

Forms 990 / 990-EZ Return Summary

For calendar year 2012, or tax year beginning **07/01/12** , and ending **06/30/13**

41-6038716

Lakeshore Players, Inc.

Net Asset / Fund Balance at Beginning of Year		<u>209,139</u>
Revenue		
Contributions	<u>85,841</u>	
Program service revenue	<u>206,503</u>	
Investment income	<u>410</u>	
Capital gain / loss	<u>-441</u>	
Special events:		
Gross revenue	<u>17,677</u>	
Direct expenses	<u>4,027</u>	
Net income	<u>13,650</u>	
Other income	<u>22,596</u>	
Total revenue		<u>314,909</u>
Expenses		
Program services	<u>287,641</u>	
Management and general	<u>22,516</u>	
Fundraising	<u>8,125</u>	
Total expenses		<u>318,282</u>
Excess / (deficit)		<u>-3,373</u>
Other changes		<u>210,433</u>
Net Asset / Fund Balance at End of Year		<u>207,060</u>

Reconciliation of Revenue

Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u>314,909</u>

Reconciliation of Expenses

Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u>318,282</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>244,533</u>	<u>240,870</u>	
Liabilities	<u>35,394</u>	<u>33,810</u>	
Net assets	<u>209,139</u>	<u>207,060</u>	<u>-2,079</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 02/18/14
 Failure to file penalty _____

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form **8879-EO**

For calendar year 2012, or fiscal year beginning 7/01, 2012, and ending 6/30, 20 13

2012

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Name of exempt organization

Employer identification number

Lakeshore Players, Inc.

41-6038716

Name and title of officer

**Michael Spellman
President**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	314,909
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **Ramsay & Associates, Ltd.** to enter my PIN **12345** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } **01/16/14**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

41120758544

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature }

Date }

ERO Must Retain This Form—See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2012)

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning **07/01/12**, and ending **06/30/13**

- 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, town or post office, state, and ZIP code
White Bear Lake MN 55110

D Employer identification number
41-6038716

E Telephone number
651-426-3275

G Gross receipts \$ **319,377**

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 affiliates? Yes No

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

I Tax-exempt status: 501(c)(3) 501(c) () t (insert no.) 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

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To provide enrichment opportunities for the community through the performing arts.				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14		
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	14		
	6 Total number of volunteers (estimate if necessary)	6	389		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0	
b Net unrelated business taxable income from Form 990-T, line 34	7b		0		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	53,342	Current Year	85,841
	9 Program service revenue (Part VIII, line 2g)		210,353		206,503
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		607		-31
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		26,422		22,596
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		290,724		314,909
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)				0
	14 Benefits paid to or for members (Part IX, column (A), line 4)				0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		172,046		119,379
	16a Professional fundraising fees (Part IX, column (A), line 11e)				0
	b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/>		8,125		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		174,914		198,903	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		346,960		318,282	
19 Revenue less expenses. Subtract line 18 from line 12		-56,236		-3,373	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	244,533	End of Year	240,870
	21 Total liabilities (Part X, line 26)		35,394		33,810
	22 Net assets or fund balances. Subtract line 21 from line 20		209,139		207,060

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: **Margaret H. Horning, CPA** Preparer's signature: _____ Date: **01/21/14** Check if self-employed PTIN: **P00066481**

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 to any question 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 \$ **281,539** including grants of \$) (Revenue \$)

Theatre productions and community education for adults and children. Over 389 volunteers helped to produce 7 productions during 2012-2013, including "Arsenic and Old Lace", "Of Thee I Sing", "Cricket on the Hearth", "Inherit the Wind", "The Odd Couple", "Seussical", 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 \$ **6,102** including grants of \$) (Revenue \$)

4e Total program service expenses **287,641**

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	Section 501(c)(3) organizations. 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 assistance to any organization or entity located outside the United States? 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 assistance to individuals located outside the United States? 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 and other assistance to any government or organization in the United States 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 and 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 25		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	Section 501(c)(3) and 501(c)(4) organizations. 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	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," 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	Section 501(c)(3) organizations. 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? Note. 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 to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1a	24		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	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		
2a	14		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	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	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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	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	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7e			
7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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 to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	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.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 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

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

Check if Schedule O contains a response to any question 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) Franklin Heller	1.00									
Director	0.00	X					0	0	0	
(2) Matthew Hertz	1.00									
Director	0.00	X					0	0	0	
(3) Nancy Livingston	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) Keith McCarthy	1.00									
Director	0.00	X					0	0	0	
(7) Tony Munson	1.00									
Director	0.00	X					0	0	0	
(8) Jeff Musch	1.00									
Director	0.00	X					0	0	0	
(9) Mike Spellman	1.00									
Director	0.00	X					0	0	0	
(10) Sarah Wanger	1.00									
Director	0.00	X					0	0	0	
(11) Orlin Bandt	2.00									
Treasurer	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) J. P. Barone Vice President	2.00 0.00			X				0	0	0
(13) Carrie Wasley President	2.00 0.00			X				0	0	0
(14) Lori Vosejka Secretary	2.00 0.00			X				0	0	0
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	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	4	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	5	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 to any question 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, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	85,841			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		85,841			
	Program Service Revenue		Busn. Code			
2a Box office income			110,385	110,385		
b Season ticket income			58,732	58,732		
c Outreach			37,386	37,386		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			206,503			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		410	410		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis & sales exps.		441			
	c Gain or (loss)		-441			
	d Net gain or (loss)		-441	-441		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	17,677			
		b Less: direct expenses	4,027			
c Net income or (loss) from fundraising events			13,650			
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Busn. Code				
11a Concession income			5,737	5,737		
b Gift certificates			1,456	1,456		
c Miscellaneous			990	990		
d All other revenue			763	763		
e Total. Add lines 11a-11d			8,946			
12 Total revenue. See instructions.			314,909	215,418	0	0

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 to any question 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	109,763	81,225	21,952	6,586
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	9,616	9,616		
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	675	675		
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.)	40,000	40,000		
12 Advertising and promotion				
13 Office expenses	6,698	6,698		
14 Information technology				
15 Royalties	13,833	13,833		
16 Occupancy				
17 Travel	105	105		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	117	117		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,222	13,025	197	
23 Insurance	11,137	11,137		
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 Outreach Services	27,138	27,138		
b Professional Fees	22,758	22,758		
c Promotion	16,321	16,321		
d Utilities	12,233	11,866	367	
e All other expenses	34,666	33,127		1,539
25 Total functional expenses. Add lines 1 through 24e	318,282	287,641	22,516	8,125
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 to any question in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	63,171	1	56,072
	2 Savings and temporary cash investments	76,204	2	76,291
	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	9,476	9	12,979
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 304,130		
	b Less: accumulated depreciation	10b 215,857	89,881	10c 88,273
	11 Investments—publicly traded securities	5,801	11	7,255
	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 Total assets. Add lines 1 through 15 (must equal line 34)		244,533	16	240,870
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue	22,677	19	23,776
	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	12,717	25	10,034
	26 Total liabilities. Add lines 17 through 25	35,394	26	33,810
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	209,139	27	207,060
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	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 Total net assets or fund balances	209,139	33	207,060	
34 Total liabilities and net assets/fund balances	244,533	34	240,870	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	314,909
2	Total expenses (must equal Part IX, column (A), line 25)	2	318,282
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,373
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	209,139
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,294
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	207,060

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 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.		
2a 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		X
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		X
c 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.		
3a 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 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

OMB No. 1545-0047

2012

Open to Public Inspection

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

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

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?

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

- (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?

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)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) <input type="checkbox"/>	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. 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

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%

16a 33 1/3% support test—2012. 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—2011. 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—2012. 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—2011. 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	58,020	76,782	98,814	53,342	85,841	372,799
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	228,173	189,639	225,630	243,489	233,536	1,120,467
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	286,193	266,421	324,444	296,831	319,377	1,493,266
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						1,493,266

Section B. Total Support

Calendar year (or fiscal year beginning in) <input type="checkbox"/>	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	286,193	266,421	324,444	296,831	319,377	1,493,266
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,622	990	1,802	607	410	5,431
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,622	990	1,802	607	410	5,431
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	287,815	267,411	326,246	297,438	319,787	1,498,697

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

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	99.64%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	99.40%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	1%

19a 33 1/3% support tests—2012. 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—2011. 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

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2012

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 33¹/₃ % 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Lakeshore Players, Inc.	Employer identification number 41-6038716
--	---

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	\$ 12,601	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Metropolitan Regional Arts Council 2324 University Ave W STE 114 St. Paul MN 55114	\$ 27,295	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	VSA Minnesota 528 Hennepin Avenue Suite # 305 Minneapolis MN 55403	\$ 5,865	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	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 if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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. See separate instructions.

OMB No. 1545-0047

2012

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: Description, 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: Description, Amount. 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
1c	
1d	
1e	
1f	

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

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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g 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
3a(i)		
3a(ii)		
3b		

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

Part VI Land, Buildings, and Equipment. 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
1a Land		4,000		4,000
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		300,130	215,857	84,273
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			<input type="checkbox"/>	88,273

Part VII Investments—Other Securities. 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)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	□	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	□	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	□

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Payrol Taxes Payable	7,611
(3) Capital Lease Obligation	2,423
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	□ 10,034

2. FIN 48 (ASC 740) Footnote. 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

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2012

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. See separate instructions.

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							
Total							

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>Murder Mystery</u> (event type)	_____ (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	15,993		15,993
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	15,993		15,993
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	395		395
	6	Rent/facility costs	248		248
	7	Food and beverages	2,094		2,094
	8	Entertainment			
	9	Other direct expenses	1,240		1,240
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Combine line 3, column (d), and line 10				12,016

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))
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. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZComplete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012Open to Public
Inspection**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 389 volunteers helped to produce 7 productions during 2012-2013, including "Arsenic and Old Lace", "Of Thee I Sing", "Cricket on the Hearth", "Inherit the Wind", "The Odd Couple", "Seussical", 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

N/A

Name of the organization

Lakeshore Players, Inc.

Employer identification number

41-6038716

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

\$ 40,000

\$ 0

\$ 0

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

Description

Amount

Set Construction

\$ 7,161

\$ 0

\$ 0

Repairs and Maintenance

\$ 5,864

\$ 0

\$ 0

Bank/Credit Card Fees

\$ 4,807

\$ 0

\$ 0

Miscellaneous

\$ 2,425

\$ 0

\$ 1,539

Costumes

\$ 3,171

\$ 0

\$ 0

Janitorial Services

\$ 3,036

\$ 0

\$ 0

Dues and Subscriptions

\$ 1,866

\$ 0

\$ 0

Name of the organization

Lakeshore Players, Inc.

Employer identification number

41-6038716

Concession Expense

\$ 1,856 \$ 0 \$ 0

Open/Strike Food

\$ 1,099 \$ 0 \$ 0

Postage

\$ 770 \$ 0 \$ 0

Education

\$ 640 \$ 0 \$ 0

Assessment and Taxes

\$ 357 \$ 0 \$ 0

License and Permits

\$ 75 \$ 0 \$ 0

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

Unrealized Gain on Securities \$ 1,294

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

2012

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	500,000
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	2,000,000
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 smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 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 2013. 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	5,472

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 2012	17	6,495
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 2012 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		8,755	7.0	HY	200DB	1,251
d 10-year property						
e 15-year property			25 yrs.		S/L	
f 20-year property						
g 25-year property			27.5 yrs.	MM	S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property	06/13/13	3,300	39 yrs.	MM	S/L	4
				MM	S/L	

Section C—Assets Placed in Service During 2012 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	Total. 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	13,222
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** (2012)

Year Ended: June 30, 2013

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: 6/30/2013

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
7-year GDS Property:										
88	New Snow Blower	12/28/12	649			649	7	HY 200DB	0	93
89	Sound System	9/06/12	8,106			8,106	7	HY 200DB	0	1,158
			<u>8,755</u>			<u>8,755</u>			<u>0</u>	<u>1,251</u>
Non-Residential Real Property:										
90	New A/C Unit	6/13/13	3,300			3,300	39	MMS/L	0	4
			<u>3,300</u>			<u>3,300</u>			<u>0</u>	<u>4</u>
Prior MACRS:										
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	2,667	114
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
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	4,749	558
62	Lighting - AmTech	8/13/03	11,904			11,904	20	HY S/L	5,059	595
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	548	77
70	Diversified Water Diversion	5/20/05	2,541			2,541	39	MMS/L	464	65
71	Mold Remedy/Basement Repairs	6/27/05	5,297			5,297	39	MMS/L	956	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	9,717	1,451
80	Portable Communication System	12/29/10	9,411			9,411	7	HY 200DB	3,649	1,646
81	iMac Computer - Office	5/23/11	1,290			1,290	5	HY 200DB	671	247
82	Dell Laptop Computer	9/10/10	1,400			1,400	5	HY 200DB	728	269
83	Mac Powerbook - Joan	8/31/10	2,374			2,374	5	HY 200DB	1,234	456
84	2 iMac Computers	9/30/11	2,183			2,183	5	HY 200DB	437	698
85	New Air Conditioner	6/18/12	3,600			3,600	39	MMS/L	4	92
86	New Water Heater	10/06/11	700			700	39	MMS/L	13	18
87	New Snow Blower	12/31/11	600			600	7	HY 200DB	86	73
	Sold/Scrapped: 12/21/12									
			<u>95,779</u>			<u>87,794</u>			<u>52,899</u>	<u>6,495</u>
ACRS:										
18	TYPEWRITER	9/01/85	614			614	5	HY PRE	614	0
30	HTG & AIR COND	10/31/84	8,095			8,095	5	HY PRE	7,945	0
	Total ACRS Depreciation		<u>8,709</u>			<u>8,709</u>			<u>8,559</u>	<u>0</u>
Other Depreciation:										
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
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
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

41-6038716

Federal Asset Report

FYE: 6/30/2013

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
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	3,680	149
38	DOORS	8/21/87	545			545	31 MO S/L	433	17
39	ZERULL CONST	11/23/87	250			250	31 MO S/L	197	8
42	RENOVATION EXPENSE	2/01/91	39,005			39,005	31 MO S/L	26,699	1,258
43	SAWBLADE	5/08/91	5,000			5,000	31 MO S/L	3,383	161
44	ELECTRICAL	9/03/91	980			980	31 MO S/L	653	31
45	SPRINKLERS	2/15/92	650			650	31 MO S/L	424	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
57	Roof	8/25/00	24,675			24,675	20 MO200DB	16,449	1,007
59	Lighting Retro - Amtech	6/11/03	2,774			2,774	20 MO S/L	1,260	138
64	Basement Improvements	3/12/04	1,776			1,776	39 MO S/L	379	46
65	Basement Improvements	6/03/04	5,127			5,127	39 MO S/L	1,063	131
67	Building Improvements	11/05/04	2,370			2,370	39 MO S/L	466	61
68	New Stage	11/26/04	1,800			1,800	39 MO S/L	350	46
72	Basement wall/ceiling repair	7/18/05	1,725			1,725	39 MO S/L	306	44
73	Sound Upgrade Equipment	4/06/07	11,339			11,339	7 MO S/L	8,504	1,620
74	Box Office Expansion	10/25/06	2,400			2,400	39 MO S/L	349	61
77	Sound Equipment	2/06/09	4,712			4,712	7 MO S/L	2,300	673
78	Land	12/01/77	4,000			4,000	0 -- Land	0	0
	Total Other Depreciation		<u>188,187</u>			<u>188,187</u>		<u>141,336</u>	<u>5,472</u>
	Total ACRS and Other Depreciation		<u>196,896</u>			<u>196,896</u>		<u>149,895</u>	<u>5,472</u>
	Grand Totals		304,730			296,745		202,794	13,222
	Less: Dispositions and Transfers		600			600		86	73
	Less: Start-up/Org Expense		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>304,130</u>			<u>296,145</u>		<u>202,708</u>	<u>13,149</u>

41-6038716

MN Asset Report

FYE: 6/30/2013

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	MN Prior	MN Current	Federal Current	Difference Fed - MN
7-year GDS Property:								
88	New Snow Blower	12/28/12	649	649	0	93	93	0
89	Sound System	9/06/12	8,106	8,106	0	1,158	1,158	0
			<u>8,755</u>	<u>8,755</u>	<u>0</u>	<u>1,251</u>	<u>1,251</u>	<u>0</u>
Non-Residential Real Property:								
90	New A/C Unit	6/13/13	3,300	3,300	0	4	4	0
			<u>3,300</u>	<u>3,300</u>	<u>0</u>	<u>4</u>	<u>4</u>	<u>0</u>
Prior MACRS:								
60	LIGHTING - AMTECH	7/01/03	11,173	11,173	4,749	558	558	0
62	Lighting - AmTech	8/13/03	11,904	11,904	5,059	595	595	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	548	77	77	0
70	Diversified Water Diversion	5/20/05	2,541	2,541	464	65	65	0
71	Mold Remedy/Basement Repairs	6/27/05	5,297	5,297	956	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	3,240	421	673	252
79	Copier - Capital Lease	3/09/09	14,794	7,397	9,717	1,451	1,451	0
80	Portable Communication System	12/29/10	9,411	9,411	3,649	1,646	1,646	0
81	iMac Computer - Office	5/23/11	1,290	1,290	671	247	247	0
82	Dell Laptop Computer	9/10/10	1,400	1,400	728	269	269	0
83	Mac Powerbook - Joan	8/31/10	2,374	2,374	1,234	456	456	0
84	2 iMac Computers	9/30/11	2,183	2,183	437	698	698	0
85	New Air Conditioner	6/18/12	3,600	3,600	4	92	92	0
86	New Water Heater	10/06/11	700	700	13	18	18	0
87	New Snow Blower	12/31/11	600	600	86	73	73	0
	Sold/Scrapped: 12/21/12							
			<u>78,766</u>	<u>68,425</u>	<u>35,342</u>	<u>6,802</u>	<u>7,054</u>	<u>252</u>
Other Depreciation:								
1	SEAT COVERS	7/01/71	0	0	0	0	0	0
3	STAND LIGHTS	7/01/72	0	0	0	0	0	0
4	PHONE RECORDER	7/01/72	0	0	0	0	0	0
5	RAISE SEATS	7/01/72	0	0	0	0	0	0
7	HEATERS	7/01/72	0	0	0	0	0	0
8	TOOLS	7/01/72	0	0	0	0	0	0
9	FOLLOW SPOT	1/01/69	0	0	0	0	0	0
10	LIGHT BOARD	12/01/75	0	0	0	0	0	0
18	TYPEWRITER	9/01/85	0	0	0	0	0	0
19	ECLIPSE CONCERT SYS	7/01/88	0	0	0	0	0	0
20	KOVAC PIANO	2/20/89	0	0	0	0	0	0
21	BUILDING	7/01/71	0	0	0	0	0	0
22	SPRINKLER SYS	7/01/71	0	0	0	0	0	0
23	LOFT	7/01/72	0	0	0	0	0	0
24	WIRING	7/01/71	0	0	0	0	0	0
25	LIGHTING	7/01/71	0	0	0	0	0	0
26	CARPENTRY	7/01/71	0	0	0	0	0	0
27	CARPET	4/01/78	0	0	0	0	0	0
28	'78 IMPROVEMENTS	12/01/77	0	0	0	0	0	0
29	BLDG IMPROVEMENTS	7/01/84	0	0	0	0	0	0
30	HTG & AIR COND	10/31/84	0	0	0	0	0	0
31	BLDG IMPROVEMENTS	6/03/85	0	0	0	0	0	0
32	GARAGE	7/01/86	0	0	0	0	0	0
33	GARAGE	9/02/86	0	0	0	0	0	0
34	GARAGE	10/21/86	0	0	0	0	0	0
35	GARAGE	11/18/86	0	0	0	0	0	0
36	GARAGE	12/22/86	0	0	0	0	0	0
37	DOORS	7/14/87	0	0	0	0	149	149
38	DOORS	8/21/87	0	0	0	0	17	17
39	ZERULL CONST	11/23/87	0	0	0	0	8	8
40	BLDG IMPROVEMENTS	2/01/89	0	0	0	0	114	114
41	AIR CONDITIONING	9/28/89	0	0	0	0	0	0
42	RENOVATION EXPENSE	2/01/91	0	0	0	0	1,258	1,258

41-6038716

MN Asset Report

FYE: 6/30/2013

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	MN Prior	MN Current	Federal Current	Difference Fed - MN
43	SAWBLADE	5/08/91	0	0	0	0	161	161
44	ELECTRICAL	9/03/91	0	0	0	0	31	31
45	SPRINKLERS	2/15/92	0	0	0	0	21	21
50	PAINT SPRAYER	11/30/92	0	0	0	0	0	0
51	Fax Machine	7/23/93	0	0	0	0	0	0
54	Headsets	10/20/99	0	0	0	0	0	0
57	Roof	8/25/00	0	0	0	0	1,007	1,007
58	Furnace	2/13/01	0	0	0	0	0	0
59	Lighting Retro - Amtech	6/11/03	0	0	0	0	138	138
64	Basement Improvements	3/12/04	1,776	1,776	379	46	46	0
65	Basement Improvements	6/03/04	5,127	5,127	1,063	131	131	0
67	Building Improvements	11/05/04	2,370	2,370	466	61	61	0
68	New Stage	11/26/04	0	0	27	0	46	46
72	Basement wall/ceiling repair	7/18/05	1,725	1,725	306	44	44	0
73	Sound Upgrade Equipment	4/06/07	11,339	11,339	1,526	291	1,620	1,329
74	Box Office Expansion	10/25/06	2,400	2,400	349	61	61	0
78	Land	12/01/77	4,000	4,000	0	0	0	0
Total Other Depreciation			<u>28,737</u>	<u>28,737</u>	<u>4,116</u>	<u>634</u>	<u>4,913</u>	<u>4,279</u>
Total ACRS and Other Depreciation			<u>28,737</u>	<u>28,737</u>	<u>4,116</u>	<u>634</u>	<u>4,913</u>	<u>4,279</u>
Grand Totals			119,558	109,217	39,458	8,691	13,222	4,531
Less: Dispositions			600	600	86	73	73	0
Less: Start-up/Org Expense			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Net Grand Totals			<u>118,958</u>	<u>108,617</u>	<u>39,372</u>	<u>8,618</u>	<u>13,149</u>	<u>4,531</u>

41-6038716

AMT Asset Report

FYE: 6/30/2013

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
7-year GDS Property:											
88	New Snow Blower	12/28/12	649				649	7	HY 150DB	0	70
89	Sound System	9/06/12	8,106				8,106	7	HY 150DB	0	868
			<u>8,755</u>				<u>8,755</u>			<u>0</u>	<u>938</u>
Non-Residential Real Property:											
90	New A/C Unit	6/13/13	3,300				3,300	39	MMS/L	0	4
			<u>3,300</u>				<u>3,300</u>			<u>0</u>	<u>4</u>
Prior MACRS:											
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	2,101	89
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
57	Roof	8/25/00	24,675				24,675	39	MMS/L	7,513	633
58	Furnace	2/13/01	9,464				9,464	7	HY 150DB	9,464	0
69	Mold Remedy	5/09/05	3,000				3,000	39	MMS/L	548	77
70	Diversified Water Diversion	5/20/05	2,541				2,541	39	MMS/L	464	65
71	Mold Remedy/Basement Repairs	6/27/05	5,297				5,297	39	MMS/L	956	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	3,240	421
79	Copier - Capital Lease	3/09/09	14,794			X	7,397	7	HY 150DB	8,105	1,911
80	Portable Communication System	12/29/10	9,411				9,411	7	HY 200DB	3,649	1,646
81	iMac Computer - Office	5/23/11	1,290				1,290	5	HY 200DB	671	247
82	Dell Laptop Computer	9/10/10	1,400				1,400	5	HY 200DB	728	269
83	Mac Powerbook - Joan	8/31/10	2,374				2,374	5	HY 200DB	1,234	456
84	2 iMac Computers	9/30/11	2,183				2,183	5	HY 150DB	327	557
85	New Air Conditioner	6/18/12	3,600				3,600	39	MMS/L	4	92
86	New Water Heater	10/06/11	700				700	39	MMS/L	13	18
87	New Snow Blower	12/31/11	600				600	7	HY 150DB	64	58
	Sold/Scrapped: 12/21/12										
			<u>100,913</u>				<u>91,160</u>			<u>50,358</u>	<u>6,675</u>
ACRS:											
18	TYPEWRITER	9/01/85	614				614	5	HY PRE	614	0
30	HTG & AIR COND	10/31/84	8,095				8,095	5	HY PRE	8,095	0
	Total ACRS Depreciation		<u>8,709</u>				<u>8,709</u>			<u>8,709</u>	<u>0</u>
Other Depreciation:											
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
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
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

41-6038716

AMT Asset Report

FYE: 6/30/2013

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
37	DOORS	7/14/87	4,618			4,618	31 MO S/L	3,686	149
38	DOORS	8/21/87	545			545	31 MO S/L	432	17
39	ZERULL CONST	11/23/87	250			250	31 MO S/L	196	8
42	RENOVATION EXPENSE	2/01/91	39,005			39,005	31 MO S/L	26,699	1,258
43	SAWBLADE	5/08/91	5,000			5,000	31 MO S/L	3,383	161
44	ELECTRICAL	9/03/91	980			980	31 MO S/L	653	31
45	SPRINKLERS	2/15/92	650			650	31 MO S/L	424	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
59	Lighting Retro - Amtech	6/11/03	2,774			2,774	20 MO S/L	1,260	138
60	LIGHTING - AMTECH	7/01/03	0			0	20 HY	0	0
62	Lighting - AmTech	8/13/03	0			0	0 HY	0	0
63	Lighting Equipment	9/10/03	0			0	0 HY	0	0
64	Basement Improvements	3/12/04	0			0	20 HY	0	0
65	Basement Improvements	6/03/04	0			0	20 HY	0	0
67	Building Improvements	11/05/04	0			0	0 HY	0	0
68	New Stage	11/26/04	0			0	0 HY	0	0
72	Basement wall/ceiling repair	7/18/05	0			0	0 HY	0	0
73	Sound Upgrade Equipment	4/06/07	11,339			11,339	39 MO S/L	1,526	291
74	Box Office Expansion	10/25/06	2,400			2,400	39 MO S/L	349	61
78	Land	12/01/77	0			0	0 HY	0	0
	Total Other Depreciation		<u>142,002</u>			<u>142,002</u>		<u>113,049</u>	<u>2,135</u>
	Total ACRS and Other Depreciation		<u>150,711</u>			<u>150,711</u>		<u>121,758</u>	<u>2,135</u>
	Grand Totals		263,679			253,926		172,116	9,752
	Less: Dispositions and Transfers		<u>600</u>			<u>600</u>		<u>64</u>	<u>58</u>
	Net Grand Totals		<u>263,079</u>			<u>253,326</u>		<u>172,052</u>	<u>9,694</u>

41-6038716

Bonus Depreciation Report

FYE: 6/30/2013

<u>Asset</u>	<u>Property Description</u>	<u>Date In Service</u>	<u>Tax Cost</u>	<u>Bus Pct</u>	<u>Tax Sec 179 Exp</u>	<u>Current Bonus</u>	<u>Prior Bonus</u>	<u>Tax - Basis for Depr</u>
Activity: Form 990, Page 1								
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
	Form 990, Page 1		<u>15,970</u>		<u>0</u>	<u>0</u>	<u>7,985</u>	<u>7,985</u>
	Grand Total		<u>15,970</u>		<u>0</u>	<u>0</u>	<u>7,985</u>	<u>7,985</u>

41-6038716

Depreciation Adjustment Report

FYE: 6/30/2013

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
<u>MACRS Adjustments:</u>						
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	114	89	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	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	1,451	1,911	-460
Page 1	1	80	Portable Communication System	1,646	1,646	0
Page 1	1	81	iMac Computer - Office	247	247	0
Page 1	1	82	Dell Laptop Computer	269	269	0
Page 1	1	83	Mac Powerbook - Joan	456	456	0
Page 1	1	84	2 iMac Computers	698	557	141
Page 1	1	85	New Air Conditioner	92	92	0
Page 1	1	86	New Water Heater	18	18	0
Page 1	1	87	New Snow Blower	73	58	15
Page 1	1	88	New Snow Blower	93	70	23
Page 1	1	89	Sound System	1,158	868	290
Page 1	1	90	New A/C Unit	4	4	0
				<u>6,597</u>	<u>6,563</u>	<u>34</u>

41-6038716

Federal Statements

FYE: 6/30/2013

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	\$ 250			MN		
Total	\$ 250					

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	\$ 160			MN		
Total	\$ 160					

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
Artistic Services	\$ 40,000	\$ 40,000	\$	\$
Total	\$ 40,000	\$ 40,000	\$ 0	\$ 0

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
Set Construction	\$ 7,161	\$ 7,161	\$	\$
Repairs and Maintenance	5,864	5,864	\$	\$
Bank/Credit Card Fees	4,807	4,807	\$	\$
Miscellaneous	3,964	2,425	\$	1,539
Costumes	3,171	3,171	\$	\$
Janitorial Services	3,036	3,036	\$	\$
Dues and Subscriptions	1,866	1,866	\$	\$
Concession Expense	1,856	1,856	\$	\$
Open/Strike Food	1,099	1,099	\$	\$
Postage	770	770	\$	\$
Education	640	640	\$	\$
Assessment and Taxes	357	357	\$	\$
License and Permits	75	75	\$	\$
Total	\$ 34,666	\$ 33,127	\$ 0	\$ 1,539

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

<u>Description</u>	<u>Amount</u>
Miscellaneous donations	\$ 31,080
Minnesota State Arts Board Cash Contribution	12,601
Metropolitan Regional Arts Council Cash Contribution	27,295
VSA Minnesota Cash Contribution	5,865
Hardenbergh Foundation Cash Contribution	5,000
Vadnais Heights Area Community Fund Cash Contribution	3,000
The Shoreview Community Foundation Cash Contribution	1,000
Total	<u>\$ 85,841</u>

Schedule A, Part III, Line 2(e)

<u>Description</u>	<u>Amount</u>
Season ticket income	\$ 58,732
Box office income	110,385
Outreach	37,386
Interest income	250
Dividend income	160
Miscellaneous	990
Costume & Prop Rental	13
Program Ads	750
Gift Certificates	1,456
Concession Income	5,737
Murder Mystery Night	15,993
Theatre on a Schtick Costume Sale	1,684
Total	<u>\$ 233,536</u>

Federal Statements**Murder Mystery Night****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
Decorations	\$ 28
Printing & Promotion	996
Production	46
Tableware	128
Volunteers	38
Murder Mystery - Other	4
Total	<u>\$ 1,240</u>

Federal Statements**Costume Sale****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
Printing/Promotion	\$ <u>38</u>
Total	\$ <u><u>38</u></u>