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2011

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceShort 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

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	D Employer identification number 43-2003471
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	E Telephone number 763-786-1338
F Group Exemption Number ►	

G Accounting Method Cash Accrual Other (specify) ► _____
 I Website: ► **WWW.SPRINGLAKEPARKSCHOOLS.ORG**

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

	Revenue	1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ _____ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c 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	25,682 3,751 5c 6d 7c 9 10 11 12 13 14 15 16 17 18 19 20 21
Revenue	5a	121,619 32,473 RECEIVED FEB 19 2013 IRS-OSC OGDEN, UT	
Expenses	6a	121,619 32,473 89,146 7c 8 9 10 11 12 13 14 15 16 17 18 19 20 21	
Net Assets	7b	118,579 80,173 7,740 2,003 5,317 95,233 23,346 213,133 236,479	

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

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

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 ST. LOUIS PARK 1460 JERSEY AVENUE S MN 55426	CHAIRPERSON 0.00	0	0	0
TED ROGERS BLAINE 2854 ASPEN LAKE DRIVE NE MN 55449	VICE-CHAIR 0.00	0	0	0
AMY HENNEN BLAINE 2751 104TH COURT NE MN 55449	SECRETARY 0.00	0	0	0
EVAN JOHNSTON BLAINE 2347 128TH COURT NE MN 55449	TREASURER 0.00	0	0	0
DR. JEFF RONNEBERG SPRING LAKE PARK 1415 81ST AVENUE NE MN 55432	SUPER; EXEC DIR 0.00	0	0	0
COLLEEN PEDERSON SPRING LAKE PARK 1415 81ST AVENUE NE MN 55432	ASSIST DIR 0.00	0	0	0
MARK BOSEN BLAINE 2793 103RD COURT NE MN 55449	DIRECTOR 0.00	0	0	0
JACQUE CURRAN BLAINE 2523 TOURNAMENT PLAYERS CIRCLE S MN 55449	DIRECTOR 0.00	0	0	0
MARILYNN FORSBERG SPRING LAKE PARK 1150 79TH AVENUE NE MN 55432	DIRECTOR 0.00	0	0	0
JULIE NELSON GOTHAM BLAINE 11427 KENYON COURT NE MN 55449	DIRECTOR 0.00	0	0	0
PAULA HOFF BLAINE 711 91ST AVENUE NE MN 55449	DIRECTOR 0.00	0	0	0
WENDY KOSCHAK BLAINE 10538 YANCY COURT NE MN 55449	DIRECTOR 0.00	0	0	0

DAA

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

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)

(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
TONI MORTENSEN 8010 BENJAMIN STREET NE	SPRING LAKE PARK MN 55432	DIRECTOR 0.00	0	0
LISA OJILE 2474 TOURNAMENT PLAYERS CIRCLE S	BLAINE MN 55449	DIRECTOR 0.00	0	0
AMY PRIVRATSKY 11447 KENYON COURT NE	BLAINE MN 55449	DIRECTOR 0.00	0	0
GREG PROKOTT 2806 116TH AVENUE NE	BLAINE MN 55434	DIRECTOR 0.00	0	0
MARY STROHMEYER 9653 ABLE STREET NE	BLAINE MN 55434	DIRECTOR 0.00	0	0
MEGAN SZYMANSKI 290 MARKET STREET #409	MINNEAPOLIS MN 55405	DIRECTOR 0.00	0	0
JIM ELERT 1415 81ST AVENUE NE	SPRING LAKE PARK MN 55432	SUPPORT STAFF 0.00	0	0
DEB HOYHTYA 1415 81ST AVENUE NE	SPRING LAKE PARK MN 55432	SUPPORT STAFF 0.00	0	0
SANDY JOHNSTON 1415 81ST AVENUE NE	SPRING LAKE PARK MN 55432	SUPPORT STAFF 0.00	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

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 33 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) 34 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)? 35a 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 35b

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 35c 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 36 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? 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 tax year covered by this return? 38a X

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations Enter 39a

a Initiation fees and capital contributions included on line 9 39b

b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ► , section 4912 ► , section 4955 ► 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 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 40c

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 40d

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40e X

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 40f

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 44a 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 44b X

c Did the organization receive any payments for indoor tanning services during the year? 44c 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		X
49a		X
49b		

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

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

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"

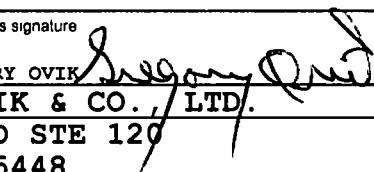
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation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

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 ►		

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	►  Signature of officer COLLEEN PEDERSON Type or print name and title	Date 2/7/13
Paid Preparer Use Only	Print/Type preparer's name GREGORY OVIK Firm's name ► HUBMER, ENSTAD, OVIK & CO. LTD. Firm's address ► 3340 NORTHDALE BLVD STE 120 COON RAPIDS, MN 55448	Preparer's signature  Date 02/04/13 Check <input type="checkbox"/> if self-employed Firm's EIN ► 41-1859488 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?

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

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

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1–9 above or IRC section (see Instructions))	(IV) Is the organization in col. (I) listed in your governing document?		(V) Did you notify the organization in col. (I) of your support?		(VI) Is the organization in col. (I) organized in the U.S.?		(VII) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 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						► <input type="checkbox"/>

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	►	<input type="checkbox"/>
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	►	<input type="checkbox"/>
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	►	<input type="checkbox"/>
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	►	<input type="checkbox"/>
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	►	<input type="checkbox"/>

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 ►

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)

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2011

Open To Public
Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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 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	
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 ANNUAL GALA (event type)	(b) Event #2 GOLF EVENT (event type)	(c) Other events 1 (total number)	(d) Total events (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			
	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?
b If "No," explain

9a Yes No

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

b If "Yes," explain

10a Yes No

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

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

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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 THAT 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
	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
	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
	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 Fahay	\$ 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