

### 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



### **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)

OMB No 1545-0047 \_െ\_\_

Inspection

Department of the Treasury Internal Revenue Service

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

ZWI	UY
Open to	Public

A F	or th	ie 200	9 cale	nda	year,	or ta	x yea	ar beg	inning			0	7/0	1,	2009,	and	dend	ling				0.6	6/30,	<b>20</b> 10	1	_
Вс	heck if ai	pplicable	Please	CN	ame of	organiz	ation S	SPRI	NG LA	AKE	PAF	RK I	ION	IŞ	CLUI	3			7	D Emp	loyer ic	lentif	ication n	umber		_
	Addre	ess	use IRS label or		oing Bus	siness A														41-	-134	092	27			
<u> </u>	7	e change	print or		umber a	and stre	et (or	PO bo	x if mail	is not c	delivere	ed to s	treet a	ddres	ss)		Ro	om/suit	e	E Telep	phone r	านmb	er			-
-	1	l return	type See	84	33 C	ENTI	ER D	RIVI	Ε										-	(763	) 78	34-	9179			
-	4	inated	Specific	C					and ZIP +	+ 4									+							-
$\vdash$	Amer		Instruc- tions	-	•			•	, MN		32								1	<b>G</b> Gros	e racau	nte <b>C</b>		6 54	7,401	
-	returi								fficer E			FDC	ON						+	H(a) is th				Yes		_
Ĺ	pend						-	-						1 5	5121	2				affili	rates?	•	-		F	
		<del></del>							ING 1	$\overline{}$			1111						$\dashv$	H(b) Are				Yes	, L	10
		empt st			501(c)	(4)	<u>. ◀</u>	(insert i	no)	49	47(a)(	1) or	<u> </u>	52	7				4				st (see ins		7 / 7	
					PLION						1 1					1				H(c) Gro					1/A	÷.
_		of orgar			Corpor	ation	Tr	rust	Assoc	ation		Other	<u> </u>				L Yea	r of form	atio	on 195	26 M	State	e of legal	domicile	e Mi	4
Pa	rt I	Su	mmar	у									-													
	1	Briefly	/ descr	ribe th	ne orga	nızatıc	n's m	nssion	or mos	t signi	ficant	activi	ties_									. <b>–</b> – -	<b>-</b>			_
9		TO	HELP	TH	E CO	MMUN	IITY	AND	PRO	MOT.	E G(	OOD	_CI,	1 1 2	ENS	HIP	·						<b>-</b>		<b></b> -	_
Governance					<b></b>				<del>_</del> _														<b>-</b>			_
ern			<b></b> _																				<b>-</b>		<b>-</b>	_
Š	2	Check	this b	юх 🕨	· 🔲	if the c	organı	ization	discont	tınuec	its o	perat	ions	or di	spose	d of r	nore	than 25	%	of its ne	t asset	is				
∞5	3	Numb	er of v	oting	memb	ers of	the gr	overnir	ng body	(Part \	VI, line	e 1a)										. 3			85	
	4	Numb	er of ir	ndepe	endent	voting	mem	bers of	f the go	vernir	ng boo	dy (Pa	art VI,	line	1b)							4	]		85	_
Σ	5				employe																				71	_
Activities	6				oluntee																				5	_
_	7 a					•																7 a		-4(	0,101	_
	b	Net u	nrelate	d bus	iness f	axable	e incor	me fror	n Form	990-T	line	34 .		• •					•			. —		-5	1,112	-
											,									Prior		1	С	urrent	Year	-
	8	Contr	hution	sano	d grants	: (Part '	VIII III	ne 1h)											-		7,7	33.	<b></b>		5,874	-
Revenue	9				evenue														-	<del>_</del>		0.			0	_
e e	10								 nes 3, 4												<u> </u>	0.	<b></b>		5,439	_
8									5, 6d, 8				1-1					i i		<u>- 3</u>	0,8		<b></b>		5,352	
	11								st equal						12)						3,0				3,665	_
	12													mie	12).	<u> </u>	• • •				3,0	0.			9,962	_
	13							II.	olumn (7				, P	დŀ				$\cdots \vdash$				0.			0, 502	_
	14	Bener	its paid	α το ο	r tor m	embers	s (Pan	IIX, CO	lumn-(A	ne	(4)			S)				· ·  -				0.			0	
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 10)  Professional fundraising fees (Part IX, column (A), line 11e)							• •				0.	0			_									
Ę.	16a	Profe	ssional	l tund	raising	tees (F	art IX	., colún	nn (A)	me 11	e) .		<u>. : :</u>	SS.				• •			-	0.				<i>:</i>
Expenses	l h	เมณสเ	runarai	เรเทต	expens	es Par	піх с	column	arria arri	e_/	_			=_							0.0					_
	17	Other	expen	ses (	Part IX,	, colum	ın (A),	, lines 1	11a-116		241)1	, 0	-		· ·						8,0				2,887	_
	18	Total	expens	ses A	Add line	s 13-1	17 (mı	ust equ	al Part I	X, col	umn (	A), lin	ne 25)					· •  _			8,0				849	
		Rever	iue les	s exp	enses	Subtra	act line	e 18 fro	om line	12		<del></del>		<u></u>		<u></u>					1,1			-14	,184	<u>:</u>
Net Assets or Fund Balances																		<u> </u>	Ве	ginning			E	nd of Y		_
set	20			•	X, line	· · ·												_			4,8				,464	
A As	21	Total	habilitie	es (Pa	art X, Iır	ne 26)															0,58				,411	
S E	22	Net a	ssets o	r fun	d balan	ices S	ubtra	ct line 2	21 from	line 2	0	<u></u>				<u></u>				26	4,28	31.		251	<b>,</b> 053	
Pa	rt II	Si	gnatur	re Bl	ock																					
		Unde	r penalt	ies of	erjury	, I decl	lare the	nat I hav	ve exam	ined th	nis reti	um, in	ncludir	ng ac	compa	anying	sche	dules a	ınd	statemen	nts, and	d to t	he best	of my k	nowledge	e
		and b	eliefit	-is-ti	re, com	estand	d com	plete D	Declaration	on of p	prepar	er (ot	her th	an o	fficer)	is ba	sed o	n all in	forr	nation o	f which	n pre	parer ha	s any ki	nowledge	,
S	ign			$\nearrow$	X	-1	<u>~</u>																			
	ere		Signati	ure of	officer												,			Da	ate					-
			-5	HA	14/4	) ,	20	14	HUE		6	4.1	1.							1	2-	01	- 10	>		
			Type or	r print	name a	nd title		771	,	~ /		<u>, . ,</u>														-
		Pron					$\overline{\Lambda}$							Date	,			Check if			Prep	parer'	s identify	ng num	oer	-
Paid		signa	arer's ature		12	hand	15		11	1 /	AL	-	1	1	1/29	110		elf- mploye	d I	_	(see	ınstrı F	uctions) 20015	3889		
Prep	arer's		s name	(or voi	urs A C	ORNE	T.I.	KAHL	ERS	HIDI	<i>i II</i>	4 &	LI	٦.	PLL	<u> </u>		pioyei		EIN	<b>!</b> ►		11-09	_	2	-
Use	Only	ıf self	-employ	èd),	<b>→</b>															Phone no			551-4			_
NA	the '		ss, and						NUE N											· · · ·			T			-
_									ce see							• • •	• •	· · · ·	• •	· · · ·	• • •	<u>···</u>		Yes	N (2009	_

SCANNED JAN 0 5 2011

Part IV

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	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	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			<u> </u>
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		-
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part N	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If" Yes," complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	10		
	VII, VIII, IX, or X as applicable	11	х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	' '		
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more		·	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more		- 1	,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			,
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	1		
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		ĺ	
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		ļ	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"		ĺ	
	complete Schedule D, Parts XI, XII, and XIII	12		
12A	Was the organization included in consolidated, independent audited financial statement for the tax year?  Yes No	<del>-  </del>		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	1 1		ĺ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	174		
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	ł	Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	ĺ	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		+	
•	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	1	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	4.	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	Δ	
	If "Yes," complete Schedule G, Part III	10	x	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20	_^	
	2.6 th disgenization operate one of more magnitude. If I too, complete deficult I			

Par	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization 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	25b		Χ
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Χ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Χ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		j	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part N	28b	ĺ	Χ
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part N	28c	ĺ	Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	1	Χ
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Χ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R.			
	Part VI	37	J	Χ
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		<del></del> +	
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	х	
			990 (	20091

Par	Statements Regarding Other IRS Filings and Tax Compliance			
		-	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of I			
		2		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	)		1
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	] !		
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 71	<u> </u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	Ì
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	-		
	instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х	
4 a	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)?	4a		X
b	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			ĺ
	and Financial Accounts	2000		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		1	
	gifts were not tax deductible?	6b		<u> </u>
	Organizations that may receive deductible contributions under section 170(c).			_
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	` .	ĺ	
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7 c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year		ļ	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		İ	v
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Χ
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	ا ـ. ا	ĺ	
_	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	`	٠	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		-	
•	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-	ŀ	
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	,	1	
	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders		.	
		370	, ,	
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	3.	`	
12-	amounts due or received from them )	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	124		
0	in 163, once the amount of tax-exempt interest received of accided during the year   120			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
000	Hon A. Governing Body and Management		Yes	No
4	Enter the number of voting members of the governing body		163	140
1a	Effect the number of voting members of the governing body			
b	Enter the number of voting members that are independent	1	-	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	,	1	X
_	any other officer, director, trustee, or key employee?	_2_	<del> </del> -	
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		X
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X	^
6	Does the organization have members or stockholders?	_6_		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	<b>-</b> -	X	
	of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following		Х	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		ļ	v
		9a	<u></u>	X
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code )			
4.0		4.0	Yes	X
	Does the organization have local chapters, branches, or affiliates?	10a	ļ	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			Х
	form?	11		···
11A	· · · · · · · · · · · · · · · · · · ·	40	$\vdash$	X
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		^
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	401		
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40		
4.0	describe in Schedule O how this is done	12c		X
13	Does the organization have a written whistleblower policy?	13		<u>X</u>
14	Does the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by		Ì	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	.	N/	
a				1
Ь		15b	N/A	<u> </u>
4.0-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
тьа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-		Χ
		16a		
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	401		
Soct	the organization's exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed -MN,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only)		
	available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter-	agt .		
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	е		
	State the name, physical address, and telephone number of the person who possesses the books and records of the organization > ED LAUN 838 MANOR DRIVE NE SPRING LAKE PARK, MN 55432			
	763-786-7027			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - · List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees, and former such persons

X Check this box if the organization did not compensate any current officer, director, or trustee (A) (B) (C) (E) (F) Position (check all that apply) Reportable Reportable Estimated Name and Title Average compensation compensation hours per amount of or Officer employee Individual Institutional trustee Key employee Highest compensated from from related other week director organizations the compensation (W-2/1099-MISC) organization from the trustee (W-2/1099-MISC) organization and related organizations AL FISCHER PAST PRESIDENT 5.00 Х 0 BOB PEDERSON 0 PRESIDENT 5.00 Χ NORM KELZENBERG FIRST VICE PRESIDENT 0 5.00 Χ PETE YELLE SECOND VICE PRESIDENT 0 5.00 Χ DEBBIE ROBERGE 0 SECRETARY 5.00 Χ ED LAUN 0 TREASURER 5.00 Χ NORM MCCARTHY 0 FIRST YEAR DIRECTOR 5.00 Χ STEVE LINDER 0 THIRD VICE PRESIDENT 5.00 Х EPPIE DORSEY 5.00 SECOND YEAR DIRECTOR Х 0

(A)	(B)			(	C)			(D)	(E)	Ξ)		
Name and title	Average hours per week	ndividual trustee	Institutional trustee	(chec Officer	Rey employee	a Highest compensated employee	ply) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organization: (W-2/1099-MIS	on all second se	stimate mount other npensa rom the ganizate d relate anizate	of tion e ion ed
											_	
												_
		-										
1b Total				<u> </u>			•	0.				
2 Total number of individuals (including but not reportable compensation from the organization		nose I		d at	bove	e) who	o re	ceived more than S	\$100,000 in		-	
2 Did the exposuration list and former office			4		a 1			laa bbb			Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										. 3		X
4 For any individual listed on line 1a, is the the organization and related organizations	sum of a	repor an \$	tabl 150	е с ,00	0.5 owt	ensa If "Ye	ition es,"	and other comp	ensation from ule J for such	י ל	,	! !
ındıvıdual	· · · · · ·									. 4		Х
5 Did any person listed on line 1a receive services rendered to the organization? If "Yes,"												Х
Section B. Independent Contractors  1 Complete this table for your five highest	compensate	ed ın	dep	end	lent	cont	ract	tors that received	more than \$	\$100,000	of	
compensation from the organization							1					
(A) Name and business address							ļ	(B) Description of ser	vices	(C) Compen		
							-				·	
							_					
2 Total number of independent contractors (in more than \$100,000 in compensation from the				nited		thos	e li	sted above) who	received			
JSA	- 0.90.112011							·	L	Form	990 (	2009

Pa	TAVI	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e f	, , , , , , , , , , , , , , , , , , ,	6,874				
ontrib nd otl	g	and similar amounts not included above . 1f Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		6,874			
Program Service Revenue	2a b c d e f	All other program service revenue Total. Add lines 2a-2f					
	3	Investment income (including dividends, inter-	est, and		Transport of the state of the s	W 9 mm x 1 5 yr 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	7 % A 7 3 5 5 5
	4 5	other similar amounts)	oroceeds ▶	5,439	B-12	7 09N, 112 9 N	5,439
	6a b c	Gross Rents					
	d 7a	Gross amount from sales of assets other than inventory	(II) Other				
	b c	Less cost or other basis and sales expenses Gain or (foss)					
Other Revenue	8a	Net gain or (loss)	44,179	0			
ther	b c	See Part IV, line 18 a  Less direct expenses b  Net income or (loss) from fundraising events .	22,307	21,872			21,872
O	9 a	Gross income from gaming activities See Part IV, line 19	6,490,673				
	ь	Less direct expenses b  Net income or (loss) from gaming activities .	6,496,429 ATCH. 4. ►	-5,756		-40,101	34,345
	10a	Gross sales of inventory, less	AICH, H.				34,345
	b c	returns and allowances		0			
		Miscellaneous Revenue	Business Code				The state of the s
	11a b c	SLP LEOS CLUB	900099	10	226		
	d	All other revenue		226	19 Jan 19 Jan		
	12	Total. Add lines 11a-11d		236	236	-40,101	61,656

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comple	ete column (A) but are			and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	0 545	0.545		
	organizations in the U.S. See Part IV, line 21	9,545.	9,545.		
2	Grants and other assistance to individuals in the U.S See Part IV, line 22	417.	417.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
•	trustees, and key employees	0.		1	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	j			
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	0.			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroll taxes	0.			
11	Fees for services (non-employees)	1	T		
а	Management	0.			
b	Legal	0.			
С	Accounting	0.			
d	Lobbying	0.			
е	Professional fundraising services See Part IV, line 17	0.			
f	Investment management fees	0.			
g	Other	0.			· · · · · · · · · · · · · · · · · · ·
12	Advertising and promotion	0.			
13	Office expenses	0.			
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	0.			<del></del>
17	Travel	0.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	3,790.	3,790.		
20	Interest	0.			<del></del>
21	Payments to affiliates ATCH .5	5,370.	5,370.		<del></del>
22	Depreciation, depletion, and amortization	14,219.	14,219.		
23	Insurance ATCH .8	0.			-
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )	270	370		
	MEMORIALS	379.	379.	2 000	
	MISCELLANEOUS	3,090.		3,090.	
-	BANK CHARGES	192.		192.	
_	TAXES AND LICENSES SUPPLIES	25. 5,822.		25. 5,822.	
_	All other expenses				
	Total functional expenses. Add lines 1 through 24f	42,849.	33,720.	9,129.	<del>-</del>
	Joint Costs. Check here ▶ If following	-			· · · · · · · · · · · · · · · · · · ·
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				
JSA 1052 1		<del></del>	<del>'</del> .	· · · · · · · · · · · · · · · · · · ·	Form <b>990</b> (2009)

Pa	ırt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	228,904.	1	229,468.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
\ss	8	Inventories for sale or use	8,014.	8	7,819.
1	9	Prepaid expenses and deferred charges		9	88.
	10a	Land, buildings, and equipment cost or 10a 223,143.			
		other basis Complete Part VI of Schedule D			
	Ь	Less accumulated depreciation	37,714.	10c	27,658.
	11	Investments - publicly traded securities	10,238.		11,431.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	284,870.	16	276,464.
	17	Accounts payable and accrued expenses	20,589.	17	25,411.
	18	Grants payable		18	
	19	Deferred revenue		19	<del></del>
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			·
abi		employees, highest compensated employees, and disqualified			
Ξ,		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
_	26	Total liabilities. Add lines 17 through 25	20,589.	26	25,411.
Se		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.			
Ĕ	27	Unrestricted net assets	264,281.	27	251,053.
39	28	Temporarily restricted net assets		28	
9	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<del></del>
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
let	33	Total net assets or fund balances	264,281.	33	251,053.
~	34	Total liabilities and net assets/fund balances	284,870.	34	276,464.
-			231,3,0,	37	2.0,304.

orm.	990	(2009)	

Page **12** 

Pa	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	,	Х
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	İ		
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3ь		
			990	(2009)

### **SCHEDULE D** (Form 990)

## **Supplemental Financial Statements**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

**Open to Public** Inspection

	TAKE TAKE DADIK TACNIC CLUD	Employer identification number
	RING LAKE PARK LIONS CLUB	41-1340927
Pai	the organization answered "Yes" to Form 990, Part IV, line 6.	Accounts. Complete If
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor	or advised
3	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds	
U	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	
Pai	purpose conferring impermissible private benefit?	Yes No
4 4	Purpose(s) of conservation easements held by the organization (check all that apply)	m 990, Part IV, line 7.
1		
		an historically important land area
		a certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	ne form of a conservation
	easement on the last day of the tax year	
	<u> </u>	Held at the End of the Year
а		2 a
b	,	2 b
С	· · · · · · · · · · · · · · · · · · ·	2c
d	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2 d
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	ed by the organization during
	the tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, hand	dling of
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easen	nents dunng the year
	<b>&gt;</b>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements	during the year
	<b>&gt;</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	on
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ı)?	Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and e	expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	statements that describes
	the organization's accounting for conservation easements	
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1 a	If the organization elected, as permitted under SFAS 116, not to report in its revenue state	ement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or resear provide, in Part XIV, the text of the footnote to its financial statements that describes these items	rch in furtherance of public service.
h	·	
þ	If the organization elected, as permitted under SFAS 116, to report in its revenue stateme historical treasures, or other similar assets held for public exhibition, education, or research	nt and balance sneet works of art,
	provide the following amounts relating to these items	or in futble ance of public service,
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar ass	
-	following amounts required to be reported under SFAS 116 relating to these items	one in iniancial gain, provide the
2	Revenues included in Form 990, Part VIII, line 1	▶ ¢
a h	Assets included in Form 990, Part X	
b	Assets included in Form 990, Part X	

73785

Pai	Organizations Maintain	ing Collections	of Art, Histo	orical Treas	ures, o	r Other Similar	Assets (	continued)	
•	Uning the assessment and a survivo			51,	-6416	allanina alama	·r		
3	Using the organization's acquisition		a otner record	s, cneck any	of the fo	ollowing that are a	significa	nt use of its	
	collection items (check all that app	oly)							
a	Public exhibition		d [		or excha	nge programs			
b	Scholarly research		е [_	Other					
С	Preservation for future ge								
4	Provide a description of the organi	ization's collectio	ns and explair	n how they fui	ther the	organization's ex	empt pur	pose in	
	Part XIV								
5	During the year, did the organization								
	assets to be sold to raise funds rat							Yes	No
Par	Escrow and Custodial A IV, line 9, or reported ar				ation an	swered "Yes" to	Form 99	90, Part	
1 a	Is the organization an agent, truste	e custodian or c	other intermed	lary for contr	ihiitions	or other assets no	ot.		
	included on Form 990, Part X?			•				Yes	No
h	If "Yes," explain the arrangement in						[	res [_	
U	ii res, explain the unangement ii	TI BIL XIV BIIG CC	implete the lo	llowing table		1	Amount		
_	Beginning balance				4.5		Milount		
C	Additions during the year								
ū							<del></del>		
e e	Distributions during the year								
1	Ending balance								<del></del>
	Did the organization include an am		30, Paπ X, line	1217		• • • • • • • • • •	[	Yes	No
	If "Yes," explain the arrangement in					000 D-4 N/ 1	40		
Par	t V Endowment Funds. Con		·					· · ·	
4.	Paginging of year balance	(a) Current Year	(b) Prior y	ear (C) IV	vo years b	ack (d) Three ye	ars back	(e) Four years	back
1a	Beginning of year balance				<del></del>		<del></del>		
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
a	Grants or scholarships	<del></del>							
е	Other expenditures for facilities .								
_	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage	-	alance held as	<b>;</b>					
а	Board designated or quasi-endown	nent ▶	%						
b	Permanent endowment ▶	%							
		.%							
3 a	Are there endowment funds not in	the possession of	of the organiza	ation that are	held an	d administered for	the		
	organization by							Yes	No
	(i) unrelated organizations							3a(i)	<u> </u>
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(II), are the related org		•		' . <i></i>			3 b	
4	Describe in Part XIV the intended u	ises of the organ	ization's endo	wment funds					
Par	t VI Investments - Land, Buil	dings, and Equ	iipment. See	Form 990,	Part X,	line 10			
	Description of investment		st or other basis nvestment)	(b) Cost or basis (oth		(c) Accumulated depreciation	(c	l) Book value	
1 a	Land							· · · · · · · · · · · · · · · · · · ·	
b	Buildings								
С	Leasehold improvements								
d	Equipment			223	,143.	194,444	•	28,6	99.
е	Other			1				······································	
	I. Add lines 1a through 1e (Column		orm 990, Part	X, column (B)	, line 10	(c) ) ▶		28,6	99.

Schedule D (Form 990) 2009

Part, VII	<u>Investments - Other Securities. See</u>	Form 990, Part X, III	ne 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	tion ket value
Financial d	erivatives			
Closely-he	ld equity interests			
				· · · · · · · · · · · · · · · · · · ·
		-		<del></del>
		-		
Fotal /Colum	n (b) must equal Form 990, Part X, col (B) line 12)	<b>&gt;</b>		<del></del>
Part VIII	Investments - Program Related. See	<u></u>	ne 13	
r ait viii	(a) Description of investment type	(b) Book value	(c) Method of valua	tion
	(a) Description of investment type	(b) book value	Cost or end-of-year mark	ket value
		<b>&gt;</b>		
Part IX	Other Assets. See Form 990, Part X			
		a) Description		(b) Book value
<del></del>		· · · ·		
				<u> </u>
<del> </del>				<del></del>
<del></del>				· · · · · · · · · · · · · · · · · · ·
<del></del>				
	· · · · · · · · · · · · · · · · · · ·			
		······································		
Total (Columi	n (b) must equal Form 990, Part X, col. (B) line 15 )		<b>&gt;</b>	
Part X	Other Liabilities. See Form 990, Part			
1.	(a) Description of liability	(b) Amount	f-	
ederal inc		·-·	· · ·	
			· ·	1
			-, · ·	
			, · · · · · · · · · · · · · · · · · · ·	
		1	,	•
			<del>-</del>	•
······································			†	,
			, , ,	
			1 .	
			†	
			-	*
Fotal, (Colum	n (b) must equal Form 990, Part X, col (B) line 25)	<b>-</b>	,	
	1-,		<del></del>	

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

41-1340927 Schedule D (Form 990) 2009 Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Part XI Total revenue (Form 990, Part VIII, column (A), line 12) 2 Total expenses (Form 990, Part IX, column (A), line 25) Excess or (deficit) for the year Subtract line 2 from line 1 3 3 1,192. 4 4 6 7 -236.Other (Describe in Part XIV ) 8 956. 9 956. Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 . . . . . . . 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 a Net unrealized gains on investments 2c d Other (Describe in Part XIV ) 2e 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . . . Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 2 a Donated services and use of facilities c Other losses d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIV ) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18), . . . . Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information SEE PAGE 5

Schedule D (Form 990) 2009

### Part XIV Supplemental Information (continued)

INCOME FROM LIONESS & LEOS CLUB

PART XI, LINE 8

THE SPRING ŁAKE PARK LIONESS CLUB HAD NET INCOME OF \$226 AND THE SPRING LAKE PARK LEOS CLUB HAD NET INCOME OF \$10 FOR A TOTAL OF \$236 OF INCOME FOR THE YEAR. THESE RELATED CLUBS HAVE THEIR OWN BANK ACCOUNTS THAT ARE SEPARATE FROM THE LIONS CLUB. THEIR INCOME IS BEING REPORTED IN THE RETURN BUT IT DOES NOT INCREASE OR DECREASE THE SPRING LAKE PARK LIONS CLUB ASSETS.

#### **SCHEDULE G**

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

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ.

See separate instructions

OMB No 1545-0047 Inspection

Internal Revenue Service Name of the organization

ame	of the organization					Employer identification	on number
PR	ING LAKE PARK LIONS CLUB					41-134092	7
Pari	Fundraising Activities. Com Form 990-EZ filers are not r				"Yes" to Form 9	90, Part IV, line	17.
1	Indicate whether the organization rais				activities Check a	all that apply	
а	Mail solicitations	e	Solid	itation of	non-government g	rants	
b	internet and email solicitations	f			government grants	5	
С	Phone solicitations	g	X Spec	cial fundra	ising events		
d	In-person solicitations						
2 a	Did the organization have a written or or key employees listed in Form 990,	r oral agreement v Part VII) or entity	with any ind v in connec	dividual (in tion with p	icluding officers, d professional fundra	irectors, trustees ising services?	Yes X No
b	If "Yes," list the ten highest paid indiv to be compensated at least \$5,000 b		fundraiser	s) pursuar	nt to agreements (	under which the fun	draiser is
	(i) Name of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
-	<u> </u>				t fundo as boo b		
	st all states in which the organization or licensing	on is registered (	or licensed	TO SOIIC	it tunas of has b	een notified it is	exempt from
				<b>-</b>			
						<b></b>	
					·		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule G (Form 990 or 990-EZ) 2009

	r,	more than \$15,000 on Forr	ete if the organization n 990-EZ, line 6a Lis	answered "Yes" to F st events with gross re	orm 990, Part IV, Iin eceipts greater than	e 18, or i \$5.000	eport	ed
			(a) Event #1 MEALS	(b) Event #2	(c) Other Events	(d) To	otal ever (a) thr	
o	İ		(event type)	(event type)	(total number)			
Revenue	1	Gross receipts	44,179.				4 4	,179
ፚ	2	Less Charitable contributions						
	3	Gross income (line 1 minus line 2)					4 4	,179
	4	Cash prizes						
	5	Noncash prizes					<del>.</del>	
enses	6	Rent/facility costs						
Direct Expenses	7	Food and beverages	22,307.				22	,307
Dire	8	Entertainment						
	9	Other direct expenses						
	10 11	Direct expense summary Add lines 4 Net income summary. Combine line	4 through 9 in column (d) 3. column (d), and line 10	) 		(	22,	307.) ,872
Pa	rt l		ganization answered "			orted mo	re	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total col (a) the	gaming ough c	(add ol (c))
	1	Gross revenue	337,710.	4,654,125.	1,498,838.	6	,490	,673
ses	2	Cash prizes	251,363.	3,762,070.	1,285,278.	5	,298	,711
Expenses	3	Noncash prizes						<del></del>
Direct	4	Rent/facility costs	4,317.	62,040.	19,980.		86	, 337
	5	Other direct expenses	47,686.	828,668.	235,027.	1	,111	, 381
	6	Volunteer labor	Yes%   X   No	Yes% No	Yes%		<del></del>	
	7	Direct expense summary Add lines 2	2 through 5 in column (d)			( 6,	496,	429.)
	8	Net gaming income summary Comb	ine line 1, column d, and	line 7	· · · · · · · · •		· · · · · ·	,756
9		nter the state(s) in which the organizat					Yes	No
		the organization licensed to operate g "No," explain				<u>9a</u>	^	
		/ere any of the organization's gaming if		nded or terminated durir		10		Х
•		·						
11 12		oes the organization operate gaming a the organization a grantor, beneficiary		rs <sup>?</sup>		11	Х	
		rmed to administer charitable gaming?				12		X

3ched	ule O (Form 990 or 990-EZ) 2009 41-134	40927			Page 3
13 a b 14	Indicate the percentage of gaming activity operated in  The organization's facility	13b 100.0000%		Yes	No
15a	Name ► SHAWN DONAHUE  Address ► 8433 CENTER DRIVE SPRING LAKE PARK, MN 55432  Does the organization have a contract with a third party from whom the organic				
	revenue?	and the	15a		Х
16	Address  Gaming manager information  Name SHAWN DONAHUE				
	Gaming manager compensation ► \$ 60,000.  Description of services provided ► MANAGES ALL GAMING ACTIVITES, SIGN.				
17 a	Director/officer  X Employee Independent contractor  Mandatory distributions.  Is the organization required under state law to make charitable distributions from the state naming license?	he gaming proceeds to	172		x

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations

or spent in the organization's own exempt activities during the tax year ▶ \$

# SCHEDULE (Form 990)

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

► Attach to Form 990.

Department of the Treasury

SPRING LAKE PARK LIONS CLUB Name of the organization

OMB No 1545-0047

Open to Public

Employer identification number

41-1340927

Schedule I (Form 990) 2009 × (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Yes SENERAL Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash grant (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . 9,545 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance (p) EIN Enter total number of other organizations (a) Name and address of organization or government 58 VARIOUS UNDER Part II Part I

41-1340927

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009

Part III Grants an

itance		 ***					] 	1 1 1 1 1	 				 	\$	 		Schedule I (Form 990) 2009
(f) Description of non-cash assistance					nonation			• • • • • • • • • • • • • • • • • • •	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	; ! ! !							Schedule
(f) Description					Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information			 	 		! !				 	! ! ! !	
ook,					d any other			; ; ; ! !							           	 	
(e) Method of valuation (book, FMV, appraisal, other)	:				l, line 2, an			 		 			1		 	 	
	-				ed in Part			 	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!			 	 		 	; [ [ [ ]	
(d) Amount of non-cash assistance					ation requir	             		9 	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		 	 	} ! ! !		 	
					e informa	 		 	 	 	; ; ;	 	  -  -  -  -	 		# 	
(c) Amount of cash grant					provide th	             		 		 	 		 	 	 	 	
(b) Number of recipients					his part to	 	;	 	 		 	 	 	 	 	 	
9					omplete t	         		 	; ; ; ; ;		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	 	 	( † 	<b>!</b> 	
901	:				nation. Co	 			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	 	 			 		
(a) Type of grant or assistance					tal Inforn	         		i I		† 						l	: 
a) Type of gra					pplemen	 	!		 	† 	 	 	! 	! ! ! !	 		
						 				 	 		† † † †	 			
				İ	Part IV	1	1		1		 	 	 	     	)   		

V 09-8.6

### SCHEDULE O (Form 990)

### Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

• Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SPRING LAKE PARK LIONS CLUB

Employer identification number

41-1340927

ATTACHMENT 1

**MEMBERS** 

PART VI, SECTION A, LINE 6

THE SPRING LAKE PARK LIONS CLUB HAS ABOUT 85 MEMBERS IN THEIR GROUP.

VOTING OF GOVERMENT BODY

PART VI, SECTION A, LINE 7A & 7B

THE ORGANIZATION'S GOVERNING BODY IS ELECTED BY MAJORITY VOTE OF THE MEMBERS THAT ARE PRESENT AT THE VOTING MEETING.

DECISIONS MADE BY THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY MEMBERS

OF THE ORGANIZATION THROUGH MAJORITY VOTE. THE MAJORITY VOTE ONLY

PERTAINS TO MEMBERS WHO ARE PRESENT AT EACH SPECIFIC MEETING.

PUBLIC DOCUMENTS

PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC UPON REQUEST TO THE SPRING LAKE PARK LIONS CLUB.

CONTACT INFORMATION IS AVAILABLE AT THEIR WEBSITE (WWW.SLPLIONS.COM).

990 REVIEW PROCESS

PART VI, SECTION 3, LINE 11A

THE ORGANIZATION'S GOVERNING BODY DOES NOT REVIEW THE 990 BEFORE IT IS FILED.

Employer identification number 41-1340927

ATTACHMENT 2

### FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO CREATE AND FOSTER A SPIRIT OF UNDERSTANDING AMONG THE PEOPLE OF THE WORLD. TO PROMOTE THE PRINCIPLES OF GOOD GOVERNMENT AND GOOD CITIZENSHIP. TO TAKE AN ACTIVE INTEREST IN THE CIVIC, CULTURAL, SOCIAL, AND MORAL WELFARE OF THE COMMUNITY. TO UNITE THE CLUBS IN THE BONDS OF FRIENDSHIP, GOOD FELLOWSHIP, AND MUTUAL UNDERSTANDING. TO ENCOURAGE SERVICE-MINDED MEN AND WOMEN TO SERVE THEIR COMMUNITY WITHOUT PERSONAL REWARD, AND TO ENCOURAGE EFFICIENCY AND PROMOTE HIGH, ETHICAL STANDARDS IN COMMERCE, INDUSTRY, PROFESSIONS, PUBLIC WORKS, AND PRIVATE ENDEAVORS.

		ATTACHMENT 3	3
FORM 990, PART VIII - FUNDRAISI	NG EVENTS		
DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
OTHER SPECIAL EVENTS	44,179.	22,307.	21,872.
TOTALS	44,179.	22,307.	21,872.
FORM 990, PART VIII - GAMING AC	TTUITEC	ATTACHMENT 4	
FORM 990, PART VIII - GAMING AC	11/11/125		
DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
CHARITABLE GAMING	6,490,673	6,496,429	-5,756
TOTALS	6,490,673	6,496,429	

Schecule O (Form 990) 2009  Name of the organization  SPRING LAKE PARK LIONS CLUB	-		Employer identificat	
211216 21111 21016 0202		ATTAC	HMENT 5	
FORM 990, PART IX - PAYMENTS TO AFE	FILIATES	<del></del>		
DESCRIPTION	(A) TOTAL EXPENSES	(B) PROGRAM SERVICE EXP	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
LEOS CLUB	603	603		
INTERNATIONAL DUES	3,665	3,665		
DISTRICT DUES	1,102	1,102		
TOTALS	5,370	5,370		
FORM 990, PART X - PREPAID EXPENSES	S AND DEFERRED (	===	TTACHMENT 6	
DESCRIPTION			ENDING BOOK VALU	E
PREPAID PRIZES				88.
				<del></del>
TOTALS	;			88.
		<del>-</del> A	TTACHMENT 7	
FORM 990, PART X - INVESTMENTS - PU	BLICLY TRADED S			<del></del>
			ENDING	COST
DESCRIPTION		<u>B</u>	OOK VALUE	OR FMV
DESCRIPTION MUTUAL FUNDS		<u>B</u>	OOK VALUE 11,431.	OR FMV FMV

Description of Property							ATTACHMENT 8	_					
DEPRECIATION													
	Date	Unadjusted		179 exp			Beginning	Ending			\ <u>\</u>	1A   Current-year	
Asset description	placed in service	Cost or basis	% Sng	reduction in basis	Basis Reduction	Basis for depreciation	Accumulated depreciation	Accumulated depreciation	Me- thad Conv	, Life	ACRS	CRS 179 class expense	Current-year depreciation
GAMBLING EQUIPMENT	06/30/1992	156, 191	100 000			156, 191	156, 191	156,191	200DB	5	7		
SOFTWARE	05/21/2007	14,697	100 000			14,697	1,224	6,531	SL	3 000			5,307
воотн	01/26/2007	7,500	100 000			7,500	3,456	4,393	200DB HY	į	7		937
воотн	03/26/2007	7,399	100 000			7,399	3,408	4,332	200DB HY		7		924
FORKLIFT	09/13/2006	4,154	100 000			4,154	1,915	2,434	200DB HY		7		519
LAPTOP	11/11/2006	1,128	100 000			1,128	819	949	200DB HY		S		130
DIGITAL CAMERAS	10/31/2007	19,488	100 000			19, 488	10,134	13,876		-	5		3,742
SOFTWARE	03/31/2008	4,591	100 000			4,591	3,571	4,251	200DB HY		3		089
BOOTH- OLD CHICAGO	10/31/2008	2,482	100 000			2,482	355	963			7		809
MAGNUSON CABINETS	11/30/2008	1,350	100 000			1,350	193	524	200DB HY		7		331
										_			
Less Retired Assets													
Subtotals		218,980				218,980	181, 266	194,444					13.178
Listed Property												-	
										$\downarrow$			
Less Retired Assets													
Subtotals													
TOTALS		218,980				218,980	181,266	194,444	_				13 178
AMORTIZATION													
Asset description	Date placed in service	Cost or basis					Accumulated	Ending Accumulated		و ا			Current-year
SURETHING SOFTWARE	09/30/2009	4,163						1,041	3 6	000			1,041
									+	Т			
TOTALS		4,163						1,041		]			1 041
*Assets Retired													

JSA 9X9024 1 000

59744Y L985

73785

ATTACHMENT 8

PAGE 26

9 8-60 A

# Part III Form 990, June 30, 2010

### SPRING LAKE PARK LIONS

### SERVICE PROJECTS

### FROM JULY 1, 2009 - JUNE 30, 2010

- Working at the Lions International Convention in Minneapolis, MN (July 6-10, 2009)
- Put on an Employee Appreciation Picnic for SLP Lions Gambling Operation Employees (July 20, 2010)
- Highway Cleanup (September 15, 2009,
- Garage Sales (September 18&19, 2009 and June 10-12, 2010)
- Worked the 25<sup>th</sup> Anniversary of Central Park Liquors (September 24-26, 2009)
- Pancake Breakfast (October 11, 2009 & April 11, 2010)
- Oktoberfest (October 17, 2009)
- Working the Hearing and Service Dogs of MN (Can Do Canines) Heel & Wheel Walk (September 26, 2009)
- Feed My Starving Children (several times throughout the year w/ SLP Leos)
- Salvation Army Bell Ringing at Cub Northtown (December 10-12, 2009)
- Christmas Distribution Food Baskets & Toys (December 19, 2009)
- Christmas Lights Contest (December, 2009)
- Can Do Canine Pancake Breakfast (February 6, 2010)
- SLP Lions Valentine Luncheon (February 12, 2010)
- OEC Competition (February 27, 2010)
- Collection of school supplies for Woodcrest Elementary School
- Eyeglass Project (ongoing throughout the year)
- Making of wooden toys for needy children
- SLP Tower Days Parade
- SLP Tower Days Celebration at Lakeside Lions Park
- Collection of used eyeglasses, hearing aids, cell phones, ink jet cartridges and cans
- · Meals on Wheels
- Blood Donations
- Yard/Snow Removal Work
- Helping seniors to medical appointments
- Hold various fundraisers to raise monies for the City of SLP, or the schools or various other charities.

(Rev April 2009)

Department of the Treasury

### Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No 1545-1709

Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box 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 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 From 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 Employer identification number Name of Exempt Organization Type or SPRING LAKE PARK LIONS CLUB 41-1340927 print Number, street, and room or suite no. If a P.O. box, see instructions File by the due date for 8433 CENTER DRIVE filing your City, town or post office, state, and ZIP code For a foreign address, see instructions return See instructions SPRING LAKE PARK, MN 55432 Check type of return to be filed (file a separate application for each return) Form 4720 Form 990 Form 990-T (corporation) Form 5227 Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 6069 Form 990-EZ Form 990-T (trust other than above) Form 1041-A Form 990-PF Form 8870 The books are in the care of ▶ ED LAUN Telephone No ▶ 763 784-9179 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) for the whole group, check this box. If it is for part of the group, check this box. If it is for part of the group, check this box. names and EINs of all members the extension will cover I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time  $_{-}$  , to file the exempt organization return for the organization named above. The extension is until. for the organization's return for calendar year 07/01, 2009, and ending 06/30, 2010 X tax year beginning If this tax year is for less than 12 months, check reason Initial return Final return If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions 3a \$ b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments 0. made Include any prior year overpayment allowed as a credit \$ 3b 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 0. instructions 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 For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form 8868 (Rev 4-2009)