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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Open to Public Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. 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 2011 calendar year, or tax year beginning

and ending

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

PELICAN LAKE PROPERTY OWNERS ASSOCIATION

Number and street (or P.O. box, if mail is not delivered to street address)

P O BOX 1782

Room/suite

City or town, state or country, and ZIP + 4

DETROIT LAKES, MN 56502-1782

D Employer identification number

41-1439367

E Telephone number

(701) 476-8306

F Group Exemption

Number

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) _____

I Website: WWW.PELICANLAKEMN.ORG

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(4) (insert no.) ☐ 4947(a)(1) or ☐ 527H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 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

\$ 70,208.

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

☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	5,292.
	2	Program service revenue including government fees and contracts	2	25,927.
	3	Membership dues and assessments	3	38,070.
	4	Investment income	4	131.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events	6	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ 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	
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	788.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	70,208.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	4,000.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	6,426.
	13	Professional fees and other payments to independent contractors	13	800.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	12,566.
	16	Other expenses (describe in Schedule O)	16	43,472.
	17	Total expenses. Add lines 10 through 16	17	67,264.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,944.
	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	80,392.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	83,336.

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2011)

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	80,392.	22	83,336.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	80,392.	25	83,336.
26 Total liabilities (describe in Schedule O)	0.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	80,392.	27	83,336.

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? **SEE SCHEDULE O**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 JULY 4TH FIREWORKS SHOW		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	18,525.
29 TRASH REMOVAL		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	7,537.
30 GRANTS		
(Grants \$ 4,000.) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	4,000.
31 Other program services (describe in Schedule O) SEE SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	792.
32 Total program service expenses (add lines 28a through 31a)	32	30,854.

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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ALDIE KELSVEN, 21141 BROADWATER DRIVE, PELICAN RAPIDS, MN 56572	SECRETARY 6.00	6,426.	0.	0.
KEN ERICKSON, 51350 CO HWY 31, DETROIT LAKES, MN 56501	PRESIDENT 1.00	0.	0.	0.
KAREN HART, 51152 CO HWY 9, PELICAN RAPIDS, MN 56572	PRESIDENT ELECT 1.00	0.	0.	0.
DONALD MEIDINGER, 200 SO 8TH ST #408, FARGO, ND 58103	TREASURER 1.00	0.	0.	0.
NANCY KAPAUN, 21950 CO HWY 20, PELICAN RAPIDS, MN 56572	PAST PRESIDENT 0.00	0.	0.	0.
DAVID MAJKRZAK, 802 SHEYENNE ST, WEST FARGO, ND 58108	PAST PRESIDENT 0.00	0.	0.	0.
MICHELLE SLETTEN, 22938 SENNS BEACH RD, DETROIT LAKES, MN 56501	DIRECTOR 0.00	0.	0.	0.
HOWARD OTTOSON, 3001 SO 51 ST #2205, LINCOLN, NE 68506	DIRECTOR 0.00	0.	0.	0.
MIRIAM DONNAN, 25199 MIDLAND BEACH LANE, DETROIT LAKES, MN 56501	DIRECTOR 0.00	0.	0.	0.
FAYE ENKJER, 51628 PELICAN POINT DRIVE, DETROIT LAKES, MN 56501	DIRECTOR 0.00	0.	0.	0.
ROLAND SWANSON, 1001 19TH AVE SO, MOORHEAD, MN 56560	PAST PRESIDENT 0.00	0.	0.	0.
FRED MANUEL, 26291 OTTOSON RD, DETROIT LAKES, MN 56501	DIRECTOR 0.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V ☒

	Yes	No
33 Did the organization engage in any significant 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
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0.
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or 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	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed. <u>NONE</u>		
42a The organization's books are in care of <u>DONALD S. MEIDINGER</u> Telephone no. <u>701-476-8306</u> Located at <u>4310 17TH AVE SW, FARGO, ND</u> ZIP + 4 <u>58104</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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.	42b	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: _____	42c	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	N/A
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	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	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	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	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b 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 (see instructions)	45b	

	Yes	No
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	46	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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

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

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A


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

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

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 Date 2/1/12


DONALD S. MEIDINGER, TREASURER
 Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DONALD S. MEIDINGER, CPA	DONALD S. MEIDINGER, CPA	02/01/12		
	Firm's name ▶ EIDE BAILLY LLP	Firm's EIN ▶			
	Firm's address ▶ 4310 17TH AVE S PO BOX 2545 FARGO, ND 58108-2545	Phone no.	701-239-8500		

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

OMB No. 1545-0047

2011
Open to Public
Inspection

Name of the organization

PELICAN LAKE PROPERTY OWNERS ASSOCIATION

Employer identification number

41-1439367

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:

AMOUNT:

INTEREST INCOME

131.

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:

AMOUNT:

MISCELLANEOUS

788.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: EDUCATION

GRANTEE NAME: PELICAN LAKE SAILING SCHOOL

GRANTEE ADDRESS: 21853 BROADWATER DRIVE PELICAN RAPIDS, MN 56572

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 06/05/11

AMOUNT GIVEN:

2,000.

ACTIVITY CLASSIFICATION: RECREATION

GRANTEE NAME: PELICAN WALLEYE FOUNDATION

GRANTEE ADDRESS: 23096 PELICAN BASS LANE PELICAN RAPIDS, MN 56572

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 06/15/11

AMOUNT GIVEN:

2,000.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

4,000.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2011)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:

AMOUNT:

MEETINGS	4,541.
INSURANCE	2,405.
OFFICE EXPENSE	4,580.
FIREWORKS SHOW	18,525.
TRASH REMOVAL	7,537.
MISCELLANEOUS	212.
BOAT PARADE	1,277.
SWIMMING PROGRAM	792.
INTERNET	498.
LAKE SIGNS	2,055.
DUES AND SUBSCRIPTIONS	1,050.
TOTAL TO FORM 990-EZ, LINE 16	43,472.

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE BETTERMENT OF THE
PELICAN LAKE COMMUNITY.**

FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS:

SWIMMING PROGRAM

GRANTS \$ 0. EXPENSES \$ 792.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

**THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.**

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

PELICAN LAKE PROPERTY OWNERS ASSOCIATION

Employer identification number

41-1439367

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Name of the organization

PELICAN LAKE PROPERTY OWNERS ASSOCIATION

Employer identification number

41-1439367

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
GEORGE MARTIN, 51313 KNOLL ROAD, PELICAN RAPIDS, MN 56572	DIRECTOR 0.00	0.	0.	0.
DAVID GORDON, 24588 CO HWY 20, DETROIT LAKES, MN 56501	DIRECTOR 0.00	0.	0.	0.
SHERRY TREPP, 2334 OAK HEIGHTS CT, MAPLEWOOD, MN 55119	DIRECTOR 0.00	0.	0.	0.
DON ANDERSON, 23096 PELICAN BASS LANE, PELICAN RAPIDS, MN 56572	DIRECTOR 0.00	0.	0.	0.
HELEN DEHOLLANDER, 2701 SIERRA SUNRISE TERRACE #531, CHICO, CA	DIRECTOR 0.00	0.	0.	0.
JEFF PELTIER, 21853 BROADWATER DR, PELICAN RAPIDS, MN 56572	DIRECTOR 0.00	0.	0.	0.
CHUCK SOLUM, 3008 RIVERSHORE DR, MOORHEAD, MN 56560	DIRECTOR 0.00	0.	0.	0.
JACK DELVO 2496 LILAC LANE, FARGO, ND 58102	DIRECTOR 0.00	0.	0.	0.
CHARLOTTE SKISTAD, 21520 CO HWY 9, PELICAN RAPIDS, MN 56572	DIRECTOR 0.00	0.	0.	0.
JAMES PRONDZINSKI 9421 W ESCUDA DRIVE, PEORIA, AZ 85382	DIRECTOR 0.00	0.	0.	0.
JAMES BECKSTROM, 51336 COUNTY HWY 9, PELICAN RAPIDS, MN 56572	DIRECTOR 0.00	0.	0.	0.
KATHY HOVEY, 49626 BLYBERGS ROAD, PELICAN RAPIDS, MN 56572	DIRECTOR 0.00	0.	0.	0.
SKIP DUEMELAND 301 E THAYER AVE, BISMARCK, ND 58501	DIRECTOR 0.00	0.	0.	0.
LUCY FITZGERALD 4552 3RD ST SO, MOORHEAD, MN 56560	DIRECTOR 0.00	0.	0.	0.
BRENT JENKINS BOX 1904, FARGO, ND 58107	PAST PRESIDENT 0.00	0.	0.	0.
MILLIE MACLEOD, 21920 CO HWY 20, PELICAN RAPIDS, MN 56572	DIRECTOR 0.00	0.	0.	0.
MIKE OSTBYE, 50672 CO HWY 9, PELICAN RAPIDS, MN 56572	DIRECTOR 0.00	0.	0.	0.
JAMES SUGIHARA 1551 32ND ST SO #202, FARGO, ND 58103	DIRECTOR 0.00	0.	0.	0.
PAT TOLLEFSON, 51324 CO HWY 9, PELICAN RAPIDS, MN 56572	DIRECTOR 0.00	0.	0.	0.
NICK VALENTINE, 2334 OAK HEIGHTS CT, MAPLEWOOD, MN 55119	DIRECTOR 0.00	0.	0.	0.
BILL ZIMMERMAN, 26195 OTTOSON ROAD, DETROIT LAKES, MN 56501	DIRECTOR 0.00	0.	0.	0.
JULIE FRIEDERICHs, 4608 ROSE CREEK PKWY S, FARGO, ND 58104	DIRECTOR 0.00	0.	0.	0.
GARY LAWRENCE, 51314 CO HWY 9, PELICAN RAPIDS, MN 56572	DIRECTOR 0.00	0.	0.	0.