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Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A F	or tñ	e 2013 calendar year, or tax year beginning 07/01, 2013,	, and ending		06/30, 20 14
_		C Name of organization		D Employer ide	ntification number
Вс	heck if ap	SPRING LAKE PARK LIONS CLUB		41-1340	1927
	Addre				
	7 7	change Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone nu	mber
	Initial	return 8433 CENTER DRIVE		(763) 784	1-9179
F	Term	City or house state or province southly and 710 or forces postal and	<del></del>		<del></del>
	Amen	ded SPRING LAKE PARK, MN 55432		G Gross receipts	s \$ 6,730,233.
$\vdash$	Applie	F Name and address of principal officer MARY CURTES		H(a) Is this a group	p return for Yes X No
L	] pendi	8433 CENTER DRIVE SPRING LAKE PARK, MN 554.	32	subordinates? H(b) Are all subordin	
$\overline{}$	Tax-ex	empt status 501(c)(3) X 501(c) ( 4 ) ◀ (insert no ) 4947(a)(1) d		<del> </del> ''	a list. (see instructions)
<u>:</u>		te: DE-CLUBHOUSE.ORG/SITES/SPRINGLAKEPARK/	» <u>L 1927</u>	H(c) Group exempt	/-
		of organization X Corporation Trust Association Other	I Year of for	mation 1956 M s	<del></del>
_	art I	Summary	L Teal of for	matter 1300 m c	nate of regal doffficile 1111
	1	Briefly describe the organization's mission or most significant activities. TO HEI	P THE CON	MIINTTY AND	PROMOTE GOOD
	'	CTTTZENSHIP			
ü					
rua					
Governance	2	Check this box  If the organization discontinued its operations or dispose		1	1
න	3	Number of voting members of the governing body (Part VI, line 1a)			3 10. 4 10.
Activities &	4	Number of independent voting members of the governing body (Part VI, line 1b)			5 46.
ž	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)			5 40. 6 52.
¥c#	6	Total number of volunteers (estimate if necessary)			<del></del>
1		Total unrelated business revenue from Part VIII, column (C), line 12			
	b	Net unrelated business taxable income from Form 990-T, line 34	<del></del>		7b -47,540.
			<u> </u>	Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		5,05	
Revenue	9	Program service revenue (Part VIII, line 2g)		17.	0 0
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		170	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		38,62	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).		43,860	<del></del>
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,90	<del></del>
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0 0
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0 0
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0 0
ď	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,958	<del></del>
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		13,864	
	19	Revenue less expenses Subtract line 18 from line 12		29,996	6. 7,134.
Net Assets or Fund Balances			, Be	eginning of Current Ye	
sets	20	Total assets (Part X, line 16)		374,089	9. 385,170.
AB	21	Total liabilities (Part X, line 26)	🗀	25,584	25,501.
캶	22	Net assets or fund balances Subtract line 21 from line 20	<i>[</i>	348,505	5. 359,669.
Pa	irt II	Signature Block			
		nalties of perjury, I declare that I have examined this return, including accompanying schedu			my knowledge and belief, it is
true	e, corre	ct, and complete Declaration of proparer (other than officer) is based on all information of which	h preparer has ar	y knowledge	
		At KINIX		[[]]	4/2014
Sig		Signature of officer	•	Date	<del> </del>
He	re	1 Steven K Linder Br.	770 Cm	) we cho	
		Type or print name and title	10 0 0	×1	
		Print/Type preparer's name Preparer's signature	Date ,	Check	PTIN
Paid	i	MICHAEL J SHIDELL Merkel / Shidele WA	1/1/4/2	self-employed	
Pre	parer	CHIDELL C MAID DLID	11 11 4 2	Firm's EIN ▶ 41	
Use	Only	Firm's name SHIDELL & MAIR PLLP Firm's address >3570 LEXINGTON AVENUE N. #300 ST PAUL, MN 55126	<u>.</u>	C.	51-482-1698
May	the !	RS discuss this return with the preparer shown above? (see instructions)		Phone no	TOT
		rwork Reduction Act Notice, see the senarate instructions	<del></del>	<u> </u>	X   Yes     No

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D.		
Γ¢	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	•
l	Briefly describe the organization's mission.	
	ATTACHMENT 1	
	A CONTRACTOR OF THE CONTRACTOR	
	Did the organization undertake any significant program services during the year which were not listed on the	w.
	prior Form 990 or 990-EZ?	X
	If "Yes," describe these new services on Schedule O.	
	Did the organization cease conducting, or make significant changes in how it conducts, any program	Ѿ.
	services? Yes	X
	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as mea	a a al
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	
	the total expenses, and revenue, if any, for each program service reported	Ollie
	the total expenses, and revenue, if any, for each program service reported	
	(O. I	
	(Code. ) (Expenses \$ 8,713. Including grants of \$ ) (Revenue \$ CONVENTIONS AND MEETING EXPENSES PAID FOR THE DEVELOPMENT AND	)
	TRAINING OF MEMBERS TO BETTER SERVE THE COMMUNITY THROUGH THE	
	CLUB'S ACTIVITIES AND EVENTS.	
	(Code:) (Expenses \$including grants of \$) (Revenue \$	)
	THE ORGANIZATION PARTICIPATES IN SEVERAL SERVICE PROJECTS	)
	THE ORGANIZATION PARTICIPATES IN SEVERAL SERVICE PROJECTS THROUGHOUT THE YEAR: WORKING AT THE LIONS INT'L CONVENTION,	)
	THE ORGANIZATION PARTICIPATES IN SEVERAL SERVICE PROJECTS THROUGHOUT THE YEAR: WORKING AT THE LIONS INT'L CONVENTION, EMPLOYEE APPRECIATION PICNIC FOR SLP CHARITABLE GAMBLING	)
	THE ORGANIZATION PARTICIPATES IN SEVERAL SERVICE PROJECTS THROUGHOUT THE YEAR: WORKING AT THE LIONS INT'L CONVENTION, EMPLOYEE APPRECIATION PICNIC FOR SLP CHARITABLE GAMBLING OPERATION, GARAGE SALES, PANCAKE BREAKFASTS, HEARING & SERVICE	)
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Page 3

Рa	Ţ,	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,"	4		x
_		complete Schedule A	2		X
2		Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?			<del></del> -
3		Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		x
4		candidates for public office? If "Yes," complete Schedule C, Part I	3		<del></del> -
4		election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5		Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
J		assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			1
		Part III	5	х	
6		Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•		have 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		Х
8		Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
		complete Schedule D, Part III	8		X
9		Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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 IV	9		Х
10		Did the organization, directly or through a related organization, hold assets in temporarily restricted			
		endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	ing or views	X
11		If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
		VII, VIII, IX, or X as applicable.	i de la composición dela composición de la composición dela composición de la composición de la composición dela composición de la composición de la composición de la composición dela composición de la composición de la composición de la composic		
	а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44-	x	
		complete Schedule D, Part VI	11a	_ A	
		Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	11b		x
		of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	110		
	C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
	A	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
	u	reported in Part X, line 16° If "Yes," complete Schedule D, Part IX	11d		х
	e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
		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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12		Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
		complete Schedule D, Parts XI and XII	12a		Х
	b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			l
		the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13		Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
		Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			Į
		fundraising, business, investment, and program service activities outside the United States, or aggregate	ا		v
۰-			14b		X
15		Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5		х
40		for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16		Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		х
47		assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV </i>	.0		
17		Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18		Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	••-		
10		Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19		Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
		If "Yes," complete Schedule G, Part III	19	x	
20	a		20a		Х
		· · · · · · · · · · · · · · · · · · ·	20b		
		— · · · · · · · · · · · · · · · · · · ·	_		

Page 4

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1 1		
	government 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 or other assistance to individuals in the United States	_		Ų.
`	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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	,,		Х
24.	employees? If "Yes," complete Schedule J	23		
24 a	·			
	\$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 line 25a	24a		x
h		24b		
b		240		<u> </u>
С	to defease any tax-exempt bonds?	24c		
d		24d		
25 a				-
<b>2.</b> 0 u	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
ь	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 L	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
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,	_		17
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			v
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	or IV, and Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
oo a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	338		
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	555		
<b>J</b>	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			
J.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	х	
	The state of the s		990	/2012

	Check if Schedule O contains a response or note to any line in this Part V			
	One of the oriental and a response of note to any line in this reactive.	• • •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		1159	1, 4,
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		題[-	1
	Did the organization comply with backup withholding rules for reportable payments to vendors and	, <u>.</u>	ر العالمة الم	
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		1	034
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 46	/ -		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	P. F	ji ye.	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	-
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	<u> </u>
la	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	<u>'</u>		
	account)?	4a		X
b	If "Yes," enter the name of the foreign country. ▶	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	77	1
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	1100		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	ļ	Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	ļ
1	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			١
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	۱		
	gifts were not tax deductible?	6b	n 3m* 7	kg
	Organizations that may receive deductible contributions under section 170(c).	141		
l	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	3.47-1-1	<u> </u>	98 at 0
	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		<del> </del>
•	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<b>.</b> .		x
_	required to file Form 8282?	7c	3 2 2 2	A
	If "Yes," indicate the number of Forms 8282 filed during the year	ì _	المتدائلة ا	X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h	1°5 51	. تايلون م
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	g Triugan del Jedan		
	organizations, but the supporting organization, or a donor advised rand maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	73280 C	198101
	Sponsoring organizations maintaining donor advised funds.			1888
	Did the organization make any taxable distributions under section 4966?	9a		_ Carrier
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		-
	Section 501(c)(7) organizations. Enter:	- 55	~ ^~	20.5
	Initiation fees and capital contributions included on Part VIII, line 12	, , , , ,	ا پرون	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-	**************************************	100
	Section 501(c)(12) organizations. Enter:	7		100
	Gross income from members or shareholders	3	: #	ا در آد معود آدمی
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )	, -	fr	ر از د انگری آرا
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		£
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	, ·	7 7~	
	Section 501(c)(29) qualified nonprofit health insurance issuers.	,er		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	· · · ·	
_	Note. See the instructions for additional information the organization must report on Schedule O			<u> </u>
b	Enter the amount of reserves the organization is required to maintain by the states in which	-		ļ , .
	the organization is licensed to issue qualified health plans	` , `		
	Enter the amount of reserves on hand		٠,	
C				X
	Did the organization receive any payments for indoor tanning services during the tax year?	142		
la	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		

Part VI

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
Soct	Check if Schedule O contains a response or note to any line in this Part VI	· · ·	• • •	X
<u>Ject</u>	ion A. Governing Body and Management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year	ſ	103	
	Enter the number of voting members of the governing body at the end of the tax year	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			Ì
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	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 governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	Х	^
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	70	х	
b	one or more members of the governing body?	<u>7a</u>		-
D	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following			
a	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
0 4*	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	9.) Yes	N-
40.	Did the consideration have been been been been been been been be	400	162	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		$\frac{x}{x}$
14	Did 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			
а	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	15a		
a b	Other officers or key employees of the organization	15b		
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a				
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
04	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
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 (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(	:)(3)s	only)
	Own website Another's website X Upon request Other (explain in Schedule O)			
10		orost :	a a luan :	4
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interior financial statements available to the public during the tax year	rest	ooiicy	, and
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	10		
	organization: HAL HINCHLIFFE 8463 TERRACE ROAD NE SPRING LAKE PARK, MN 55432 763-780-1619			
ISA		Form	990	(2013)

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

Check if Schedule O contains a response or note to any line in this Part VII...........

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
- · 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, if any 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 neither the organization nor	any related	orga	nıza			mpen	sate	ed any current offic	er, director, or trus	tee
(A) Name and Title	(B) Average hours per week (list any	box,	unle: er and	Pos heck ss pe	erson Irrect	e than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
	5.00	х						0	O	0
	5.00	х						0	0	0
(3)STEVE LINDER PRESIDENT	5.00	х		х				0	0	0
(4)DEBBIE ROBERGE SECRETARY	5.00	x		x				0		0
	5.00	х		х				0	0	0
	5.00	х		х				0	0	0
	5.00	х		х				0	0	0
(8)HAL HINCHCLIFFE TREASURER	5.00	х		х				0	0	0
(9)AL FISCHER 1 YEAR DIRECTOR	5.00	X						0	0	0
(10)ANN KADUCE MEMBERSHIP CHAIR	5.00	Х						0	0	0
(11)										
(12)										
(13)				_				-		
(14)										

Form 990 (2013)

JSA

(A) Name and title	(B) Average hours per week (list any	(do i	not c	Pos heck	C) sition mon	e than c	ne	(D)  Reportable compensation from	(E) Report compensat	) table tion from	(F) Estimated amount of other
•	hours for related organizations below dotted line)	office or dire			irect	Highest compensated employee		the organization (W-2/1099-MISC)	relat organiza (W-2/1099	ations	compensation from the organization and related organizations
		<u> </u>								_	
	<u></u>	-									
	<u></u>										
					-						
											<u> </u>
							-				
1b Sub-total	ection A .	· · ·	· ·	 	· ·	 <u></u>	<b>A A A</b>	0 0		0 0 0	(
2 Total number of individuals (including but not reportable compensation from the organization		hose (		d al	bove	e) who	re	ceived more than	\$100,000	of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo ule J for sud	or, or ch ind	tru <i>ivid</i> u	ıste <i>ual</i>	e, I	key e	mp	loyee, or highest	compens	sated	Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	0,0	00?	· If	"Yes	," (				4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue cor es," complet	mpen te Sch	satio nedu	on f le J	rom for	any such	unr pers	related organization	on or indiv	ıdual • • •	5 X
Complete this table for your five highest communication from the organization Report comparation.	pensated in compensation	ndepe on for	ende the	ent o	cont	ractor ar yea	rs th	hat received more nding with or with	than \$100	0,000 o anizatior	f n's tax
(A) Name and business add	Iress							(B) Description of se	rvices	С	(C) ompensation
Total number of independent contractors (in more than \$100,000 in compensation from the contractors)				ıtec			e lis	sted above) who	received	-,,,	gan They will be come of the c

Form	990 (2	013)	SPRING LAK	E PARK LIO	NS CLUB		41-13409	927 Page <b>9</b>
Par	rt VIII							
,		Check if Schedule O co	ontains a respo	nse or note to a	ny line in this Part	VIII	<del></del> .	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
<b>23 23</b>		Foderated composition		1-4			. ;	, ,
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns Membership dues	• • • • • • • • • • • • • • • • • • • •	5,050.	1			
S, G	b	Fundraising events	· · · · · <del> 1</del>			,, ,,		
Sifts lar/	C	Related organizations	· · · · · <del>  </del>		1			
E, E	d	Government grants (contribu	· · · ·			Name of the second	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 , , ,
tlon er S	f	All other contributions, gifts, gran	,		1			
칕	'	and similar amounts not included	امدا					
ont od (	g	Noncash contributions included i				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s	, , , , , , , , , , , , , , , , , , , ,
	h	Total. Add lines 1a-1f	<u> </u>	<u> </u>	5,050.		Athering 3	10 10
Program Service Revenue				Business Code			: ***	·
ē	2a		<u>.                                    </u>					
ĕ	b							
돌	С		· <del>-</del>		ļ	<u> </u>		
Se	d	<del></del>						
ram	е							
. go	f	All other program service rev	venue				, , , , , , , , , , , , , , , , , , , ,	
	9	Total. Add lines 2a-2f			·	Right of the Part of Spiritual Section	The second of the	Transfer of the second
	3	Investment income (includin			31			
		other similar amounts)			1	<del> </del>		3:
	4	Income from investment of t	-	_			<u> </u>	
	5	Royalties · · · · · · · ·	(i) Real	(ii) Personal	William J. Min. Line	The state of the s	- 25 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	18 mg - 18
		Cross roots	· · · · · · · · · · · · · · · · · · ·	1,971.			1 2 1 7 7 7 8 1 1 1 7 7 8 8 9 8 8 9 8 9 8 9 8 9 8 9 8 9 8 9	
	6a	Gross rents		2,5:2:				
	b	Less: rental expenses Rental income or (loss)		1,971.		17 - ET		
	d	Net rental income or (loss		<del></del>	1,971.			
	-	•	(ı) Securities	(II) Other		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	32, 4	3 - 1 - 1
	7a	Gross amount from sales of assets other than inventory						
	ь	Less cost or other basis						
		and sales expenses			Marie Andrews	41 mill 3		**************************************
	С	Gain or (loss)			The state of the s	and the state of t	TOTAL T	134 1 135
	d	Net gain or (loss)		. <u></u>	0			
e	8a	Gross income from fundra	aising		1		128 × , ~ ,,,	1.
en		events (not including \$				- 'n <u>-</u>		, ,
ě		of contributions reported on	line 1c)			人名伊克特曼曼 起火力		200
<u> </u>		See Part IV, line 18				7 1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		
Other Revenue	b	Less direct expenses	b	21,329. ATCH 2	2 250	*		1 056
0	C	Net income or (loss) from ful		, <del>, , , , , , , , , , , , , , , , , , </del>	-1,258.	1-45		-1,258
	9a	Gross income from gaming a See Part IV, line 19		6,696,937.		1 (mg ) (mg ) (mg )		(* ) 
	_	Less direct expenses			, ,			· · · · · · · · · · · · · · · ·
	b	Net income or (loss) from ga		3 00 0 11 0	10,061.		-47,540.	57,601
	10a	Gross sales of invento						1
	' ' '	returns and allowances				,		
	ь	Less: cost of goods sold			<u></u>			
	c	Net income or (loss) from sal						
		Miscellaneous Reven	iue	Business Code	1			
	11a	CHRISTIMAS PARTY			1,401.	1,401.		
	b	TAIL TWISTING			522.	522.		
	С	BROWN BAG AUCTION			943.	943.		
	d	All other revenue			3,307.	3,307.		
	е	Total. Add lines 11a-11d .			6,173.			
	12	Total revenue. See instruction	ons	<u></u>	22,028.	6,173.	-47,540.	56,374
ISA							F	om <b>990</b> (2013

Page **10** 

_	rt IX Statement of Functional Expense				
Sec	tion 501(c)(3) and 501(c)(4) organizations m		in the Deat IV		
	Check if Schedule O contains a resp			(6)	<del></del>
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	2 522	0.700		
	organizations in the United States. See Part IV, line 21.	2,700.	2,700.		
2	Grants and other assistance to individuals in	o			
	the United States See Part IV, line 22,	<u> </u>			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	o			
4	United States. See Part IV, lines 15 and 16	0			
9	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			·
7	Other salaries and wages	<u> </u>			
8	Pension plan accruals and contributions (include section	o			
	401(k) and 403(b) employer contributions)	0			
	Other employee benefits	0			
	Payroll taxes	V	<del> </del>		
	Fees for services (non-employees)	d			
	Management	0			
	Accounting	o			
	Lobbying	o	····-		
	Professional fundraising services See Part IV, line 17.	0			
	Investment management fees	0			
	Other (If line 11g amount exceeds 10% of line 25, column				
Ĭ	(A) amount, list line 11g expenses on Schedule O)	O			
12	Advertising and promotion	0			
13	Office expenses	O			
14	Information technology	114.		114.	<del></del>
15	Royalties	0			
16	Occupancy	0			·
	Travel	U			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2,005.	2,005.		
	Conferences, conventions, and meetings	2,003. N	2,000.		
	Payments to affiliates ATCH . 4	4,008.	4,008.		
	Depreciation, depletion, and amortization	0	· · · · · · · · · · · · · · · · · · ·		
	Insurance ATCH 7	0			
	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
_	POSTAGE	222.		222.	
	OFFICE SUPPLIES	2,248.		2,248.	
_	TELEPHONE	651.		651.	
_	CLUB AWARDS	255.		255.	
е	All other expenses <u>ATCH</u> 5	2,691.		2,691.	
	Total functional expenses. Add lines 1 through 24e	14,894.	8,713.	6,181.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here ► If following SOP 98-2 (ASC 958-720)	o			
		ı			

JSA 3E1052 1 000

Form **990** (2013)

Form	990 (	SPRING LAKE PARK LIONS CLUB 2013)		4T_	134092 / Page <b>1</b> 1
	rt X	Balance Sheet	······································	•••	raye_ı
		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	345,082.	1	346,473
	`2	Savings and temporary cash investments	C	2	
	3	Pledges and grants receivable, net	C	3	
	4	Accounts receivable, net	C	4	
	5	Loans and other receivables from current and former officers, directors,			-
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L	0	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		6	- '
ts	7	organizations (see instructions). Complete Part II of Schedule L  Notes and loans receivable, net		7	<u>`</u>
Assets	7 8	Inventorios for eale or use		8	<u> </u>
4	9	Inventories for sale or use Prepaid expenses and deferred charges		9	6,851
	_	Land, buildings, and equipment cost or	······································	3	0,001
	iva	other basis Complete Part VI of Schedule D 10a 223 · 143 ·	, .		
	h	other basis Complete Part VI of Schedule D Less. accumulated depreciation	11,809.	10c	10,618.
l	11	Investments - publicly traded securities  ATCH 6	17,198.		21,228.
	12	Investments - other securities. See Part IV, line 11		12	(
	13	Investments - program-related. See Part IV, line 11		13	(
Ì	14	Intangible assets		14	
ł	15	Other assets See Part IV, line 11		15	(
	16	Total assets. Add lines 1 through 15 (must equal line 34)	374,089.	16	385,170.
	17	Accounts payable and accrued expenses	25,584.	17	25,501.
	18	Grants payable	O	18	
	19	Deferred revenue	O	19	(
	20	Tax-exempt bond liabilities	0	20	(
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D	O	21	(
Liabilities	22	Loans and other payables to current and former officers, directors,			
iab		trustees, key employees, highest compensated employees, and			
-		disqualified 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	Ü	24	(
- 1	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
	00	of Schedule D	25,584.	25	25,501.
	26	Total liabilities. Add lines 17 through 25	23,364.	26	25,501.
စ္တ		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.		'	
2	27		348,505.	27	359,669.
ala	28	Temporarily restricted net assets	0	28	0
	29	Permanently restricted net assets	d	29	C
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds	~ ~	30	
386	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<del></del>
22	32	Retained earnings, endowment, accumulated income, or other funds		32	
Se	33	Total net assets or fund balances	348,505.	33	359,669.
	34	Total liabilities and net assets/fund balances	374,089.	34	385,170.

Form **990** (2013)

Form 99	00 (2013)				Pa	ige <b>12</b>
Part	<u> </u>					<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			22,	028.
2	Total expenses (must equal Part IX, column (A), line 25)	2			14,	894.
3	Revenue less expenses Subtract line 2 from line 1	3			7,	134.
	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4					505.
5	Net unrealized gains (losses) on investments	5			4,	030.
6	Donated services and use of facilities	6		_		0
7	Investment expenses	7				0
8	Prior period adjustments	8		_		0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
10	33, column (B))	10		3	59,	669.
Part		1.0				
	Check if Schedule O contains a response or note to any line in this Part XII	. <b></b> .				
					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," e	xplair	ווו			
	Schedule O.	•				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	-	х
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or	-==-		
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
_				2b		x
D	Were the organization's financial statements audited by an independent accountant?					
	separate basis, consolidated basis, or both:	ieu o	II a			
	Separate basis Consolidated basis Both consolidated and separate basis					
	<del></del>	_:				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_		2c		
	of the audit, review, or compilation of its financial statements and selection of an independent accou			120		<del>                                     </del>
	If the organization changed either its oversight process or selection process during the tax year, e	xpiaii	חור			
_	Schedule O		. •			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t torti	מור	3a		x
	the Single Audit Act and OMB Circular A-133?			34		<del>                                     </del>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo such audit or audits explain why in Schedule O and describe any steps taken to undergo such au		tne	3h		

Form **990** (2013)

### SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below.

▶ Information about Schedule C (Form 990 or 990-EZ) and its ► See separate instructions. instructions is at www.irs.gov/form990.

• Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes." to Form 990. Part IV. line 5 (Proxy Tax) or Form 990-EZ, Part V. line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) org	panizations. Complete Part III		,,,			
Name	e of organization			Employer identi	fication number		
SPR	RING LAKE PARK LIONS	CLUB		41-13	40927		
Pai	rt I-A Complete if the	organization is exempt under	section 501(c) or	is a section 527 orgai	nization.		
1	Provide a description of the	organization's direct and indirect p	political campaign ac	tivities in Part IV			
2	Political expenditures			▶\$			
3	Volunteer hours						
Par	t I-B Complete if the	organization is exempt under s	section 501(c)(3).				
1	Enter the amount of any ex	cise tax incurred by the organizatio	n under section 495	5 ▶ \$			
2	Enter the amount of any ex	cise tax incurred by organization m	anagers under secti	on 4955 ▶ \$			
3	If the organization incurred	a section 4955 tax, did it file Form	4720 for this year?		. Yes No		
4a	Was a correction made?				Yes No		
	If "Yes," describe in Part IV.		· · ·				
Par	t I-C Complete if the	organization is exempt under	section 501(c), ex	cept section 501(c)(3	i).		
1		expended by the filing organization					
2	Enter the amount of the fili	ng organization's funds contributedies	I to other organizati	ons for section			
3	Total exempt function exp	enditures. Add lines 1 and 2 En	ter here and on Fo	orm 1120-POL,			
4	line 17b						
5							
	organization made paymen	ts For each organization listed, en	ter the amount paid	I from the filing organiz	ation's funds. Also enter		
		tributions received that were prom					
	as a separate segregated fu	nd or a political action committee (l	PAC) If additional sp	ace is needed, provide i	nformation in Part IV		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political		
				filing organization's funds If none, enter -0-	contributions received and promptly and directly		
				rando in none, enter o	delivered to a separate		
					political organization If none, enter -0-		
(1)					· · · · · · · · · · · · · · · · · · ·		
(2)							
(3)							
(4)							
(5)	<del></del>			<u></u>			
(6)							
For F	Paperwork Reduction Act Notic	e, see the Instructions for Form 990 or	990-EZ.	Schedule	C (Form 990 or 990-EZ) 2013		

Sche	edule C (Form 990 or 990-EZ) 2013 SPR.	ING LAKE P	ARK LIONS CLU	3	41-1	340927 Page
Pa	rt II-A Complete if the organiz section 501(h)).	ation is exe	mpt under section	n 501(c)(3) and	filed Form 5768 (elec	ction under
A	Check ► if the filing organiza name, address, EIN,	tion belongs t expenses, an	o an affiliated grou d share of excess I	p (and list in Pa obbying expend	irt IV each affiliated gr litures).	oup member's
В	Check ▶ if the filing organiza	tion checked	box A and "limited	control" provisi	ons apply.	
		obbying Exper			(a) Filing	(b) Affiliated
	(The term "expenditures"	' means amou	nts paid or incurred.	)	organization's totals	group totals
1a	Total lobbying expenditures to influ	ence public op	oinion (grass roots lo	bbying)		
b	Total lobbying expenditures to influ	ience a legisla	tive body (direct lobb	ying)		
С	Total lobbying expenditures (add li	nes 1a and 1b)				
d						
е						
f	Lobbying nontaxable amount. En	er the amoun	t from the following	table in both		
	columns.					
	If the amount on line 1e, column (a) or (l	) is: The lobbyi	ng nontaxable amount	is:		
	Not over \$500,000	20% of the	amount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 p	lus 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000			over \$1,000,000			
	Over \$1,500,000 but not over \$17,000,0	00 \$225,000 p	lus 5% of the excess of	over \$1,500,000		
	Over \$17,000,000	\$1,000,000				
g	<del>-</del>					<del></del>
h						<del></del>
i	Subtract line 1f from line 1c If zero					
į	If there is an amount other than			-		
	reporting section 4911 tax for this	year?	<u> </u>	<u> </u>	<del> </del>	Yes No
		4-Year Ave	raging Period Unde	r Section 501(h)		
	(Some organizations			· ,	complete all of the fiv	'e
	·		e instructions for lir			
						-
	L	obbying Expe	nditures During 4-Y	ear Averaging Pe	riod	
	Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2013

f Grassroots lobbying expenditures

Pai	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 576	8		
For	each "Yes," response to lines 1a through 11 below, provide in Part IV a detailed	(;	a)		(b)		
	cription of the lobbying activity.	Yes	No		Amo	ınt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local					-	
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
a	Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
b							
C	Media advertisements?						
d e	Mailings to members, legislators, or the public?						
f	Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?					•	-
j	Total Add lines 1c through 1i						
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b	If "Yes," enter the amount of any tax incurred under section 4912						
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			· 			
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection	1		
	501(c)(6).						·
4	Mars substantially all (000/ or mars) dues recoved randoductible by mambam?					Yes	No
1 2	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	$\frac{\lambda}{x}$	-
3	Did the organization make only in-house lobbying experiorities of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?				-		x
	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501		_				<del></del>
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"					3. is	
	answered "Yes."		,		,	-,	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou						
	political expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	es .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible le						
_	and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)			5			
5	rt IV Supplemental Information	· · ·		5			
Pro	vide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated II-B, line 1 Also, complete this part for any additional information	group	list), F	art II-A	, line 2	, and	
		_ <b></b> _	. <b>-</b>		<b>_</b>	<b></b>	<b></b>
					<b>-</b> -		
				·			
<del>-</del>					<b>-</b> -		
		<b>-</b>				<u>-</u>	

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Schedule C (Form 990 or 990-EZ) 2013

Page 4

Part IV Supplemental Information (continued)

## SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

➤ Attach to Form 990. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

**Open to Public** Inspection

Employer identification number

SPF	ING LAKE PARK LIONS CLUB		41-1340927
Pa	Organizations Maintaining Donor Advis Complete if the organization answered		Accounts.
		(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	n donor advised
3	funds are the organization's property, subject to the	<del>-</del>	1 1 1
6	Did the organization inform all grantees, donors, a	· -	
0	only for charitable purposes and not for the benefits		
Ba	conferring impermissible private benefit? tll Conservation Easements. Complete if	the organization answered "Ves" to Ec	
1 CI	Purpose(s) of conservation easements held by the		onn 990, Fait IV, line 7.
•	Preservation of land for public use (e.g., rec	The state of the s	of an historically important land area
	Protection of natural habitat	. []	of an historically important land area of a certified historic structure
	_ <del></del>	Preservation	of a certified historic structure
_	Preservation of open space		to the fame of a second
2	Complete lines 2a through 2d if the organization to	neld a qualified conservation contribution i	in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		
b	Total acreage restricted by conservation easemen		E I
С	Number of conservation easements on a certified	• •	-   2c
d	Number of conservation easements included in (		
	historic structure listed in the National Register		
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or termi	nated by the organization during the
	tax year ▶		
4	Number of states where property subject to cons		
5	Does the organization have a written policy regard		- 1 1 1
	violations, and enforcement of the conservation e	asements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conservation ea	sements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspe	cting, and enforcing conservation easeme	ents during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on lir	ne 2(d) above satisfy the requirements of s	section 170(h)(4)(B)
	(ı) and section 170(h)(4)(B)(ıı)?		Yes No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue ar	nd expense statement, and
	balance sheet, and include, if applicable, the text	of the footnote to the organization's financial	cial statements that describes the
	organization's accounting for conservation easeme	ents	
Pai	t III Organizations Maintaining Collection		er Similar Assets.
	Complete if the organization answered	d "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under S	FAS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	If the organization elected, as permitted under S works of art, historical treasures, or other similarly public service, provide, in Part XIII, the text of the first service in the service of the first service.	ar assets held for public exhibition, ed	ucation, or research in furtherance of
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other similarly public service, provide the following amounts rela-		ucation, or research in furtherance of
	(i) Revenues included in Form 990, Part VIII, line		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2			
2	If the organization received or held works of a		- ·
_	following amounts required to be reported under S		
a h	Revenues included in Form 990, Part VIII, line 1.		
	Assets included in Form 990, Part X aperwork Reduction Act Notice, see the Instructions for		Schedule D (Form 990) 2013
	<u> </u>	/ · · · · · · · · · · · · · · · · · · ·	Octobration D (LOUIN 230) 50 12

1	Par	36	2

Par	rt III Organizations Maintaining Colle	ections of Art, His	torical Treasure	es, or Other Sim	ilar Assets (continued)			
3	Using the organization's acquisition, access collection items (check all that apply).	ssion, and other reco	rds, check any of	f the following that	are a significant use of its			
а	Public exhibition	d [	Loan or excha	nge programs				
b	Scholarly research	e	Other					
C	Preservation for future generations							
4	Provide a description of the organization's	collections and expl	ain how they furt	ther the organizatio	n's exempt purpose in Part			
	XIII.							
5	During the year, did the organization solicit	or receive donations	of art, historical tre	easures, or other sim	nilar			
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No							
Par	rt IV Escrow and Custodial Arrangem or reported an amount on Form 9	•	•	answered "Yes" to	Form 990, Part IV, line 9,			
	Is the organization an agent, trustee, custod included on Form 990, Part X?							
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:	<del></del>				
					Amount			
С	Beginning balance		<b>⊢</b>					
d	Additions during the year		ļ-					
е	Distributions during the year		<del> </del>					
t	Ending balance				<del></del>			
2a	•				Yes No			
	If "Yes," explain the arrangement in Part XIII							
Par	rt V Endowment Funds. Complete if		<del></del>		·			
10	Beginning of year balance	rrent year (b) Pre	or year (C) I wo	years back (d) Three	years back (e) Four years back			
1a	Contributions							
D								
C	Net investment earnings, gains,							
	and losses				<u> </u>			
u	Grants or scholarships  Other expenditures for facilities							
е	-							
	and programs							
	Administrative expenses End of year balance			<del></del>				
g	L		- (line 4 - enlumen	(a)) hald as				
2	Provide the estimated percentage of the cur Board designated or quasiendowment ▶	rent year end balance	e (line 1g, column	(a)) neid as				
b	Permanent endowment   %							
	Temporarily restricted endowment	%						
·	The percentages in lines 2a, 2b, and 2c sho							
32	Are there endowment funds not in the poss	•	ation that are held	and administered fo	or the			
Ja	organization by.	ession of the organiza	ation that are not	and administered it	<del></del>			
	(i) unrelated organizations				Yes No 3a(i)			
	(ii) related organizations				<u></u>			
h	If "Yes" to 3a(ii), are the related organization							
4	Describe in Part XIII the intended uses of the	•			35			
Par	rt VI Land, Buildings, and Equipment.	organization's chao	William Talias	<del>- ·</del>				
r at	Complete if the organization ans	wered "Yes" to Forr	n 990, Part IV, lii	ne 11a. See Form	990, Part X, line 10.			
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other bas (other)		(d) Book value			
1a	Land	<u> </u>		<del></del>				
b	Buildings							
C	Leasehold improvements		0000					
d	Equipment		223,14	3. 212,525	10,618.			
<u>e</u>	Other							
Tota	al. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, column (B), line	10(c).) ▶				
					Schedule D (Form 990) 2013			

Part VII	Investments - Other Securities. Complete if the organization answered	L"You" to Form 000	Port IV line 11h See Form 000 Port	V line 40
	(a) Description of security or category	(b) Book value	(c) Method of valuation.	A, line 12.
	(including name of security)		Cost or end-of-year market value	e
	al derivatives			
	-held equity interests		<u> </u>	
(3) Other				
(A)		<del> </del>		
(C)		<del>-</del>		
(D)				
		· · · · · · · · · · · · · · · · · · ·		
(F)				
(G)				
(H)				·-
	n (b) must equal Form 990, Part X, col (B) line 12 )			
	Investments - Program Related.			
	Complete if the organization answered	"Yes" to Form 990,	Part IV, line 11c. See Form 990, Part 3	X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value	e
(1)				
(2)				
(3)				
_(4)				
_(5)				
(6)				
(7)				
(8)			·	· · · · · · · · · · · · · · · · · · ·
(9)	(h)(5	•		<del></del>
Part IX	n (b) must equal Form 990, Part X, col (B) line 13 ) ► Other Assets.	· · · · · · · · · · · · · · · · · · ·		
raitin	Complete if the organization answered	"Yes" to Form 990	Part IV line 11d See Form 990 Part 3	X line 15
		Description	· · · · · · · · · · · · · · · · · · ·	) Book value
(1)	(4)	2000		y Book value
(2)				<del></del>
(3)				
(4)				
(5)				
_(6)				
_(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) li	ne 15.)	<u> </u>	
Part X	Other Liabilities.  Complete if the organization answered	"Ves" to Form 990	Part IV line 11e or 11f See Form 000	Dort V
	line 25.	res to roilli 990,	Faitiv, line Tie of Til. See Follif 990	, rail A,
1.	(a) Description of liability	(b) Book value		
	ral income taxes	(b) Book Value		
(2)	al mome taxes			<u>.</u>
(3)				14.
(4)				
(5)				•
(6)				
(7)				
(8)			*	
(9)				•
Total. (Colun	nn (b) must equal Form 990, Part X, col (B) line 25.)	<b>&gt;</b>		
	or uncertain tax positions. In Part XIII, provide the t			
organization	's liability for uncertain tax positions under FIN 48	(ASC 740). Check here	if the text of the footnote has been provided i	n Part XIII

JSA 3E1270 1 000 59744Y L985

JSA

Schedule D (Form 990) 2013

Part XIII Supplemental Information (continued)

## **SCHEDULE G** (Form 990 or 990-EZ)

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.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Name	of the organization					Employer identification	on number
SPRI	ING LAKE PARK LIONS CLUB					41-134092	·
Part	Fundraising Activities. Com Form 990-EZ filers are not				"Yes" to Form 9	90, Part IV, line	17.
1	Indicate whether the organization raise			<del></del>	activities. Check a	all that apply	<del></del>
а	Mail solicitations	e		_	non-government g		
b	Internet and email solicitations	f	1 1		government grant		
C	Phone solicitations	g			ising events	<b>.</b>	
d	In-person solicitations	9	C Oper	ciai iuilula	ising events		
	<del></del> '			سنار المناسبة	aludum affaana d		
	Did the organization have a written of key employees listed in Form 990 If "Yes," list the ten highest paid indicompensated at least \$5,000 by the	, Part VII) or entity ividuals or entities	y in connec	tion with p	rofessional fundra	ısing services?	Yes No fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outions?	(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>	55. (4)	
1							
2							
3	<del> </del>		-				
4							
6							
7							
8							
9			†				
10	<del>.</del>						
					·····		
Total							
3	List all states in which the organiza registration or licensing	tion is registered	or licensed	d to solicit	contributions or	has been notified	it is exempt from
	· ·			•			
							_
			<u> </u>				
		<del></del>					

ss receipts	9,517.			
cash prizes	9,517.	7,385.	3,170.	20,072
cash prizes	9,517.			
as income (line 1 minus 2)  n prizes  cash prizes  t/facility costs	9,517.	7,385.	3,170.	20,072
as income (line 1 minus 2)  n prizes  cash prizes  t/facility costs	9,517.	7,385.	3,170.	20,072
n prizes				
cash pпzes				
t/facility costs				
		1		
	<del></del>			: <del> </del>
d and beverages				
ertainment				
er direct expenses	8,615.	11,157.	1,557.	21,329
ct expense summary. Add lines				21,329 -1,257
income summary. Subtract line Gaming. Complete if the org than \$15,000 on Form 990-l	ganization answered "Y			
man \$15,000 on Form 990-	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))
ss revenue	336,155.	6,360,782.		6,696,937
n prizes	247,238.	5,447,061.		5,694,299
cash prizes				
t/facility costs		97,617.		97,617
er direct expenses	<del>                                     </del>	<del>+,</del>		894,960
	Yes%	Yes%	Yes% X No	<u> </u>
inteer labor		)	▶ │	6,686,876
inteer labor	2 through 5 in column (d)			10,061
ct expense summary Add lines		umn (d)		
ct expense summary Add lines	ract line 7 from line 1, col	<u> </u>		
ct expense summary Add lines	ract line 7 from line 1, col	tivities MN,		. X Yes No
		expense summary Add lines 2 through 5 in column (d)		expense summary Add lines 2 through 5 in column (d)  ming income summary Subtract line 7 from line 1, column (d)

Sched	ule G (Form 990 or 990-EZ) 2013	2
11	Does the organization operate gaming activities with nonmembers?	_
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
42	formed to administer charitable gaming?	O
13 a	Indicate the percentage of gaming activity operated in	.,
	The organization's facility	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	<u>/o</u> _
	records:	
	Name ► AMANDA JACKSON	- <b>-</b>
	Address ► 8433 CENTER DRIVE SPRING LAKE PARK, MN 55432	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	
	revenue?Yes X 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 ► \$  If "Yes," enter name and address of the third party:	
·	in res, entername and address of the tillid party.	
	Name ▶	- <b>-</b>
	Address ►	· <b>-</b>
16	Gaming manager information	
	Name ► AMANDA JACKSON	
	Gaming manager compensation ►\$52,923.	
	Description of services provided ▶ MANAGES ALL GAMING ACTIVITES, SIGNS CHEC	
	Director/officer X Employee Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	)
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 ▶ \$	_
Par		
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	
	additional information (see instructions).	_

Schedule G (Form 990 or 990-EZ) 2013

## SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

2013
Open to Public Inspection

OMB No 1545-0047

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.

Employer identification number 41-1340927

Name of the organization

SPRING LAKE PARK LIONS CLUB

PART VI, SECTION A, LINE 6

THE SPRING LAKE PARK LIONS CLUB HAS ABOUT 65 MEMBERS IN THEIR ORGANIZATION.

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.

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.E-CLUBHOUSE.ORG/SITES/SPRINGLAKEPARK).

PART VI, SECTION B, LINE 11A

THE ORGANIZATION'S GOVERNING BODY REVIEWS THE 990 TAX RETURN AT THE MONTHLY BOARD MEETING BEFORE IT IS FILED.

PART VI, SECTION A, LINE 2

NAME: STEVE LINDER

POSTION: PRESIDENT

Schedule O (Form 990 or 990-EZ) 2013

Page 2

Name of the organization

SPRING LAKE PARK LIONS CLUB

Employer identification number 41-1340927

RELATED TO: KATHY LINDER

RELATIONSHIP: SPOUSE

NAME: KATHY LINDER

POSTION: 2ND YEAR DIRECTOR

RELATED TO: STEVE LINDER

RELATIONSHIP: SPOUSE

ATTACHMENT 1

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.

### FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
MEAL INCOME	9,517.	11,157.	-1,640.
PANCAKE BREAKFAST	7,385.	8,615.	-1,230.
OTHER EVENTS	3,169.	1,557.	1,612.
TOTALS	20,071.	21,329.	-1,258.

Schedule O (Form 990 or 990-EZ) 2013	<del>-</del> -		Employer identificat	Page 2
Name of the organization SPRING LAKE PARK LIONS CLUB			41-13409	
ETRING LIMB TIME LIGHT CLOP		<del></del>	ATTACHMENT 3	
•				
FORM 990, PART VIII - GAMING ACTIVITI	ES			
•				
		GROSS	DIRECT	NET
DESCRIPTION		INCOME	EXPENSES	INCOME
CHARITABLE GAMING		6,696,937.	6,686,876.	10,061.
TOTALS		6,696,937.	6,686,876.	10,061.
		ATTAC	HMENT 4	
FORM 990, PART IX - PAYMENTS TO AFFIL	IATES			
	(2)	(D)	(0)	(5)
	(A)	(B)	(C)	(D)
DESCRIPTION	TOTAL EXPENSES	PROGRAM SERVICE EXP		FUNDRAISING EXPENSES
DESCRIPTION	EXFENSES	DERVICE EXT	. AND GENERAL	EXPENSES
INTERNATIONAL DUES	2,569.	2,569.		
DISTRICT DUES	1,439.	1,439.		
TOTALS	4,008.	4,008.		
			ATTACHMENT 5	
FORM 990, PART IX - OTHER EXPENSES				
	(A) TOTAL	(B) PROGRAM	(C)	(D) FUNDRAISING
DESCRIPTION	EXPENSES	SERVICE EXP		
CHRISTMAS PARTY	1,601.		1,601.	
HIGHWAY CLEANUP	133.		133.	

957.

2,691.

ATTACHMENT 6

MISCELLANEOUS

TOTALS

957.

2,691.

Schedule O (Form 990 or 990-EZ) 2013

Page 2

Name of the organization

SPRING LAKE PARK LIONS CLUB

Employer identification number

41-1340927

ATTACHMENT 6 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

ENDING

COST

DESCRIPTION

BOOK VALUE

OR FMV

OPPENHEIMER MUTUAL FUNDS

21,228.

FMV

TOTALS

21,228.

Occupation of Brossey							TWITT	7 11					
GENERAL DEPRECIATION							ALIACHMENT	III .				•	
DEPRECIATION												:	
Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis	Basis for depreciation	Beginning Accumulated / depreciation	Ending Accumulated depreciation	Me- thod Conv	Life	ACRS Class cl	MA Current-year CRS 179 class expense	Current-year depreciation
GAMBLING EQUIPMENT	06/30/1992	156,191.	0			1 .1	156, 191.	156,191.	200DB MQ		7		
SOFTWARE	05/21/2007	14,697.	100.000			14,697.	6,531.	6,531.	SL	3.000			
воотн	01/26/2007	7,500.	100.000			7,500.	6,402.	6,737. 2	200DB HY		7		335.
воотн	03/26/2007	7,399.	100.000			7,399.	6,314.	6,644.	200DB HY		7		330.
FORKLIFT	09/13/2006	4,154.	100.000			4,154.	3,547.	3,732. 2	200DB HY		4		185.
LAPTOP	11/11/2006	1,128.	100.000			1,128.	1,128.	1,128. 2	200DB HY		2		
DIGITAL CAMERAS	10/31/2007	19,488.	100.000			19,488.	19,488.	19,488. 2	200DB HY		5		
SOFTWARE	03/31/2008	4,591.	100.000			4,591.	4,591.	4,591. 2	200DB HY		3		
BOOTH- OLD CHICAGO	10/31/2008	2,482.	100.000			2,482.	1,929.	T			4		221.
MAGNUSON CABINETS	11/30/2008	1,350.	100.000			1,350.	1,050.	1,170. 2	200DB HY		7		120.
								<del> </del>					
Less: Retired Assets													
Subtotals		218,980.				218,980.	207,171.	208,362.	-				1,191.
Listed Property													
									-				
									-				
Less' Retired Assets								-					
Subtotals											·		
TOTALS		218,980.				218,980.	207,171.	208,362.					1,191.
AMORTIZATION													
Asset description	Date placed in service	Cost or basis					Accumulated amortization	Ending Accumulated amortization	Code	0			Current-year amortization
SURETHING SOFTWARE	09/30/2009	4,163.					4,163.	4,163.	I	8			
									-			•	
										- <sub>T</sub> -			
TOTALS		4 163					21.7	21.7	-	7			
*Assets Retired								1.224		ļ			

\*Assets Retired
JSA
3X9024 1 000
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73785