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Short Form Return of Organization Exempt From Income Tax

2010

Open to Public Inspection

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.*

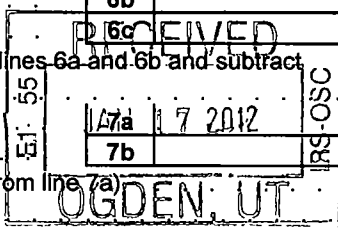
A For the 2010 calendar year, or tax year beginning <u>7/1/2010</u> , and ending <u>6/30/2011</u>																
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization SHORELINE PLAYERS LLC INC</td> <td>D Employer identification number 23-7355199</td> </tr> <tr> <td colspan="2">Number and street (or P O box, if mail is not delivered to street address) Room/suite</td> <td>E Telephone number (989) 739-3586</td> </tr> <tr> <td colspan="2">P O BOX 395</td> <td></td> </tr> <tr> <td>City or town</td> <td>state or country</td> <td>ZIP + 4</td> </tr> <tr> <td>OSCODA</td> <td>MI</td> <td>48750</td> </tr> </table>	C Name of organization SHORELINE PLAYERS LLC INC		D Employer identification number 23-7355199	Number and street (or P O box, if mail is not delivered to street address) Room/suite		E Telephone number (989) 739-3586	P O BOX 395			City or town	state or country	ZIP + 4	OSCODA	MI	48750
C Name of organization SHORELINE PLAYERS LLC INC		D Employer identification number 23-7355199														
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P O BOX 395																
City or town	state or country	ZIP + 4														
OSCODA	MI	48750														
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)															
I Website: ▶ <u>N/A</u>																
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **31,418**

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

	Description	Line	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	12,760
	2 Program service revenue including government fees and contracts	2	17,971
	3 Membership dues and assessments	3	395
	4 Investment income	4	292
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ <u>2,589</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	31,418	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	23,980
	15 Printing, publications, postage, and shipping	15	567
	16 Other expenses (describe in Schedule O)	16	17,510
17 Total expenses. Add lines 10 through 16 ▶	17	42,057	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-10,639
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	137,621
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	8,731
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	135,713



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Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	10,912	22 12,566
23 Land and buildings	124,235	23 120,673
24 Other assets (describe in Schedule O)	2,474	24 2,474
25 Total assets	137,621	25 135,713
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	137,621	27 135,713

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

Check if the organization used Schedule O to respond to any question in this Part III

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

What is the organization's primary exempt purpose? TO PROVIDE CULTURAL OPPORTUNITIES TO THE CC

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

28		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)	32	0

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

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
EDDIE BISSELL 7000 LOUD DRIVE OSCODA MI 48750	Title PRESIDENT Hr/WK 50.00	0		
JACKIE TEMPLE 4549 F41 OSCODA MI 48750	Title VICE PRESIDENT Hr/WK 25.00	0		
DIANE TEDDY 104 N MORTON STREET OSCODA MI 48750	Title SECRETARY Hr/WK 35.00	0		
SUSAN MILLER 6381 GRACE DRIVE HALE MI 48739	Title TREASURER Hr/WK 45.00	0		
ERIC JOSEPH 4705 ARBUTUS OSCODA MI 48750	Title TRUSTEE Hr/WK 45.00	0		
DIANA SHAKLETON 312 WEST WASHINGTON EAST TAWAS MI 48730	Title TRUSTEE Hr/WK 20.00	0		
DAWN MOBOLIO 9324 MARYLAND STREET OSCODA MI 48750	Title TRUSTEE Hr/WK 40.00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		

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

Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).		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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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 (see instructions)?		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9. 39a		
b	Gross receipts, included on line 9, for public use of club facilities. 39b		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		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. ▶		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶		
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.		X
41	List the states with which a copy of this return is filed. ▶ MI		
42 a	The organization's books are in care of ▶ SUSAN MILLER Telephone no. ▶ (989) 820-4601 Located at ▶ 6381 GRACE DRIVE City HALE ST MI ZIP + 4 ▶ 48739		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
			X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶		X
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		
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
c	Did the organization receive any payments for indoor tanning services during the year?		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		X

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

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

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None City ST ZIP	Title Hr/WK	.00		
Name City ST ZIP	Title Hr/WK	.00		
Name City ST ZIP	Title Hr/WK	.00		
Name City ST ZIP	Title Hr/WK	.00		
Name City ST ZIP	Title Hr/WK	.00		

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
Name None City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No

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

Sign Here
 Signature of officer: Susan M. Miller Date: 01/12/12
 Type or print name and title: Susan M. Miller - Treasurer

Paid Preparer's Use Only	Ppnt/Type preparer's name	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	PTIN
	Pilar R. Oczepek	Pilar R. Oczepek	1/12/2012		P00234069
	Firm's name	Firm's EIN			Firm's address
	PRO BOOKKEEPING AND TAX SERVICE	3071623			P. O. Box 48, Hale, MI 48739
		(989) 728-3587			

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization SHORELINE PLAYERS LLC INC	Employer identification number 23-7355199
--	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	X	X
(ii) A family member of a person described in (i) above?	X	X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	X	X
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									0
Total									0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14,624	5,329	7,694	6,246	6,188	40,081
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	14,624	5,329	7,694	6,246	6,188	40,081
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						40,081

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	14,624	5,329	7,694	6,246	6,188	40,081
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	811	1,694	139	38	32	2,714
9 Net income from unrelated business activities, whether or not the business is regularly carried on				303		303
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11 Total support. Add lines 7 through 10						43,098
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	93.00%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	0.00%
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
13 Total support. (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	► <input type="checkbox"/>					

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0.00%

- 19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►
- b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

Name of the organization

SHORELINE PLAYERS LLC INC

Employer identification number

23-7355199

Form 990-EZ, Part I, Line 16, Other Expenses: Fundraising: 50

Form 990-EZ, Part I, Line 16, Other Expenses: Depreciation: 4,756

Form 990-EZ, Part I, Line 16, Other Expenses: Interest: 367

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 275

Form 990-EZ, Part I, Line 16, Other Expenses: PLAY EXPENSE: 2,585

Form 990-EZ, Part I, Line 16, Other Expenses: ADVERTISING: 1,439

Form 990-EZ, Part I, Line 16, Other Expenses: ROYALTIES: 3,998

Form 990-EZ, Part I, Line 16, Other Expenses: DUE: 185

Form 990-EZ, Part I, Line 16, Other Expenses: HOSPITALITY: 68

Form 990-EZ, Part I, Line 16, Other Expenses: INSURANCE: 2,195

Form 990-EZ, Part I, Line 16, Other Expenses: BANK CHARGES: 36

Form 990-EZ, Part I, Line 16, Other Expenses: POST OFFICE BOX: 96

Form 990-EZ, Part I, Line 16, Other Expenses: H & R BLOCK RETURN PREPARATION: 175

Form 990-EZ, Part I, Line 16, Other Expenses: SAFETY DEPOSIT BOS: 20

Form 990-EZ, Part I, Line 16, Other Expenses: OFFICE EXPENSE (CHECKS): 16

Form 990-EZ, Part I, Line 16, Other Expenses: MISCELLANEOUS: 383

Form 990-EZ, Part I, Line 16, Other Expenses: TECH EXPENSES: 866

Form 990-EZ, Part I, Line 20, Net Assets: HURON COMMUNITY BANK LOAN BALANCE TO COVER DEFICIT:

8,731

Form 990-EZ, Part II, Line 24, Other Assets: DEPRECIABLE ASSETS: Beginning of year: 2,474, End

of year: 2,474

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	3,560
2	Noncash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events).	6	2,589
7	Associated organization contributions	7	
8	ADVERTISING INCOME	8	3,680
9	DONATION	9	2,233
10	HOSPITALITY	10	698
11	Total	11	12,760

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	
2	Dividends and interest from securities	2	32
3	Gross rents	3	260
4	Other investment income	4	
5	Total	5	292

Part I, Line 8 (990-EZ) - Other Revenue

0

Description		Amount	
1		1	
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

Part I, Line 16 (990-EZ) - Other Expenses

17,510

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	50
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	
6	Depreciation	6	4,756
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	367
10	Supplies	10	275
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	PLAY EXPENSE	13	2,585
14	ADVERTISING	14	1,439
15	ROYALTIES	15	3,998
16	DUE	16	185
17	HOSPITALITY	17	68
18	INSURANCE	18	2,195
19	BANK CHARGES	19	36
20	POST OFFICE BOX	20	96
21	H & R BLOCK RETURN PREPARATION	21	175
22	SAFETY DEPOSIT BOS	22	20
23	OFFICE EXPENSE (CHECKS)	23	16
24	MISCELLANEOUS	24	383
25	TECH EXPENSES	25	866
26		26	
27		27	
28		28	

Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances

8,731

Description		Amount	
1	HURON COMMUNITY BANK LOAN BALANCE TO COVER DEFICIT	1	8,731
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

Part II, Line 24 (990-EZ) - Other Assets

2,474

2,474

	Description	Beginning	End
1	DEPRECIABLE ASSETS	2,474	2,474
2			
3			
4			
5			
6			
7			
8			
9			
10			

Part II, Line 26 (990-EZ) - Liabilities

0

0

	Description	Beginning	End
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Part VI, Line 50 (990-EZ) - Compensation of Other Employees

Name and address of each employee paid more than \$100,000		Title and average hours per week devoted to position	Compensation	Contributions to emp. benefit plans & deferred compensation	Expense, account and other allowances
Name _____ Street _____ City _____ ST _____ ZIP _____ Foreign Country _____		Title _____ Hr/Wk _____ Explanation _____			
1. Name _____ Street _____ City _____ ST _____ ZIP _____ Foreign Country _____		Title _____ Hr/Wk _____ Explanation _____			
2. Name _____ Street _____ City _____ ST _____ ZIP _____ Foreign Country _____		Title _____ Hr/Wk _____ Explanation _____			
3. Name _____ Street _____ City _____ ST _____ ZIP _____ Foreign Country _____		Title _____ Hr/Wk _____ Explanation _____			
4. Name _____ Street _____ City _____ ST _____ ZIP _____ Foreign Country _____		Title _____ Hr/Wk _____ Explanation _____			
5. Name _____ Street _____ City _____ ST _____ ZIP _____ Foreign Country _____		Title _____ Hr/Wk _____ Explanation _____			

Part VI, Line 51 (990-EZ) - Highest Compensated Independent Contractors

Name and address of each independent contractor paid more than \$100,000	Type of service	Compensation
1. Name _____ Street _____ City _____ ST _____ ZIP _____ Check if Business <input type="checkbox"/> Foreign Country <input type="checkbox"/>	Explanation	
2. Name _____ Street _____ City _____ ST _____ ZIP _____ Check if Business <input type="checkbox"/> Foreign Country <input type="checkbox"/>	Explanation	
3. Name _____ Street _____ City _____ ST _____ ZIP _____ Check if Business <input type="checkbox"/> Foreign Country <input type="checkbox"/>	Explanation	
4. Name _____ Street _____ City _____ ST _____ ZIP _____ Check if Business <input type="checkbox"/> Foreign Country <input type="checkbox"/>	Explanation	
5. Name _____ Street _____ City _____ ST _____ ZIP _____ Check if Business <input type="checkbox"/> Foreign Country <input type="checkbox"/>	Explanation	

Summary of Assets by Codes

SHORELINE PLAYERS LLC INC (990EZ)

Year ends: 6/30/2011			Federal			State		
Code	Description	Cost	Prior Accum Depr, 179 & Bonus	2010 Current Depr 179 & Bonus	2010 Accum. Depr, 179 & Bonus	Prior Accum Depr, 179 & Bonus	2010 Current Depr 179 & Bonus	2010 Accum. Depr, 179 & Bonus
A-1	3-yr Race horse > than 2 yrs	0	0	0	0	0	0	0
A-2	3-yr Breeding or work horse > 12 yrs	0	0	0	0	0	0	0
A-3	3-yr Breeding hogs	0	0	0	0	0	0	0
A-4	5-yr Cattle, breeding or dairy	0	0	0	0	0	0	0
A-5	5-yr Breeding sheep and goats	0	0	0	0	0	0	0
A-6	7-yr Breeding or work horse < 13 yrs	0	0	0	0	0	0	0
A-7	10-yr Tree, vine bearing fruit, nuts	0	0	0	0	0	0	0
A-8	7-yr Agricultural fences and equip	0	0	0	0	0	0	0
A-9	10-yr Sgl purpose ag or horti struct	0	0	0	0	0	0	0
A-10	15-yr Water well for poultry/livestock	0	0	0	0	0	0	0
A-11	7-yr Cotton Ginning Assets	0	0	0	0	0	0	0
A-12	5-yr Farm asset (listed)	0	0	0	0	0	0	0
A-13	5-yr Farm asset	0	0	0	0	0	0	0
A-14	7-yr Farm asset (listed)	0	0	0	0	0	0	0
A-15	7-yr Farm asset	0	0	0	0	0	0	0
A-16	3-yr Farm tractor	0	0	0	0	0	0	0
A-17	5-yr Farm nonpersonal use vehicle	0	0	0	0	0	0	0
A-18	5-yr Farm heavy-duty truck	0	0	0	0	0	0	0
A-19	5-yr Farm passenger vehicles	0	0	0	0	0	0	0
A-20	5-yr Farm SUV	0	0	0	0	0	0	0
A-21	5-yr Farm light truck and vans	0	0	0	0	0	0	0
A-22	5-yr Other vehicle (listed)	0	0	0	0	0	0	0
A-23	10-yr Farm asset	0	0	0	0	0	0	0
A-24	15-yr Farm asset	0	0	0	0	0	0	0
A-25	20-yr Farm buidings	0	0	0	0	0	0	0
A-26	5-yr Farm business mach & equip	0	0	0	0	0	0	0
F-1	3-yr Software (qual 179 property)	0	0	0	0	0	0	0
F-2	3-yr Qual rent-to-own property	0	0	0	0	0	0	0
F-3	5-yr Res rental furnishings	0	0	0	0	0	0	0
F-4	5-yr Computers (listed)	0	0	0	0	0	0	0
F-5	5-yr Computers (not listed)	0	0	0	0	0	0	0
F-6	5-yr Office mach (data handling)	0	0	0	0	0	0	0
F-7	5-yr High tech medical equipment	0	0	0	0	0	0	0
F-8	7-yr Photo and other listed equip	0	0	0	0	0	0	0
F-9	7-yr Farm equipment	0	0	0	0	0	0	0
F-10	7-yr Genl purp tools, mach, equip	22,908	21,252	330	21,582	21,252	330	21,582
F-11	7-yr Office furn, fixtures, equip	1,442	631	232	863	631	232	863
F-12	7-yr Cellular telephone	0	0	0	0	0	0	0
F-13	7-yr < 1999 Res rental furnishings	0	0	0	0	0	0	0
F-14	7-yr 1245 pers prop w/o class life	0	0	0	0	0	0	0
F-15	5-yr Other (listed)	0	0	0	0	0	0	0
F-16	7-yr Natural gas gathering lines	0	0	0	0	0	0	0
F-17	15-yr Electric transmission property	0	0	0	0	0	0	0
F-18	5-yr Construction assets	0	0	0	0	0	0	0
F-19	5-yr Distrib Trades/Service	0	0	0	0	0	0	0
F-20	5-yr Airplanes, including Helicopters	0	0	0	0	0	0	0
F-21	7-yr RR Cars/Engines (not RR co owned)	0	0	0	0	0	0	0
F-22	5-yr Logging Machinery and Equipment	0	0	0	0	0	0	0
H-1	Home Office	0	0	0	0	0	0	0
H-2	Home Office - Add and Impr	0	0	0	0	0	0	0
H-3	Home Office - Land	0	0	0	0	0	0	0
I-1	3-yr Indian reservation property	0	0	0	0	0	0	0
I-2	5-yr Indian reservation property	0	0	0	0	0	0	0
I-3	7-yr Indian reservation property	0	0	0	0	0	0	0
I-4	10-yr Indian reservation property	0	0	0	0	0	0	0
I-5	15-yr Indian reservation property	0	0	0	0	0	0	0
I-6	20-yr Indian reservation property	0	0	0	0	0	0	0
I-7	39-yr Indian nonres real property	0	0	0	0	0	0	0
I-8	3-yr Indian reservation farm property	0	0	0	0	0	0	0
I-9	5-yr Indian reservation farm property	0	0	0	0	0	0	0
I-10	7-yr Indian reservation farm property	0	0	0	0	0	0	0
I-11	10-yr Indian reservation farm property	0	0	0	0	0	0	0
I-12	15-yr Indian reservation farm property	0	0	0	0	0	0	0
N-1	Land	0	0	0	0	0	0	0
N-2	Other nondepreciable	0	0	0	0	0	0	0
R-1	5-yr NY Liberty Zone LH improv	0	0	0	0	0	0	0
R-2	15-yr Land improvements	0	0	0	0	0	0	0
R-3	20-yr Farm bldg (not sgl purpose)	0	0	0	0	0	0	0
R-4	27 5-yr Res rental real estate	0	0	0	0	0	0	0
R-5	39-yr Nonresidential real estate	163,600	39,359	4,194	43,553	39,359	4,194	43,553
R-6	40-yr Foreign real estate	0	0	0	0	0	0	0
R-7	15-yr Qual leasehold improvement prop	0	0	0	0	0	0	0
R-8	15-yr Qualified restaurant property	0	0	0	0	0	0	0

R-9	15-yr Distrib Trades/Service	0	0	0	0	0	0	0
R-10	15-yr Qual retail improvement prop	0	0	0	0	0	0	0
V-1	3-yr Tractor (over-the-road use)	0	0	0	0	0	0	0
V-2	5-yr Qual nonpersonal use veh	0	0	0	0	0	0	0
V-3	5-yr Qual electric passenger auto	0	0	0	0	0	0	0
V-4	5-yr Heavy duty truck or OTR trailer	0	0	0	0	0	0	0
V-5	5-yr Pass veh (excl some trks/vans)	0	0	0	0	0	0	0
V-6	5-yr SUV/truck/van > 6,000 lbs	0	0	0	0	0	0	0
V-7	5-yr Truck, van, auto on trk chassis	0	0	0	0	0	0	0
V-8	10-yr Water transport equipment	0	0	0	0	0	0	0
V-9	5-yr Other Vehicle (listed)	0	0	0	0	0	0	0
V-10	5-yr Buses	0	0	0	0	0	0	0
Z-1	Amort - 173(a) - Circulation exp	0	0	0	0	0	0	0
Z-2	Amort - 59(e) - Opt write-off tax pref	0	0	0	0	0	0	0
Z-3	Amort - 169 - Pollution control fac	0	0	0	0	0	0	0
Z-4	Amort - 171 - Bond premium	0	0	0	0	0	0	0
Z-5	Amort - 174 - Rsch and exper exp	0	0	0	0	0	0	0
Z-6	Amort - 178 - Lease acq costs	0	0	0	0	0	0	0
Z-7	Amort - 194 - Qual reforest cost	0	0	0	0	0	0	0
Z-8	Amort - 195 - Bus start-up exp	0	0	0	0	0	0	0
Z-9	Amort - 197 - Intangible costs	0	0	0	0	0	0	0
Z-10	Amort - 248 - Corp org expense	0	0	0	0	0	0	0
Z-11	Amort - 263 - Intang drilling costs	0	0	0	0	0	0	0
Z-12	Amort - 616 or 617 - Mining costs	0	0	0	0	0	0	0
Z-13	Amort - 461 - Points	0	0	0	0	0	0	0
Z-14	Amort - 709 - Partnership org exp	0	0	0	0	0	0	0
Z-15	Amort - 1400l - Qual revital exp	0	0	0	0	0	0	0
Z-16	Amort - Other	0	0	0	0	0	0	0
Z-17	Amort - 167(h) - Geological expense	0	0	0	0	0	0	0
Z-18	Amort - 169 - Atmospheric PCF	0	0	0	0	0	0	0
	Unclassified	0	0	0	0	0	0	0
Totals:		187,950	61,242	4,756	65,998	61,242	4,756	65,998

	<u>2010</u>	<u>2010</u>
Total cost.	187,950	187,950
Accumulated depreciation:	65,998	65,998
Book value.	<u>121,952</u>	<u>121,952</u>

Asset Quick Reference Codes

Category-Subcategory	Description	Federal Tax		AMT (Pre 1/1/1999)		AMT (Post 12/31/1998)			ADS		State Tax	
		Life	Method	Life	Method	Life	No Bonus	Bonus	Life	Method	Life	Method
A-1	3-yr Race horse > than 2 yrs	3	150DB	12	150DB	3	150DB	150DB	12	SL/ADS	3	150DB
A-2	3-yr Breeding or work horse > 12 yrs	3	150DB	10	150DB	3	150DB	150DB	10	SL/ADS	3	150DB
A-3	3-yr Breeding hogs	3	150DB	3	150DB	3	150DB	150DB	3	SL/ADS	3	150DB
A-4	5-yr Cattle, breeding or dairy	5	150DB	7	150DB	5	150DB	150DB	7	SL/ADS	5	150DB
A-5	5-yr Breeding sheep and goats	5	150DB	5	150DB	5	150DB	150DB	5	SL/ADS	5	150DB
A-6	7-yr Breeding or work horse < 13 yrs	7	150DB	10	150DB	7	150DB	150DB	10	SL/ADS	7	150DB
A-7	10-yr Tree, vine bearing fruit, nuts	10	SL/GDS	20	SL/ADS	10	SL/GDS	SL/GDS	20	SL/ADS	10	SL/GDS
A-8	7-yr Agricultural fences and equip	7	150DB	10	150DB	7	150DB	150DB	10	SL/ADS	7	150DB
A-9	10-yr Sgl purpose ag or horti struct	10	150DB	15	150DB	10	150DB	150DB	15	SL/ADS	10	150DB
A-10	15-yr Water well for poultry/livestock	15	150DB	20	SL/ADS	15	150DB	150DB	20	SL/ADS	15	150DB
A-11	7-yr Cotton Ginning Assets	7	150DB	12	150DB	7	150DB	150DB	12	SL/ADS	7	150DB
A-12	5-yr Farm asset (listed)	5	150DB	5	150DB	5	150DB	150DB	5	SL/ADS	5	150DB
A-13	5-yr Farm asset	5	150DB	6	150DB	5	150DB	150DB	6	SL/ADS	5	150DB
A-14	7-yr Farm asset (listed)	7	150DB	10	150DB	7	150DB	150DB	10	SL/ADS	7	150DB
A-15	7-yr Farm asset	7	150DB	10	150DB	7	150DB	150DB	10	SL/ADS	7	150DB
A-16	3-yr Farm tractor	3	150DB	4	150DB	3	150DB	150DB	4	SL/ADS	3	150DB
A-17	5-yr Farm nonpersonal use vehicle	5	150DB	6	150DB	5	150DB	150DB	6	SL/ADS	5	150DB
A-18	5-yr Farm heavy-duty truck	5	150DB	5	150DB	5	150DB	150DB	5	SL/ADS	5	150DB
A-19	5-yr Farm passenger vehicles	5	150DB	5	150DB	5	150DB	150DB	5	SL/ADS	5	150DB
A-20	5-yr Farm SUV	5	150DB	5	150DB	5	150DB	150DB	5	SL/ADS	5	150DB
A-21	5-yr Farm light truck and vans	5	150DB	5	150DB	5	150DB	150DB	5	SL/ADS	5	150DB
A-22	5-yr Other vehicle (listed)	5	150DB	5	150DB	5	150DB	150DB	5	SL/ADS	5	150DB
A-23	10-yr Farm asset	10	150DB	18	150DB	10	150DB	150DB	18	SL/ADS	10	150DB
A-24	15-yr Farm asset	15	150DB	20	150DB	15	150DB	150DB	20	SL/ADS	15	150DB
A-25	20-yr Farm buildings	20	150DB	25	150DB	20	150DB	150DB	25	SL/ADS	20	150DB
A-26	5-yr Farm business mach & equip	5	150DB	5	150DB	5	150DB	150DB	5	SL/ADS	5	150DB
F-1	3-yr Software (qual 179 property)	3	SL	3	SL	3	SL	SL	3	SL	3	SL
F-2	3-yr Qual rent-to-own property	3	200DB	4	150DB	3	150DB	200DB	4	SL/ADS	3	200DB
F-3	5-yr Res rental furnishings	5	200DB	9	150DB	5	150DB	200DB	9	SL/ADS	5	200DB
F-4	5-yr Computers (listed)	5	200DB	5	150DB	5	150DB	200DB	5	SL/ADS	5	200DB
F-5	5-yr Computers (not listed)	5	200DB	5	150DB	5	150DB	200DB	5	SL/ADS	5	200DB
F-6	5-yr Office mach (data handling)	5	200DB	6	150DB	5	150DB	200DB	6	SL/ADS	5	200DB
F-7	5-yr High tech medical equipment	5	200DB	9	150DB	5	150DB	200DB	9	SL/ADS	5	200DB
F-8	7-yr Photo and other listed equip	7	200DB	10	150DB	7	150DB	200DB	10	SL/ADS	7	200DB
F-9	7-yr Farm equipment	7	150DB	10	150DB	7	150DB	150DB	10	SL/ADS	7	150DB
F-10	7-yr Genl purp tools, mach, equip	7	200DB	10	150DB	7	150DB	200DB	10	SL/ADS	7	200DB
F-11	7-yr Office furn, fixtures, equip	7	200DB	10	150DB	7	150DB	200DB	10	SL/ADS	7	200DB
F-12	7-yr Cellular telephone	7	200DB	10	150DB	7	150DB	200DB	10	SL/ADS	7	200DB
F-13	7-yr < 1999 Res rental furnishings	7	200DB	12	150DB	7	150DB	200DB	12	SL/ADS	7	200DB
F-14	7-yr 1245 pers prop w/o class life	7	200DB	12	150DB	7	150DB	200DB	12	SL/ADS	7	200DB
F-15	5-yr Other (listed)	5	200DB	5	150DB	5	150DB	200DB	5	SL/ADS	5	200DB
F-16	7-yr Natural gas gathering lines	7	200DB			7	150DB	200DB		SL/ADS	7	200DB
F-17	15-yr Electric transmission property	15	150DB			15	150DB	150DB		SL/ADS	15	150DB
F-18	5-yr Construction assets	5	200DB	6	150DB	5	150DB	200DB	6	SL/ADS	5	200DB
F-19	5-yr Distrib Trades/Service	5	200DB	5	150DB	5	150DB	200DB	5	SL/ADS	5	200DB
F-20	5-yr Airplanes, including Helicopters	5	200DB	6	SL/ADS	5	150DB	200DB	6	SL/ADS	5	200DB
F-21	7-yr RR Cars/Engines (not RR co owned)	7	200DB	15	SL/ADS	7	150DB	200DB	15	SL/ADS	5	200DB
F-22	5-yr Logging Machinery and Equipment	5	200DB	9	150DB	5	150DB	150DB	9	SL/ADS	5	200DB
H-1	Home Office	39	SL/GDS			39	SL/GDS	SL/GDS			39	SL/GDS
H-2	Home Office - Add and Imor	39	SL/GDS			39	SL/GDS	SL/GDS			39	SL/GDS