See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? See Statement 5

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)

28	See Statement 6 (Grants $) If this amount includes foreign grants, check here ► ☐	28a	43,580.
29	Great Streets: Community planning and technical assistance. (Grants $) If this amount includes foreign grants, check here ► ☐	29a	40,804.
30	Nexus: To accelerate investment in and revitalization of the Lake Street commercial corridor. (Grants $) If this amount includes foreign grants, check here ► ☐	30a	20,125.
31	Other program services (attach schedule) See Statement 7 (Grants $ 20,018.) If this amount includes foreign grants, check here ► ☐	31a	26,457.
32	**Total program service expenses** (add lines 28a through 31a) ►	32	130,966.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
See Statement 8		48,080.	7,352.	0.

Part V | **Other Information** (Note the statement requirements in the instrs for Part V)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	35b		
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
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 period covered by this return?	38a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► N/A , section 4912 ► N/A , section 4955 ► N/A			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.			
d	Section 501(c)(3) and 501(c)(4) 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		X
41	List the states with which a copy of this return is filed ► None			

42a The organization's books are in care of ► Joyce Wisdom Telephone no ► 612-822-0232
Located at ► 919 East Lake Street Minneapolis MN ZIP + 4 ► 55406

			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)? If 'Yes,' enter the name of the foreign country ►	42b		X
	See the instructions for exceptions and filing requirements for **Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country ►	42c		X

43 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 ► 43 N/A

			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

		Yes	No
46	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		
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
b	If 'Yes,' was the related organization a section 527 organization?		

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 address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

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 address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

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

Sign Here

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

► Joyce Wisdom — Signature of officer — Date 9/15/10

► Joyce Wisdom — Type or print name and title — Executive Director

Paid Preparer's Use Only

Preparer's signature ► Christina Jandro, CPA	Date 9-13-10	Check if self employed ► ☐	Preparer's Identifying Number (See instructions) N/A
Firm's name (or yours if self employed), address, and ZIP + 4 ► CHRISTINA M. JANDRO, CPA 16740 FRANCHISE AVE W ROSEMOUNT, MN 55068-1924		EIN ► N/A Phone no ► (952) 891-2373	

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

BAA

Statement 1
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	Facade Improvement	
Donee's Name:	MMS Properties	
Donee's Address:	2929 Bloomington Avenue Minneapolis, MN 55407	
Cash Amount Given:		$ 2,852.
Class of Activity:	Facade Improvement	
Donee's Name:	John Meldahl	
Donee's Address:	2620 Humboldt Avenue South Minneapolis, MN 55408	
Cash Amount Given:		$ 796.
Class of Activity:	Facade Improvement	
Donee's Name:	Vi Runquist	
Donee's Address:	2442 1st Avenue South #2 Minneapolis, MN 55404	
Cash Amount Given:		$ 4,970.
Class of Activity:	Facade Improvement	
Donee's Name:	Delights of India	
Donee's Address:	1123 West Lake Street Minneapolis, MN 55408	
Cash Amount Given:		$ 700.
Class of Activity:	Facade Improvement	
Donee's Name:	Highpoint Center for Printmaking	
Donee's Address:	912 West Lake Street Minneapolis, MN 55408	
Cash Amount Given:		$ 5,000.
Class of Activity:	Facade Improvement	
Donee's Name:	Pillsbury Market	
Donee's Address:	120 West Lake STreet Minneapolis, MN 55408	
Cash Amount Given:		$ 700.
Class of Activity:	Facade Improvement	
Donee's Name:	Marion Realty	
Donee's Address:	4006 Xerxes Avenue South Minneapolis, MN 55410	
Cash Amount Given:		$ 5,000.

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion	$ 47,368.
Bank Fees	560.
Contributions	500.
Depreciation	87.
Dues & Subscriptions	725.
Event Expenses	2,746.
Insurance	3,911.
Office Expenses	1,483.
Outside Services	2,800.

Statement 2 (continued)
Form 990-EZ, Part I, Line 16
Other Expenses

Repairs & Maintenance	$ 155.
Telephone	2,614.
Website	1,330.
Total	$ 64,279.

Statement 3
Form 990-EZ, Part II, Line 24
Other Assets

	Beginning	Ending
Machinery and Equipment	$ 215.	$ 128.
Total	$ 215.	$ 128.

Statement 4
Form 990-EZ, Part II, Line 26
Total Liabilities

	Beginning	Ending
Payroll Liabilities	$ 3,238.	$ 3,248.
Total	$ 3,238.	$ 3,248.

Statement 5
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

Advance the civic & economic vitality of the Lake Street Area by implementing and building a cohesive strategy to create vital Lake Street businesses and residential communities.

Statement 6
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

Community Events & Marketing: Encourage interaction between businesses and between individuals in the community by marketing of the Lake Street area and by hosting events throughout the neighborhood.

Statement 7
Form 990-EZ, Part III, Line 31
Statement of Program Service Accomplishments

Description	Grants	Program Service Expenses
Ambassadors Program: A summer youth employment program to keep the Lake Street area clean that is a key part of Lake Street's hospitality and safety initiatives. Includes Foreign Grants: No		18,113.
BAAP: Business Association Assistance Program: Encourages businesses to form and strength associations with others. Provides funds for associations for various activities; newsletters, insurance, maintenance, etc. Includes Foreign Grants: No		8,344.
Facade Improvements Program: Grant awards for property improvements, to stimulate visible investment, healthier neighborhoods and sense of place. Approximately 7 recipients in 2009. Includes Foreign Grants: No	20,018.	
Total	$ 20,018.	$ 26,457.

Statement 8
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
Becky George 1515 E. Lake Street Minneapolis, MN 55407	President 5.00	$ 0.	$ 0.	$ 0.
Dipankar Mukherjee 711 W. Lake Street #101 Minneapolis, MN 55408	Area Director 2.00	0.	0.	0.
Aaron Day 3258 Minnehaha Avenue Minneapolis, MN 55406	Area Director 2.00	0.	0.	0.
Dave Burrill 2929 Chicago Avenue South Minneapolis, MN 55407	At Large 2.00	0.	0.	0.
Rich Esquivel 1527 E. Lake Street Minneapolis, MN 55407	At Large 2.00	0.	0.	0.

Statement 8 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
Trung Pham 920 East Lake Street Minneapolis, MN 55407	At Large 2.00	$ 0.	$ 0.	$ 0.
Jackie Knight 3001 Hennepin Avenue Minneapolis, MN 55408	Treasurer 3.00	0.	0.	0.
Tom Roberts 3001 Nicollet Avenue Minneapolis, MN 55408	Area Director 2.00	0.	0.	0.
Julie Ingebretsen 1601 East Lake Street Minneapolis, MN 55407	Area Director 2.00	0.	0.	0.
Joe Gilpin 2701 Wells Fargo Way Minneapolis, MN 55467	At Large 2.00	0.	0.	0.
Agatha Vaaler 2801 21st Avenue South #110 Minneapolis, MN 55407	Area Director 2.00	0.	0.	0.
Martin Shimko 919 E. Lake Street Minneapolis, MN 55407	At Large 2.00	0.	0.	0.
Candice Washington 2925 Chicago Avenue South Minneapolis, MN 55407	Area Director 2.00	0.	0.	0.
Miguel Zagal 334 E. Lake Street #101 Minneapolis, MN 55408	Area Director 2.00	0.	0.	0.
Joyce Wisdom 919 East Lake Street Minneapolis, MN 55406	Executive Direc 40.00	48,080.	7,352.	0.
Debra Tucker 1800 Chicago Avenue South Minneapolis, MN 55404	Vice President 2.00	0.	0.	0.
Gary Schiff 350 South Fifth Street Minneapolis, MN 55415	At Large 2.00	0.	0.	0.
	Total	$ 48,080.	$ 7,352.	$ 0.

Form **8868**
(Rev April 2009)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ► [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ► [ ]

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing *(e-file).* Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print

File by the due date for filing your return See instructions

Name of Exempt Organization	Employer identification number
Lake Street Council	41-0975738

Number, street, and room or suite number If a P O box, see instructions
919 East Lake Street

City town or post office, state, and ZIP code For a foreign address, see instructions
Minneapolis, MN 55406

Check type of return to be filed (file a separate application for each return)

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 5227
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ► Joyce Wisdom

Telephone No ► 612-822-0232 FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► [ ] If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 10, to file the exempt organization return for the organization named above
The extension is for the organization's return for
► [X] calendar year 20 09 or
► [ ] tax year beginning _____, 20 ___, and ending _____, 20 ___

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	**3a**	$ 0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	**3b**	$ 0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	**3c**	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ► [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print

File by the extended due date for filing the return See instructions

Name of Exempt Organization: Lake Street Council

Employer identification number: 41-0975738

Number street, and room or suite number If a P O box, see instructions: CHRISTINA M. JANDRO, CPA
16740 FRANCHISE AVE W

For IRS use only

City, town or post office, state and ZIP code For a foreign address see instructions: ROSEMOUNT, MN 55068-1924

Check type of return to be filed (File a separate application for each return)

[ ] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[X] Form 990 EZ	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of ► Joyce Wisdom
  Telephone No ► 612-822-0232 FAX No ►
- If the organization does not have an office or place of business in the United States, check this box ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► [ ] If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 11/15, 20 10

5 For calendar year 2009, or other tax year beginning , 20 , and ending , 20

6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension See Attachment

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$
c **Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instrs	8c	$

Signature and Verification

Under penalties of perjury I declare that I have examined this form, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete and that I am authorized to prepare this form

Signature ► [signature] Title ► CPA Date ► 8-16-10