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Form **990-EZ****Short Form**
Return of Organization Exempt From Income TaxUnder 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2011**Open to Public
Inspection****A** For the 2011 calendar year, or tax year beginning **07/01/11**, and ending **06/30/12****B** Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization**PANTHER FOUNDATION**

Number and street (or P.O. box, if mail is not delivered to street address)

1415 81ST AVENUE NE

Room/suite

City or town, state or country, and ZIP + 4

SPRING LAKE PARK MN 55432**D** Employer identification number**43-2003471****E** Telephone number**763-786-1338****F** Group Exemption
Number ▶**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) ☐ 501(c)() (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.▶ \$ **151,052****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☒

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1	Contributions, gifts, grants, and similar amounts received														25,682															
	2	Program service revenue including government fees and contracts																													
	3	Membership dues and assessments																													
	4	Investment income														3,751															
	5a	Gross amount from sale of assets other than inventory																													
	5b	Less: cost or other basis and sales expenses																													
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																													
	6	Gaming and fundraising events																													
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)																													
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)														121,619															
6c	Less: direct expenses from gaming and fundraising events														32,473																
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)														89,146																
Expenses	7a	Gross sales of inventory, less returns and allowances																													
	7b	Less: cost of goods sold																													
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																													
	8	Other revenue (describe in Schedule O)																													
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8														118,579															
	10	Grants and similar amounts paid (list in Schedule O)														80,173															
	11	Benefits paid to or for members																													
	12	Salaries, other compensation, and employee benefits																													
	13	Professional fees and other payments to independent contractors														7,740															
	14	Occupancy, rent, utilities, and maintenance																													
15	Printing, publications, postage, and shipping														2,003																
16	Other expenses (describe in Schedule O)														5,317																
17	Total expenses. Add lines 10 through 16														95,233																
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)														23,346															
	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)														213,133															
	20	Other changes in net assets or fund balances (explain in Schedule O)																													
	21	Net assets or fund balances at end of year. Combine lines 18 through 20														236,479															

For Paperwork Reduction Act Notice, see the separate instructions.

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Form **990-EZ** (2011)

P14

SCANNED MAR 05 2013

Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	213,133	22	236,479
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	213,133	25	236,479
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	213,133	27	236,479

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose?

SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 THE FOUNDATION CONDUCTS FUND RAISERS IN THE COMMUNITY TO SUPPORT THE SPRING LAKE PARK SCHOOL DISTRICT. SEVERAL PROJECTS WERE FUNDED THAT ADVANCE THE QUALITY OF EDUCATION THROUGHOUT THE SCHOOL DISTRICT. (Grants \$ 80,173) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	84,976
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	84,976

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CHRIS HASLING 1460 JERSEY AVENUE S ST. LOUIS PARK MN 55426	CHAIRPERSON 0.00	0	0	0
TED ROGERS 2854 ASPEN LAKE DRIVE NE BLAINE MN 55449	VICE-CHAIR 0.00	0	0	0
AMY HENNEN 2751 104TH COURT NE BLAINE MN 55449	SECRETARY 0.00	0	0	0
EVAN JOHNSTON 2347 128TH COURT NE BLAINE MN 55449	TREASURER 0.00	0	0	0
DR. JEFF RONNEBERG 1415 81ST AVENUE NE SPRING LAKE PARK MN 55432	SUPER; EXEC DIR 0.00	0	0	0
COLLEEN PEDERSON 1415 81ST AVENUE NE SPRING LAKE PARK MN 55432	ASSIST DIR 0.00	0	0	0
MARK BOSER 2793 103RD COURT NE BLAINE MN 55449	DIRECTOR 0.00	0	0	0
JACQUE CURRAN 2523 TOURNAMENT PLAYERS CIRCLE S BLAINE MN 55449	DIRECTOR 0.00	0	0	0
MARILYNN FORSBERG 1150 79TH AVENUE NE SPRING LAKE PARK MN 55432	DIRECTOR 0.00	0	0	0
JULIE NELSON GOTHAM 11427 KENYON COURT NE BLAINE MN 55449	DIRECTOR 0.00	0	0	0
PAULA HOFF 711 91ST AVENUE NE BLAINE MN 55449	DIRECTOR 0.00	0	0	0
WENDY KOSCHAK 10538 YANCY COURT NE BLAINE MN 55449	DIRECTOR 0.00	0	0	0

Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	0	22
23 Land and buildings	0	23
24 Other assets (describe in Schedule O)	0	24
25 Total assets	0	25 0
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	27 0

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28		
(Grants \$) If this amount includes foreign grants, check here	28a	
29		
(Grants \$) If this amount includes foreign grants, check here	29a	
30		
(Grants \$) If this amount includes foreign grants, check here	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SHARON KRUMME 2624 109TH AVENUE NE BLAINE MN 55449	DIRECTOR 0.00	0	0	0
TONI MORTENSEN 8010 BENJAMIN STREET NE BLAINE MN 55432	DIRECTOR 0.00	0	0	0
LISA OJILE 2474 TOURNAMENT PLAYERS CIRCLE S BLAINE MN 55449	DIRECTOR 0.00	0	0	0
AMY PRIVRATSKY 11447 KENYON COURT NE BLAINE MN 55449	DIRECTOR 0.00	0	0	0
GREG PROKOTT 2806 116TH AVENUE NE BLAINE MN 55434	DIRECTOR 0.00	0	0	0
MARY STROHMAYER 9653 ABLE STREET NE BLAINE MN 55434	DIRECTOR 0.00	0	0	0
MEGAN SZYMANSKI 290 MARKET STREET #409 MINNEAPOLIS MN 55405	DIRECTOR 0.00	0	0	0
JIM ELERT 1415 81ST AVENUE NE SPRING LAKE PARK MN 55432	SUPPORT STAFF 0.00	0	0	0
DEB HOYHTYA 1415 81ST AVENUE NE SPRING LAKE PARK MN 55432	SUPPORT STAFF 0.00	0	0	0
SANDY JOHNSTON 1415 81ST AVENUE NE SPRING LAKE PARK MN 55432	SUPPORT STAFF 0.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a		
b Did the organization file Form 1120-POL for this year?		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 tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a , section 4912 40a , section 4955 40a		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
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 40c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 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 40e		X
41 List the states with which a copy of this return is filed MN		
42a The organization's books are in care of SPRING LAKE PARK SCHOOL DISTRICT Telephone no 763-785-5533 8000 HIGHWAY 65 NE Located at SPRING LAKE PARK MN ZIP + 4 55432		
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)? If "Yes," enter the name of the foreign country. 42b		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of 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: 42c		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 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a		X
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b		X

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		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 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 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

	Yes	No
47		X

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		X
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- 49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
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- b If "Yes," was the related organization a section 527 organization?

49b		
-----	--	--

- 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"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

- f Total number of other employees paid over \$100,000 **0**

- 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"

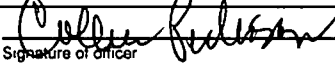
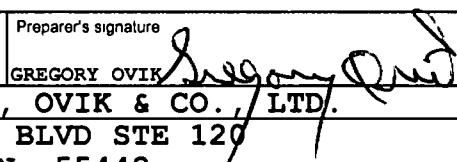
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

- d Total number of other independent contractors each receiving over \$100,000 **0**

- 52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☒ Yes ☐ No

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		Date 2/7/13				
	COLLEEN PEDERSON Type or print name and title	EXECUTIVE DIRECTOR				
Paid Preparer Use Only	Print/Type preparer's name GREGORY OVIK	Preparer's signature 	Date 02/04/13	Check <input type="checkbox"/> if self-employed	PTIN P00428876	
	Firm's name	HUBMER, ENSTAD, OVIK & CO., LTD.			Firm's EIN	41-1859488
	Firm's address	3340 NORTHDAL BLVD STE 120 COON RAPIDS, MN 55448			Phone no	763-786-7899

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ 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

2011

**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).

(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	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

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

Schedule A (Form 990 or 990-EZ) 2011

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) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	44,637	41,983	40,148	28,488	25,682	180,938
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	54,188	84,892		7,320	6,014	152,414
3 Gross receipts from activities that are not an unrelated trade or business under section 513			89,721	115,139	101,695	306,555
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	98,825	126,875	129,869	150,947	133,391	639,907
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	49,188	79,892				129,080
c Add lines 7a and 7b	49,188	79,892				129,080
8 Public support (Subtract line 7c from line 6)						510,827

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	98,825	126,875	129,869	150,947	133,391	639,907
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	374	3,004	1,720	1,030	3,751	9,879
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	374	3,004	1,720	1,030	3,751	9,879
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					4,155	4,155
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.)	99,199	129,879	131,589	151,977	141,297	653,941
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	78.12 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	67.04 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	2 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	1 %

19a 33 1/3% support tests—2011. 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—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

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

SCHEDULE 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

2011

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 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
		ANNUAL GALA (event type)	GOLF EVENT (event type)	1 (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	98,995	13,910	6,014	118,919
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	98,995	13,910	6,014	118,919
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	15,631	8,755	7,702	32,088
	10 Direct expense summary Add lines 4 through 9 in column (d)				32,088
	11 Net income summary Combine line 3, column (d), and line 10				86,831

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?

9a ☐ Yes ☐ No

b If "No," explain

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

10a ☐ Yes ☐ No

b If "Yes," explain

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 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? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
- 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? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public
Inspection

PANTHER FOUNDATION

Employer identification number

43-2003471

FORM 990-EZ, PART I, LINE 10 - GRANTS/SIMILAR AMTS PAID TO ORGANIZATIONS

NAME AND ADDRESS

CLASS OF ACTIVITY

DATE OF GIFT

DESC. OF PROPERTY

CASH CONTRIB. NONCASH CONTRIB.

BOOK VALUE

BV EXPL.

FMV EXPL.

SCHOOL DISTRICT 16

EDUCATION

1415 81ST AVENUE NE

SPRING LAKE PARK, MN 55432

\$ 80,173 \$

0

\$ 0

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION

AMOUNT

EXPENSES

OFFICE SUPPLIES

\$ 619

CONFERENCES/MEETINGS

\$ 37

BANK & CREDIT CARD FEES

\$ 202

LICENSES AND PERMITS

\$ 25

RECOGNITION ITEMS

\$ 1,110

SUPPLIES

\$ 818

SCHOOL BOOKS

\$ 2,506

TOTAL \$ 5,317

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

TO SUPPORT THE SPRING LAKE PARK SCHOOL DISTRICT. TO FUND EDUCATIONAL

INNOVATIONS TAHT STUDENTS NEED TO BE SUCCESSFUL. TO MAINTAIN HIGH QUALITY

Name of the organization

PANTHER FOUNDATION

Employer identification number

43-2003471**SCHOOL EXPERIENCES FOR THE BENEFIT OF THE CHILDREN OF THE DISTRICT.**

**Panther Foundation
Board of Directors
July 1, 2011-June 30, 2012**

Mark Boser
2793 103rd Court NE
Blaine, MN 55449

Greg Prokott
2806 116th Avenue NE
Blaine, MN 55434

Jacque Curran
2523 Tournament Players Circle South
Blaine, MN 55449

Ted Rogers, Vice-Chair
2854 Aspen Lake Drive NE
Blaine, MN 55449

Julie Nelson Gotham
11427 Kenyon Court NE
Blaine, MN 55449

Mary Strohmayer
9653 Able Street NE
Blaine, MN 555434

Chris Hasling, Chairperson
1460 Jersey Avenue South
St. Louis Park, MN 55426

Megan Szymanski
290 Market Street #409
Minneapolis, MN 55405

Amy Hennen, Secretary
2751 – 104th Court NE
Blaine, MN 55449

**Jeff Ronneberg, Superintendent
Executive Director**
1415 – 81st Avenue NE
Spring Lake Park, MN 55432

Evan Johnston, Treasurer
2347 – 128th Court NE
Blaine, MN 55449

Colleen Pederson, Assistant Director
1415 – 81st Avenue NE
Spring Lake Park, MN 55432

Wendy Koschak
10538 Yancy Court NE
Blaine, MN 55449

Paula Hoff
Westwood Middle School
711 91st Avenue NE
Blaine, MN 55434

Sharon Krumme
2624 – 109th Avenue NE
Blaine, MN 55449

Marilynn Forsberg
1150 – 79th Avenue NE
Spring Lake Park, MN 55432

Toni Mortensen
8010 Benjamin Street NE
Spring Lake Park, MN 55432

Lisa Ojile
2474 Tournament Players Circle South
Blaine, MN 55449

Amy Privratsky
11447 Kenyon Court NE
Blaine, MN 55449

Grants Awarded during the 2011-12 Fiscal Year

Date	Grant Title	Authors	Address	School	Address
November 2011	E-Readers to Ease Reading	Melissa Brandenburg, Kaline Sadven	\$ 1,711.88	High School	1415-81st Avenue NE, Spring Lake Park, MN 55432
November 2011	E-Readers for 7th Grade Bridge Language Arts	Shelley Anderson	\$ 3,316.72	Westwood Middle School	1415-81st Avenue NE, Spring Lake Park, MN 55432
November 2011	Early Connections: Movement, Music & Literacy	Barb Saunders	\$ 1,800.00	Early Childhood	1415-81st Avenue NE, Spring Lake Park, MN 55432
November 2011	iPads for Spanish Literacy	Jennifer Hayle	\$ 3,561.70	Westwood Intermediate	1415-81st Avenue NE, Spring Lake Park, MN 55432
November 2011	Get Moving with Video Games	Dean Downs	\$ 1,739.00	All Schools	1415-81st Avenue NE, Spring Lake Park, MN 55432
November 2011	LEGO STEM Enrichment Units	Jan Burda, Tom Larson	\$ 6,000.00	Westwood Intermediate	1415-81st Avenue NE, Spring Lake Park, MN 55432
November 2011	The Math Touch	Desiree Wood	\$ 12,700.00	High School	1415-81st Avenue NE, Spring Lake Park, MN 55432
November 2011	Engaging Diverse Learners Through the use of Ipads	Brittany Perry, Anne Young, Diane Clements	\$ 6,180.00	Park Terrace	1415-81st Avenue NE, Spring Lake Park, MN 55432
March 2012	K-12 Art Dept. Document Cameras	Julie Fahey	\$ 5,880.00	Westwood Middle School	1415-81st Avenue NE, Spring Lake Park, MN 55432
March 2012	Reach Out and Read Pilot Program	Julie Gotham	\$ 12,000.00	Early Childhood	1415-81st Avenue NE, Spring Lake Park, MN 55432
March 2012	Science House Membership	Daniel Kretchmar	\$ 2,412.00	Westwood Middle School	1415-81st Avenue NE, Spring Lake Park, MN 55432