (describe in Schedule O) 16 OGDEN 28873. 17 Total expenses. Add lines 10 through 16 17 9530. Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 146240. (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 155770. Net assets or fund balances at end of year. Combine lines 18 through 20 Form **990-EZ** (2018) LHA For Paperwork Reduction Act Notice, see the separate instructions.

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(1)

<u>Director</u>

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23-7037867

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V X Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each X_ activity in Schedule O 33 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended Х documents if they reflect a change to the organization's name. Otherwise, explain the change on Schodule O (see instructions) 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported Х on lines 2, 6a, and 7a, among others)? 35a N/A 35b b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax Х requirements during the year? If "Yes," complete Schedule C, Part III 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of nct assets during the year? If "Yes," Х 36 complete applicable parts of Schedule N | 37a | 0. 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions X 37b b Did the organization file Form 1120-POL for this year? 38a Did the organization bollow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made X 38a in a prior year and still outstanding at the end of the tax year covered by this return? N/A b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations Enter: N/A 39a a Initiation fees and capital contributions included on line 9 N/A b Gross receipts, included on line 9, for public use of club facilities 39b 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0. <u>0 •</u> , section 4912 ▶ 0 . , section 4955 ► section 4911 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any X 40b of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed 0. by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter X transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed \rightarrow NH Telephone no $\triangleright 603-526-6741$ 42a The organization's books are in care of ► Thomas Stark ZIP+4 > 03257Located at ▶ P.O. Box 1584, New London, NH b At any time during the calendar year, did the organization have an interest in or a signature or other authority Nο over a financial account in a foreign country (such as a bank account, socurities account, or other financial 42b account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outcide the United States? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Х Form 990-EZ 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead 44b of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 44d in Schedule 0 X 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

form 990-EZ (2018) Pleasant Lake Protective	Association		23-70378	367	Page 4
16 Did the organization engage, directly or indirectly, in political campaign activit			F		s No
If "Yes," complete Schedule C, Part I				46	X
Part VI Section 501(c)(3) Organizations Only					
All section 501(c)(3) organizations must answer questions 4		e the tables for line	es 50 and 51		
Check if the organization used Schedule O to respond to an	y question in this Part VI	 			
- D. H		0.14%4		Yes	
7 Did the organization engage in lobbying activities or have a section 501(h) ele		ar? If "Yes," complete	e Sch. C, Part II	47	X
Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes,"			}	48	X
9a Did the organization make any transfers to an exempt non-charitable related of	organization /		_	49a 49b	+^
 b If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employed 	oc (other than officers, directors	tructone and key o	_		d more
than \$100,000 of compensation from the organization. If there is none, enter		, ii doitoo, alla hoy v	mployses/ wile co	10111000100	2 111015
(a) Name and title of each employee	(b) Average hours	(C) Reportable	(d) Health benefits	(e) Esti	mated
(2) (111110 1110 1110 1110 1110 1110 1110	per week devoted to	compensation (Forms W-2/1099-MISC)	contributions to employee benefit	amount	
NONE	position	W-2/1099-WISC)	plans, and deferred compensation	compen	sation
				 	
		<u> </u>		<u> </u>	
	_				
				<u> </u>	
				<u> </u>	
(a) Name and business address of each independent contractor	(b)	Type of service	(c) C	<u>Compensati</u>	on
d Total number of other independent contractors each receiving over \$100,000					
2 Did the organization complete Schedule A? Note: All section 501(c)(3) organ					
completed Schedule A	izations most attaon a		▶ 5	Yes [No
inder penalties of perjury, I declare that I have examined this return, including acci-	ompanying schedules and state	ements, and to the be			
ue, correct, and complete. Declaration of preparer Jother than officer) is based on			•	9	
			9/14/	19	
Signature of officer			Date (
Thomas Stark, Treasurer Type or print name and title					
Print/Type preparer's name Preparer's signature	e Date	Check X	ıf PTIN		
	-0-	self- emplo	-		
Paid Paula K. Wyeth, CPA Jawa X	Skyeth 08/27	7/19	P013	38165	3
Firm's name > David > W Wroth CDA	1 CPA		▶ 02-03		
Jse Only Firm's address ▶ P.O. Box 862		Phone no		26-64:	29
New London, NH 03257					
May the IRS discuss this return with the preparer shown above? See instructions		11 1 1	▶ □	Z Yes [Nr.
				orm ggn_E	7 (2015

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

2018

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Pleasant Lake Protective Association 23-7037867

D.	art I	Reason for Public (Charity Status	All organizations must be	DBUCI	acton	o instructions	<u>3-1031001</u>			
_		Reason for Public (
The	organ	ization is not a private found	ation because it is (For lines 1 through 12, o	check only	one box)	,	\sim			
1		A church, convention of chi	urches, or association	on of churches described	d in sectio	n 170(b)(1	1)(A)(i).	/ \			
2		A school described in secti	on 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)	\cup	`			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ıı	ıı).				
4		A medical research organization	•				•	the hospital's name.			
7		city, and state:	anon operated in co.	njanotion with a moopita			11 11 0(D)(1)(M)(M). E.MO.	ano moophano mamo,			
_		-	with a barrefit of a co			had by a -					
5		An organization operated for		liege or university owner	or opera	ted by a go	overnmental unit describ	ea in			
		section 170(b)(1)(A)(iv). (C	omplete Part II.)								
6	\sqsubseteq	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
		section 170(b)(1)(A)(vi). (Complete Part II.)									
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)			í			
9		An agricultural research org				ed in coniu	inction with a land-grant	college			
•		or university or a non-land-g			• •	-	=	_			
		· -	rant conege or agric	altare (see mondeterione).	Littor tilo	riarrio, orij	,, and state of the colleg	0 01			
40	\mathbf{x}	university.	(4)	th a = 00 d /00/ af the aver							
10	لها	An organization that normal									
		activities related to its exem	•	•			• •	•			
		income and unrelated busing	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975			
	_	See section 509(a)(2). (Cor	nplete Part III.)								
11		An organization organized a	and operated exclus	ively to test for public sa	fety See	section 50	09(a)(4).				
12	Ш	An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	purposes of one or			
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2)	See section 509(a)(3). C	Check the box in			
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	plete lines	s 12e, 12f, and 12g				
,		Type I. A supporting orga	= =			•	_	aivina			
•	_	the supported organization	•	•	•						
		.,		• • • •	a majority v	or tire dire	otors or trastees or the s	apporting			
	_	organization. You must o	•								
Ľ) <u> </u>					• •		-			
		control or management o			ame perso	ons that co	ontrol or manage the sup	ported			
	_	organization(s). You mus	t complete Part IV,	Sections A and C.							
•	;		grated. A supporting	g organization operated	in connec	tion with,	and functionally integrate	ed with,			
		its supported organization	n(s) (see instructions	You must complete l	Part IV, Se	ections A,	D, and E.				
•	ı 🗀	☐ Type III non-functionally	integrated. A supp	orting organization opei	ated in co	nnection v	with its supported organi	zation(s)			
		that is not functionally int	egrated The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness			
		requirement (see instructi	ions) You must con	nplete Part IV. Sections	s A and D.	and Part	V.				
		Check this box if the orga		•	•						
		functionally integrated, or									
	Ent/	er the number of supported o		many integrated support	ing organii	Lation.					
		vide the following information	•	od organization(s)							
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other			
	•	organization	(.,	(described on lines 1-10		No No	support (see instructions)	''			
_				above (see instructions))	Yes	INO		<u> </u>			
					-						

chedule A (Form 990 or 990-EZ) 2018 P	<u>leasant L</u>	ake Prote	ctive Ass	ociation	23-7	037,867 Page 2
Part II Support Schedule for (Complete only if you checke						
fails to qualify under the test:			-	n railed to quality	under Part III. I	the organization
ection A. Public Support	o noted bolovi, piec					
	(-) 0014	#\ 001E	(-) 0016	(4) 0017	150010	(f) Total
lendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
 Gifts, grants, contributions, and membership fees received. (Do not 	İ					
include any "unusual grants ")				/	<i>\</i>	
2 Tax revenues levied for the organ-			· · · · · · · · · · · · · · · · · · ·	 	 	
ization's benefit and either paid to						
or expended on its behalf				/		
3 The value of services or facilities				/		
furnished by a governmental unit to			ļ.	/		
the organization without charge				/		
Total. Add lines 1 through 3	-		/	1	1	-
The portion of total contributions				 		<u> </u>
by each person (other than a						
governmental unit or publicly			/			
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)				}		
Public support. Subtract line 5 from line 4		/	,			
ction B. Total Support			 			
endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Amounts from line 4		/				
Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties,				1		
and income from similar sources		/				
Net income from unrelated business		/				
activities, whether or not the		y				
business is regularly carried on	/					
Other income. Do not include gain				1		
or loss from the sale of capital	/					
assets (Explain in Part VI)						
Total support. Add lines 7 through 10						
Gross receipts from related activities	, etc. (see instructi	ons)			12	
First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	_
organization, check this box and sto					<u>-</u>	
ection C. Computation of Pub					1 1	
Public support percentage for 2018 (• • •	•	column (f))		14	
Public support percentage from 2017				44 00 4/00/	15	
a 33 1/3% support test - 2018. If the	•			14 is 33 1/3% or	more, check thi	s box and
stop here. The organization qualifies		_		l l 15 00 1/00	·/b	-
b 33 1/3% support test - 2017. If the				a ime 15 is 33 1/39	o or more, chec	ok unis dox ⊾ □
and stop here. The organization qua				0 12 160 105	and line 14 is 1	P ∟
a 10% -facts-and-circumstances tes						
and if the organization meets the "factoring and argumentances"					art vi now the o	rgarnzation
meets the "facts-and-circumstances"	-			=	17a and line 1	▶ ∟ 5 is 10% or
b 10% -facts-and-circumstances tes						
more, and if the organization meets t	ne racis-and-circl	annotances test, C	PLICK THIS DOX SUG	stop nere. Expiai	ii iii Fait VI NOV	
organization meets the "facts-and-cir	cumstances" test	The organization	nualifipe se s nubl	icly supported are	ianization	▶ □

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II \

Sec	ction A. Public Support	low, please compli	ete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not	·					
	include any "unusual grants.")	23412.	30711.	28514.	29035.	37033.	148705.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to or expended on its behalf						
-	·						
Э	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	23412.	30711.	28514.	29035.	37033.	148705.
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
lt	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
C	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6)			:			148705.
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	23412.	30711.	28514.	29035.	37033.	148705.
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	263.	257.	396.	1047.	1371.	3334.
t	Unrelated business taxable income				·		
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	· · · · · · · · · · · · · · · · · · ·	263.	257.	396.	1047.	1371.	3334.
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	203.	257.	390.	1047.	13/1.	3334.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)	23675.	30968.	28910.	30082.	38404.	<u> 152039.</u>
14	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	x year as a section	n 501(c)(3) organiza	ation,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2018 (lin	ne 8, column (f), di	vided by line 13, c	olumn (f))		15	<u>97.81 %</u>
<u>16</u>	Public support percentage from 2017					16	<u>%</u>
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	18 (line 10c, colum	n (f), divided by lin	e 13, column (f))		17	<u>2.19 %</u>
18	Investment income percentage from 2					18	_%
19	a 33 1/3% support tests - 2018. If the	organization did no	ot check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box an	•	-				$\triangleright [X]$
ŧ	o 33 1/3% support tests - 2017. If the	organization did no	ot check a box on l	ine 14 or line 19a,	and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, chec		•				
20	Private foundation. If the organization	n did not check a t	oox on line 14, 19a	, or 19b, check thi	is box and see ins	tructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A	A 11 O		

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

١		Yes	No
	1		
	•		
	_2		
	3a		
	3b		
	3c		
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		<u>03786</u>	7 Pa	<u>ige 5</u>
Pa	rt IV Supporting Organizations (continued)		1	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		ļ
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		l
<u>Sec</u>	tion B. Type I Supporting Organizations		1	ı
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			ĺ
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			l
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		l
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	İ		
	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	-		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's	1		1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		İ	
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	_ 		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instruction	ıs).		
a	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruction	s)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a			1.00	1
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
_		20		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	0.	1	
_	activities but for the organization's involvement	2b	+	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а		_	1	
	trustees of each of the supported organizations? Provide details in Part VI.	3a	 	
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	<u>L</u>	<u> </u>

	dule A (Form 990 or 990-EZ) 2018 Pleasant Lake Protectiv			23-7037867 Page 6
Pa	Type in item I uneticitally integrated cos(a)(c) cupporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			n in Part VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		,
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)	<u> </u>		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1_1_		
_2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			1
	emergency temporary reduction (see instructions)	6	<u></u>	
7	Check here if the current year is the organization's first as a non-functional	ly integra	ated Type III supporting	j organization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2018

	dule A (Form 990 or 990-EZ) 2018 Pleasant Lake			3-7037867 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	<u> </u>
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	•	
	(provide details in Part VI) See instructions.		m	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	,		
Secti	on E - Distribution Allocations (see instructions)	(ı) Excess Distributions	(ıi) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6	•		
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
_ с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			<u></u>
	Carryover from 2013 not applied (see instructions)			
ن	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from Section D,			
	line 7. \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI	(Form 990 or 990-EZ) 2018 Pleasant Lake Protective Association 23-703/86/ Page 8
Fait VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
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SCHEDULE 0

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization

Pleasant Lake Protective Association

Employer identification number <u>23-7037867</u>

Form 990-EZ, Part I, Line 4, Other Investment Income:	
Description of Property:	Amount:
Interest	1370.
Form 990-EZ, Part I, Line 10, Grants and Similar Amounts Paid:	
Activity Classification:	
Grantee Name: NH Lakes Association	
Grantee Address: 17 Chenell Drive, Suite One Concord, NH 03301	
Grantee Relationship: None	0500
Amount Given:	2500.
Activity Classification:	
Grantee Name: Loon Preservation Committee	
Grantee Address: P.O. Box 604 Moultonborough, NH 03254-0604	
Grantee Relationship: None	
Amount Given:	2350.
Total included on Form 990-EZ, line 10	4850.
Form 990-EZ, Part I, Line 16, Other Expenses:	
Description of Other Expenses:	Amount:
Advertising	75.
Annual meeting	422.
Fishing derby	731.
Fireworks display	4000.
Insurance	958.
	990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization

19

Employer identification number

Pleasant Lake P Part IV List of Officers, Directors, Trustees, a				
(a) Name and title	(b) Average ho per week devote position	Urs (C) Reportable	(d) Health benefits contributions to employee benefit	(e) Estimated
Gena Edmunds				
Director	0.50		0.	. 0
<u>Jamie Hess</u> Director	0.50		0.	. 0
Fred Pierce	0.50		0.	. 0
Director	0.50		0.	. 0
Sally Winship			<u> </u>	· · · · · · · · · · · · · · · · · · ·
Director	0.50		0. 0	. 0
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