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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

2009

Open to Public  
Inspection

A For the 2009 calendar year, or tax year beginning 07/01/09, and ending 06/30/10

B Check if applicable

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

C Name of organization  
**PANTHER FOUNDATION**  
Please use IRS label or print or type.  
See Specific Instructions.

D Employer identification number  
**43-2003471**

E Telephone number  
**763-786-1338**

F Group Exemption Number  
**MN 55432**

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method  Cash  Accrual  
Other (specify) ►

I Website: ► **WWW.SPRINGLAKEPARKSCHOOLS.ORG**

H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) —  501(c) ( 3 ) ◀ (insert no)  4947(a)(1) or  527

K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **131,589**

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1	40,148
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	
4 Investment income	4	1,720
5a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6a	89,721
a Gross revenue (not including \$ <b>9,328</b> of contributions reported on line 1)	6b	16,555
b Less direct expenses other than fundraising expenses	6c	73,166
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
7a Gross sales of inventory, less returns and allowances	7b	
b Less cost of goods sold	7c	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
8 Other revenue (describe ► <b>SEE STATEMENT 2</b> )	9	115,034
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.)	10	94,464
10 Grants and similar amounts paid (attach schedule)	11	
11 Benefits paid to or for members	12	
12 Salaries, other compensation, and employee benefits	13	5,915
13 Professional fees and other payments to independent contractors	14	
14 Occupancy, rent, utilities, and maintenance	15	1,962
15 Printing, publications, postage, and shipping	16	7,009
16 Other expenses (describe ► <b>SEE STATEMENT 2</b> )	17	109,350
17 Total expenses. Add lines 10 through 16	18	5,684
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	154,949
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	20	
20 Other changes in net assets or fund balances (attach explanation)	21	160,633
21 Net assets or fund balances at end of year Combine lines 18 through 20		

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	154,949	22 160,633
23 Land and buildings		23
24 Other assets (describe ► )		24
25 Total assets	154,949	25 160,633
26 Total liabilities (describe ► )		0 26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	154,949	27 160,633

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.



**Part V. Other Information** (Note the statement requirements in the instructions for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity Yes  No   
33 **X**

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes Yes  No   
34 **X**

35 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, attach a statement explaining why the organization did not report the income on Form 990-T Yes  No

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? Yes  No   
35a **X**

b If "Yes," has it filed a tax return on **Form 990-T** for this year? Yes  No   
35b

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N Yes  No   
36 **X**

37a Enter amount of political expenditures, direct or indirect, as described in the instr ► **37a** Yes  No

b Did the organization file **Form 1120-POL** for this year? Yes  No   
37b **X**

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return? Yes  No   
38a **X**

b If "Yes," complete Schedule L, Part II and enter the total amount involved Yes  No   
38b

39 Section 501(c)(7) organizations Enter Yes  No

a Initiation fees and capital contributions included on line 9 Yes  No   
39a

b Gross receipts, included on line 9, for public use of club facilities Yes  No   
39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► \_\_\_\_\_, section 4912 ► \_\_\_\_\_, section 4955 ► \_\_\_\_\_ Yes  No   
40b **X**

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or 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 Yes  No

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Yes  No   
40c

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization Yes  No   
40d

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T Yes  No   
40e **X**

41 List the states with which a copy of this return is filed ► **MN** Yes  No

42a The organization's books are in care of ► **SPRING LAKE PARK SCHOOL D** Telephone no. ► **763-785-5533**  
8000 HIGHWAY 65 NE Yes  No

Located at ► **SPRING LAKE PARK, MN** ZIP + 4 ► **55432** Yes  No

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes  No   
42b **X**

If "Yes," enter the name of the foreign country ► \_\_\_\_\_  
See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts**. Yes  No

c At any time during the calendar year, did the organization maintain an office outside of the U S ? Yes  No   
If "Yes," enter the name of the foreign country ► \_\_\_\_\_ Yes  No

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

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes  No   
44 **X**

45 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 Yes  No   
45 **X**

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

		Yes	No
46	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	46	X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b	If "Yes," was the related organization a section 527 organization?		
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"	49b	

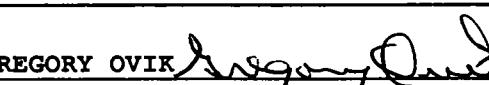
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE					

f Total number of other employees paid over \$100,000 ► \_\_\_\_\_

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

	(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE			

d Total number of other independent contractors each receiving over \$100,000 ► \_\_\_\_\_

<b>Sign Here</b>	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, this is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
	 <b>COLLEEN PEDERSON</b> Type or print name and title		Date 12/8/11	<b>EXECUTIVE DIRECTOR</b>
<b>Paid Preparer's Use Only</b>	Preparer's signature  <b>GREGORY OVIK</b> Firm's name (or yours if self-employed), address, and ZIP + 4 <b>HUBMER, ENSTAD / OVIK &amp; CO., LTD.</b> <b>3340 NORTHDALE BLVD STE 120</b> <b>COON RAPIDS, MN 55448</b>	Date 02/07/11	Check if self-employed <input type="checkbox"/> <b>P00428876</b> EIN ► <b>41-1859488</b> Phone no ► <b>763-786-7899</b>	Preparer's Identifying Number (See instr.)
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

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

Department of the Treasury  
Internal Revenue Service

**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

**2009**

Open to Public  
Inspection

Name of the organization

**PANTHER FOUNDATION**

Employer identification number  
**43-2003471**

**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—Other  
 e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**  
 f  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box   
 g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  
 (ii) A family member of a person described in (i) above?  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?  
 h  Provide the following information about the supported organization(s)

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

(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 support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2009

**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.)
**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►

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

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1						
2						
3						
4						
5						
6						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►

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 ►

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7						
8						
9						
10						
11						
12						
13						

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 15 %

16a **33 1/3 % support test—2009.** 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—2008.** 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—2009.** 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—2008.** 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.)
**Section A. Public Support**

Calendar year (or fiscal year 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 any "unusual grants")	24,175	23,302	44,637	41,983	40,148	174,245
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	45,620	68,006	54,188	84,892		252,706
3 Gross receipts from activities that are not an unrelated trade or business under section 513					89,721	89,721
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 <b>Total.</b> Add lines 1 through 5	69,795	91,308	98,825	126,875	129,869	516,672
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	40,620	63,006	49,188	79,892		232,706
c Add lines 7a and 7b	40,620	63,006	49,188	79,892		232,706
8 <b>Public support</b> (Subtract line 7c from line 6.)						283,966

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	69,795	91,308	98,825	126,875	129,869	516,672
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	702	1,222	374	3,004	1,720	7,022
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	702	1,222	374	3,004	1,720	7,022
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	70,497	92,530	99,199	129,879	131,589	523,694
14 <b>First five years.</b> 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 ► <input type="checkbox"/>						

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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	54.22 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	40.81 %

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

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	1 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	1 %
19a <b>33 1/3 % support tests—2009.</b> 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 ► <input checked="" type="checkbox"/>		
b <b>33 1/3 % support tests—2008.</b> 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 ► <input type="checkbox"/>		
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**SCHEDULE G**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information Regarding  
Fundraising or Gaming Activities**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

**2009**Open To Public  
Inspection

Name of the organization

**PANTHER FOUNDATION**Employer identification number  
**43-2003471****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 <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

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 of individual or entity (fundraiser)	(II) Activity	(III) Did fund-raiser 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			
<b>Total</b>						

3 List all states in which the organization is registered or licensed to solicit funds 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 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

	(a) Event #1 <b>LIVE AUCTION</b> (event type)	(b) Event #2 <b>ANNUAL GALA</b> (event type)	(c) Other events <b>1</b> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts <b>44,328</b>	29,998	21,260	95,586
	2 Less Charitable contributions <b>9,328</b>			9,328
	3 Gross revenue (line 1 minus line 2) <b>44,328</b>	20,670	21,260	86,258
Direct Expenses	4 Cash prizes			
	5 Noncash prizes			
	6 Rent/facility costs			
	7 Food and beverages			
	8 Entertainment			
	9 Other direct expenses <b>2,080</b>	12,294	1,537	15,911
	10 Direct expense summary Add lines 4 through 9 in column (d)			► ( 15,911 )
	11 Net income summary Combine line 3, column (d), and line 10			► ( 70,347 )

**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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes % <input checked="" 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

	Yes	No
9a		X

a Is the organization licensed to operate gaming activities in each of these states?  
b If "No," Explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

	Yes	No
10a		X

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers?

	Yes	No
11		X
12		X

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

	Yes	No
13a	%	
13b	%	

Name ► **SPRING LAKE PARK SCHOOL DISTRICT**  
**8000 HIGHWAY 65 NE**

Address ► **SPRING LAKE PARK****MN 55432**

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ amount of gaming revenue retained by the third party ► \$

and the

- c If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

Director/officer       Employee       Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

15a	<b>X</b>
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17a	<b>X</b>
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**Federal Statements****Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Organizations**

Name and Address	Date of Gift	Description of Property	Class of Activity	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
SCHOOL DISTRICT 16 1415 81ST AVENUE NE SPRING LAKE PARK, MN 55432	25	815						
WOODCREST ELEMENTARY 880 OSBORNE ROAD FRIDLEY, MN 55432				5,376				
SPRING LAKE PARK HIGH SCHOOL 1100 81ST AVENUE NE SPRING LAKE PARK, MN 55432				25,505				
WESTWOOD MIDDLE SCHOOL 711 91ST AVENUE NE BLAINE, MN 55432					19,097			
LEARNING ALT COMMUNITY SCHOOL 7925 ABLE STREET NE SPRING LAKE PARK, MN 55432						9,887		

**Federal Statements****Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Organizations (continued)**

Name and Address	Date of Gift	Description of Property	Class of Activity	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
NORTHPOINT ELEMENTARY								
2350 124TH COURT BLAINE, MN 55449								
TOTAL								

**Federal Statements****Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
EXPENSES	\$
PROMOTIONS	356
OFFICE SUPPLIES	211
BANK & CREDIT CARD FEES	4,089
LICENSES AND PERMITS	25
RECOGNITION ITEMS	2,229
SUPPLIES	99
TOTAL	\$ <u>7,009</u>

**Statement 3 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose****Description**

TO SUPPORT THE SPRING LAKE PARK SCHOOL DISTRICT. TO FUND EDUCATIONAL INNOVATIONS THAT STUDENTS NEED TO BE SUCCESSFUL. TO MAINTAIN HIGH QUALITY SCHOOL EXPERIENCES FOR THE BENEFIT OF THE CHILDREN OF THE DISTRICT.

**Statement 4 - Form 990-EZ, Part III, Line 28 - Statement of Program Service****Accomplishments****Description**

THE FOUNDATION CONDUCTS FUND RAISERS IN THE COMMUNITY TO SUPPORT THE SPRING LAKE PARK SCHOOL DISTRICT. AS SHOWN IN THE SCHEDULE OF GRANTS, SEVERAL PROJECTS WERE FUNDED THAT ADVANCE THE QUALITY OF EDUCATION THROUGHOUT THE SCHOOL DISTRICT.

## Federal Statements

Statement 5 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
EMPLOYEES		CHAIRPERSON	0	0	0
CHRIS HASLING 1460 JERSEY AVENUE S ST. LOUIS PARK, MN 55426	VICE-CHAIRPE	0	0	0	0
TED ROGERS 2854 ASPEN LAKE DRIVE NE BLAINE, MN 55449	SECRETARY	0	0	0	0
AMY HENNEN 2751 104TH COURT NE BLAINE, MN 55449	TREASURER	0	0	0	0
EVAN JOHNSTON 2347 128TH COURT NE BLAINE, MN 55449	SUPERINTENDE	0	0	0	0
DR. JEFF RONNEBERG 1415 81ST AVENUE NE SPRING LAKE PARK, MN 55432	EXECUTIVE DI	0	0	0	0
COLLEEN PEDERSON 1415 81ST AVENUE NE SPRING LAKE PARK, MN 55432	DIRECTOR	0	0	0	0
MARK BOSEN 2793 103RD COURT NE BLAINE, MN 55449	DIRECTOR	0	0	0	0
JACQUE CURRAN 2523 TOURNAMENT PLAYERS CIRCLE S BLAINE, MN 55449	DIRECTOR	0	0	0	0
MARILYNN FORSBERG 1150 79TH AVENUE NE SPRING LAKE PARK, MN 55432	DIRECTOR	0	0	0	0
JULIE NELSON GOTHAM 11427 KENYON COURT NE	DIRECTOR	0	0	0	0

## Federal Statements

## Statement 5 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
BLAINE, MN 55449	DIRECTOR	0	0	0	0
PAULA HOFF 711 91ST AVENUE NE BLAINE, MN 55449	DIRECTOR	0	0	0	0
WENDY KOSCHAK 10538 YANCY COURT NE BLAINE, MN 55449	DIRECTOR	0	0	0	0
SHARON KRUMME 2624 109TH AVENUE NE BLAINE, MN 55449	DIRECTOR	0	0	0	0
TONI MORTENSEN 8010 BENJAMIN STREET NE SPRING LAKE PARK, MN 55432	DIRECTOR	0	0	0	0
LISA OJILE 2474 TOURNAMENT PLAYERS CIRCLE S BLAINE, MN 55449	DIRECTOR	0	0	0	0
AMY PRIVRATSKY 11447 KENYON COURT NE BLAINE, MN 55449	DIRECTOR	0	0	0	0
GREG PROKOTT 2806 116TH AVENUE NE BLAINE, MN 55434	DIRECTOR	0	0	0	0
MARY STROHMASTER 9653 ABLE STREET NE BLAINE, MN 55434	DIRECTOR	0	0	0	0
MEGAN SZYMANSKI 290 MARKET STREET #409 MINNEAPOLIS, MN 55405	DIRECTOR	0	0	0	0

## Federal Statements

**Statement 5 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)**

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
JIM ELERT 1415 81ST AVENUE NE SPRING LAKE PARK, MN 55432	SUPPORT STAF	0	0	0	0
DEB HOYHTYA 1415 81ST AVENUE NE SPRING LAKE PARK, MN 55432	SUPPORT STAF	0	0	0	0
SANDY JOHNSTON 1415 81ST AVENUE NE SPRING LAKE PARK, MN 55432	SUPPORT STAF	0	0	0	0