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Form **990EZ**

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)

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

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

OMB No. 1545-1150

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 01-01-2020 , and ending 12-31-2020

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
LAKE LENAPE ASSOCIATION

Number and street (or P. O. box, if mail is not delivered to street address) | Room/suite
PO BOX 438

City or town, state or province, country, and ZIP or foreign postal code
ANDOVER, NJ 07821

D Employer identification number
22-2255056

E Telephone number
(973) 808-9500

F Group Exemption Number ▶

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶WWW.LAKELENAPENJ.COM

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☑ 501(c)(7) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $ 89,737

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	1,884
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	87,814
	4	Investment income		4	39
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b	0	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	0	
	c	Less: direct expenses from gaming and fundraising events	6c	0	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b	0	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9	89,737
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	2,500
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	11,512
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	61,583
	17	**Total expenses.** Add lines 10 through 16		▶ 17	75,595
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	14,142
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	68,920
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	83,062

Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	68,920	22	83,062
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 **Total assets**	68,920	25	83,062
26 **Total liabilities** (describe in Schedule O)		26	
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	68,920	27	83,062

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . . ☐

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose?
TO MAINTAIN, OPERATE, IMPROVE AND PRESERVE COMMUNITY LAKE AND RELATED PROPERTIES WHILE SPONSORING AND ENCOURAGING RECREATIONAL AND SOCIAL ACTIVITIES THEREON.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28
See Additional Data Table

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **28a**

29

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **29a**

30

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **30a**

31 Other program services (describe in Schedule O) . . . . . .
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **31a**

32 Total program service expenses (add lines 28a through 31a) . . . . . ▶ **32**

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV. . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) **(if not paid, enter -0-)**	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JOE KIMBLE Trustee	3.00	0		
KEN ROBERTS Vice President	3.00	0		
PEGGY WIDGREN Secretary	3.00	0		
BRIAN BRENNAN Trustee	3.00	0		
MATT DUNBAR President	3.00	0		
JEN JUNEAU Trustee	3.00	0		
BRIAN KITHCART Trustee	3.00	0		
JOE LICCARDI Treasurer	3.00	0		
ERIC KARR Trustee	3.00	0		
SHAWN MERCER Trustee	3.00	0		

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

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.	34		No
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
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	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a 0			
b	Gross receipts, included on line 9, for public use of club facilities 39b 0			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
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 of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
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 sections4912, 4955, and 4958 ▶ 0			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ LEAF MIELE MANGANELLI Telephone no. ▶ (973) 808-9500			
	Located at ▶ 310 PASSAIC AVE FAIRFIELD , NJ ZIP + 4 ▶ 07004			

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	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 outside the U.S.?	42c		No
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46		No

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

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

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

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

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

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

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☐ **Yes** ☐ **No**

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

Sign Here

****** Signature of officer — 2021-02-16 Date

JOE LICCARDI Treasurer Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Scott Hagaman CPA				P00184266

Firm's name ▶ LEAF MIELE MANGANELLI FORTUNATO & ENGEL — Firm's EIN ▶ 22-3491267

Firm's address ▶ 310 PASSAIC AVE FAIRFIELD, NJ 07004 — Phone no. (973) 808-9500

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

Additional Data

Software ID: 20011551
Software Version: 2020v4.0
EIN: 22-2255056
Name: LAKE LENAPE ASSOCIATION

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)	
28 PROVIDED MAINTENANCE, OPERATION, IMPROVEMENTS AND PRESERVATION OF COMMUNITY LAKE AND RELATED COMMON PROPERTIES AND ENCOURAGED AND SPONSORED RECREATIONAL AND SOCIAL ACTIVITIES FOR MEMBERS. (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
LAKE LENAPE ASSOCIATION

Employer identification number
22-2255056

990 Schedule O, Supplemental Information

Return Reference	Explanation
Client Note 1	Client Note 1 - STATEMENT REQUESTING ABATEMENT OF LATE FILING PENALTY FOR REASONABLE CAUSE MANGEMENT OF THIS ORGANIZATION HAS ONLY RECENTLY BECOME AWARE OF THE DELINQUENT FILING STA TUS OF THE 2018 FORM 990EZ AND ARE RESPECTFULLY REQUESTING AN ABATEMENT OF LATE FILING PEN ALTY DUE TO REASONABLE CAUSE BASED UPON THE DETAILS DESCRIBED HEREIN:THIS LAKE COMMUNITY O RGANIZATION RELIES COMPLETELY ON VOLUNTEER TRUSTEES AND OFFICERS TO MANAGE ITS AFFAIRS. IN MANY PAST YEARS, IT HAS BEEN FORTUNATE TO HAVE AVAILABLE IN THE COMMUNITY QUALIFIED FINAN CIAL PERSONS TO VOLUNTEER AS TREASURER AND HANDLE ALL ACCOUNTING AND FORM 990EZ REQUIREMEN TS. THE PAID TAX PREPARER OF THIS 2018 FORM 990EZ WAS, IN FACT, PREVIOUSLY THE TREASURER A ND PREPARER OF THE ORGANIZATION'S 2013 TO 2016 FORMS 990EZ. ALL OTHER TRUSTEES AND OFFICER S ARE UNFAMILIAR WITH THE FILING REQUIREMENTS AND RELY COMPLETELY ON THE VOLUNTEER TREASUR ER TO ASSURE COMPLIANCE IN THIS REGARD.AS NOTED, THE PREPARER OF THIS FORM WAS THE VOLUNTE ER TREASURER FROM 2014 THROUGH 2017 AND RELUCTANTLY RELINQUISHED HIS VOLUNTEER SERVICES FO R HEALTH REASONS STARTING IN 2018 AT WHICH POINT THE BOARD OF TRUSTEES BELIEVED THEY HAD F OUND A QUALIFIED REPLACEMENT VOLUNTEER FOR THE POSITION TO HANDLE ALL FINACIAL AND REPORTI NG REQUIREMENTS STARTING ON JANUARY 1, 2018. THE TRUSTEES RELIED ON THE REPRESENTATIONS OF THE NEW VOLUNTEER TREASURER THAT HER QUALIFICATIIONS WERE SUFFICIENT TO HANDLE FORM 990EZ FILING WITHOUT THE NEED FOR PAID PROFESSIONAL ASSISTANCE AS IN THE PAST. IN A NUMBER OF D ISCUSSIONS SUBSEQUENTLY WITH THE BOARD, THE NEW TREASURER REPRESENTED THAT SUCH OBLIGATION S WERE BEING HANDLED. UNFORTUNATELY, FOR REASONS UNCLEAR, THE NEW TREASURER WAS NOT HANDLI NG THE FINACIAL MATTERS COMPLETELY. SHE ALSO CEASED ATTENDING BOARD MEETINGS. IN TIME, THE BOARD OF TRUSTEES REALIZED IT WAS TIME TO CONTACT A PROFESSIONAL ACCOUNTING AND TAX PREPE RATION SERVICE TO LOOK INTO THE PAST AND FUTURE NEEDS OF THE ORGANIZATION. ACCORDINGLY, TH E PREPARER OF THIS FORM 990EZ WAS ASKED TO REVIEW AND ASSIST IN BRINGING ALL DELINQUENT RE TURNS INTO COMPLIANCE. MANAGEMENT BELIEVES THESE CIRCUMSTANCES SHOW NO WILLFUL INTENT TO D ISREGARD THE FILING REQUIREMENT AND THEY HAVE TAKEN STEPS TO RECTIFY THE MATTER WHEN SUSPI CIONS AROSE OF PROBLEMS WITH COMPLIANCE. THE IMPOSITION OF FILING PENALTIES WOULD ALSO BE A SEVERE FINANCIAL HARDSHIP TO THIS SMALL ORGANIZATION. THANK YOU FOR YOUR CONSIDERATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1002	Office Expenses $1774

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1012	Insurance $11543

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1	REAL ESTATE TAXES $14944

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.2	WATER QUALITY INSPECT/TREATMNT $12245

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.3	GROUNDS/CLUBHOUSE MAINTENANCE $12152

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.4	DAM MAINTENANCE $3200

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.5	SALES & USE TAX $2795

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.6	UTILITIES $1695

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.7	MEMBERSHIP BADGES/DECALS $1003

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.8	LAKE MEMBER EVENTS $120

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.9	BANK CHARGES $112