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2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Short Form
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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year
may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

Inspection

	Α	For the 2009 cale	ndar ye	ear, or tax	year beg	inning		, 2009), and end	ling			•
	В	Check if applicable	С								D Em	ployer	dentification number
		Address change use	ease ie IRS S	ST CLOU	JD PINE	EVIEW PA	ARK BMX	INC			41	L - 19	18093
	\vdash	pn pn		PO BOX							E Tele		
	H	Initial return typ	pe. S	ST CLOU	JD, MN	56302					32	20-2	51-6821
	H	Termination Sp	struc-										
	且		ons.								Nui	mber	xemption -
		• Section 501 mus	1(c)(3) o t attach	organizati h a compl	ons and 4 eted Sche	1947(a)(1) n edule A (Fo	onexempt c rm 990 or 9:	haritable trusts 90-EZ).	,	Accounting Other (spec		d. <u>[X</u>	Cash Accrual
	l.	Website: ► <u>N//</u>		·	v)					H Check ►	X If to attach	Sche	ganization is not dule B (Form 990,
		Tax-exempt status (cl				<u>(3)</u> ◄ (4947(a)(1) or	527			-	
		\$25,000. A Form 99	90-EZ o	r Form 990	0 return is	not required	, but if the or		ses to file	a return, be sur	are norr re to file	nally a cor	not more than nplete return.
		Add lines 5b, 6b, a sinstead of Form 9	and 7b, 90-EZ	, to line 9	to determ	nine gross i	receipts; if \$	5500,000 or moi	e, file Fo	rm 990		► \$	61,422.
	Pa	rt I Reven	ue, Ex	kpenses	, and C	hanges i	n Net Ass	ets or Fund	Balance	es (See the	ınstru	ctior	ns for Part I.)
		1 Contribution	ıs, gıfts,	, grants, a	and simila	ar amounts	received					1	5,815.
		2 Program ser	rvice re	venue inc	:luding go	vernment f	ees and con	tracts				2	34,129.
		3 Membership	dues a	and asses	sments						L	_3	
2010		4 Investment									L	4	1,079.
7(5a Gross amou					entory		5a				
ခာ	_	b Less cost o				•			5 b				
2	E	c Gain or (loss) fi									\neg	5 c	
Z	RE>EX	6 Special events a				le parts of Sch		-	ımıng, checi	k here			
JUN	Ü	a Gross reven	•	-	, ş		of co	ntributions	1 - 1				
	E	reported on	•						6a		L45.		
\Box		b Less: direct	•						6b	1,	532.		
뿔		c Net income or (•		•		line 6a)	1 _ 1			6c	
Ž		7a Gross sales		-	s returns	and allowa	nces		_7a	19,2			
Ř		b Less: cost o	-						7 b	21,8	323.		
SCANNED					ales of inv	entory (Sul	otract line /	b from line 7a)				7 c	-2,569.
00		8 Other revenue (•								–, ⊦	8	
		9 Total revenu										9	38,067.
		10 Grants and s11 Benefits paid	sımilar	arnounts	Participation	schedu	e)		SEE ST	ATEMENT 1		10	2,315.
	Ë	11 Benefits pair	id to or	torment	ners I W E		-					11	
	E X P	12 Salaries, oth	her com	npensatio	n, and em	iployee bei	efits			•	-	12	
	Ņ	13 Professional	i rees a	ind other	paymente) io indeper	ident contra	ctors.			ļ	13	625.
	SE	14 Occupancy,									—	14	1,927.
	S	15 Printing, put					•	•			_ ⊢	15	1,003.
		16 Other expenses 17 Total expenses	(describe	COCC		MENT 2				 -		16	37,765.
										 	$\overline{}$	17	43,635.
	Δ	18 Excess or (d			•		•	•			F-	18	-5,568.
	NEET	19 Net assets of figure report	or fund	balances	at beginn	iing of year	(from line 2	?7, column (A))	(must ag	ree with end-o	f-year -		116 504
	NSET		•		•	alamana (at	taab ayalaa	-tm\	•		-	19	116,524.
	Ś	20 Other chang21 Net assets of				•	•	•		•		20	110 056
	Da							3) are \$1,250,00	10	- 61- F 00		21	110,956.
	<u> </u>	itii Dalanc	<u> </u>			ions for Pai) are \$1,250,00	10 01 111010	(A) Beginning			
	22	Cash, savings, a	and inve		C 111311 UC11	10113 101 1 01	,		F		, 196.		(B) End of year 56, 764.
	23										, <u>130.</u> , 483.	23	32,826.
	24			► SEE	STATE	MENT 3		,	F		845.	24	21,366.
	25	Total assets							. -		, 524.	25	110,956.
	26	Total liabilities ((describ	be ►			•	,	. F		0.	26	0.
	27	Net assets or fu			e 27 of cc	olumn (B) n	ıust agree v	/ vith line 21)	·	116	, 524.	27	110,956.
	_	For Privacy Act										11	Form 990-EZ (2009)

TEEA0803L 01/30/10

Form 990-EZ (2009) ST CLOUD PINEVI Part III Statement of Program Ser		(Can the material	41-	-191	.8093 Page 2
			ons.)	(Rea	Expenses
What is the organization's primary exempt purpose? SP Describe what was achieved in carrying out the	ONSOR A BMX BIRE I	oses In a clear and co	oncise manner.	501(0	(3) and (4)
Describe what was achieved in carrying out th describe the services provided, the number of program title	persons benefited, or other	relevant information for	each	4947 for ot	uired for section (3) and (4) (3) and section (a)(1) trusts; optional hers)
28 SEE STATEMENT 4					
		- 	-		
					41 460
(Grants \$ 2,315.) If th	iis amount includes foreign gi	rants, check here		28 a	41,469.
<u> </u>					
(Grants \$) If th	is amount includes foreign gi			29 a	
30		·			
	=======================================				
(Grants \$) If th 31 Other program services (attach schedule	is amount includes foreign gi	rants, check here	<u> </u>	30 a	
	;) . iis amount includes foreign gi	rants check here	▶ □	31 a	
32 Total program service expenses (add lin		anto, crioci noro	>	32	41,469.
Part IV List of Officers, Directors,	Trustees, and Key Em	ployees. List each or	ne even if not com	pensa	ated (See the instrs.)
(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	(d) Contributions	to	(e) Expense account and other allowances
	to position	not paid, enter -0)	deferred compensat		and other allowances
AARON TAST	PRESIDENT	0.		0.	0.
	2.00				
/	20122 1414222				
KURT SAZL	BOARD MEMBER			0.	0.
	2.00				
DEB NATHE	SECRETARY	0.		0.	0.
	2.00			0.	0.
	2.00				
TOM NATHE	PAST PRESIDENT	0.		0.	0.
	1.00	1		į	
RICHARD WIELKIEWICZ	TREASURER			0.	0.
	2.00				
MARK POST	DIDECTOR				
MARK FOST	DIRECTOR 1.00		1	0.	0.
	1.00				
CHERYL POST	DIRECTOR	0.		0.	0.
	1.00			١.,	•
					•
		 			
					
BAA	TEEA0812L 0	1/30/10			Form 990-EZ (2009)
	, LL 1001EL 0				· JIIII JJU-LL (2007)

	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U S? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	42 c		X N/A N/A No X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds? If 'Yes' Form 990 must be completed instead	,		N/A N/A No
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	42 c		N/A
c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		X
t	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country	42 b	Yes	No X
42 a	a The organization's books are in care of ► RICHARD WIELKIEWICZ Located at ► 1714 BOXWOOD CIRCLE ST CLOUD MN ZIP + 4 ► 56303	55 - 9	<u>558</u>	
41	List the states with which a copy of this return is filed NONE	_ +ve		
•	by the organization • All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		
	managers or disqualified persons during the year under sections 4912, 4955, and 4958 O. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed			
	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40 b		Х
40 a	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.			
	b Gross receipts, included on line 9, for public use of club facilities . 39b N/A			
	Section 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 9 N/A			
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 8 to 10 (7) (8) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8			
38 a	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		Х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions 0. b Did the organization file Form 1120-POL for this year?	37 b		Х
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
ı	 a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice reporting, and proxy tax requirements? b If 'Yes,' has it filed a tax return on Form 990-T for this year? 	35 a 35 b		Х
	attach a statement explaining why the organization did not report the income on Form 990-T			
	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes if the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T,	34		X
34	each activity	33		Х
34	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of		Yes	No

rait vi	501(c)(3) organizations and sec 46-49b and complete the tables	ction 4947(a)(1) no	nexempt charital	ble trusts must answer of SEE STA	juestic	ns	
46 Did t	he organization engage in direct or indire ublic office? If 'Yes,' complete Schedule (ct political campaign ac C. Part I	ctivities on behalf of	or in opposition to candidates	46	Yes	No X
	he organization engage in lobbying activity		Schedule C. Part II		47		X
	e organization a school as described in se	•		chedule E	48		X
	he organization make any transfers to an		•		49 a		X
	es,' was the related organization a section				49 b		
50 Com	plete this table for the organization's five	highest compensated e	employees (other tha	n officers, directors, trustees	and kev		
empl	loyees) who each received more than \$10	00,000 of compensation (b) Title and average	from the organization (c) Compensation	on. If there is none, enter 'Nor (d) Contributions to employee		kpense	
(a 	Name and address of each employee paid more than \$100,000	hours per week devoted to position	(c) compensation	benefit plans and deferred compensation	àccou	int and lowance	s
NONE_							
					_		
		-					
f Total	I number of other employees paid over \$1	100,000	<u> </u>				
51 Com	plete this table for the organization's five pensation from the organization. If there is (a) Name and address of each independent conti	s none, enter 'None '	· · · · · · · · · · · · · · · · · · ·	ors who each received more t	(c) Com		
NONE_							_
		<u> </u>				<u> </u>	
d Total	I number of other independent contractors	s each receiving over \$	100,000 .	•			
	Under penalties of perjury, I declare that I have examinue, correct, and complete Declaration of preparer (nined this return, including according than officer) is based on	mpanying schedules and st all information of which pre	parer has any knowledge	dge and b	elief, it is	5
Sign	Signature of officer	hom	· · · · · · · · · · · · · · · · · · ·	Date			
Here	P, chard gm, Wic	Kienskz, 7	reasurer,	Date Pinerien Park	BK	n R	
	La train ha	where	Date /	Check if Prepai	er's Identi	fying Nu	ımber
Paid	Preparer's signature KAREN M GRUBER,	CPA	5/3/1	/\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		i) -	
Pre-	Firm's name (or CARLSON ADVISOR		19/3//	U employed ► N/A			
parer's Use	yours if self-			EIN N/	Δ		
Only	employed), address, and ZIP + 4 SAINT CLOUD, MN			(000)	203-	025/	
	RS discuss this return with the preparer sh		ictions		Z 7e:		No .
BAA	to discuss this return with the preparer St	iown above. See mstrt			orm 99		
							•

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ST CLOUD PINEVIEW PARK BMX INC

Employer identification number

41-1918093

<u>Part</u>		Reason for Pu	blic Charity Statu	ıs (All organızatıons	must o	comple	te this	part.)	See ı	nstruct	ions		
The o	<u>rga</u> n	ization is not a pri	vate foundation becau	use it is: (For lines 1 thro	ugh 11,	check o	nly one	box.)					
1		A church, conventi	on of churches or ass	ociation of churches des	cribed in	section	n 170(b)	(1)(A)(i)	١.				
2		A school described	in section 170(b)(1)(A)(ii). (Attach Schedule I	E.)								
3	\Box	A hospital or coope	erative hospital service	e organization described	ın secti	on 170(Ь)(1)(А) (iii).					
4				ed in conjunction with a h					0(b)(1)(A	A)(iii) Er	nter the hos	soital's	s
		name, city, and sta			•							•	
5	□ 1	An organization op 1 70(b)(1)(A)(iv). (0	erated for the benefit Complete Part II)	of a college or university	owned	or oper	ated by	a gove	rnmenta	I unit de	scribed in s	sectio	n
6 7	\Box 4	An organization tha	local government or eat normally receives a (A)(vi). (Complete P	governmental unit descri i substantial part of its su art II.)	bed in s upport fr	ection 1 om a go	1 70(b)(1) overnme	(A)(v). ntal uni	t or fron	n the ger	neral public	: desc	rıbed
8	∐ A	A community trust	described in section	170(b)(1)(A)(vi). (Comple	te Part I	1)							
9	f	rom activities relate nvestment income	d to its exempt function	more than 33-1/3 % of its in a subject to certain excess taxable income (less complete Part III.)	eptions, a	and (2) r	o more i	han 33-	1/3 % of	its sunne	ort from aro	22	after
10	∐ <i>F</i>	An organization org	ganized and operated	exclusively to test for pu	ublic safe	ety See	section	1 509(a)	(4).				
11	— r	nore publicly supp	orted organizations of	exclusively for the bene- described in section 509(zation and complete lines	a)(1) or	section.	509(a)(2	ctions o 2). See	of, or ca section	rry out tl 509(a)(3	he purpose). Check t	s of or he box	ne or x that
	а	a ☐ Type I	b ☐ Type II	c Type III	I – Fund	ctionally	ıntegraf	ted		d \square	Type III-	Other	r
е	t	By checking this both han foundation master 509(a)(2)	ox, I certify that the or anagers and other tha	rganization is not controll n one or more publicly s	led direc upportec	tly or in	directly zations	by one describe	or more ed in sec	disqualiction 509	ified perso (a)(1) or s	ns oth ection	ner
f	li		received a written det	termination from the IRS	that is a	a Type I	, Type II	or Typ	e III sup	porting	organizatio	n,	
g	9	Since August 17, 2	006, has the organiza	ition accepted any gift o	r contrib	ution fro	om any	of the fo	pniwollo	persons	,7		
							-		_	•		Yes	No
	(a person who below, the go	directly or indirectly overning body of the s	controls, either alone or upported organization?	together	with pe	rsons d	escribe	d ın (ıı) a	and (III)	11 g (i)		
	(ii) a famıly mem	iber of a person desc	cribed in (i) above?							11 g (ii)		
	(iii) a 35% contro	lled entity of a person	described in (i) or (ii) al	bove?						11 g (iii)		
h	F	Provide the following	ng information about t	the supported organization	ons.								
	1 (1)	Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	s the ion in col i in your rning ment?	(v) Did y the organ col of your su	ization in (i) of	organizat	zed in the	(vii) Amoun	t of Sup	pport
					Yes	No	Yes	No	Yes	No			
									_		_		
		-						_					
-	_										_		
	_					_							
otal													

Pa	Complete only if you check				(b)(1)(A)(iv) an	id 170(b)((1)(A)	(vi)
Sec	tion A. Public Support	ed the box on line	3, 7, 01 8 01 Pai	1(1)				
Cale	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	09	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')							
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public 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)							
	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support			,		· · · · ·		
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	09	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 activ	rities, etc. (see in	structions)	•			12	
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year a	s a section	501(c)	(3)
	tion C. Computation of Pu							
	Public support percentage for 20			ne 11, column (f)			14	%_
15	Public support percentage from	2008 Schedule A,	Part II, line 14		•		15	
	a 33-1/3 support test — 2009. If the and stop here. The organization	qualifies as a pul	olicly supported o	organization.	•			• 📗
t	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pul	not check a box olicly supported o	on line 13, or 16a organization.	a, and line 15 is 3	3-1/3% or n	nore, c	theck this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain i	ın Part	IV how
t	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain i	ın Part	IV how the
18								
BAA								90 or 990-EZ) 2009

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

Sec	tion A. Public Support	anca the box off in	10 3 011 011 1.7				
Caler	ndar year (or fiscal yr beginning in) >	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	9,329.	592.	119.	900.	5,815	7,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	62,384.	55,745.	78,924.	68,008.	54,528	
3	Gross receipts from activities that are not an unrelated trade or business under section 513			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	71,713.	56,337.	79,043.	68,908.	60,343	. 336,344.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0	. 0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	0.	0.	0.	0.	0	
c	: Add lines 7a and 7b	0.	0.	0.	0.	0	
8	Public support (Subtract line						
_	7c from line 6)						336,344.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal yr beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
-	Amounts from line 6	71,713.	56,337.	79,043.	68,908.	60,343	336,344.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	353.	430.	708.	1,064.	1,079	3,634.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			700.	1,004.		0.
C	: Add lines 10a and 10b	353.	430.	708.	1,064.	1,079	. 3,634.
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on				_		0.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV.				550.		550.
	Total support. (add ins 9, 10c, 11, and 12)	L					340,528.
14	First five years. If the Form 990 organization, check this box and	is for the organiza stop here	ation's first, secon	d, third, fourth, c	or fifth tax year as	a section 501	(c)(3) ► □
	tion C. Computation of Pul						
15	Public support percentage for 20	009 (line 8, columi	(f) divided by lin	e 13, column (f)).		1	98.8%
16	Public support percentage from 2	2008 Schedule A,	Part III, line 15			16	99.0%
Sec	tion D. Computation of Inv	estment Incon	ne Percentage				
17	Investment income percentage for			=	mn (f))	17	
18	Investment income percentage for				•	. 18	
	33-1/3 support tests – 2009. If the comore than 33-1/3%, check this b	oox and stop here.	The organization	qualifies as a pu	blicly supported of	rganization	. ► X
t	33-1/3 support tests - 2008. If the is not more than 33-1/3%, check	ne organization di	not check a box	on line 14 or 19a	a, and line 16 is n	nore than 33-1/	3%, and line 18
	Private foundation. If the organi						

Schedule A	(Form	990 or	990-EZ	2009	ST	CLOUD	PINE	EVIEW	PARK	BMX	INC		41	-191809	93	Page 4
Part IV	Suppl Part I	lemen	tal In	format	tion.	Complet	e this	s part	to prov	vide th	e exp	lanations	require	d by Par	t II, line	10;
	Tarti	i, iii ie	1/4	170,	anu	rait III,	iiile	12. 71	ovide a	ariy ot	ner ac	uuuonai i	niormati	on. See	Instruction	ons.
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		ST C	LOUE	PIN	IEVIEW	PAF	RK E	BMX INC	<u> </u>					41-1	918
PART III, LINE 12 - OTI	HER INC	OME													
NATURE AND SOURCE		2009	9		2008			2007			2006			2005	
	TOTAL	\$	0.	\$		0.	\$	·	0.	\$		0.	\$		0.

2009 ·	FEDERAL STATEMENTS		PAGE 1
	ST CLOUD PINEVIEW PARK BMX INC		41-1918093
STATEMENT 1 FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNT	'S PAID		
DONEE'S NAME: DONEE'S ADDRESS:	SALVATION ARMY 420 US HWY 10 ST CLOUD, MN 56304		
CASH AMOUNT GIVEN:	•	\$	290.
DONEE'S NAME: CASH AMOUNT GIVEN:	LEUKEMIA SOCIETY	\$	2,025.
FORM 990-EZ, PARTI, LINE 16 OTHER EXPENSES ADVERTISING AND PROMOTION AMORTIZATION BANK CHARGES BOARD MEETINGS. DEPRECIATION ENTRY FEES/ DUES INSURANCE MEMBERSHIP DUES MISCELLANEOUS OFFICE EXPENSES STATE FILING FEES TOILET RENTAL TRACK IMPROVEMENTS TROPHIES & AWARDS		TOTAL <u>\$</u>	700. 136. 31. 608. 12,031. 3,350. 1,621. 1,351. 185. 1,112. 25. 255. 9,090. 7,270. 37,765.
STATEMENT 3 FORM 990-EZ, PART II, LINE 24 OTHER ASSETS			
INTANGIBLE ASSETS MACHINERY AND EQUIPMENT	TOT <i>I</i>	BEGINNING \$ 751. \$ 15,094. AL \$ 15,845. \$	ENDING 615. 20,751. 21,366.

STATEMENT 4 FORM 990-EZ, PART III, LINE 28 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

SEVERAL HUNDRED BOYS & GIRLS IN THE ST CLOUD, MN AREA AGES 5 TO 18 ARE ABLE TO ENJOY THE SPORT OF BICYCLE MOTORCROSS AT NO COST OR AT A SIGNIFICANT REDUCTION. ALSO INCLUDES SPONSORSHIP OF NATIONAL MOTORCROSS EVENT.

2009

FEDERAL STATEMENTS

PAGE 2

ST CLOUD PINEVIEW PARK BMX INC

41-1918093

STATEMENT 5
FORM 990-EZ, PART VI
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO