Department of the Treasury internal Revenue Service

### **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)

OMB No 1545-0047

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

Open to Public Inspection

A	For the	e 2008 calendar year, or tax year beginning $\mathrm{JUL}1$ , $2008$	JUN 30, 2009	
_	Check if applicabl	Please C Name of organization	D Employer identific	cation number
_	Addre	ss label of Chypurp Cohoot Dicuplic #4081		
F	chang Name	The state of the s	90-0	001671
<u> </u>	lchang lnitial	e Ooing Business As		<del></del>
F	return Termir	See Number and street (or P 0 box if mail is not delivered to street address) Room/s	•	331-5423
F	ation Amend return	ded tions Characteristics and ZID 4	G Gross receipts \$	634,335.
Ē	Applic		H(a) Is this a group re	
	pendi		for affiliates?	Yes X No
		same as C above	H(b) Are all affiliates inc	
$\overline{}$	Tax-exe	empt status: X 501(c) ( 3 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527		list. (see instructions)
		te: N/A	H(c) Group exemption	
			Year of formation 2000 N	
	art I	Summary		
م	1	Briefly describe the organization's mission or most significant activities: TO PROVI	DE EDUCATION '	TO STUDENTS
Activities & Governance		IN GRADES 6 THROUGH 12		
rna	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of	more than 25% of its assets	<b>i.</b>
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	7
O S	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	3
es	5	Total number of employees (Part V, line 2a)	5	21
Ϋ́	6	Total number of volunteers (estimate if necessary)	6	0
Ćţ	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
_		Net unrelated business taxable income from Form 990-T, line 34	7b	0.
			Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)	606,320.	634,335.
) ne	9	Program service revenue (Part VIII, line 2g)		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
3	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
i	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	606,320.	634,335.
3	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
7	14	Benefits paid to opportembers/Par-X, column (A), line 4)		
TTT S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)	453,590.	431,584.
∍š	16a	Profession and Indiana fees (Part IX, column (A), line 11e)		
⊸ Š	ь	Total fundrasing expenses (Part IX/Golumn D), line 25)		
ეგი გემეჩ Expenses	17	Other expenses (Part IX, column (A), lines (1) a-11d, 11f-24f)	209,737.	201,892.
	18	Total expenses. Act lines 13-17 (must expen) Part IX, column (A), line 25)	663,327.	633,476.
-	19	Revenue less expenses Subtract-line-18-from line 12	-57,007.	859.
200	3		Beginning of Year	End of Year
sets	20	Total assets (Part X, line 16)	98,053.	68,006.
A A	21	Total liabilities (Part X, line 26)	76,454.	45,548.
Net Assets or	22	Net assets or fund balances Subtract line 21 from line 20	21,599.	22,458.
P	art II	Signature Block		
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statem and complete. Declaration of Areparer (other than officer) is based on all information of which preparer has any knowledge.	ents, and to the best of my knowledg edge	e and belief, it is true, correct,
				0 ~ 10
Sig	ın	Jun Juni		
He	re	Signature of officer	Date	
		JIM SEVERSON, EXECUTIVE DIRECTOR		<del></del>
		Type or print name and title	Ta	
Pai	ď	Preparer's Date 1975		r's identifying number tructions)
_	parer's	signature / / / / / / / / / / / / / / / / / / /	employed ►	<del></del>
	Only	Firm's name (or JUDD, OSTERMANN & DEMRO, LTD.	EIN ►	· · · · · · · · · · · · · · · · · · ·
	- ',	self-employed), address, and PO BOX 372		
		ZIP+4 OWATONNA, MN 55060	Phone no ► 5 (	7-451-0611
Ma	y the If	RS discuss this return with the preparer shown above? (see instructions)		X Yes No
8320	001 12-1	8-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate	instructions.	Form <b>990</b> (2008)

Pa	rt III Statemer	nt of Program Servic	e Accomplish	ments (see instruct	ions)		
1		e organization's mission: E EDUCATION T	O STUDENT	S IN GRADES	6 THROUGH	12	
2	Did the organization	on undertake any significar	it program service	s during the year which	ch were not listed on		
	the prior Form 990	or 990-EZ?					Yes X No
		these new services on Sch					
3		on cease conducting, or ma		anges in how it condu	cts, any program serv	ices?	Yes X No
		these changes on Schedu					
4		npt purpose achievements and 501(c)(4) organizations					
		ers, the total expenses, and				int or grants and	
4a	(Code: CLASSROOM	) (Expenses \$ INSTRUCTION	458,274.	including grants of \$	·-	) (Revenue \$	
			,				
			· · · · · · · · · · · · · · · · · · ·				
			<u> </u>				
		\/5	·				
4b	(Code:	) (Expenses \$		including grants of \$		) (Revenue \$	
4c	(Code:	) (Expenses \$		including grants of \$		) (Revenue \$	,
							· · · · · · · · · · · · · · · · · · ·
<u></u>	Other are a second	ouese (Describer of Col. 1)					
4d	Other program ser (Expenses \$	vices. (Describe in Schedu includin	le O.) g grants of \$	\ /E	Revenue \$	١	
4e		rvice expenses >\$	458,2°		art IX, Line 25, columi	(B).)	
83200: 12-18-	2						Form <b>990</b> (2008)

Form 990 (2008)

Part IV Checklist of Required Schedules

			Yes	No
<b>~</b> 1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D. Part IV	9		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
_	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	-	X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			
	If "No", go to question 25	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	2.70		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	200		
	prior year? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	230		
_0		ne		Х
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial	26		- 22
۲.		0.7		Х
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	000 #	A

' Form 990 (2008)

Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>^28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			İ
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			(
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	Have a family member who had a direct or indirect business relationship with the organization?			1
	If "Yes," complete Schedule L, Part IV	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			1
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			1
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			1
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			l
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_ X_

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance				
				Yes	No
` 1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	U.S. Information Returns. Enter -0- if not applicable	1a	1		
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b (	)		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming			
	(gambling) winnings to prize winners?		1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 2:	L		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	rns?	2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by this return?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a	i		
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
þ	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.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	<u></u>	X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	iction?	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	Regarding Prohibited			
	Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	e than \$75?	7a		X
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	personal			
	benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti		7f		X
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	•	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	•	7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec				
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring or	ganization, have			
_	excess business holdings at any time during the year?		8		ļ
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				İ
а	Did the organization make any taxable distributions under section 4966?		9a		
ь			9b		-
10	Section 501(c)(7) organizations. Enter: N/A	1 . 1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter: N/A	1			İ
_	Gross income from members or shareholders	11a	-		Ĺ
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against				ĺ
46	amounts due or received from them.)	11b	-		İ
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	l 1	12a		
<u> </u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			<u> </u>

CHARTER SCHOOL DISTRICT #4081 90-0001671 Form 990 (2008) Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.) Section A. Governing Body and Management

<u> </u>	Hon A. Governing body and management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions			
1a	Enter the number of voting members of the governing body			
ь	Enter the number of voting members that are independent  1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9ь		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			.,
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
sec	tion B. Policies		24	
40-	Once the agreement of the control of		Yes	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	401		
_	to conflicts?	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-		
13	In Schedule O how this is done	12c		Х
14	Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?	13 14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	-14		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a		х
h	Other officers or key employees of the organization?	15b	-	X
_	Describe the process in Schedule O. (see instructions)	100		<del></del>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
_	taxable entity during the year?	16a		X
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		ĺ
Sec	tion C. Disclosure	102		
17	List the states with which a copy of this Form 990 is required to be filed ►MN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, ar	d fina	ncıal	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizat	ion: 🕨		
	JIM SEVERSON - 507-331-5423			

Form 990 (2008)

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not of	compensate an	y of	ficer	•		or, tru	uste	e, or key employee.		
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average			Posi				Reportable	Reportable	Estimated amount of
	hours per		neci	c all '	ınat	арр Г	уу <i>)</i> Т	compensation from	compensation from related	other
	week	lacto						the	organizations	compensation
		eord	<u>88</u>			sated		organization	(W-2/1099-MISC)	from the
		tuste	la Ti		88	Jamper		(W-2/1099-MISC)		organization and related
		Individual frustee or director	Institutional trustee	葵	Key employee	Highest compensated employee	ĕ			organizations
	İ	ם	ıst	Officer	Key	3.2	臣			
DAN WEISSER								-		
DIRECTOR	5.00	X						0.	0.	0.
DIRK WELLS										
DIRECTOR	5.00	Х	ļ	<u> </u>	L			0.	0.	0.
JOHN BURGER									_	_
DIRECTOR	5.00	X						0.	0.	0.
HEATHER HUMENIUK	5 00	١.,							^	
DIRECTOR	5.00	Х	-	-	<u> </u>			0.	0.	0.
RUSS KENNEDY	5.00			х				0.	0.	_
CHAIRPERSON JIM SEVERSON	3.00			Λ	<del> </del>			0.	U •	0.
VICE CHAIRPERSON	40.00			X				57,603.	0.	0.
MIKE VOURLOS	40.00			A				37,003.	<u> </u>	<u> </u>
TREASURER/CLERK	5.00			X				0.	0.	0.
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832007 12-18-08

	(A)	(B)			(C Posi	C)			(D)	(E)		(F)	
	Name and title	Average	$\vdash$		call			ly)	Reportable compensation from	Reportable compensation from related	۱	Estima amour othe	nt of
		per week	Individual trustee or director	Institutional frustee	Officer	Кеу етріоуве	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	C)	ompen from organiz and rel organiza	sation the ation ated
			<u> </u>			-							
												<del></del>	
		,											
	·					_					_		<u> </u>
							_						
	Total						<b>•</b>		57,603.		0.		0
2	Total number of individuals (including the compensation from the organization	ose in 1a) who re	celv	ed n	nore	thai		00,0			<b>D</b> .		
3	Did the organization list any former office			, ke	y em	ploy	yee,	or h	ighest compensated en	nployee on		Yes	
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the and related organizations greater than \$	sum of reportab	le co							he organization		3	X
5	Did any person listed on line 1a receive of the organization? If "Yes," complete School	or accrue compe	nsati	on f						ces rendered to		5	X
Sec	tion B. Independent Contractors												
1 	Complete this table for your five highest the organization. NONE	compensated in	depe	ende	ent c	ontr	acto	ors th	hat received more than \$	\$100,000 of comp	pensatio		
	(A) Name and busine	ss address							(B) Description of se	ervices	Com	(C) pensat	ion
			_					_					
							<u>-</u> .	-			<del></del>		
								+					
-		-									•		
2	Total number of independent contractors					-						,	

rm 99	0 (2	2008) CHART	rer schoo	L DISTRI	CT #4081		90-0001	671 Page <b>9</b>
art \	VIII	Statement of Reve	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u>ş</u> 1	а	Federated campaigns	1a					
and other similar amounts	b	Membership dues	1ь					
Ě	С	Fundraising events	1c					
ar	d	Related organizations	[1d]					
Ē	е	Government grants (contribu-	tions) 1e 6	12,345.				
S	f	All other contributions, gifts, gran						
拿		similar amounts not included abo	1 1	21,990.				
ရ	9	Noncash contributions included in lines	s 1a-1f \$					
티	_	Total. Add lines 1a-1f		<b>—</b>	634,335.			
				Business Code	, ,	1		
2	а							
•							<u> </u>	
Ž	c							
S S	ď			I I				
Revenue	e		-					-
		All other program service reve	enile					
		Total. Add lines 2a-2f	ende	<b>•</b>				
3		Investment income (including	dividends inter					
"		other similar amounts)	, dividends, inter	<b>b</b>				
4		Income from investment of ta	v-avamet band				• • •	
- I			ix-exempt bond j	oroceeds -	<del></del>			<del>-</del>
5	)	Royalties	() D l	(v) Damanal				
		Out on Built	(i) Real	(II) Personal				
٥	a	Gross Rents						
	Ь	Less: rental expenses		<del></del>				
-		Rental income or (loss)		اـــــــــــــــــــــــــــــــــــــ				
		Net rental income or (loss)		, <b>.</b>				
7	а	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	C	Gain or (loss)						
	d	Net gain or (loss)						
.   в	а	Gross income from fundraisin	ng events (not					
		including \$	of					
[		contributions reported on line						
		Part IV, line 18	a					
8	ь	Less: direct expenses	ь	,				
<b>)</b>		Net income or (loss) from fund	draising events	<b></b>				
و ا		Gross income from gaming a	-				<del></del>	
1	_	Part IV, line 19	a a					
	<b>L</b>	Less: direct expenses	b		;			
				<b>\</b>	:	1		
1.0		Net income or (loss) from gan						<u> </u>
10	а	Gross sales of inventory, less		[	:			
		and allowances	a					
		Less: cost of goods sold	b					
-	С	Net income or (loss) from sale			· · · · · · · · · · · · · · · · · · ·			
-		Miscellaneous Revenu	Je	Business Code		1		
11	а							
	ь				<del></del>			
	С	<del></del>						
	d	All other revenue	<del></del>					
1	е	Total. Add lines 11a-11d		. ▶				
			4, 5, 6d, 7d, 8c, 9c, 1		634,335.	0.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

_	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				***************************************
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			65.000	
	trustees, and key employees	67,908.		67,908.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	302,129.	265,248.	36,881.	
7	Other salaries and wages	302,129.	205,248.	30,001.	
8	Pension plan contributions (include section 401(k)	14,584.	12,142.	2,442.	
9	and section 403(b) employer contributions)  Other employee benefits	19,924.	16,796.	3,128.	
0	Payroll taxes	27,039.	19,943.	7,096.	
1	Fees for services (non-employees):	2,7033.	19/3130	7,050.	
а	Management				
ь	Legal				-
c	Accounting				
d	Lobbying	-			
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	_	. ]		
g	Other		·		
12	Advertising and promotion				
3	Office expenses	4,131.		4,131.	
4	Information technology				
5	Royalties	16.015	14 000	2 215	
6	Occupancy	16,915.	14,000.	2,915.	
7	Travel	652.	652.		
8	Payments of travel or entertainment expenses				
•	for any federal, state, or local public officials	-			<del></del>
9	Conferences, conventions, and meetings Interest				
1	Payments to affiliates		· <del>-</del>		
22	Depreciation, depletion, and amortization	5,965.	2,982.	2,983.	
3	Insurance	7,531.	7,531.	2,7001	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , ,		
а	RENTALS AND LEASES	75,645.	73,600.	2,045.	
b	CONSULTING FEES	51,529.	10,678.	40,851.	
c	FOOD	14,564.	14,564.		
d	TRANSPORTATION	6,400.	6,400.		
е	DUES AND MEMBERSHIP	5,198.	1,493.	3,705.	
f	All other expenses	13,362.	12,245.	1,117.	
5	Total functional expenses. Add lines 1 through 24f	633,476.	458,274.	175,202.	0
26	Joint Costs. Check here ▶ ☐ If following	1			
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

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-iabilities

Net Assets or Fund Balances

DISCOVERY PUBLIC SCHOOL OF FARIBAULT 90-0001671 Page 11 CHARTER SCHOOL DISTRICT #4081 Part X Balance Sheet (A) End of year Beginning of year 59,402. 18,915. 1 Cash · non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3,950. 3,229.4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key 5 employees, or other related parties. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 8 Inventories for sale or use 12,544. 9,696. 9 Prepaid expenses and deferred charges 50,492. 10a Land, buildings, and equipment: cost basis 10a b Less: accumulated depreciation. Complete 45,523 9,984. 4,969. Part VI of Schedule D 10b 10c 11 Investments · publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 Intangible assets 14 31,197. 12,173. Other assets. See Part IV, line 11 15 98,053. 68,006. Total assets. Add lines 1 through 15 (must equal line 34) 16 36,943. 3,015. 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue Tax-exempt bond liabilities 20 Escrow account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable 42,533. 39,511. 25 Other liabilities. Complete Part X of Schedule D 76,454. 45,548. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here 

X and complete lines 27 through 29, and lines 33 and 34. 21,599. 22,458. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 21,599. 22,458. 33 Total net assets or fund balances 68,006 98,053. Total liabilities and net assets/fund balances

۲a	rt All Financial Statements and Reporting						
			Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X			
b	Were the organization's financial statements audited by an independent accountant?						
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
	review, or compilation of its financial statements and selection of an independent accountant?	2c		X			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			ĺ			
	Act and OMB Circular A-133?	3a		X			
h	If "Ves " did the organization undergo the required qudit or qudite?	2h					

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### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

2008 Open to Public Inspection

OMB No 1545-0047

Name of the organization

DISCOVERY PUBLIC SCHOOL OF FARIBAULT CHARTER SCHOOL DISTRICT #4081

Employer identification number 90-001671

			BCHOOL DIDI							0001	<u> </u>		
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this par	t.) (see ins	tructions)					
The organ	nization is not a	a private foundation	because it is: (Please ch	eck only <b>o</b>	ne organiz	zation.)							
1 🔲	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)	•					
2 X	A school des	cribed in section 17	<b>'0(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)									
з 🔲	A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	( <b>A)(</b> iii). (At	tach Sche	dule H.)				
4 🔲	A medical res	search organization	operated in conjunction	with a hos	pıtal desci	ribed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter th	e hospital	's nam	e,	
	city, and stat	e:											
5 🗀	An organizati	on operated for the	benefit of a college or u	niversity ov	wned or or	perated by	a governi	mental uni	t describe	d in			
-		(b)(1)(A)(iv). (Comple											
6			ent or governmental uni	t described	d in sectio	n 170/b\/1	1/Δ1/ω)						
7		_ ·	eives a substantial part				• • • • •	r from the	general n	ublic desc	rihed ir	,	
• —	•	(b)(1)(A)(vi). (Comple	•	or its supp	ort nom a	governine	antai uniit C	n nom me	general p	ubiic desc	indea ii	•	
8 🗀	-		ection 170(b)(1)(A)(vi).	(Complete	Port II \								
9 🗀	-				-		ستمدافات			<b></b>		·	
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												
										-			
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquirea b	y tne orga	inization at	ter June 3	0, 197	5.	
—		<b>509(a)(2).</b> (Complete	•										
10	_	-	perated exclusively to te	•	-				•		_		
11 📖	-	- ,	perated exclusively for the		-					•		or	
	, ,	.,	ations described in secti		•	٠,,	?). See <b>se</b> c	ction 509(	a)(3). Chec	ck the box	that		
			organization and compl										
	a Type i		_ ,,	с 🔲 Тур		•	•			Type III - C			
e 🗀	By checking	this box, I certify that	it the organization is not	controlled	i directly o	r indirectly	by one o	r more dis	qualified p	ersons oth	er than	n	
	foundation m	nanagers and other t	han one or more publicly	y supporte	d organiza	ations desi	cribed in s	ection 509	9(a)(1) or se	ection 509	(a)(2).		
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				_	
	supporting o	rganization, check th	nis box									$\Box$	
9	Since August	t 17, 2006, has the c	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?				
	(i) A perso	n who directly or ind	irectly controls, either al	lone or tog	ether with	persons o	lescribed	ın (II) and (	III) below,		Yes	No	
	the gove	erning body of the si	upported organization?							11g(i)			
	(ii) A famıly	member of a persor	n described in (i) above?	,						11g(ii)			
	(iii) A 35% d	controlled entity of a	person described in (i)	or (II) above	e?					11g(iii)			
h	Provide the f	ollowing information	about the organizations	the organ	ization sup	oports.							
		-	•	•	•	•							
(i) Name	of supported	/ii\ EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did voi	notify the	(vi) Is	the	(vii) Arr	ount of		
	anization	(ii) EIN	organization	, ,	sted in your	, , ,		organizatio	on in col [	(vii) Am	port		
org	amzation		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	support?	(i) organiz U S	2 11 1116	3 <b>u</b> p	Port		
			(see instructions))	Yes	No	Yes	No	Yes	No				
		-						l					
				<u> </u>				<u> </u>					
								·					
	· · · · · · · · · · · · · · · · · · ·		·					<del></del>		<del></del> -			
			***************************************										
Total													

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

832022 12-17-0 Schedule A (Form 990 or 990-EZ) 2008

Section A. Public Support	Tgariizations	Described III	000000000000000000000000000000000000000	(Complete on	y ii you checkeu the bo	ox on line 9 of Part 1
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and	(4) 2004	(5) 2000	(6) 2000	10, 2001	10,2000	(i) rotai
membership fees received. (Do not include any "unusual grants.")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 · 5				<u> </u>		
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support	,		· · · · · · · · · · · · · · · · · · ·			
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6					1-7	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)	the organization	to first seesad the	rd fourth of fifth		ION 501/0\/2\ =====	ration.
14 First five years. If the Form 990 is for check this box and stop here	the organization	s arst, second, tra	ra, iourni, or mail t	lax year as a sect	ion 50 r(c)(5) organiz	.ation,
Section C. Computation of Publi	c Support Pa	ercentage				
				<u> </u>	15	
<ul><li>15 Public support percentage for 2008 (li</li><li>16 Public support percentage from 2007</li></ul>			column (i))		16	%
						%
Section D. Computation of Inves					147	
17 Investment income percentage for 20		-			17	%
18 Investment income percentage from 2				- 45 m	18	%
19a 33 1/3% support tests - 2008. If the	-					/ is not
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2007. If the						. —
line 18 is not more than 33 1/3%, che					-	
20 Private foundation. If the organization	i did not check a	LOOK ON line 14, 19	a, or 19D, check t		nstructions shedule A (Form 99	0 or 000-E7) 200

## Schedule D

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. OMB No 1545-0047 Open to Public Inspection

Name of the organization

DISCOVERY PUBLIC SCHOOL OF FARIBAULT CHARTER SCHOOL DISTRICT #4081

**Employer** identification number 90-0001671

Pa	d I Organizations Maintaining Donor Advise		ls or Acco	unts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.		
		(a) Donor advised funds	(b) Fui	nds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	rised funds	
	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds may b	e used only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor or other impermissible p	rivate benefit	? Yes No
Pa				
1	Purpose(s) of conservation easements held by the organization			·
	Preservation of land for public use (e.g., recreation or p		istorically imp	ortant land area
	Protection of natural habitat	Preservation of cert		
	Preservation of open space			
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a co	nservation ea	sement on the last day
_	of the tax year.	so, valion contribution in the form of a co	noci valion ca	demont on the last day
	or the tax year.			Held at the End of the Year
	Total number of conservation easements		2a	Tield at the Lind of the Tear
a 5	Total acreage restricted by conservation easements		2b	
b	·	months and sales dead on (a)		· · · · · · · · ·
C	Number of conservation easements on a certified historic str	, ,	2c	-
d	Number of conservation easements included in (c) acquired		_2d_	
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by ti	ne organizatio	n during the taxable
_	year ▶			
4	Number of states where property subject to conservation ea		-	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, violations,	and	
	enforcement of the conservation easements it holds?		_	Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a			
7	Amount of expenses incurred in monitoring, inspecting, and			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	'0(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			└── Yes
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expens	se statement,	and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describe	s the organiza	ition's accounting for
	conservation easements.			
Pa	rt III Organizations Maintaining Collections o	•	Other Simi	lar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and	balance shee	t works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic service,	provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	items.		
ь	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	ance sheet wo	rks of art, historical treasures,
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service	ce, provide th	e following amounts relating to
	these items:	·		5
	(i) Revenues included in Form 990, Part VIII, line 1		•	\$
	(ii) Assets included in Form 990, Part X		•	\$ \$
2	If the organization received or held works of art, historical tre	assures or other similar assets for financial		
~			iai gairi, provi	Je
_	the following amounts required to be reported under SFAS 1	ro relating to these items:	_	r
a	Revenues included in Form 990, Part VIII, line 1	•	<b>&gt;</b>	\$
b	Assets included in Form 990, Part X		•	<b>&gt;</b>
LHA	For Privacy Act and Paperwork Reduction Act Notice, see	e the Instructions for Form 990.		Schedule D (Form 990) 2008

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	t III Organizations Maintaining C	collections of A		torical Tr	easures, d	or Oth	er Simil	ar Asse	ts (conti	nued)
3	Using the organization's accession and other									
•	that apply):									
а	Public exhibition	c		Loan or exc	hange progra	ams				
b	Scholarly research	e	, 🖂	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how t	hey further t	he organizati	on's exe	empt purpo	ose in Par	t XIV.	
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical trea	sures, or oth	er sımıla	ır assets		_	
	to be sold to raise funds rather than to be m	aintained as part of	the orga	anization's co	ollection?				Yes	No
Par	Trust, Escrow and Custodial reported an amount on Form 990, Pa	-	- Comp	lete if organ	zation answe	ered 'Ye	es" to Form	n 990, Par	t IV, line	9, or
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets no	t included		_	
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table:						
									Amount	<u> </u>
c	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		_	
	Did the organization include an amount on F		21?					L	Yes	∟ No
	If "Yes," explain the arrangement in Part XIV			<b>.</b>						
Par	t V Endowment Funds. Complete				E				I	
		(a) Current year	(b) F	Prior year	(c) Two year	rs back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance			······································						
b	Contributions			·····				<del></del>		•
C	investment earnings or losses							<del></del>		
d	Grants or scholarships			······································						<del></del>
е	Other expenditures for facilities									
	and programs							·		
T	Administrative expenses	-								
9	End of year balance				i					
2	Provide the estimated percentage of the year	ir end balance neld a								
a	Board designated or quasi-endowment	0/	_%							
b	Permanent endowment ►  Term endowment ►	% %								
	Are there endowment funds not in the posse			مامط متمام	م المراسمة المراسم	unal fau i				
Ja	by:	ssion of the organiz	auon in	at are nelu a	ino aoministe	erea for i	ine organiz	zation	Γ	Yes No
	493								32(i)	Yes No
	(i) unrelated organizations (ii) related organizations								3a(i) 3a(ii)	
h	If "Yes" to 3a(ii), are the related organizations	e lietad se raquirad d	n Scha	dula R2					3b	
4	Describe in Part XIV the intended uses of the	· ·							_ 30 ]	
	t VI Investments - Land, Building	· . · · · · · · · · · · · · · · · · · ·			. Part X. line	10.				<del></del>
البائيين	Description of investment	(a) Cost or o			or other		Depreciation	n l	(d) Bool	c value
	bossiphon of any sounding	basis (investr			(other)	(0)	opi colatic	"	(4, 500)	( 14,00
1a	Land		· · · ·							
	Buildings									
c	Leasehold improvements	-								
d	Equipment				-					
	Other			5	0,492.		45,5	23.	-	4,969.
	. Add lines 1a-1e. (Column (d) should equal Fo	orm 990, Part X. colu	 ımn (B).	<del></del>				<b>•</b>		4,969.
				- 1-1-/-/						

Part VII Investments - Other Securities. S	ee Form 990, Part X, III			<del> </del>
(a) Description of security or category (including name of security)	(b) Book value		<ul> <li>Method of valuation or end-of-year market</li> </ul>	
	<del>-  </del>	0031	or end-oryear mark	
Financial derivatives and other financial products				
Closely-held equity interests	<del></del>			
Other				
	<del>                                     </del>			
	<del></del>			<del></del>
		<del></del>		· · · - · · ·
			<del></del>	<del> </del>
	<del></del>		<del> </del>	
	<del> </del>		·	_
	<del>-</del>			
Total (Cal (h) should savel Form 000, Bort V and (B) line 12.)				
Total. (Col (b) should equal Form 990, Part X, col (B) line 12)  Part VIII Investments - Program Related.				
			) Method of valuati	ou.
(a) Description of investment type	(b) Book value		or end-of-year mark	
· · · · · · · · · · · · · · · · · · ·	<del> </del>			
	<del> </del>			
	<del></del>			
	<del></del>			
	<del> </del>			
·				
Total. (Col (b) should equal Form 990, Part X, col (B) line 13 )	<b>&gt;</b>			
Part IX Other Assets. See Form 990, Part X, lin		<u> </u>		
	) Description	. <u>.</u>	T	(b) Book value
DUE FROM MN DEPARTMENT OF ED				27,706.
DUE FROM FEDERAL GOVERNMENT				3,383.
DUE FROM FOOD SALES				108.
			-	
		* ****		
	<del></del>			
	<del></del>	· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) should equal Form 990, Part X, col (B)	line 15.)	<u> </u>	<b>•</b>	31,197.
Part X Other Liabilities. See Form 990, Part >				
(a) Description of liability		(b) Amount		
Federal income taxes				
SALARIES PAYABLE		35,920.		
PAYROLL DEDUCTIONS PAYABLE	-	6,613.		
	-			
Total. (Column (b) should equal Form 990, Part X, col (B)	line 25.) ▶	42,533.		
In Part XIV, provide the text of the footnote to the organic		· - · · · ·	ization's liability for	uncertain tax positions

under FIN 48.

	rt XI Reconciliation of Change in Net Assets from Form 990		al Statements		701071 Fage 4
·	Total revenue (Form 990, Part VIII, column (A), line 12)	to i manore	1		634,335.
1	Total expenses (Form 990, Part IX, column (A), line 25)		2		633,476.
`2			3		859.
3	Excess or (deficit) for the year. Subtract line 2 from line 1  Net unrealized gains (losses) on investments		4	_	000.
4	, ,		5		<del>-</del>
5	Donated services and use of facilities		6		<del></del>
6	Investment expenses				
7	Prior period adjustments		7		
8	Other (Describe in Part XIV)		8		
9	Total adjustments (net). Add lines 4-8		9		0. 859.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	\A/iAl-	10   	Determ	
	rt XII Reconciliation of Revenue per Audited Financial State	ments with	neveriue per		634,335.
1	Total revenue, gains, and other support per audited financial statements			1	034,333.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1			
	Net unrealized gains on investments	2a		-	
b	Donated services and use of facilities	2b		-	
С	Recoveries of prior year grants	2c		-	
d	,	2d		-	^
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	634,335.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	<b>i</b> 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_	
b	Other (Describe in Part XIV)	4b		_	_
¢	Add lines 4a and 4b			4c	0.
_ 5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			5	634,335.
Pa	rt XIII Reconciliation of Expenses per Audited Financial State	ements Wit	n Expenses pe	<u>r Return</u>	
1	Total expenses and losses per audited financial statements			1	633,476.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	633,476.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV)	4b		7	
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18			5	633,476.
Pa	rt XIV Supplemental Information	<u> </u>			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Pa	art ill. lines 1a a	nd 4: Part IV lines	1b and 2b	Part V line 4: Part
	art XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	21(111) 111100 14 4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10 0110 20,	, , a, , , , , , , , , , , , , , , , ,
,,,,	arry, into 5, 1 arry, into 25 and 45, arry, into 1 arryin, into 25 and 45.				
					·
			<del> </del>		
			<del>_</del>		

#### SCHEDULE E (Form 990 or 990-EZ)

(101111 330 01 330 2

Department of the Treasury Internal Revenue Service

### **Schools**

► To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

2008 Open to Public Inspection

OMB No 1545-0047

Name of the organization

DISCOVERY PUBLIC SCHOOL OF FARIBAULT CHARTER SCHOOL DISTRICT #4081

Employer identification number 90-0001671

			152	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain	3	X	
	THE SCHOOL PUBLICIZES ITS RACIALLY NON DISCRIMINATORY			
	POLICY THROUGH WRITTEN MEANS.			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a_	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	ļ
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		Х
b	Admissions policies?	5b		Х
С	Employment of faculty or administrative staff?	5c		Х
d	Scholarships or other financial assistance?	5d_		Х
е	Educational policies?	5e		Х
f	Use of facilities?	5f		X
g	Athletic programs?	5g		X
h	Other extracurricular activities?	5h	<u> </u>	X
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement)			
	<del>_</del>			
6 a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		X
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			
	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	7	X	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule E (Form 990 or 990-EZ) 2008

#### SCHEDULE O (Form 990)

**Supplemental Information to Form 990** 

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

DISCOVERY PUBLIC SCHOOL OF FARIBAULT
CHARTER SCHOOL DISTRICT #4081

Employer identification number 90-0001671

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Form	990	,_	Part	VI,	Sec	ction	ı A,	line	10:	ΙΊ	IS	REV	VIEV	VED 2	AND	APPROVED	BY	THE_
SIGN	ING	OF	THE	RET	URN	AND	THE	SUBS	EQUE	NT	FIL	ING	BY	THE	API	PROPRIATE	OFF	ICER.
							_					_						
Form	990	,	Part	VI,	Sec	ction	ıc,	Line	19:	UE	ON	REQU	JEST	Γ.				
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## Form 4562

## **Depreciation and Amortization** (Including Information on Listed Property)

990

2008
A 44 L A

OMB No 1545-0172

	Revenue Service (99)	► Se	e separate insti	ructions.	Attach	to your tax	return.		Sequence No 67
	shown on return				Busine	ss or activity to w	hich this form relate	es	Identifying number
DIS	COVERY PU	BLIC SCHOO	L OF FAR	IBAULT	ļ				
		OL DISTRIC			For	m 990 I	Page 10		90-0001671
		pense Certain Property		79 Note: If vo				V before v	
		See the instructions f				F - 1 - 22		1	250,000.
		179 property placed	-					2	
		ection 179 property b	•		•			3	800,000.
		on. Subtract line 3 fro			ar -∩-			4	
_		r Subtract line 4 from line 1				inetnictions		5	· · · · · · · · · · · · · · · · · · ·
5 Do	ilar imitation for tax year	(a) Description of prop		-0- II mameu iii	(b) Cost (busine		(c) Electe	d cost	
		(-,							
		<del></del>	***						
						-			
			·						
7 1 1	stad property. Ent	er the amount from l	ne 20		<del></del>	7			
		f section 179 proper		e in column (c	c) lines 6 and			8	
		. Enter the <b>smaller</b> o	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	), III 00 0 and	•		9	
		ved deduction from I		007 Form 45	62			10	
	-	nitation. Enter the sm				o) or line 5		11	
		e deduction. Add line				•		12	<u>-</u> , ,
	•	ved deduction to 200				▶ 13			
		or Part III below for i							
Parl		preciation Allowan				de listed proc	perty.)		
<u>L.ITII.</u>									
14 9	necial depreciation	for qualified proper	v (other than lis	ted property	) placed in ser	vice during ti	ne tay vear	14	
	•	section 168(f)(1) elec	• •	ted property	placed in ser	vice during ti	ie tax year	15	
	ther depreciation (	.,						16	
Par		epreciation (Do not	include listed or	roperty ) (See	e instructions	1		10	
, ,		, , , , , , , , , , , , , , , , , , , ,			ection A	<u></u>			
17 M	ACRS deductions	for assets placed in	service in tax ve			3		17	5,870.
		any assets placed in service	-	•	~		. ▶ □	¬	
10 11 9		Section B - Assets F						ation Syste	em
		7.555.5	(b) Month and	(c) Basis fo	r depreciation	(d) Recovery			
	(a) Classification	of property	year placed in service		nvestment use instructions)	period	(e) Convention	(f) Method	(g) Depreciation deduction
100	3-year property			· · · · · · · · · · · · · · · · · · ·	-				
19a				· · · · · · ·	950.	5 Yrs	. НҮ	SL	95.
<u>b</u>	5-year property					3 113	• 111		
	7-year property								
<u>d</u>	10-year property				-		<del></del>		
<u>e</u>	15-year property				•		<del>-</del>	+	
f	20-year property			-		05.450		6/1	
9	25-year property		,			25 yrs.	-	S/L	
h	Residential renta	al property				27.5 yrs.	MM	S/L	
				<u> </u>		27.5 yrs.	MM	S/L	
i	Nonresidential r	eal property	/			39 yrs	MM	S/L	
	0	-A' O A A DI	/	D	0 T V II-		MM	S/L	<u> </u>
		ection C - Assets Pla	aced in Service	During 200	b lax Year Us	sing the Alte	rnative Depre		stem
<u>20a</u>	Class life							S/L	
<u> </u>	12-year			ļ		12 yrs.		S/L	
C	40-year					40 yrs.	MM	S/L	
Par		(See instructions.)					·		<del></del>
	. , .	er amount from line						21	
		from line 12, lines 1	-						
Er	nter here and on th	ne appropriate lines d	of your return. P	artnerships a	and S corporat	tions - <u>see ins</u>	str.	22	5,965.

816251 11-08-08 LHA For Paperwork Reduction Act Notice, see separate instructions.

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

Form 4562 (2008)

00795\_\_1

Form 4562 (2008)

CHARTER SCHOOL DISTRICT #4081 90-0001671 Page 2 Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment.

 recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a)

through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? No 24b If "Yes," is the evidence written? Yes No (b) (c) (e) (f) (g) (h) (d) Date Elected Business/ Basis for depreciation Recovery Method/ Depreciation Type of property Cost or placed in investment (business/investment section 179 deduction Convention period (list vehicles first ) other basis use percentage use only) service cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and 25 used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use: % % % 27 Property used 50% or less in a qualified business use: S/L· % S/L· % S/L· % 28 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30	O Total business/investment miles driven during the		(a) Vehicle		(b) Vehicle		(c) Vehicle		f) icle	(e) Vehicle		(f) Vehicle	
	year (do not include commuting miles)  Total commuting miles driven during the year  Total other personal (noncommuting) miles  driven												
33	Total miles driven during the year. Add lines 30 through 32												
34	Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	Is another vehicle available for personal use?												·

#### Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

	Hote of Tolates potential		
37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		
P	art VI Amortization		

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
2 Amortization of costs that begins during	ng your 2008 tax year:				
					<u></u>
43 Amortization of costs that began before your 2008 tax year					
44 Total. Add amounts in column (f). See the instructions for where to report					

816252 11-08-08

Form 4562 (2008)

#### Form **8868** (Rev. April 2009)

Department of the Treasury

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

	<del></del>	<del></del>		
<ul> <li>If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box</li> <li>If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on part of the part II unless you have already been granted an automatic 3-month extension on a light of the part II unless you have already been granted an automatic 3-month extension on a light of the part II unless you have already been granted an automatic 3-month extension on a light of the part II unless you have already been granted an automatic 3-month extension on a light of the part II unless you have already been granted an automatic 3-month extension.</li> </ul>	-			
Part 1 Automatic 3-Month Extension of Time. Only submit original (no copies nee	ded).			
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this becart I only	oox and complete	▶ □		
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to file income tax returns	o request an exter	nsion of time		
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month autominoted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 88 (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a comyou must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the <a href="https://www.irs.gov/efile">www.irs.gov/efile</a> and click on e-file for Chanties & Nonprofits.	68 electronically in posite or consolid	f (1) you want the additional ated Form 990-T. Instead,		
Type or Name of Exempt Organization print DISCOVERY PUBLIC SCHOOL OF FARIBAULT		Employer identification number		
CHARTER SCHOOL DISTRICT #4081	9	0-0001671		
Number, street, and room or suite no. If a P.O box, see instructions.  126 EIGHTH STREET NW				
City, town or post office, state, and ZIP code. For a foreign address, see instructions.  FARIBAULT, MN 55021				
Check type of return to be filed (file a separate application for each return):				
X       Form 990       Form 990-T (corporation)         Form 990-BL       Form 990-T (sec. 401(a) or 408(a) trust)         Form 990-EZ       Form 990-T (trust other than above)         Form 990-PF       Form 1041-A	Form 4720 Form 5227 Form 6069 Form 8870			
JIM SEVERSON  The books are in the care of ▶ 126 EIGHTH STREET NW - FARIBAULT, Telephone No ▶ 507-331-5423 FAX No. ▶  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)		<b>▶</b> □		
box ▶ . If it is for part of the group, check this box ▶ and attach a list with the names and				
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension February 15, 2010 , to file the exempt organization return for the organization is for the organization's return for:  ▶ □ calendar year or ▶ ▼ tax year beginning JUL 1, 2008 , and ending JUN 30,		The extension		
2 If this tax year is for less than 12 months, check reason: Initial return Final r	eturn	Change in accounting period		
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less a	ny			
nonrefundable credits. See instructions.	3a	\$		
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated				
tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$		
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	a)			
See Instructions.		s N/A		
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-Ei	3c O and Form 8879-	<u> </u>		
LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.		Form <b>8868</b> (Rev. 4-2009		
		101111 0000 (Nev 4-2003		