

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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](http://www.irs.gov/form990).

Open to Public Inspection

**A** For the 2013 calendar year, or tax year beginning **07/01/13**, and ending **06/30/14**

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Terminated
  - Amended return
  - Application pending

**C** Name of organization  
**Lakeshore Players, Inc.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**4820 Stewart Avenue**

City or town, state or province, country, and ZIP or foreign postal code  
**White Bear Lake MN 55110**

**D** Employer identification number  
**41-6038716**

**E** Telephone number  
**651-429-2316**

**G** Gross receipts \$ **439,289**

**F** Name and address of principal officer:  
**Michael Spellman**  
**4820 Stewart Avenue**  
**White Bear Lake MN 55110**

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( )  4947(a)(1) or  527

**J** Website:  **www.lakeshoreplayers.com**

**H(c)** Group exemption number

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1953** **M** State of legal domicile: **MN**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>To provide enrichment opportunities for the community through the performing arts.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>11</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>11</b>	
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>16</b>	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>318</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>0</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>0</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>85,841</b>	<b>170,144</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>206,503</b>	<b>244,582</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>-31</b>	<b>-2,677</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>22,596</b>	<b>955</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>314,909</b>	<b>413,004</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>119,379</b>	<b>196,092</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/>	<b>38,786</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>198,903</b>	<b>172,010</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>318,282</b>	<b>368,102</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-3,373</b>	<b>44,902</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>240,870</b>	<b>304,002</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>33,810</b>	<b>48,820</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>207,060</b>	<b>255,182</b>

**Part II Signature Block**

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: **Michael Spellman** Date: \_\_\_\_\_  
Type or print name and title: **President**

**Paid Preparer Use Only**

Print/Type preparer's name: **Michael A. Schaffer, CPA** Preparer's signature: \_\_\_\_\_ Date: **01/05/15** Check  if self-employed PTIN: **P00658544**

Firm's name: **Ramsay & Associates, Ltd.** Firm's EIN: **41-1272757**  
Firm's address: **1620 Mahtomedi Avenue Mahtomedi, MN 55115** Phone no.: **651-429-9111**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

**To provide enrichment opportunities for the community through the performing arts.**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ **286,820** including grants of \$ ) (Revenue \$ )

**Theatre productions and community education for adults and children. Over 318 volunteers helped to produce 7 productions during 2013-2014, including "Everybody Loves Opal", "Big River", "The Jungle Book", "The Petrified Forest", "And Then There Were None", "Annie", and a 10-minute play festival. Several hundred youth participated in nearly 20 classes and workshops through the year.**

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ **8,483** including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **295,303**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> 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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
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		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV 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 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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 employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
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		X
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):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		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	X	

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</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)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: U See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<b>11</b>	
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	<b>11</b>	
<b>2</b>	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?		<b>X</b>
<b>3</b>	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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</b>	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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<b>X</b>
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<b>X</b>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</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 organization's exempt status with respect to such arrangements?		

**Section 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 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  **Joan Elwell** **4820 Stewart Ave**  
**White Bear Lake** **MN 55110** **651-426-3275**

**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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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.

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Frank Mabley	1.00									
Director	0.00	X					0	0	0	
(2) Paul F. Tillquist	1.00									
Director	0.00	X					0	0	0	
(3) Peggy Witthaus	1.00									
Director	0.00	X					0	0	0	
(4) Jim Berry	1.00									
Director	0.00	X					0	0	0	
(5) Cynthia Stange	1.00									
Director	0.00	X					0	0	0	
(6) Betsy Buehrer, DO, MPH	1.00									
Director	0.00	X					0	0	0	
(7) Megan Vimont	2.00									
Treasurer	0.00			X			0	0	0	
(8) Franklin Heller	2.00									
Secretary	0.00			X			0	0	0	
(9) J. P. Barone	2.00									
Vice President	0.00			X			0	0	0	
(10) Mike Spellman	2.00									
President	0.00			X			0	0	0	
(11) Tamara Winden	2.00									
Governance	0.00			X			0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	<b>89,100</b>				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>81,044</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f	U		<b>170,144</b>			
<b>Program Service Revenue</b>		<b>Busn. Code</b>					
	<b>2a</b> Box office income		<b>128,067</b>	<b>128,067</b>			
	<b>b</b> Season ticket income		<b>62,871</b>	<b>62,871</b>			
	<b>c</b> Outreach		<b>53,644</b>	<b>53,644</b>			
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f	U		<b>244,582</b>				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	U	<b>374</b>	<b>374</b>			
	<b>4</b> Income from investment of tax-exempt bond proceeds	U					
	<b>5</b> Royalties	U					
	<b>6a</b> Gross rents	(i) Real					
		(ii) Personal					
	<b>b</b> Less: rental exps.						
	<b>c</b> Rental inc. or (loss)						
	<b>d</b> Net rental income or (loss)	U					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
	<b>b</b> Less: cost or other basis & sales exps.		<b>3,051</b>				
	<b>c</b> Gain or (loss)		<b>-3,051</b>				
	<b>d</b> Net gain or (loss)	U		<b>-3,051</b>	<b>-3,051</b>		
	<b>8a</b> Gross income from fundraising events (not including \$ <b>89,100</b> of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	<b>9,689</b>				
		<b>b</b> Less: direct expenses	<b>b</b>	<b>23,234</b>			
		<b>c</b> Net income or (loss) from fundraising events	U		<b>-13,545</b>		
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
<b>b</b> Less: direct expenses		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities		U					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory	U					
Miscellaneous Revenue		<b>Busn. Code</b>					
<b>11a</b> Concession income			<b>7,848</b>	<b>7,848</b>			
<b>b</b> Show Theme Drawing			<b>2,684</b>	<b>2,684</b>			
<b>c</b> Gift Certificates			<b>2,066</b>	<b>2,066</b>			
<b>d</b> All other revenue			<b>1,902</b>	<b>1,902</b>			
<b>e Total.</b> Add lines 11a-11d	U		<b>14,500</b>				
<b>12 Total revenue.</b> See instructions.	U		<b>413,004</b>	<b>256,405</b>	<b>0</b>	<b>0</b>	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	181,089	117,089	33,454	30,546
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	15,003	13,394		1,609
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	1,974	1,974		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	43,720	37,946		5,774
12 Advertising and promotion	104			104
13 Office expenses	8,460	8,132		328
14 Information technology				
15 Royalties	15,965	15,965		
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	425			425
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,180	12,982	198	
23 Insurance	9,505	9,505		
24 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.)				
a Utilities	12,042	11,681	361	
b Postage	9,541	9,541		
c Printing	9,046	9,046		
d Set Construction	8,719	8,719		
e All other expenses	39,329	39,329		
25 Total functional expenses. Add lines 1 through 24e	368,102	295,303	34,013	38,786
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest bearing	56,072	1	80,218
	2	Savings and temporary cash investments	76,291	2	105,505
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		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		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 organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	12,979	9	26,327
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 288,405		
	b	Less: accumulated depreciation	10b 206,175	10c 88,273	82,230
	11	Investments—publicly traded securities	7,255	11	9,722
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	240,870	16	304,002	
<b>Liabilities</b>	17	Accounts payable and accrued expenses		17	499
	18	Grants payable		18	
	19	Deferred revenue	23,776	19	39,334
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, 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		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	10,034	25	8,987
	26	<b>Total liabilities.</b> Add lines 17 through 25	33,810	26	48,820
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	207,060	27	207,327
	28	Temporarily restricted net assets		28	47,855
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	207,060	33	255,182	
34	<b>Total liabilities and net assets/fund balances</b>	240,870	34	304,002	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>413,004</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>368,102</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>44,902</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>207,060</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	<b>3,220</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>255,182</b>

**Part XII Financial Statements and Reporting**

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

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

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Lakeshore Players, Inc.**

Employer identification number

**41-6038716**

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III—Functionally integrated
  - d  Type III—Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
  - (ii) A family member of a person described in (i) above? .....
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

**h** Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2013

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <input type="checkbox"/>	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <input type="checkbox"/>	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						

**12** Gross receipts from related activities, etc. (see instructions) 12

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14	<b>15</b>	%

**16a 33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <input type="checkbox"/>	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	76,782	98,814	53,342	85,841	170,144	484,923
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	189,639	225,630	243,489	233,536	269,145	1,161,439
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	266,421	324,444	296,831	319,377	439,289	1,646,362
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						1,646,362

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <input type="checkbox"/>	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6	266,421	324,444	296,831	319,377	439,289	1,646,362
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	990	1,802	607	410	373	4,182
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	990	1,802	607	410	373	4,182
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	267,411	326,246	297,438	319,787	439,662	1,650,544

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	99.75%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	16	99.64%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17	18	1%

**19a 33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions





**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

U **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

U Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Name of the organization**

**Employer identification number**

**Lakeshore Players, Inc.**

**41-6038716**

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( **3** ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ► \$ .....

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> <b>Lakeshore Players, Inc.</b>	<b>Employer identification number</b> <b>41-6038716</b>
---	--

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Minnesota State Arts Board Park Square Court, Suite 200 400 Sibley Street Saint Paul MN 55101-1928	\$ 14,551	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Metropolitan Regional Arts Council 2324 University Ave W STE 114 St. Paul MN 55114	\$ 29,817	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Hardenbergh Foundation 5959 Centerville Road STE 260 Saint Paul MN 55127	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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. Attach to Form 990.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

Employer identification number

Lakeshore Players, Inc.

41-6038716

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: U \$, U \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance .....
- d** Additions during the year .....
- e** Distributions during the year .....
- f** Ending balance .....

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII  Yes  No

**Part V Endowment Funds.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment  %
  - b** Permanent endowment  %
  - c** Temporarily restricted endowment  %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations .....
- (ii)** related organizations .....

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? .....

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		<b>4,000</b>		<b>4,000</b>
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....				
<b>e</b> Other .....		<b>284,405</b>	<b>206,175</b>	<b>78,230</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) .....				<b>82,230</b>

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	0

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) <b>Payrol Taxes Payable</b>	<b>8,987</b>	
(3) <b>Capital Lease Obligation</b>		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>8,987</b>	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 4a-4b), and a final column for totals (1, 2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 4a-4b), and a final column for totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Series of horizontal dotted lines for providing supplemental information.



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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

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.

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

Open to Public Inspection

Name of the organization

**Lakeshore Players, Inc.**

Employer identification number

**41-6038716**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....



**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	(b) Event #2	(c) Other events	(d) Total events
		<u>Capital Campaign</u> (event type)	<u>Show Business</u> (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	89,100	8,988	98,088
	2	Less: Contributions	89,100		89,100
	3	Gross income (line 1 minus line 2)		8,988	8,988
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs		690	690
	7	Food and beverages		1,208	1,208
	8	Entertainment			
	9	Other direct expenses	19,185	2,151	21,336
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-14,246

**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 col. (a) through col. (c))
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash 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. Subtract line 7 from line 1, column (d)				

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: \_\_\_\_\_  
 \_\_\_\_\_



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

**Lakeshore Players, Inc.**

Employer identification number

**41-6038716**

**Form 990, Part I, Line 6**

Volunteers from the community help out with the productions in a variety of ways:

**Form 990, Part III, Line 4d - All Other Accomplishment**

Theatre productions and community education for adults and children. Over 318 volunteers helped to produce 7 productions during 2013-2014, including "Everybody Loves Opal", "Big River", "The Jungle Book", "The Petrified Forest", "And Then There Were None", "Annie", and a 10-minute play festival.

**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**

The completed Form 990 is provided to the full Board of Directors for their review and approval. Once approval is granted, it is recorded in the minutes of the meeting of the Board of Directors and the 990 is filed with the appropriate agencies.

**Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy**

The policy has never needed to be enforced.

**Form 990, Part VI, Line 15a - Compensation Process for Top Official**

The board of directors sets the compensation level for the executive director.

**Form 990, Part VI, Line 15b - Compensation Process for Officers**

Name of the organization

Employer identification number

**Lakeshore Players, Inc.**

**41-6038716**

N/A

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**

Upon request of the public the executive director will make available a physical or electronic copy of the Form 990 and supporting schedules.

**Form 990, Part IX, Line 11g - Other Fees for Services**

**Description**

**Program Service**

**Mgt & General**

**Fundraising**

**Artistic Services**

\$ 37,946

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

**Capital Campaign**

**Professional Fees**

\$ 0

\$ 0

\$ 5,774

**Cap. Campaign Consultant**

\$ 19,185

\$ 0

\$ 0

**Form 990, Part IX, Line 24e - Other Expenses**

**Description**

**Amount**

**Promotion**

\$ 7,321

\$ 0

\$ 0

**Bank/Credit Card Fees**

\$ 5,570

\$ 0

\$ 0

**Venue**

\$ 5,236

\$ 0

\$ 0

Name of the organization

Employer identification number

**Lakeshore Players, Inc.**

**41-6038716**

**Repairs and Maintenance**

\$ 4,652                      \$ 0                      \$ 0

**Costumes**

\$ 4,479                      \$ 0                      \$ 0

**Professional Fees**

\$ 3,940                      \$ 0                      \$ 0

**Miscellaneous**

\$ 2,662                      \$ 0                      \$ 0

**Open/Strike Food**

\$ 1,972                      \$ 0                      \$ 0

**License and Permits**

\$ 1,791                      \$ 0                      \$ 0

**Education**

\$ 1,641                      \$ 0                      \$ 0

**Assessment and Taxes**

\$ 65                              \$ 0                      \$ 0

**Form 990, Part XI, Line 9 - Reconciliation of Changes - Other**

**Book / Tax Depreciation Difference**    \$ 953

**Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation**

**Unrealized Gain on Securities**    \$ 2,267

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

See separate instructions.  Attach to your tax return.

OMB No. 1545-0172

**2013**

Attachment Sequence No. **179**

Name(s) shown on return

**Lakeshore Players, Inc.**

Identifying number

**41-6038716**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>500,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,000,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>5,071</b>

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	<b>6,790</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		<b>9,235</b>	<b>7.0</b>	<b>HY</b>	<b>200DB</b>	<b>1,319</b>
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>13,180</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**For Paperwork Reduction Act Notice, see separate instructions.**

Form **4562** (2013)

Year Ended: June 30, 2014

41-6038716

Lakeshore Players, Inc.  
4820 Stewart Avenue  
White Bear Lake, MN 55110

**Electing out of Bonus Depreciation Allowance for  
All Eligible Depreciable Property**

The taxpayer elects out of first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service during the tax year.

41-6038716

**Federal Asset Report**

FYE: 6/30/2014

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>7-year GDS Property:</b>									
91	Miter Saw, Stand, Parts	8/05/13	604			604	7 HY 200DB	0	86
92	2 Leprecon ULD-360 High Power - Lightin;	12/23/13	1,778			1,778	7 HY 200DB	0	254
93	Element 60. 500 Channels - Lighting	12/23/13	6,853			6,853	7 HY 200DB	0	979
			<u>9,235</u>			<u>9,235</u>		<u>0</u>	<u>1,319</u>
<b>Prior MACRS:</b>									
19	ECLIPSE CONCERT SYS	7/01/88	1,458			1,458	7 HY 200DB	1,458	0
20	KOVAC PIANO	2/20/89	650			650	7 HY 200DB	650	0
40	BLDG IMPROVEMENTS	2/01/89	3,595			3,595	31 MMS/L	2,781	115
41	AIR CONDITIONING	9/28/89	5,590			5,590	7 HY 200DB	5,590	0
54	Headsets	10/20/99	968			968	5 HY 200DB	968	0
	Mass Sale: 12/31/13								
58	Furnace	2/13/01	9,464			9,464	10 HY 200DB	9,464	0
60	LIGHTING - AMTECH	7/01/03	11,173			11,173	20 HY S/L	5,307	559
62	Lighting - AmTech	8/13/03	11,904			11,904	20 HY S/L	5,654	596
63	Lighting Equipment	9/10/03	1,176		X	588	7 HY 200DB	1,176	0
69	Mold Remedy	5/09/05	3,000			3,000	39 MMS/L	625	77
70	Diversified Water Diversion	5/20/05	2,541			2,541	39 MMS/L	529	65
71	Mold Remedy/Basement Repairs	6/27/05	5,297			5,297	39 MMS/L	1,092	136
75	Computers	6/30/07	2,611			2,611	5 HY 200DB	2,611	0
79	Copier - Capital Lease	3/09/09	14,794		X	7,397	7 HY 200DB	11,168	725
	Mass Sale: 12/31/13								
80	Portable Communication System	12/29/10	9,411			9,411	7 HY 200DB	5,295	1,176
81	iMac Computer - Office	5/23/11	1,290			1,290	5 HY 200DB	918	149
82	Dell Laptop Computer	9/10/10	1,400			1,400	5 HY 200DB	997	161
83	Mac Powerbook - Joan	8/31/10	2,374			2,374	5 HY 200DB	1,690	274
84	2 iMac Computers	9/30/11	2,183			2,183	5 HY 200DB	1,135	419
85	New Air Conditioner	6/18/12	3,600			3,600	39 MMS/L	96	92
86	New Water Heater	10/06/11	700			700	39 MMS/L	31	18
88	New Snow Blower	12/28/12	649			649	7 HY 200DB	93	159
89	Sound System	9/06/12	8,106			8,106	7 HY 200DB	1,158	1,985
90	New A/C Unit	6/13/13	3,300			3,300	39 MMS/L	4	84
			<u>107,234</u>			<u>99,249</u>		<u>60,490</u>	<u>6,790</u>
<b>ACRS:</b>									
18	TYPEWRITER	9/01/85	614			614	5 HY PRE	614	0
	Mass Sale: 12/31/13								
30	HTG & AIR COND	10/31/84	8,095			8,095	5 HY PRE	7,945	0
	Mass Sale: 12/31/13								
	<b>Total ACRS Depreciation</b>		<u>8,709</u>			<u>8,709</u>		<u>8,559</u>	<u>0</u>
<b>Other Depreciation:</b>									
1	SEAT COVERS	7/01/71	754			754	3 MO S/L	754	0
3	STAND LIGHTS	7/01/72	39			39	3 MO S/L	39	0
4	PHONE RECORDER	7/01/72	139			139	5 MO S/L	139	0
	Mass Sale: 12/31/13								
5	RAISE SEATS	7/01/72	76			76	5 MO S/L	76	0
7	HEATERS	7/01/72	228			228	5 MO S/L	228	0
8	TOOLS	7/01/72	270			270	3 MO S/L	270	0
9	FOLLOW SPOT	1/01/69	313			313	5 MO S/L	313	0
10	LIGHT BOARD	12/01/75	10,108			10,108	15 MO S/L	10,108	0
21	BUILDING	7/01/71	18,512			18,512	33 MO S/L	18,512	0
22	SPRINKLER SYS	7/01/71	5,372			5,372	33 MO S/L	5,372	0
23	LOFT	7/01/72	806			806	33 MO S/L	806	0
24	WIRING	7/01/71	4,545			4,545	10 MO S/L	4,545	0
25	LIGHTING	7/01/71	2,847			2,847	10 MO S/L	2,847	0
26	CARPENTRY	7/01/71	3,264			3,264	5 MO S/L	3,264	0
27	CARPET	4/01/78	2,797			2,797	3 MO S/L	2,797	0
28	'78 IMPROVEMENTS	12/01/77	1,949			1,949	10 MO S/L	1,949	0
29	BLDG IMPROVEMENTS	7/01/84	5,813			5,813	18 MO S/L	5,813	0
31	BLDG IMPROVEMENTS	6/03/85	2,000			2,000	18 MO S/L	2,000	0
32	GARAGE	7/01/86	12,481			12,481	19 MO S/L	12,481	0
33	GARAGE	9/02/86	1,449			1,449	19 MO S/L	1,449	0



41-6038716

**Federal Asset Report**

FYE: 6/30/2014

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
34	GARAGE	10/21/86	95			95	19 MO S/L	95	0
35	GARAGE	11/18/86	90			90	19 MO S/L	90	0
36	GARAGE	12/22/86	19			19	19 MO S/L	19	0
37	DOORS	7/14/87	4,618			4,618	31 MO S/L	3,829	149
38	DOORS	8/21/87	545			545	31 MO S/L	450	18
39	ZERULL CONST	11/23/87	250			250	31 MO S/L	205	8
42	RENOVATION EXPENSE	2/01/91	39,005			39,005	31 MO S/L	27,957	1,258
43	SAWBLADE	5/08/91	5,000			5,000	31 MO S/L	3,544	161
44	ELECTRICAL	9/03/91	980			980	31 MO S/L	684	32
45	SPRINKLERS	2/15/92	650			650	31 MO S/L	445	21
50	PAINT SPRAYER	11/30/92	125			125	7 MO S/L	125	0
51	Fax Machine	7/23/93	350			350	7 MO S/L	350	0
	Mass Sale: 12/31/13								
57	Roof	8/25/00	24,675			24,675	20 MO 200DB	17,456	1,007
59	Lighting Retro - Amtech	6/11/03	2,774			2,774	20 MO S/L	1,398	139
64	Basement Improvements	3/12/04	1,776			1,776	39 MO S/L	425	45
65	Basement Improvements	6/03/04	5,127			5,127	39 MO S/L	1,194	132
67	Building Improvements	11/05/04	2,370			2,370	39 MO S/L	527	61
68	New Stage	11/26/04	1,800			1,800	39 MO S/L	396	46
72	Basement wall/ceiling repair	7/18/05	1,725			1,725	39 MO S/L	350	44
73	Sound Upgrade Equipment	4/06/07	11,339			11,339	7 MO S/L	10,124	1,215
74	Box Office Expansion	10/25/06	2,400			2,400	39 MO S/L	410	62
77	Sound Equipment	2/06/09	4,712			4,712	7 MO S/L	2,973	673
78	Land	12/01/77	4,000			4,000	0 -- Land	0	0
	<b>Total Other Depreciation</b>		<u>188,187</u>			<u>188,187</u>		<u>146,808</u>	<u>5,071</u>
	<b>Total ACRS and Other Depreciation</b>		<u>196,896</u>			<u>196,896</u>		<u>155,367</u>	<u>5,071</u>
	<b>Grand Totals</b>		313,365			305,380		215,857	13,180
	<b>Less: Dispositions and Transfers</b>		24,960			17,563		21,184	725
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>288,405</u>			<u>287,817</u>		<u>194,673</u>	<u>12,455</u>

41-6038716

**MN Asset Report**

FYE: 6/30/2014

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	MN Prior	MN Current	Federal Current	Difference Fed - MN
<b>7-year GDS Property:</b>								
91	Miter Saw, Stand, Parts	8/05/13	604	604	0	86	86	0
92	2 Leprecon ULD-360 High Power - Lightin;	12/23/13	1,778	1,778	0	254	254	0
93	Element 60. 500 Channels - Lighting	12/23/13	6,853	6,853	0	979	979	0
			<u>9,235</u>	<u>9,235</u>	<u>0</u>	<u>1,319</u>	<u>1,319</u>	<u>0</u>
<b>Prior MACRS:</b>								
19	ECLIPSE CONCERT SYS	7/01/88	1,458	1,458	1,458	0	0	0
20	KOVAC PIANO	2/20/89	650	650	650	0	0	0
40	BLDG IMPROVEMENTS	2/01/89	3,595	3,595	2,781	115	115	0
41	AIR CONDITIONING	9/28/89	5,590	5,590	5,590	0	0	0
54	Headsets	10/20/99	968	968	968	0	0	0
	Mass Sale: 12/31/13							
58	Furnace	2/13/01	9,464	9,464	9,464	0	0	0
60	LIGHTING - AMTECH	7/01/03	11,173	11,173	5,307	559	559	0
62	Lighting - AmTech	8/13/03	11,904	11,904	5,654	596	596	0
63	Lighting Equipment	9/10/03	1,176	588	1,176	0	0	0
69	Mold Remedy	5/09/05	3,000	3,000	625	77	77	0
70	Diversified Water Diversion	5/20/05	2,541	2,541	529	65	65	0
71	Mold Remedy/Basement Repairs	6/27/05	5,297	5,297	1,092	136	136	0
75	Computers	6/30/07	2,611	2,611	2,611	0	0	0
77	Sound Equipment	2/06/09	4,712	2,356	3,661	420	673	253
79	Copier - Capital Lease	3/09/09	14,794	7,397	11,168	725	725	0
	Mass Sale: 12/31/13							
80	Portable Communication System	12/29/10	9,411	9,411	5,295	1,176	1,176	0
81	iMac Computer - Office	5/23/11	1,290	1,290	918	149	149	0
82	Dell Laptop Computer	9/10/10	1,400	1,400	997	161	161	0
83	Mac Powerbook - Joan	8/31/10	2,374	2,374	1,690	274	274	0
84	2 iMac Computers	9/30/11	2,183	2,183	1,135	419	419	0
85	New Air Conditioner	6/18/12	3,600	3,600	96	92	92	0
86	New Water Heater	10/06/11	700	700	31	18	18	0
88	New Snow Blower	12/28/12	649	649	93	159	159	0
89	Sound System	9/06/12	8,106	8,106	1,158	1,985	1,985	0
90	New A/C Unit	6/13/13	3,300	3,300	4	84	84	0
			<u>111,946</u>	<u>101,605</u>	<u>64,151</u>	<u>7,210</u>	<u>7,463</u>	<u>253</u>
<b>ACRS:</b>								
18	TYPEWRITER	9/01/85	614	614	614	0	0	0
	Mass Sale: 12/31/13							
30	HTG & AIR COND	10/31/84	8,095	8,095	7,945	0	0	0
	Mass Sale: 12/31/13							
	<b>Total ACRS Depreciation</b>		<u>8,709</u>	<u>8,709</u>	<u>8,559</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Other Depreciation:</b>								
1	SEAT COVERS	7/01/71	754	754	754	0	0	0
3	STAND LIGHTS	7/01/72	39	39	39	0	0	0
4	PHONE RECORDER	7/01/72	139	139	139	0	0	0
	Mass Sale: 12/31/13							
5	RAISE SEATS	7/01/72	76	76	76	0	0	0
7	HEATERS	7/01/72	228	228	228	0	0	0
8	TOOLS	7/01/72	270	270	270	0	0	0
9	FOLLOW SPOT	1/01/69	313	313	313	0	0	0
10	LIGHT BOARD	12/01/75	10,108	10,108	10,108	0	0	0
21	BUILDING	7/01/71	18,512	18,512	18,512	0	0	0
22	SPRINKLER SYS	7/01/71	5,372	5,372	5,372	0	0	0
23	LOFT	7/01/72	806	806	806	0	0	0
24	WIRING	7/01/71	4,545	4,545	4,545	0	0	0
25	LIGHTING	7/01/71	2,847	2,847	2,847	0	0	0
26	CARPENTRY	7/01/71	3,264	3,264	3,264	0	0	0
27	CARPET	4/01/78	2,797	2,797	2,797	0	0	0
28	'78 IMPROVEMENTS	12/01/77	1,949	1,949	1,949	0	0	0
29	BLDG IMPROVEMENTS	7/01/84	5,813	5,813	5,813	0	0	0
31	BLDG IMPROVEMENTS	6/03/85	2,000	2,000	2,000	0	0	0
32	GARAGE	7/01/86	12,481	12,481	12,481	0	0	0

41-6038716

**MN Asset Report**

FYE: 6/30/2014

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	MN Prior	MN Current	Federal Current	Difference Fed - MN
33	GARAGE	9/02/86	1,449	1,449	1,449	0	0	0
34	GARAGE	10/21/86	95	95	95	0	0	0
35	GARAGE	11/18/86	90	90	90	0	0	0
36	GARAGE	12/22/86	19	19	19	0	0	0
37	DOORS	7/14/87	4,618	4,618	3,829	149	149	0
38	DOORS	8/21/87	545	545	450	18	18	0
39	ZERULL CONST	11/23/87	250	250	205	8	8	0
42	RENOVATION EXPENSE	2/01/91	39,005	39,005	27,957	1,258	1,258	0
43	SAWBLADE	5/08/91	5,000	5,000	3,544	161	161	0
44	ELECTRICAL	9/03/91	980	980	684	32	32	0
45	SPRINKLERS	2/15/92	650	650	445	21	21	0
50	PAINT SPRAYER	11/30/92	125	125	125	0	0	0
51	Fax Machine	7/23/93	350	350	350	0	0	0
	Mass Sale: 12/31/13							
57	Roof	8/25/00	24,675	24,675	17,456	1,007	1,007	0
59	Lighting Retro - Amtech	6/11/03	2,774	2,774	1,398	139	139	0
64	Basement Improvements	3/12/04	1,776	1,776	425	45	45	0
65	Basement Improvements	6/03/04	5,127	5,127	1,194	132	132	0
67	Building Improvements	11/05/04	2,370	2,370	527	61	61	0
68	New Stage	11/26/04	1,800	1,800	396	46	46	0
72	Basement wall/ceiling repair	7/18/05	1,725	1,725	350	44	44	0
73	Sound Upgrade Equipment	4/06/07	11,339	11,339	1,817	291	1,215	924
74	Box Office Expansion	10/25/06	2,400	2,400	410	62	62	0
78	Land	12/01/77	4,000	4,000	0	0	0	0
	<b>Total Other Depreciation</b>		<u>183,475</u>	<u>183,475</u>	<u>135,528</u>	<u>3,474</u>	<u>4,398</u>	<u>924</u>
	<b>Total ACRS and Other Depreciation</b>		<u>192,184</u>	<u>192,184</u>	<u>144,087</u>	<u>3,474</u>	<u>4,398</u>	<u>924</u>
	<b>Grand Totals</b>		313,365	303,024	208,238	12,003	13,180	1,177
	<b>Less: Dispositions</b>		24,960	17,563	21,184	725	725	0
	<b>Less: Start-up/Org Expense</b>		0	0	0	0	0	0
	<b>Net Grand Totals</b>		<u>288,405</u>	<u>285,461</u>	<u>187,054</u>	<u>11,278</u>	<u>12,455</u>	<u>1,177</u>

41-6038716

**AMT Asset Report**

FYE: 6/30/2014

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>7-year GDS Property:</b>									
91	Miter Saw, Stand, Parts	8/05/13	604			604	7 HY 150DB	0	65
92	2 Leprecon ULD-360 High Power - Lightin	12/23/13	1,778			1,778	7 HY 150DB	0	190
93	Element 60. 500 Channels - Lighting	12/23/13	6,853			6,853	7 HY 150DB	0	734
			<u>9,235</u>			<u>9,235</u>		<u>0</u>	<u>989</u>
<b>Prior MACRS:</b>									
19	ECLIPSE CONCERT SYS	7/01/88	1,458			1,458	10 HY 150DB	1,458	0
20	KOVAC PIANO	2/20/89	650			650	10 HY 150DB	650	0
40	BLDG IMPROVEMENTS	2/01/89	3,595			3,595	40 HY S/L	2,190	90
41	AIR CONDITIONING	9/28/89	5,590			5,590	10 HY 150DB	5,590	0
54	Headsets	10/20/99	968			968	7 HY 150DB	968	0
	Mass Sale: 12/31/13								
57	Roof	8/25/00	24,675			24,675	39 MMS/L	8,146	633
58	Furnace	2/13/01	9,464			9,464	7 HY 150DB	9,464	0
60	LIGHTING - AMTECH	7/01/03	11,173			11,173	20 HY S/L	5,307	559
62	Lighting - AmTech	8/13/03	11,904			11,904	20 HY S/L	5,654	596
63	Lighting Equipment	9/10/03	1,176		X	588	7 HY 200DB	1,176	0
69	Mold Remedy	5/09/05	3,000			3,000	39 MMS/L	625	77
70	Diversified Water Diversion	5/20/05	2,541			2,541	39 MMS/L	529	65
71	Mold Remedy/Basement Repairs	6/27/05	5,297			5,297	39 MMS/L	1,092	136
75	Computers	6/30/07	2,611			2,611	5 HY 150DB	2,611	0
77	Sound Equipment	2/06/09	4,712		X	2,356	7 HY 200DB	3,661	420
79	Copier - Capital Lease	3/09/09	14,794		X	7,397	7 HY 150DB	10,016	956
	Mass Sale: 12/31/13								
80	Portable Communication System	12/29/10	9,411			9,411	7 HY 200DB	5,295	1,176
81	iMac Computer - Office	5/23/11	1,290			1,290	5 HY 200DB	918	149
82	Dell Laptop Computer	9/10/10	1,400			1,400	5 HY 200DB	997	161
83	Mac Powerbook - Joan	8/31/10	2,374			2,374	5 HY 200DB	1,690	274
84	2 iMac Computers	9/30/11	2,183			2,183	5 HY 150DB	884	390
85	New Air Conditioner	6/18/12	3,600			3,600	39 MMS/L	96	92
86	New Water Heater	10/06/11	700			700	39 MMS/L	31	18
88	New Snow Blower	12/28/12	649			649	7 HY 150DB	70	124
89	Sound System	9/06/12	8,106			8,106	7 HY 150DB	868	1,551
90	New A/C Unit	6/13/13	3,300			3,300	39 MMS/L	4	84
			<u>136,621</u>			<u>126,280</u>		<u>69,990</u>	<u>7,551</u>
<b>ACRS:</b>									
18	TYPEWRITER	9/01/85	614			614	5 HY PRE	614	0
	Mass Sale: 12/31/13								
30	HTG & AIR COND	10/31/84	8,095			8,095	5 HY PRE	8,095	0
	Mass Sale: 12/31/13								
	<b>Total ACRS Depreciation</b>		<u>8,709</u>			<u>8,709</u>		<u>8,709</u>	<u>0</u>
<b>Other Depreciation:</b>									
1	SEAT COVERS	7/01/71	754			754	3 MO S/L	754	0
3	STAND LIGHTS	7/01/72	39			39	3 MO S/L	39	0
4	PHONE RECORDER	7/01/72	139			139	5 MO S/L	139	0
	Mass Sale: 12/31/13								
5	RAISE SEATS	7/01/72	76			76	5 MO S/L	76	0
7	HEATERS	7/01/72	228			228	5 MO S/L	228	0
8	TOOLS	7/01/72	270			270	3 MO S/L	270	0
9	FOLLOW SPOT	1/01/69	313			313	5 MO S/L	313	0
10	LIGHT BOARD	12/01/75	10,108			10,108	15 MO S/L	10,108	0
21	BUILDING	7/01/71	18,512			18,512	33 MO S/L	18,512	0
22	SPRINKLER SYS	7/01/71	5,372			5,372	33 MO S/L	5,372	0
23	LOFT	7/01/72	806			806	33 MO S/L	806	0
24	WIRING	7/01/71	4,545			4,545	10 MO S/L	4,545	0
25	LIGHTING	7/01/71	2,847			2,847	10 MO S/L	2,847	0
26	CARPENTRY	7/01/71	3,264			3,264	5 MO S/L	3,264	0
27	CARPET	4/01/78	2,797			2,797	3 MO S/L	2,797	0
28	'78 IMPROVEMENTS	12/01/77	1,949			1,949	10 MO S/L	1,949	0
29	BLDG IMPROVEMENTS	7/01/84	5,813			5,813	18 MO S/L	5,813	0
31	BLDG IMPROVEMENTS	6/03/85	2,000			2,000	18 MO S/L	2,000	0

41-6038716

**AMT Asset Report**

FYE: 6/30/2014

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
32	GARAGE	7/01/86	12,481			12,481	19 MO S/L	12,481	0
33	GARAGE	9/02/86	1,449			1,449	19 MO S/L	1,449	0
34	GARAGE	10/21/86	95			95	19 MO S/L	95	0
35	GARAGE	11/18/86	90			90	19 MO S/L	90	0
36	GARAGE	12/22/86	19			19	19 MO S/L	19	0
37	DOORS	7/14/87	4,618			4,618	31 MO S/L	3,835	149
38	DOORS	8/21/87	545			545	31 MO S/L	449	18
39	ZERULL CONST	11/23/87	250			250	31 MO S/L	204	8
42	RENOVATION EXPENSE	2/01/91	39,005			39,005	31 MO S/L	27,957	1,258
43	SAWBLADE	5/08/91	5,000			5,000	31 MO S/L	3,544	161
44	ELECTRICAL	9/03/91	980			980	31 MO S/L	684	32
45	SPRINKLERS	2/15/92	650			650	31 MO S/L	445	21
50	PAINT SPRAYER	11/30/92	125			125	12 MO S/L	125	0
51	Fax Machine	7/23/93	350			350	7 MO S/L	350	0
	Mass Sale: 12/31/13								
59	Lighting Retro - Amtech	6/11/03	2,774			2,774	20 MO S/L	1,398	139
64	Basement Improvements	3/12/04	1,776			1,776	39 MO S/L	425	45
65	Basement Improvements	6/03/04	5,127			5,127	39 MO S/L	1,194	132
67	Building Improvements	11/05/04	2,370			2,370	39 MO S/L	527	61
68	New Stage	11/26/04	1,800			1,800	39 MO S/L	396	46
72	Basement wall/ceiling repair	7/18/05	1,725			1,725	39 MO S/L	350	44
73	Sound Upgrade Equipment	4/06/07	11,339			11,339	39 MO S/L	1,817	291
74	Box Office Expansion	10/25/06	2,400			2,400	39 MO S/L	410	62
78	Land	12/01/77	4,000			4,000	0 -- Land	0	0
	<b>Total Other Depreciation</b>		<u>158,800</u>			<u>158,800</u>		<u>118,076</u>	<u>2,467</u>
	<b>Total ACRS and Other Depreciation</b>		<u>167,509</u>			<u>167,509</u>		<u>126,785</u>	<u>2,467</u>
	<b>Grand Totals</b>		313,365			303,024		196,775	11,007
	<b>Less: Dispositions and Transfers</b>		<u>24,960</u>			<u>17,563</u>		<u>20,182</u>	<u>956</u>
	<b>Net Grand Totals</b>		<u>288,405</u>			<u>285,461</u>		<u>176,593</u>	<u>10,051</u>

41-6038716

**Bonus Depreciation Report**

FYE: 6/30/2014

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
<b>Activity: Form 990, Page 1</b>								
63	Lighting Equipment	9/10/03	1,176		0	0	588	588
79	Copier - Capital Lease	3/09/09	14,794		0	0	7,397	7,397
			<b>Form 990, Page 1</b>		0	0	7,985	7,985
			<b>*Less: Dispositions and Transfers</b>		0	0	7,397	7,397
			<b>Net Form 990, Page 1</b>		0	0	588	588
			<b>Grand Total</b>		0	0	7,985	7,985
			<b>Less: Dispositions and Transfers</b>		0	0	7,397	7,397
			<b>Net Grand Total</b>		0	0	588	588

41-6038716

**Depreciation Adjustment Report**

FYE: 6/30/2014

**All Business Activities**

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
<b><u>MACRS Adjustments:</u></b>						
Page 1	1	19	ECLIPSE CONCERT SYS	0	0	0
Page 1	1	20	KOVAC PIANO	0	0	0
Page 1	1	40	BLDG IMPROVEMENTS	115	90	25
Page 1	1	41	AIR CONDITIONING	0	0	0
Page 1	1	54	Headsets	0	0	0
Page 1	1	58	Furnace	0	0	0
Page 1	1	60	LIGHTING - AMTECH	559	559	0
Page 1	1	62	Lighting - AmTech	596	596	0
Page 1	1	63	Lighting Equipment	0	0	0
Page 1	1	69	Mold Remedy	77	77	0
Page 1	1	70	Diversified Water Diversion	65	65	0
Page 1	1	71	Mold Remedy/Basement Repairs	136	136	0
Page 1	1	75	Computers	0	0	0
Page 1	1	79	Copier - Capital Lease	725	956	-231
Page 1	1	80	Portable Communication System	1,176	1,176	0
Page 1	1	81	iMac Computer - Office	149	149	0
Page 1	1	82	Dell Laptop Computer	161	161	0
Page 1	1	83	Mac Powerbook - Joan	274	274	0
Page 1	1	84	2 iMac Computers	419	390	29
Page 1	1	85	New Air Conditioner	92	92	0
Page 1	1	86	New Water Heater	18	18	0
Page 1	1	88	New Snow Blower	159	124	35
Page 1	1	89	Sound System	1,985	1,551	434
Page 1	1	90	New A/C Unit	84	84	0
Page 1	1	91	Miter Saw, Stand, Parts	86	65	21
Page 1	1	92	2 Leprecon ULD-360 High Power - Lighting	254	190	64
Page 1	1	93	Element 60. 500 Channels - Lighting	979	734	245
				<u>8,109</u>	<u>7,487</u>	<u>622</u>

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2012 &amp; 2013</b>
For calendar year 2013, or tax year beginning <b>07/01/13</b> , ending <b>06/30/14</b>		

Name

Taxpayer Identification Number

**Lakeshore Players, Inc.****41-6038716**

		2012	2013	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	85,841	170,144	84,303
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	206,503	244,582	38,079
	5. Investment income	410	374	-36
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	-441	-3,051	-2,610
	8. Net income or (loss) from fundraising events	13,650	-13,545	-27,195
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	8,946	14,500	5,554
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>314,909</b>	<b>413,004</b>	<b>98,095</b>
<b>Expenses</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	119,379	196,092	76,713
	17. Professional fundraising fees			
	18. Other professional fees	40,675	45,694	5,019
	19. Occupancy, rent, utilities, and maintenance			
	20. Depreciation and Depletion	13,222	13,180	-42
	21. Other expenses	145,006	113,136	-31,870
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>318,282</b>	<b>368,102</b>	<b>49,820</b>
<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>-3,373</b>	<b>44,902</b>	<b>48,275</b>	
<b>Other Information</b>	24. Total exempt revenue	314,909	413,004	98,095
	25. Total unrelated revenue			
	26. Total excludable revenue	314,909	413,004	98,095
	27. Total assets	240,870	304,002	63,132
	28. Total liabilities	33,810	48,820	15,010
	29. Retained earnings	207,060	255,182	48,122
	30. Number of voting members of governing body	14	11	
	31. Number of independent voting members of governing body	14	11	
	32. Number of employees	14	16	
	33. Number of volunteers	389	318	



Form **990T** **Two Year Comparison Report** **2012 & 2013**  
 For calendar year 2013, or tax year beginning **07/01/13**, ending **06/30/14**

Name **Lakeshore Players, Inc.** Taxpayer Identification Number **41-6038716**

		2012	2013	Differences	
<b>Revenue</b>	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	<b>11. Total trade or business income.</b> Combine lines 1 through 10	<b>11.</b>			
<b>Expenses</b>	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Charitable contributions	18.			
	19. Depreciation and Depletion	19.			
	20. Contributions to deferred compensation plans	20.			
	21. Employee benefit programs	21.			
	22. Other deductions	22.			
	<b>23. Total deductions.</b> Add lines 12 through 22	<b>23.</b>			
	<b>24. Taxable income before NOL.</b> Subtract line 23 from 11	<b>24.</b>			
	25. Net operating loss deduction	25.			
	26. Specific deduction	26.	1,000	1,000	
	<b>27. Unrelated business taxable income.</b>	<b>27.</b>	<b>-1,000</b>	<b>-1,000</b>	
	<b>Tax &amp; Credits</b>	28. Income tax (corporate or trust)	28.		
29. Proxy tax		29.			
30. Alternative minimum tax		30.			
<b>31. Total taxes</b>		<b>31.</b>			
32. Other credits		32.			
33. General business credit		33.			
34. Credit for prior year minimum tax		34.			
<b>35. Total credits</b>		<b>35.</b>			
<b>36. Net tax after credits</b>		<b>36.</b>			
37. Recapture taxes		37.			
<b>38. Total Taxes</b>	<b>38.</b>				
<b>Due/Refund</b>	39. Prior year overpayment and estimated tax payments	39.			
	40. Payment made with extension	40.			
	41. Backup withholding and foreign withholding	41.			
	42. Other payments	42.			
	<b>43. Total payments</b>	<b>43.</b>			
	<b>44. Balance due/(Overpayment)</b>	<b>44.</b>			
	45. Overpayment applied to next year	45.			
	46. Penalties	46.			
	<b>47. Total due/(Refund)</b>	<b>47.</b>			

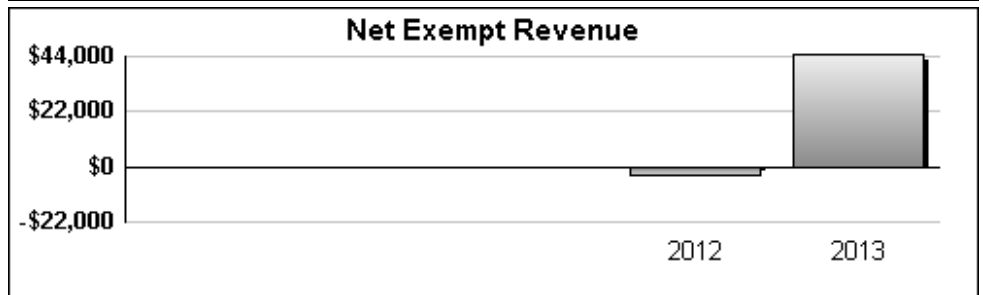
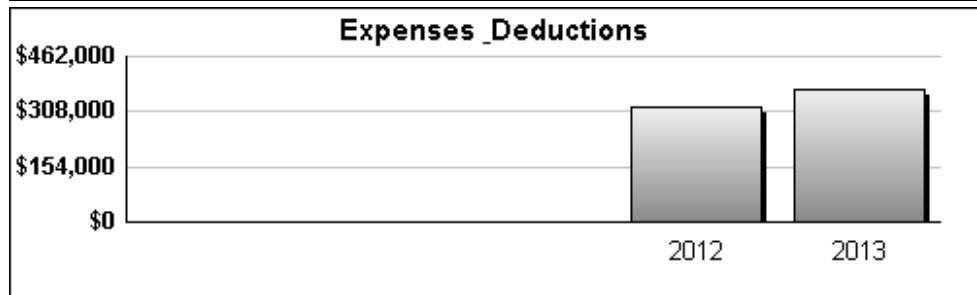
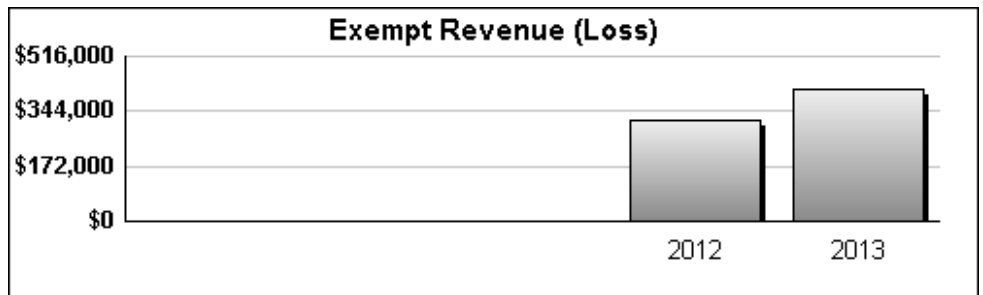
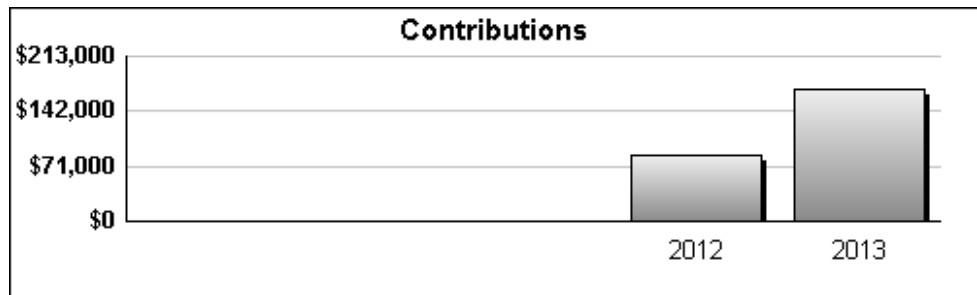
Form **990****Tax Return History****2013**Name  
**Lakeshore Players, Inc.**Employer Identification Number  
**41-6038716**

	2009	2010	2011	2012	2013	2014
Contributions, gifts, grants .....				85,841	170,144	
Membership dues .....						
Program service revenue .....				206,503	244,582	
Capital gain or loss .....				-441	-3,051	
Investment income .....				410	374	
Fundraising revenue (income/loss) .....				13,650	-13,545	
Gaming revenue (income/loss) .....						
Other revenue .....				8,946	14,500	
<b>Total revenue</b> .....				<b>314,909</b>	<b>413,004</b>	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....						
Other compensation .....				119,379	196,092	
Professional fees .....					45,694	
Occupancy costs .....						
Depreciation and depletion .....				13,222	13,180	
Other expenses .....				185,681	113,136	
<b>Total expenses</b> .....				<b>318,282</b>	<b>368,102</b>	
<b>Excess or (Deficit)</b> .....				<b>-3,373</b>	<b>44,902</b>	
Total exempt revenue .....				314,909	413,004	
Total unrelated revenue .....						
Total excludable revenue .....				314,909	413,004	
Total Assets .....				240,870	304,002	
Total Liabilities .....				33,810	48,820	
Net Fund Balances .....				207,060	255,182	

Form **990T** Tax Return History 2013

Name **Lakeshore Players, Inc.** Employer Identification Number **41-6038716**

	2009	2010	2011	2012	2013	2014
Business activity profit/loss .....						
Capital gains/losses .....						
Partner and S Corp gain/loss .....						
Rental income* .....						
Debt-financed income* .....						
Controlled organizations income/interest* .....						
Investment income, specific organizations* .....						
Exploited exempt activity income* .....						
Other income .....						
<b>Total trade or business income.</b> .....						
Compensation of officers, ect. ....						
Other salaries and wages .....						
Repairs and maintenance .....						
Bad debts .....						
Interest .....						
Taxes and licenses .....						
Charitable contributions .....						
Depreciation and Depletion .....						
Deferred compensation plans .....						
Employee benefit programs .....						

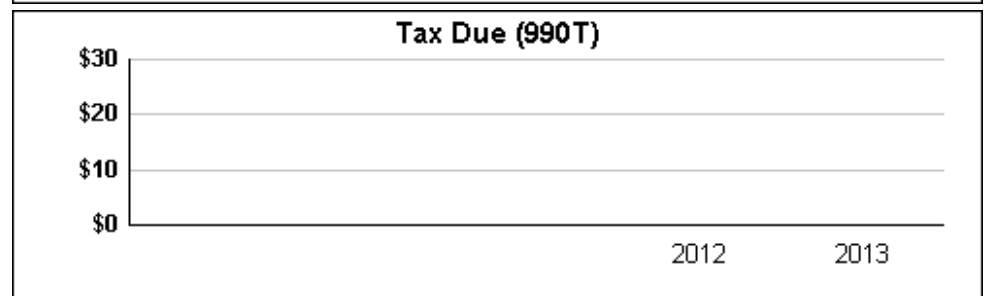
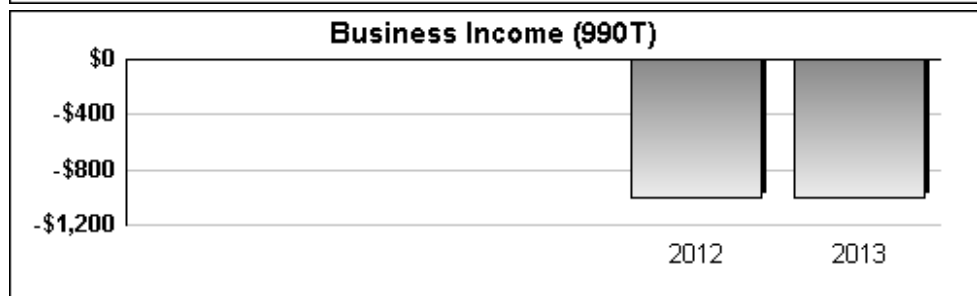
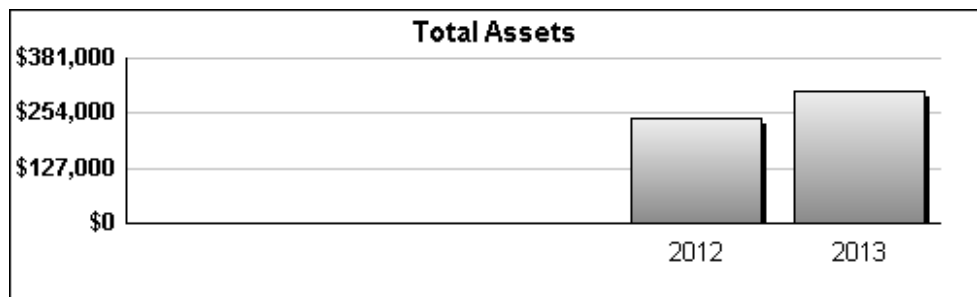


Form <b>990T</b>	<b>Tax Return History</b>	<b>2013</b>
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Name <b>Lakeshore Players, Inc.</b>	Employer Identification Number <b>41-6038716</b>
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	2009	2010	2011	2012	2013	2014
Other deductions .....						
Net operating loss deduction .....						
Specific deduction .....				1,000	1,000	
Income after expense and deductions .....				-1,000	-1,000	
Income tax (corporate or trust) .....						
Other taxes .....						
<b>Total taxes</b> .....						
General business credit .....						
Other credits .....						
<b>Net tax after credits</b> .....						
Estimated tax payments .....						
Other payments .....						
<b>Balance due/Overpayment</b> .....						

\* Income shown net of expenses



41-6038716

**Federal Statements**

FYE: 6/30/2014

**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest income	\$ 174			MN		
Total	\$ 174					

**Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Dividend income	\$ 200			MN		
Total	\$ 200					

**Federal Statements****Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
Artistic Services	\$ 37,946	\$ 37,946	\$	\$
Capital Campaign				
Professional Fees	5,774			5,774
Cap. Campaign Consultant	19,185	19,185		
Total	<u>\$ 62,905</u>	<u>\$ 57,131</u>	<u>\$ 0</u>	<u>\$ 5,774</u>

**Form 990, Part IX, Line 24e - All Other Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
Promotion	\$ 7,321	\$ 7,321	\$	\$
Bank/Credit Card Fees	5,570	5,570		
Venue	5,236	5,236		
Repairs and Maintenance	4,652	4,652		
Costumes	4,479	4,479		
Professional Fees	3,940	3,940		
Miscellaneous	2,662	2,662		
Open/Strike Food	1,972	1,972		
License and Permits	1,791	1,791		
Education	1,641	1,641		
Assessment and Taxes	65	65		
Total	<u>\$ 39,329</u>	<u>\$ 39,329</u>	<u>\$ 0</u>	<u>\$ 0</u>

**Federal Statements****Schedule A, Part III, Line 1(e)**

Description	Amount
Miscellaneous donations	\$ 23,368
Corporate/Foundation Donations	8,308
Minnesota State Arts Board	
Cash Contribution	14,551
Metropolitan Regional Arts Council	
Cash Contribution	29,817
Hardenbergh Foundation	
Cash Contribution	5,000
Capital Campaign	
Cash Contribution	89,100
Total	<u>\$ 170,144</u>

**Schedule A, Part III, Line 2(e)**

Description	Amount
Season ticket income	\$ 62,871
Box office income	128,067
Outreach	53,644
Interest income	174
Dividend income	200
Miscellaneous	795
Costume & Prop Rental	507
Program Ads	600
Gift Certificates	2,066
Concession Income	7,848
Show Theme Drawing	2,684
Show Business	8,988
Costume Sale	701
Capital Campaign	
Total	<u>\$ 269,145</u>

**Federal Statements****Show Business****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
Decorations	\$ 33
Printing & Promotion	2,071
Murder Mystery - Other	47
Total	<u>\$ 2,151</u>