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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements Open to Public Inspection

Schedule A (form 990 or 990-EZ). Website: ►N/A	A	For the	he 2009 cal	lendar year, or tax year begin	ning	_	and endir	ng		
Section Strain	В	applicat	ble Please	C Name of organization					D Employer	identification number
Section 501(c)(3) organizations and 4947(a)(1) nonexampt charitable trusts must attach a completed 17490 SW 147H STREET 402-417-8374		Addre		CENTRAL LIGHT &	RECREATION CENT	'ER				
National and Section 501(c)(3) organizations and 4947(a)(1) nonexperted usual street address 1402-417-8374		Name	Anne print or DF SPRAGUE-MARTELL, INC. 4							
City or town, state or country, and ZIP + 4 Part Par		Initia retu						E Telephon	e number	
City or town, state or country, and ZIP > 4		Tern		17490 SW 14TH S'	TREET				402-	417-8374
Martell Note Section 501(c)(3) organizations and 4947(a)(1) or Schedule A (Form 1990 or 1990-E2). G. Accounting method: Schedule A (Form 1990 or 1990-E2). H. Check X] If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 1990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.		Ame	ended tions	City or town, state or country, a	and ZIP + 4				F Group Ex	emption
Website: ► NI/A H. Check S. If the organization is net		Appli pend	cation	MARTELL, NE 68	404					
Website: ▶N/A		• Se	ction 501(c)	(3) organizations and 4947(a)(1) n	nonexempt charitable trusts must a	attach a comp	leted	G Accoun	nting method	: 🗶 Cash 🗌 Accrual
Tax-exempt status (check only one) — X 501(c) (6) ◀ (Insert no.) 4947(a)(1) or 527 required to attach Schedule B (form 990, 990-t.7, or 990 return is not required, but if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ Form 990 return is not required, but if the organization chooses to file a complete return. 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 \$ 33, 25. Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)	_			Schedule A (For	rm 990 or 990-EZ).			Other (specify) 📂	
Check										-
Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; \$500,000 or more, file form 990 instead of Form 990-EZ \$ 33, 25 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 Contributions, girts, grants, and similar amounts received	<u>J</u>	Tax-e	xempt status	(check only one) — 🗶 501(c)	(6) ◀ (insert no.) 49	47(a)(1) or	527	required to	attach Sche	dule B (Form 990, 990-EZ, or 990-PF)
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	K	Check	i ▶ □ if	the organization is not a section 50	09(a)(3) supporting organization a i	nd its gross re	ceipts are n	ormally not	t more than \$	25,000. A Form 990-EZ or
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18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 9,83							D			20,232
	_	_			17 from line 9)					9,812
(must agree with end-of-year figure reported on prior year's return) 7 (must agree with end-of-year figure reported on prior year's return) 7 (must agree with end-of-year figure reported on prior year's return) 7 (must agree with end-of-year figure reported on prior year's return) 7 (must agree with end-of-year figure reported on prior year's return) 7 (must agree with end-of-year figure reported on prior year's return) 7 (must agree with end-of-year figure reported on prior year's return) 7 (must agree with end-of-year figure reported on prior year's return) 7 (must agree with end-of-year figure reported on prior year's return) 7 (must agree with end-of-year figure reported on prior year's return) 7 (must agree with end-of-year figure reported on prior year's return) 7 (must agree with end-of-year figure reported on prior year's return) 7 (must agree with end-of-year figure reported on prior year's return) 7 (must agree with end-of-year figure reported on prior year's return) 7 (must agree with end-of-year figure reported on prior year's return)	য			• • •					- ''	1
20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3 20 426.60	SS	1.0		-					19	3,160
	¥	20	, ,	• • •	· · ·	SEE	STATE	MENT		426,600
21 Net assets or fund balances at end of year. Combine lines 18 through 20	ž	21		<u>-</u>	· ·				▶ 21	439,572
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.	P	art I				or more, file	Form 990 in	stead of Fo	rm 990-EZ.	
(See the instructions for Part II.) (A) Beginning of year (B) End of year				(See the instructions f	or Part II.)		(A) B	eginning of	f year	(B) End of year
22 Cash, savings, and investments 3,160. 22 12,9°	22	2 Ca	ash, savings,	and investments				3,:	160. 22	12,972
23 Land and buildings	23	} La	ind and build	ings					0. 23	426,600
24 Other assets (describe ▶	24	i Ot	ther assets (d	lescribe)			
25 Total assets 3,160. 25 439,5	25	; To	otal assets					3,:	160. 25	439,572
26 Total liabilities (describe) 0 . 26	26)			
		! Ne	et assets or f	<u>jund balances (line 27 of column (F</u>	B) must agree with line 21)	-		3,3	160. 27	439,572

CENTRAL LIGHT & RECREATION CENTER

Form 990-EZ (2009) OF SPRAGUE-MARTELL, INC.			47-	06199	83 Page 2
Part III Statement of Program Service Accomplishmen	ts (See the instructions for	Part III.)		E	(penses
What is the organization's primary exempt purpose? SEE STATEMENT				3	r section 501(c)(3)
		o monnos docomb) organizations and
Describe what was achieved in carrying out the organization's exempt purp the services provided, the number of persons benefited, and other relevant			Ю	for others)	7(a)(1) trusts, optional
28 MAINTAIN AND PROVIDE ACCESS TO LOCAL COMMUNITY CENTE				1 1 1 1 1 1 1 1	
28 MAINTAIN AND PROVIDE ACCESS TO LOCAL COMMONTH CENTE	R FOR AREA RESIDENTS	,		1	
			_	H	F 0F0
(Grants \$) If this amount includes foreign g		<u>. </u>		28a	5,058.
29 TO PROVIDE FREE AND LOW-COST RECREATIONAL FACILITIES	TO AREA RESIDENTS,	AND TO PROVID	E		
A SAFE SPACE FOR CHILDREN TO PLAY					
(Grants \$) If this amount includes foreign g	rants, check here	•		29a	15,174.
30				1 1	
	-				
					
(Grants \$) If this amount includes foreign g	rants check here		\Box	30a	
31 Other program services (attach schedule)	inanto, oriook rioro	· · · · · · · · · · · · · · · · · · ·			
		_			
(Grants \$) If this amount includes foreign g	rants, check here		_	31a	20,232.
32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key El	mnlovees	· · · · · · · · · · · · · · · · · · ·		32	40,434.
Part IV List of Officers, Directors, Trustees, and Key E	Tiployees. List each one ev	en if not compensated (rPertIV) T
	(b) Title and average hours	(c) Compensation	,-,	ontributions employee	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
	position	-0)		eferred	other allowances
			com	pensation	
CASEY SVITAK	PRESIDENT				
P O BOX 1, SPRAGUE, NE 68438	0.00	0.		0.	0.
BRYCE BRANDT, 1540 SW 32ND STREET,	VICE PRESIDEN	r			
LINCOLN, NE 68522	0.00	0.		0.	0.
MATT RUHLMAN, 2900 RUHLMAN CIRCLE,	TREASURER				· · · · · · · · · · · · · · · · · · ·
MARTELL, NE 68404	0.00	0.		0.	0.
CARMEN FLYNN	SECRETARY	0.	_		
	0.00	0.		0.	_
		<u> </u>	├	<u> </u>	0.
LISA BROWN	DIRECTOR	•	ĺ	•	1
18501 SW 2ND STREET, ROCA, NE 68430	0.00	0.		0.	0.
LOYD HEUSINKVELT	DIRECTOR				
18925 WATER STREET, SPRAGUE, NE 68438	0.00	0.		0.	0.
BOB HUTTESS	DIRECTOR				
19405 SW 2ND STREET, ROCA, NE 68430	0.00	0.		0.	0.
MATT HEUSINKVELT	DIRECTOR				
4434 N STREET, LINCOLN, NE 68510	0.00	0.		0.	0.
AARON WUBBLES, 26240 SW 86TH STREET,	DIRECTOR				
HALLAM, NE 68368	0.00	0.	ł	0.	0.
ANNETTE UNGER	DIRECTOR	• • •			
1001 WELSTER DRIVE, LINCOLN, NE 68522	0.00	0.		0.	0.
1001 WEDSTER DRIVE, DINCODN, NE 00322	0.00			<u> </u>	
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Form	990-EZ (2009) OF SPRAGUE-MARTELL, INC. 47-061	<u>9983</u>		Page 3
Pa	rt V Other Information (Note the statement requirements in the instructions 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	Ĺ	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.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,		Ī -	
	and proxy tax requirements?	35a	l	X
Ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	•		
b	Did the organization file Form 1120-POL for this year?	37b	Ī	X
	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			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			l .
	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	1	_	
	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	N/	A.
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		l	1
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the		l	
	organization N/A			
е	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		~ - 4	
42 a	The organization's books are in care of ► MATT RUHLMAN Telephone no. ► 402-4	<u> 17-8</u>	374	
	Located at ► 2900 RUHLMAN CIRCLE, MARTELL, NE ZIP+4 ►	<u> 6840</u>	4	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Vac	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		res	}
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1	-	- -
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	Ь	X
	If "Yes," enter the name of the foreign country:			$\overline{}$
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	M / A		Ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	<u> </u>	
			Voc	No
4.4	Did the exampletion maintain any denot object funded if Wee Form 000 must be completed united of		1 62	140
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		-	X
45	Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	44	\vdash	<u> </u>
45	completed instead of Form 990-EZ	45		X
	COMPLETED HISTORY OF FORM 350-EZ		190-F7	(2009)
			~~	,/

Form 990-E	CENTRAL LIGHT & RECREATION OF SPRAGUE-MARTELL, INC.	ON CENTER		47-06199	983		Page 4
Per VI				ists only. All	sectio	n 501	l (c)(3)
46 Did th	e organization engage in direct or indirect political campaign activities o	n behalf of or in opposition t	to candidates for pub	lic		Yes	No
	? If "Yes," complete Schedule C, Part I			[46_		
47 Did th	e organization engage in lobbying activities? If "Yes," complete Scho	edule C, Part II		,	47		
	organization a school as described in section 170(b)(1)(A)(ii)? If "Yes				48		
	e organization make any transfers to an exempt non-charitable related o	organization?		ŀ	49a		-
	s," was the related organization a section 527 organization? :lete this table for the organization's five highest compensated employee	a (ather then afficers direct	ora truotaga and kay	J oo odw (oogyolamo	49b	wod r	
	\$100,000 of compensation from the organization. If there is none, enter (a) Name and address of each employee paid more		<u> </u>	(d) Contribution	s (e	e) Expe	ense
	than \$100,000 N/A	position		deferred compensation			wances
					\perp		
51 Comp	number of other employees paid over \$100,000 blete this table for the organization's five highest compensated independ nization. If there is none, enter "None." N/A	ent contractors who each rec	ceived more than \$10	0,000 of compensat	ion fro	m the	
	(a) Name and address of each independent contractor paid more	than \$100,000	(b) Type of	service (e) Com	pensa	tion
d Total	number of other independent contractors each receiving over \$100,000						
ų ivai	·						
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accident and complete Declaration of preparer (other than officer) is based on all in Signature of officer	ompanying schedules and stateme formation of which preparer has an	ents, and to the best of my ny knowledge	knowledge and belief,	it is true	,	
17618	MATT RUHLMAN, TREASURER Type or print name and title						
Paid Preparer's	Preparer's signature		Check if self-	reparer's identifying nu	mber (S	ee instr)

Use Only

02/14/14

EIN ▶ PCO2 7/258

420-7758

Form 990-EZ (2009)

X Yes

Phone >

SP GROUP, P.C.

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

1230 ARIES DRIVE, SUITE A LINCOLN, NE 68512

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
INSURANCE PROGRAM COST BUSINESS OFFICE EXPENSE		2,787. 3,929. 3,744.
TOTAL TO FORM 990-EZ, LINE 16		10,460.

FORM 990-EZ	OTHER REVENUE	STATEMENT 2
DESCRIPTION		AMOUNT
RENTS MISCELLANEOUS		1,049. 1,248.
TOTAL TO FORM 990-EZ, LIN	E 8	2,297.

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT 3
DESCRIPTION	AMOUNT
CONTRIBUTION OF BUILDING, LAND & BALL FIELDS	426,600.
TOTAL TO FORM 990-EZ, LINE 20	426,600.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATEMENT			4
DIRECTLY OR	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL PRACT?	r :] YES	[x]	NO
	ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	[]] YES	[X]	NO

990-EZ PG 2

STATEMENT 5

THE CORE PURPOSE OF THE CENTRAL LIGHT & RECREATION OF SPRAGUE-MARTELL IS TO PROVIDE AND MAINTAIN A BALL FIELD AND SUPPORTING FACILITIES FOR THE YOUTH OF THIS RURAL AREA.