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## Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Form 990-EZ

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

Open to Public Inspection

**A For the 2009 calendar year, or tax year beginning and ending**

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C Name of organization**  
**PELICAN LAKE PROPERTY OWNERS ASSOCIATION**  
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**P O BOX 1782**  
 City or town, state or country, and ZIP + 4  
**DETROIT LAKES, MN 56502-1782**

**D Employer identification number**  
**41-1439367**

**E Telephone number**  
**(701) 476-8306**

**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.PELICANLAKEMN.ORG**

**J Tax-exempt status** (check only one) — ☒ 501(c) ( 4 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**K Check** ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ** **▶ \$ 68,794.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	4,897.	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2	25,032.	19	Net assets or fund balances at beginning of year (from line 27, column (A))
3	Membership dues and assessments	3	38,070.	20	Other changes in net assets or fund balances (attach explanation)
4	Investment income	4	387.	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a			
5b	Less: cost or other basis and sales expenses	5b			
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	6			
6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a			
6b	Less: direct expenses other than fundraising expenses	6b			
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c			
7a	Gross sales of inventory, less returns and allowances	7a			
7b	Less: cost of goods sold	7b			
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
8	Other revenue (describe <b>▶ MISCELLANEOUS</b> )	8	408.		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	68,794.		
10	Grants and similar amounts paid (attach schedule)	10	4,000.		
11	Benefits paid to or for members	11			
12	Salaries, other compensation, and employee benefits	12	6,494.		
13	Professional fees and other payments to independent contractors	13	3,936.		
14	Occupancy, rent, utilities, and maintenance	14			
15	Printing, publications, postage, and shipping	15	13,034.		
16	Other expenses (describe <b>▶ SEE STATEMENT 1</b> )	16	43,057.		
17	<b>Total expenses.</b> Add lines 10 through 16	17	70,521.		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<1,727.>		
19	Net assets or fund balances at beginning of year (from line 27, column (A))	19	73,517.		
20	Other changes in net assets or fund balances (attach explanation)	20			
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	71,790.		

**Part II Balance Sheets.** If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	73,517.	71,790.
23 Land and buildings		
24 Other assets (describe <b>▶</b> )		
25 <b>Total assets</b>	73,517.	71,790.
26 <b>Total liabilities</b> (describe <b>▶</b> )	0.	0.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	73,517.	71,790.

v p P

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

**Part V Other Information** (Note the statement requirements in the instructions for Part VI)

	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		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36 Did the organization undergo a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		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?		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?		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 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
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	X
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. <u>NONE</u>		
42a The organization's books are in care of <u>DONALD S. MEIDINGER</u> Telephone no. <u>701-476-8306</u> Located at <u>4310 17TH AVE SW, FARGO, ND</u> ZIP + 4 <u>58104</u>		
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	X
If "Yes," enter the name of the foreign country: <u></u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country: <u></u>		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
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

Form 990-EZ (2009)

**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.

- 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."

	Yes	No
46		
47		
48		
49a		
49b		

(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 & deferred compensation	(e) Expense account and other allowances
N/A				

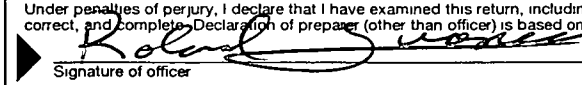
f Total number of other employees paid over \$100,000

- 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
N/A		

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

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:  Date: 1-12-2010

Type or print name and title: ROLANDO SWANSON, PRESIDENT

Paid Preparer's Use Only: Preparer's signature: DONALD S. MEIDINGER, Date: 01/12/10, Check if self-employed: ☐, Preparer's identifying number (See instr):

Firm's name (or yours if self-employed), address, and ZIP + 4: EIDE BAILLY LLP, 4310 17TH AVE S PO BOX 2545, FARGO, ND 58108-2545

EIN: Phone no. 701-239-8500

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

990-EZ Form (2009)

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
MEETINGS		5,646.	
INSURANCE		2,996.	
OFFICE EXPENSE		6,333.	
FIREWORKS SHOW		16,057.	
TRASH REMOVAL		9,456.	
MISCELLANEOUS		620.	
BOAT PARADE		890.	
SWIMMING PROGRAM		1,059.	
TOTAL TO FORM 990-EZ, LINE 16		43,057.	

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT	2
CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT	
EDUCATION	NONE	2,000.	
PELICAN LAKE SAILING SCHOOL			
P O BOX 886			
CASSELTON, ND 58012			
RECREATION	NONE	2,000.	
PELICAN WALLEYE FOUNDATION			
23096 PELICAN BASS LANE			
PELICAN RAPIDS, MN 56572			
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		4,000.	

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 3

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

FORM 990-EZ      PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES      STATEMENT 4

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ALDIE KELSVEN, 21141 BROADWATER DRIVE, PELICAN RAPIDS, MN 56572	SECRETARY 6.00	6,494.	0.	0.
ROLAND E SWANSON 1001 19TH AVE SO, MOORHEAD, MN 56560	PRESIDENT 1.00	0.	0.	0.
KEN ERICKSON, 51350 CO HWY 31, DETROIT LAKES, MN 56501	PRESIDENT ELECT 1.00	0.	0.	0.
DONALD MEIDINGER 200 SO 8TH ST #408, FARGO, ND 58103	TREASURER 1.00	0.	0.	0.
NANCY KAPAUN, 21950 CO HWY 20, PELICAN RAPIDS, MN 56572	PAST PRESIDENT 0.00	0.	0.	0.
DAVID MAJKRZAK 802 SHEYENNE ST, WEST FARGO, ND 58108	PAST PRESIDENT 0.00	0.	0.	0.
MICHELLE SLETTEN, 22938 SENNS BEACH RD, DETROIT LAKES, MN 56501	DIRECTOR 0.00	0.	0.	0.
HOWARD OTTOSON, 3001 SO 51 ST #2205, LINCOLN, NE 68506	DIRECTOR 0.00	0.	0.	0.
MIRIAM DONNAN, 25199 MIDLAND BEACH LANE, DETROIT LAKES, MN 56501	DIRECTOR 0.00	0.	0.	0.
FAYE ENKJER 2707 25TH AVE SW, FARGO, ND 58103	DIRECTOR 0.00	0.	0.	0.
KAREN HART, 51152 CO HWY 9, PELICAN RAPIDS, MN 56572	DIRECTOR 0.00	0.	0.	0.
FRED MANUEL, 26291 OTTOSON RD, DETROIT LAKES, MN 56501	DIRECTOR 0.00	0.	0.	0.
GEORGE MARTIN, 51313 KNOLL ROAD, PELICAN RAPIDS, MN 56572	DIRECTOR 0.00	0.	0.	0.
DAVID GORDON, 24588 CO HWY 20, DETROIT LAKES, MN 56501	DIRECTOR 0.00	0.	0.	0.



PELICAN LAKE PROPERTY OWNERS ASSOCIATION

41-1439367

SHERRY TREPP, 2334 OAK HEIGHTS CT, MAPLEWOOD, MN 55119	DIRECTOR 0.00	0.	0.	0.
DON ANDERSON, 23096 PELICAN BASS LANE, PELICAN RAPIDS, MN 56572	DIRECTOR 0.00	0.	0.	0.
HELEN DEHOLLANDER, 2701 SIERRA SUNRISE TERRACE #531, CHICO, CA	DIRECTOR 0.00	0.	0.	0.
JEFF PELTIER, 21853 BROADWATER DR, PELICAN RAPIDS, MN 56572	DIRECTOR 0.00	0.	0.	0.
CHUCK SOLUM, 3008 RIVERSHORE DR, MOORHEAD, MN 56560	DIRECTOR 0.00	0.	0.	0.
JACK DELVO 2496 LILAC LANE, FARGO, ND 58102	DIRECTOR 0.00	0.	0.	0.
CHARLOTTE SKISTAD, 21520 CO HWY 9, PELICAN RAPIDS, MN 56572	DIRECTOR 0.00	0.	0.	0.
CURT WINTER P O BOX 184, DILWORTH, MN 56529	DIRECTOR 0.00	0.	0.	0.
JAMES PRONDZINSKI, 43571 DUNHILL CUP SQUARE, ASHBURN, VA 20147	DIRECTOR 0.00	0.	0.	0.
JAMES BECKSTROM, 51336 COUNTY HWY 9, PELICAN RAPIDS, MN 56572	DIRECTOR 0.00	0.	0.	0.
KATHY HOVEY, 49626 BLYBERGS ROAD, PELICAN RAPIDS, MN 56572	DIRECTOR 0.00	0.	0.	0.
SKIP DUEMELAND 301 E THAYER AVE, BISMARCK, ND 58501	DIRECTOR 0.00	0.	0.	0.
LUCY FITZGERALD 4552 3RD ST SO, MOORHEAD, MN 56560	DIRECTOR 0.00	0.	0.	0.
BRENT JENKINS BOX 1904, FARGO, ND 58107	PAST PRESIDENT 0.00	0.	0.	0.
MILLIE MACLEOD, 21920 CO HWY 20, PELICAN RAPIDS, MN 56572	DIRECTOR 0.00	0.	0.	0.
JIM ELLIOTT 7991 3RD ST SO, MOORHEAD, MN 56560	DIRECTOR 0.00	0.	0.	0.
MIKE OSTBYE, 50672 CO HWY 9, PELICAN RAPIDS, MN 56572	DIRECTOR 0.00	0.	0.	0.

PELICAN LAKE PROPERTY OWNERS ASSOCIATION

41-1439367

JAMES SUGIHARA 1551 32ND ST SO #202, FARGO, ND 58103	DIRECTOR 0.00	0.	0.	0.
PAT TOLLEFSON, 51324 CO HWY 9, PELICAN RAPIDS, MN 56572	DIRECTOR 0.00	0.	0.	0.
NICK VALENTINE, 2334 OAK HEIGHTS CT, MAPLEWOOD, MN 55119	DIRECTOR 0.00	0.	0.	0.
BILL ZIMMERMAN, 26195 OTTOSON ROAD, DETROIT LAKES, MN 56501	DIRECTOR 0.00	0.	0.	0.
JULIE FRIEDERICHS, 4608 ROSE CREEK PKWY S, FARGO, ND 58104	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		6,494.	0.	0.

990-EZ PG 2

STATEMENT 5

THE BETTERMENT OF THE PELICAN LAKE COMMUNITY.

FORM 990-EZ	OTHER PROGRAM SERVICES	STATEMENT	6
DESCRIPTION	GRANTS	EXPENSES	
SWIMMING PROGRAM	1,000.	1,059.	
TOTAL TO FORM 990-EZ, LINE 31	1,000.	1,059.	