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Form 990-EZ

CHANGE OF ACCOUNTING PERIOD **Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011**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 2011 calendar year, or tax year beginning 12/31, 2011, and ending 6/30, 2012**B Check if applicable**

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

C
UNITED LAKES & TRAIL RIDERS ASSOCIATION
P O BOX 94
DETROIT LAKES, MN 56501**D Employer identification number**

41-1678370

E Telephone number

(218) 847-3114

F Group Exemption Number**G Accounting Method:** Cash Accrual Other (specify) ►**I Website:** ► N/A**J Tax-exempt status (ck only one) —** 501(c)(3) 501(c) (4) **►(insert no)** 4947(a)(1) or 527**H 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 ► \$ 66,756.****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 EXPENSES NET ASSETS	1 Contributions, gifts, grants, and similar amounts received	1 40,618.
	2 Program service revenue including government fees and contracts	2 460.
	3 Membership dues and assessments	3
	4 Investment income	4 19.
	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
	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 \$ _____ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 25,659.
	c Less: direct expenses from gaming and fundraising events	6c 10,805.
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 14,854.
	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
	8 Other revenue (describe in Schedule O)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 55,951.
	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 1,215.
	13 Professional fees and other payments to independent contractors	13
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe in Schedule O)	16 21,843.
	17 Total expenses. Add lines 10 through 16	17 23,058.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 32,893.
	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 73,635.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 106,528.

BAA 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.

X

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	166,435.	186,899.
23 Land and buildings	22	
24 Other assets (describe in Schedule O)	23	
25 Total assets	24	
26 Total liabilities (describe in Schedule O)	166,435.	186,899.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	92,800.	80,371.
	73,635.	106,528.

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

Statement of Program Objectives (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III

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	TO ADVANCE THE GENERAL WELFARE AND SAFETY OF SNOWMOBILING AND TO SERVE THE INTEREST OF SNOWMOBILE OWNERS.	<input type="checkbox"/>	28a	23,058.
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>		
29	PROVIDE MN DEPT OF NATURAL RESOURCES CERTIFIED SAFETY TRAINING TO 61 YOUTH AGES 12-14.	<input type="checkbox"/>	29a	
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>		
30		<input type="checkbox"/>	30a	
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>		
31	Other program services (describe in Schedule O)	<input type="checkbox"/>	31a	
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>		
32	Total program service expenses (add lines 28a through 31a)	<input type="checkbox"/>	32	23,058.

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

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 Schedule O to respond to any question in this Part V

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 Yes No

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) 33 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)? 34 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 35a X

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 35b

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 35c X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 36 0. 37a 0. 37b X

b Did the organization file Form 1120-POL for this year? 38a 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? 38b N/A

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 39a N/A

39 Section 501(c)(7) organizations. Enter: 39b N/A

a Initiation fees and capital contributions included on line 9 39a N/A

b Gross receipts, included on line 9, for public use of club facilities 39b N/A

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:

section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A 40b X

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. 40c X

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► 0. 40d X

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 ► MN

42a The organization's books are in care of ► BRIAN LUND Telephone no ► (218) 847-3114
Located at ► 910 LINCOLN AVE DETROIT LAKES MN ZIP + 4 ► 56501 42b X

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)? 42c X

If 'Yes,' enter the name of the foreign country ►

See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c X

If 'Yes,' enter the name of the foreign country ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A N/A 43 Yes No

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 of the organization within the meaning of section 512(b)(13)? 45a X

b 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 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.

	Yes	No
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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

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

e 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

e 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 	Date			
	BRIAN LUND	PRESIDENT 10/22/12			
	► Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name BRIAN D. LUND	Preparer's signature 	Date 10/18/12	Check <input type="checkbox"/> if self-employed	PTIN P00069663
	Firm's name ► BENSON, LEITHEISER & SOBERG	Firm's EIN ► 41-1384039			
	Firm's address ► PO BOX 667 DETROIT LAKES, MN 56502				

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

► Yes No

Form 990-EZ (2011)

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 SNOWBALL (event type)	(b) Event #2 VINTAGE RALLY (event type)	(c) Other events (total number)	(d) Total events (add column (a) through column (c))
1 Gross receipts	13,150.	11,909.		25,059.
2 Less. Charitable contributions				
3 Gross income (line 1 minus line 2)	13,150.	11,909.		25,059.
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	7,481.	3,324.		10,805.
10 Direct expense summary Add lines 4 through 9 in column (d)				10,805.
11 Net income summary Combine line 3, column (d), and line 10				14,254.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
1 Gross revenue				
2 Cash prizes				
3 Non-cash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Combine lines 1, column (d) and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If 'No,' explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If 'Yes,' explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:
- | | |
|-----|---|
| 13a | % |
| 13b | % |
- a The organization's facility
 b An outside facility
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? Yes No
- b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c If 'Yes,' enter name and address of the third party.

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- 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 ► \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

**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

Employer identification number

UNITED LAKES & TRAIL RIDERS ASSOCIATION

41-1678370

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO ADVANCE THE GENERAL WELFARE AND SAFETY OF SNOWMOBILING; TO GROOM AND MAINTAIN SNOWMOBILE TRAILS; AND TO SERVE THE INTEREST OF SNOWMOBILE OWNERS.

2011

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

UNITED LAKES & TRAIL RIDERS ASSOCIATION

41-1678370

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

DEPRECIATION	\$ 9,727.
DONATIONS	500.
FUEL & OIL	2,745.
INTEREST	3,410.
MEMBERSHIPS	80.
MISCELLANEOUS	461.
REPAIR & MAINTENANCE	4,423.
SUPPLIES	497.
TOTAL	<u>\$ 21,843.</u>

FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	BEGINNING	ENDING
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 0.	\$ 136.
SECURED MORTGAGES AND NOTES PAYABLE	92,800.	80,235.
TOTAL	<u>\$ 92,800.</u>	<u>\$ 80,371.</u>

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- UTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
BRIAN LUND 27394 LITTLE FLOYD LAKE RD DETROIT LAKES, MN 56501	PRESIDENT 0	0. \$	0. \$	0.
RICHARD SCHMIDT 26324 NORTH TOWER ROAD DETROIT LAKES, MN 56501	VICE PRESIDENT 0	0.	0.	0.
VICKIE LAHLUM 30029 COZAD ROAD DETROIT LAKES, MN 56501	SECRETARY 0	0.	0.	0.
JEFF BYRD 900 WEST LAKE DR DETROIT LAKES, MN 56501	TREASURER 0	0.	0.	0.
GLENN DOHRER 20270 KLEIN ROAD DETROIT LAKES, MN 56501	DIRECTOR 0	0.	0.	0.
STEVE SPAETH 322 WEST LAKE DR DETROIT LAKES, MN 56501	DIRECTOR 0	0.	0.	0.

UNITED LAKES & TRAIL RIDERS ASSOCIATION

41-1678370

FORM 990-EZ, PART IV (CONTINUED)
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- BUTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
KENT REISENAUER 15751 RIDGEVIEW LANE W DETROIT LAKES, MN 56501	DIRECTOR 0	0. \$	0. \$	0.
CHRISSEY NODSLE 27235 COUNTY ROAD 132 DETROIT LAKES, MN 56501	DIRECTOR 0	0.	0.	0.
WAYNE SCHLAUDERAFF 19688 US HWY 59 DETROIT LAKES, MN 56501	DIRECTOR 0	0.	0.	0.
MIKE WILLIAMS 15443 SUNSET HILL DRIVE DETROIT LAKES, MN 56501	DIRECTOR 0	0.	0.	0.
MARK CHRISTEN 31620 COUNTY HWY 54 FRAZEE, MN 56544	DIRECTOR 0	0.	0.	0.
MIKE LAHLUM 30029 COZAD ROAD DETROIT LAKES, MN 56501	DIRECTOR 0	0.	0.	0.
KEN SHROYER 23534 PEBBLE BEACH LANE DETROIT LAKES, MN 56501	DIRECTOR 0	0.	0.	0.
TOTAL		\$ 0.	\$ 0.	\$ 0.