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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)

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

OMB No 1545-0047

Open to Public Inspection

B Costs principle    MINNESOTA_TWINS_COMMUNITY_FUND	Α	For the	2012 calendar year, or tax year beginning	and	ending						
MINNESOVA TWINS COMMUNITY FUND   Author and street (or P.0, box if mails and delivered to street address)   Room/suite   E Telephone number   612-659-3407	В	Check if applicable	C Name of organization			D Employer identific	cation number				
State   Dong Busness As	Г	Addres	MINNESOTA TWINS COMMIN	מאווא עידו							
TWINS WAY   Cary, town, or post office, state, and 2/P code   Cary, town, or post office, stat	F	Name		211 10112		<b>−</b>	697280				
TRYINS WAY   Groots recepting   1,642,053.   Haj is this a group return for affinitistes; which is the support of the control of the contro	Ē	Unitial		vered to street address)	Room/suite						
City, town, or post office, state, and ZIP code   G. ceas resembles   1,642,053.   H(a) is this a group return   Finance and address of principal officer BRYAN   DONALDSON   Finance and address of principal officer BRYAN   DONALDSON   Tax events tattus: XJ 501(c)3   591(c)4   (insert no.)   4947(a)(1) or   597   H(b) Are all affinitions included?   Yes   X No   No.	F	Termin-		volou to bu out udurooo,	7100111/0011	· ·					
MINNEAPOLIS, MN 55403   H(a) is the a group return for affiliates of processor of	F	Amende		<u></u>	l						
Farms and address of principal officer. BRYAN DONALDSON   To affiliates?   Yes   No NAME AS C ABOVE   Tax-exempts status:   X  501(c)(3)   501(c)(1)     (insert no.)   4947(a)(1) or   527   (lb) Are all affiliates included?   Yes   No No If No, "attach a list (see instructions)   Website:   N/A   (lb) Are all affiliates included?   Yes   No No If No, "attach a list (see instructions)   Website:   N/A   (lb) Are all affiliates included?   Yes   No	F	Applica		•							
SAME AS C ABOVE		pendin		AN DONALDSON							
Taxeoxempt status:			• •			1					
Website: N / A   Help Group exemption number   N / N   Form of riganazion: X   Corporation   Trust   Association   Other   Lyear of formation: 1991   M State of legal domicie: MN   Part   Summary	1	Tax-exe		◀ (insert no.) 4947(a)(1)	or 52						
Form of irraganzation:   X  Corporation   Trust   Association   Other   L Year of formation: 1991 M State of legal domicate: MN   Part 1   Summary				1 (	<u>v v.</u>		•				
Part   Summary				sociation Other	L Yea						
PROVIDE RESOURCES FOR HEALTHY DEVELOPMENT OF CHILDREN AND FAMILIES.  2 Check this box					1						
PROVIDE RESOURCES FOR HEALTHY DEVELOPMENT OF CHILDREN AND FAMILIES.  2 Check this box	a	1 E	Briefly describe the organization's mission or most	significant activities SUPP	ORT 5	01(C)(3) SER	VICE ORG. &				
B Net unrelated business taxable income from Form 990T, Ine 34  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 1h)  10 Investment income (Part VIII, line 1h)  11 Other revenue (Part VIII, line 2h)  12 Total revenue - add lines 8 through 11 (must equal RativIII, column (A), lines 5, 6d*Rc, 9c, 10c, and 11e)  13 Grants and similar amounts paid (Part IX, column (A), lines 1h)  14 Benefits paid to or for members (Part IX, column (A), lines 1h)  15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising tees (Part IX, column (A), line 1he)  17 Other expenses (Part IX, column (A), line 1he)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total assets (Part X, line 16)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Part II   Signature Block    Primit Type preparer's name   Preparer's signature   Date   Cheat   Primit Still	Ĕ	]	PROVIDE RESOURCES FOR HEA	LTHY DEVELOPMEN	T OF	CHILDREN AND	FAMILIES.				
B Net unrelated business taxable income from Form 990T, Ine 34  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 1h)  10 Investment income (Part VIII, line 1h)  11 Other revenue (Part VIII, line 2h)  12 Total revenue - add lines 8 through 11 (must equal RativIII, column (A), lines 5, 6d*Rc, 9c, 10c, and 11e)  13 Grants and similar amounts paid (Part IX, column (A), lines 1h)  14 Benefits paid to or for members (Part IX, column (A), lines 1h)  15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising tees (Part IX, column (A), line 1he)  17 Other expenses (Part IX, column (A), line 1he)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total assets (Part X, line 16)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Part II   Signature Block    Primit Type preparer's name   Preparer's signature   Date   Cheat   Primit Still	Ĕ	2 (	Check this box 🕨 🔲 if the organization discor	ntinued its operations or dispo	sed of mo	re than 25% of its net as	ssets.				
B Net unrelated business taxable income from Form 990 T, Ine 34   7b   0.	ŏ					l _					
B Net unrelated business taxable income from Form 990 T, Ine 34   7b   0.	<u>ග</u> න	4 1	Number of independent voting members of the go	verning body (Part VI, line 1b)		. 4					
B Net unrelated business taxable income from Form 990 T, Ine 34   7b   0.	es	5 7	otal number of individuals employed in calendar y	ear 2012 (Part V, line 2a)		5					
B Net unrelated business taxable income from Form 990 T, Ine 34   7b   0.	Ξ	6 7	otal number of volunteers (estimate if necessary)			6	400				
B Net unrelated business taxable income from Form 990T, Ine 34  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 1h)  10 Investment income (Part VIII, line 1h)  11 Other revenue (Part VIII, line 2h)  12 Total revenue - add lines 8 through 11 (must equal RativIII, column (A), lines 5, 6d*Rc, 9c, 10c, and 11e)  13 Grants and similar amounts paid (Part IX, column (A), lines 1h)  14 Benefits paid to or for members (Part IX, column (A), lines 1h)  15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising tees (Part IX, column (A), line 1he)  17 Other expenses (Part IX, column (A), line 1he)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total assets (Part X, line 16)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Part II   Signature Block    Primit Type preparer's name   Preparer's signature   Date   Cheat   Primit Still	둫	7a 7	otal unrelated business revenue from Part VIII, co	lumn (C), line 12		7a	0.				
10   Investment income (Part VIII, column (A), lines 3, 4/and 72) 7 2012   284   98.	_	1 d				7b	0.				
10   Investment income (Part VIII, column (A), lines 3, 4/and 72) 7 2012   284   98.				RECEIL		Prior Year	Current Year				
10   Investment income (Part VIII, column (A), lines 3, 4/and 72) 7 2012   284   98.	ā		Contributions and grants (Part VIII, line 1h)		1,512,984.	1,105,483.					
1   Other revenue (Part VIII, column (A), lines   5, 6d* 8c, 9c, 10c, and 1fe   7   97, 684.   243, 392.	ē		regram service revende (rait viir, into 2g)	~ · · · · · · · · · · · · · · · · · · ·			0.				
1   Other revenue (Part VIII, column (A), lines   5, 6d* 8c, 9c, 10c, and 1fe   7   97, 684.   243, 392.	ě	10 1	nvestment income (Part VIII, column (A), lines 3, 4	and 707 2012 (S)			98.				
13 Grants and similar amounts paid (Part IX, column (A), line \$13 \] 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 33 Beginning of Current Year End of Year 24 End of Year 25 Eart II Signature Block 36 Grants and similar amounts paid (Part IX, column (A), lines 4:510) 36 Beginning of Current Year End of Year 379,678. 381,367. 399,678. 313,894.> 36 Beginning of Current Year End of Year 399,678. 3141,689. 354,068. 3739,678. 373	_	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)			243,392.				
14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses (Part IX, column (A), line 11e)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  34 Signature Block  35 Jignature Block  36 Jignature Block  37 Jignature Block  38 Jignature Block  39 Jignature Block  30 Jignature Block  30 Jignature Block  30 Jignature Block  31 Jignature Block  32 Jignature Block  33 Jignature Block  34 Jignature Block  35 Jignature Block  35 Jignature Block  36 Jignature Block  37 Jignature Block  38 Jignature Block  39 Jignature Block  40 Jignature Block  47 Jignature Block  47 Jignature Block  47 Jignature Block  47 Jignature Block  48 Jignature Block  48 Jignature Block  48 Jignature Block  48 Jignature Block  49 Jignature Block  59 Jignature Block  50 Jigna		12	otal revenue - add lines 8 through 11 (must equal		1,610,952.	1,348,973.					
15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising eee (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 25) 18 Total expenses. (Part IX, column (A), line 11d, 11f;24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Septentil Signature Block  15 Graphete, Declarator of preptier other than officer) is based on all information of which preparer has any knowledge.  25 Print/Type preparer's name  26 Print/Type preparer's name  27 Print/Type preparer's name  28 Print/Type preparer's name  29 Print/Type preparer's name  20 Print/Type preparer's name  20 Print/Type preparer's name  21 Print/Type preparer's name  22 Print/Type preparer's name  23 Print/Type preparer's name  24 Print/Type preparer's name  25 Print/Type preparer's name  26 Print/Type preparer's name  27 Print/Type preparer's name  28 Print/Type preparer's name  29 Print/Type preparer's name  20 Print/Type preparer's name  20 Print/Type preparer's name  21 Print/Type preparer's name  22 Print/Type preparer's name  23 Print/Type preparer's name  24 Print/Type preparer's name  25 Print/Type preparer's name  26 Print/Type preparer's name  27 Print/Type preparer's name  28 Print/Type preparer's name  29 Print/Type preparer's name  20 Print/Type preparer's name  30 Print/Type preparer's name  31 Print/Type preparer's name  32 Print/Type preparer's name  33 Print/Type preparer's name  34 Print/Type preparer's name  35 Print/Type preparer's name  36 Print/Type preparer's name  37 Print/Type preparer's name  38 Print/Type preparer's name  38 Print/Type preparer's name  39 Print/Type preparer's name  30 Print/Type preparer's name  30 Print/Type preparer's name  30 Print/Type preparer's name  30		13 (	Grants and similar amounts paid (Part IX, column (	A);=lines 1:3)		1,029,492.	1,126,171.				
16a Professional fundraising fees (Part IX, column (A), line 11e)   0 .		ı									
17 Other expenses (Part IX, Column (A), lines 11a-11d, 111-24e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  34	S	15 9	Salaries, other compensation, employee benefits (I	Part IX, column (A), lines 5-10)	_		0.				
17 Other expenses (Part IX, Column (A), lines 11a-11d, 111-24e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  34	ens	16a F	Professional fundraising fees (Part IX, column (A), I	ine 11e)		0.	0.				
17 Other expenses (Part IX, Column (A), lines 11a-11d, 111-24e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  34	옸	b]			<u> </u>						
19   Revenue less expenses. Subtract line 18 from line 12   84,676 . <313,894 .>	ш	17									
Beginning of Current Year   End of Year											
Signature Block   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.    Signature of officer   Date		19 F	Revenue less expenses. Subtract line 18 from line	12			<u>&lt;313,894.</u> >				
Signature Block   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.    Signature of officer   Date	ts or				<u> </u>						
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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.    Signature	台	( <u>  22   1</u>		line 20		<u>739,678.</u>	425,784.				
Signature of order than officer) is based on all information of which preparer has any knowledge.  Signature of officer  BRYAN DONALDSON, SECRETARY  Type or print name and title  Print/Type preparer's name  Preparer's signature  Prim's name  Firm's address  Phone no.			L <sub>111</sub>								
Signature of officer    Date							y knowledge and belief, it is				
Signature of officer  BRYAN DONALDSON, SECRETARY  Type or print name and title  Print/Type preparer's name  Preparer  Firm's name  Firm's address  Phone no.			, and complete Declaration of Drepa er other than office	r) is based on all information of w	nich prepar	er nas any knowledge.	1/13				
BRYAN DONALDSON, SECRETARY Type or print name and title  Print/Type preparer's name Preparer Use Only  Prim's address Prim's address Prim's address Prim's address Prim's address		I .	Signature of officer		_	Date	1/1)				
Type or print name and title  Print/Type preparer's name  Preparer  Firm's name  Firm's address  Proper or print name and title  Preparer's signature  Preparer's signature  Preparer's signature  Firm's EIN  Phone no.		5	, -	mxDv		Duto 1					
Print/Type preparer's name Preparer's signature Preparer Prim's name Firm's address Preparer's signature Print/Type preparer's name  Firm's name Preparer's signature Preparer's				IAKI							
Paids Preparer Use Only Firm's address Phone no.		T T	y ,, ,	Prenarer's consture		Date Check	PTIN				
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Use Unly Firm's address Phone no.	Pre	parer	Firm's name	·	~		eu				
Phone no.	Use	Only		-,,		I IIII 2 FIM					
		1				Phone no					
	<u>M</u> a	y the IR	S discuss this return with the preparer shown abo	ve? (see instructions)	_	1. Holle lie.	Yes No				

Form 990 (2012)

	990 (2012) MINNESOTA TWINS COMMUNITY FUND 41-1697280 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF THE TWINS COMMUNITY FUND IS TO ENRICH LOCAL AND
	REGIONAL COMMUNITIES BY PROVIDING RESOURCES FOR THE HEALTHY DEVELOPMENT OF CHILDREN AND FAMILIES THROUGH AN ASSOCIATION WITH
	BASEBALL, SOFTBALL, AND THE MINNESOTA TWINS.
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?
	If "Yes." describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$
	THE ORGANIZATION SPONSORS THE TWINS CARE TICKET PROGRAM. THE PROGRAM
	PROVIDES UNDERPRIVILEGED YOUNGSTERS THE OPPORTUNITY TO ATTEND TWINS
	HOME GAMES AT NO COST.
4b	(Code) (Expenses \$365,765. including grants of \$358,857.) (Revenue \$\$
	THE ORGANIZATION SPONSORS FIELDS FOR KIDS PROGRAM. THIS PROGRAM MAKES
	MATCHING GRANTS TO SMALL NONPROFIT ORGANIZATIONS AND LOCAL GOVERNMENTS
	IN THE UPPER MIDWEST FOR FIELD RENOVATION PROJECTS.
4c	(Code) (Expenses \$
	THE ORGANIZATION SPONSORS A YOUTH BASEBALL PROGRAM THAT INTRODUCES
	INNER-CITY KIDS TO BASEBALL. IT ALSO EDUCATES KIDS ON DRUG AWARENESS,
	IMPORTANCE OF EDUCATION, STAYING IN SCHOOL, AND STAYING AWAY FROM
	GANGS.
4d	Other program services (Describe in Schedule O )
	(Expenses \$ 268,415. including grants of \$ 169,353.) (Revenue \$ 3,093.)
4e	Total program service expenses ► 1,598,295.

232002 12-10-12

	_		Yes	No
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, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		_ <u>X</u> _
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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_		_X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		ļ	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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, for escrow or custodial account liability, 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		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			٦,
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			ļ
_	as applicable  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			•
a	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	I Ia	<del> </del>	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1.15	<u> </u>	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	}	х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			_=-
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	ļ	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		1	)
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del> </del>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "You " complete Schedule F. Parts Land IV			v
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<del> </del>	X
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, Parts II and IV	15	1	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	13	†	_ <u></u>
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u></u>
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<del></del>	<b>†</b>	<b>├</b>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		1	
	complete Schedule G, Part III	19	1	x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2012

Form 990 (2012) MINNESOTA TWINS COMMUNITY FUND
Part IV Checklist of Required Schedules (continued)

21 Dut the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX. Journal (July 1974). The State of Part IX. Scall (July 1974). The State of Part IX. Scall (July 1974). The States on Part IX. Journal (July 1974). The States of Part IX. Scall (J			ļ	Yes	No
22 Det the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (N <sub>1</sub> , line 2? If Yies, "complete Schedule I, Parts I and III 22 and former officers, directors, trustees, key employees, and highest compensated employees? If Yies," complete Schedule I, Parts I and III 22 and former officers, directors, trustees, key employees, and highest compensated employees? If Yies," complete Schedule Is If Yies," organization have a tax-exempt bond sue 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, "arwine here \$24b through 24d and complete Schedule Is If I'ves," or bine 25 bed the organization maintain an escrow account other than a retunding escrow at any time during the year to defease any tax exempt bonds?  1 Did the organization maintain an escrow account other than a retunding escrow at any time during the year?  2 Did the organization area as in on behalf of "issuer for bonds outstanding at any time during the year?  2 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If Yes, "complete Schedule I, Part II"  2 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If Yes, "complete Schedule I, Part II"  2 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, highest compensated employee, or disqualified person during the year in the part of the organization's prior Former 990 or 990E2? If Yes, "complete Schedule I, Part IV  2 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, updated that the transaction with one of the following parties (see Schedule I, Part IV  2 Did the organization requery to a business transaction with one of the following parties (see Schedule I, Part IV  2 Did the organization receive more than \$25,	21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
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23 Did the organization answer "Yes" to Part VII, Section A, Ine 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 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," arswer lines 24b through 24d and complete Schedule K If "No", go to line 25 3 Did the organization maintain an escrow account other than a refunding secrow at any time during the year 10 defease any tax-exempt bonds? 4 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 5 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 5 If the organization wave that it engaged in an excess benefit transaction with a disqualified person on a pror year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 E27 If "Yes," complete Schedule L, Part II 5 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part III 6 Was the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant election committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 7 Did the organization or finer of fricer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 8 A family immeber of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 9 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes,	22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
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Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2  35b  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note, All Form 990 filers are required to complete Schedule O			31	-	х
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Note. All Form 990 filers are required to complete Schedule O	38		<del>-</del>	†	1
			38	x	
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	990 (2012) MINNESOTA TWINS COMMUNITY FUND	41-1697	<u> 280</u>	Pa	age 5
Par					
	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming			
	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,		I		1
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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 a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶				[
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial A	Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b_		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ons or gifts			
	were not tax deductible?	!	6b		
7	Organizations that may receive deductible contributions under section 170(c).		, ,		ļ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	X	L
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?	1	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u>7</u> d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di	d the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8_		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a	_	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter.				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			ļ
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		<u> </u>
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		1
	Note. See the instructions for additional information the organization must report on Schedule O			1	
b	Enter the amount of reserves the organization is required to maintain by the states in which the				

13b 13c X 14a

Form **990** (2012)

organization is licensed to issue qualified health plans

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

c Enter the amount of reserves on hand

Form 990 (2012) MINNESOTA TWINS COMMUNITY FUND 41-1697280 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	See	nstructions.						
	Check if Schedule O contains a response to any question in this Part VI		<u> </u>			X			
Sec	tion A. Governing Body and Management								
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	22	- 1	ı				
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent	1b	22						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p 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 th	e direc	t supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?			3		<u>X</u> _			
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	as filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		X			
6	Did the organization have members or stockholders?			6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or						
more members of the governing body?									
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or						
	persons other than the governing body?			7b		_X_			
8	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?			8a	X				
b	Each committee with authority to act on behalf of the governing body?			8b	X				
9									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			_9		X			
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code )						
					Yes	No			
	Did the organization have local chapters, branches, or affiliates?			10a		<u>X</u>			
b	If "Yes," did the organization have written policies and procedures governing the activities of such control of the organization have written policies and procedures governing the activities of such control of the organization have written policies and procedures governing the activities of such control of the organization have written policies and procedures governing the activities of such control of the organization have written policies and procedures governing the activities of such control of the organization have written policies and procedures governing the activities of such control of the organization have written policies and procedures governing the activities of such control of the organization have written policies and procedures governing the activities of such control of the organization have activities of the organization of the organiza	hapter	s, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b 11a	X				
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X				
р	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	<del></del>			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "I	res," a	escribe		7.7				
40	In Schedule O how this was done			12c	X	-			
13	Did the organization have a written whistleblower policy?			13	X				
14 15	Did the organization have a written document retention and destruction policy?	جا ام	adan andorst	14	X				
10	Did the process for determining compensation of the following persons include a review and approve	-	idependent						
а	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official			150		y			
a b	Other officers or key employees of the organization			15a 15b	<del>                                     </del>	X			
5	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	•		_ <del></del> _	<del>                                     </del>				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	with a	Ì	)				
4	taxable entity during the year?			16a		X_			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation	1.55					
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic								
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure								
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 (Sec	tion 501(c)(3)s only) a	avaılat	ole				
	for public inspection indicate how you made these available. Check all that apply								
	Own website Another's website X Upon request Other (explain	n ın Sc	hedule O)						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	onflict	of interest policy, an	d fınar	ncial				
	statements available to the public during the tax year.								
20	State the name, physical address, and telephone number of the person who possesses the books a	and red	ords of the organiza	tion: 🕨	<b>-</b>				
	KIP ELLIOTT - 612-659-3407								
****	1 TWINS WAY, MINNEAPOLIS, MN 55403								

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- 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.

X Check this box if neither the organization in	or any related	orga	ınıza	tion	cor	nper	nsat	ed any current officer, o	lirector, or trustee	
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one				one	Reportable	Reportable	Estimated	
	hours per	box	unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week (list any				T	,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		from the	from related	other
	hours for	direct		ļ	ļ	- P		organization	organizations (W-2/1099-MISC)	compensation from the
	related	te or	ustee			ensate		(W-2/1099-MISC)	(** = *********************************	organization
	organizations	l trus	a t		loyee	ф ш о:				and related
	below	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Ē	E	₹	ā	폴툽	훈			
(1) DUANE ARENS	1.00					Ì			0	•
DIRECTOR	1 00	X				├		0.	0.	0.
(2) DAVID E. ST. PETER	1.00	,,	ŀ					0		•
DIRECTOR	1 00	X		-	-	┢	<b>-</b>	0.	0.	0.
(3) SHARON EUERLE	1.00	7.		٠,						^
DIRECTOR/VICE CHAIR	1.00	X	├	X	}_	┢		0.	0.	0.
(4) JAY KIM	1.00	х		x				0.	0.	0
DIRECTOR/VICE CHAIR	1.00	^		Λ		-	-	0.	0.	0.
(5) DUANE REED	1.00	x						0.	0.	0.
DIRECTOR	1.00	1	$\vdash$			├			<u> </u>	<u> </u>
(6) BRAD FINSTAD DIRECTOR		x	l					0.	0.	_0.
- <del></del>	1.00	^			1	$\vdash$				
(7) KEVIN MERKLE DIRECTOR/IMMEDIATE PAST CHAIR	1.00	X		x				0.	0.	0.
(8) TODD MARSHALL	1.00				1					
DIRECTOR	2000	x			l			0.	0.	0.
(9) TOM LARSON	1.00			<u> </u>	t					
DIRECTOR/CHAIR		x		X				0.	0.	0.
(10) KATHY UMLAND	1.00									
DIRECTOR		X		l				0.	0.	0.
(11) DAN JOHNSON	1.00				Ì			-		
DIRECTOR		X						0.	0.	0.
(12) JOE MAUER	1.00									
DIRECTOR		X						0.	0.	0.
(13) TINK LARSON	1.00									
DIRECTOR		X						0.	0.	0.
(14) TERRY STEINBACH	1.00									
DIRECTOR		X			<u> </u>		<u> </u>	0.	0.	0.
(15) DAVID GOLDSTEIN	1.00	1								
DIRECTOR		X	<u> </u>	<u> </u>	_	_	<u> </u>	0.	0.	0.
(16) KRISTA MORNEAU	1.00	1			1		]			
DIRECTOR	<u> </u>	X	<u> </u>	ļ.,	<del> </del>	ـــ	<u> </u>	0.	0.	0.
(17) KRIS COMPTON	1.00	┨					İ	_	_	_
DIRECTOR/VICE CHAIR/TREASURER	<u> </u>	X	<u> </u>	X	1	<u>L</u>	<u> </u>	0.	0.	5 000 (2212)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	d Hi	ghe	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	(do box offic	not ch unles	Pos Pos neck ss pe	C) Ition more rson		one h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	am	(F) timated ount o other	f
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	orga and	pensati om the anization frelate nizatio	on ed
(18) ROBERT JASPER	1.00											
DIRECTOR	1 00	X				├	_	0.	0.	<del> </del> -		<u>0.</u>
(19) RICHARD HARTNACK	1.00	x						0.	0.			0
DIRECTOR (20) LIGHT REPORT	1.00	^				+-	-		<u> </u>	+		0.
(20) LISA ZIEBELL DIRECTOR	1.00	x						0.	0.			0.
(21) CAROL RODGERS	1.00					$\dagger -$				<u>'</u>		
DIRECTOR/VICE CHAIR		х		x	}	1		0.	0.	,		0.
(22) PAUL ASAO	1.00											
DIRECTOR		X			<u> </u>	<u> </u>		0.	0			0.
(23) LYNN LITTLEJOHN	1.00								_			
DIRECTOR	1 00	X			<u> </u>	╁	-	0.	0	<del>\</del>		0.
(24) MARK SCHINDELE	1.00	x				}		0.	0	l		0.
DIRECTOR (25) REVAN POWAL PROV	1.00	^	-	<del> </del>	╁╾	$\vdash$	╁	<u> </u>		<u>'</u>		<u> </u>
(25) BRYAN DONALDSON SECRETARY	1.00	1		x				0.	0.			0.
BERBIAKI			ļ -				<u> </u>					
1b Sub-total								0.	0			0.
c Total from continuation sheets to Part V	II, Section A							0.	0			0.
d Total (add lines 1b and 1c)						<u> </u>		0.	0	<u>.                                    </u>		0.
2 Total number of individuals (including but r	ot limited to th	nose	liste	ed a	bov	e) w	ho r	received more than \$100	0,000 of reportable			0
compensation from the organization											Yes	0 No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	· ·		e, ke	у ег	mple	oyee	, or	highest compensated e	mployee on	3		x
4 For any individual listed on line 1a, is the si			omn	ens	atioi	n an	d of	ther compensation from	the organization	3		
and related organizations greater than \$15									the organization	4	İ	X
5 Did any person listed on line 1a receive or									idual for services			
rendered to the organization? If "Yes," con						-				5		<u> </u>
Section B. Independent Contractors												
1 Complete this table for your five highest co		-								sation 1	rom	
the organization Report compensation for	the calendar y	ear	<u>endi</u>	ng v	<u>w</u> ıth	or v	<u>/rthi</u>		year			
(A) Name and business	address	NT	ONI	er.				(B) Description of s	services	<b>))</b> Compe		1
		TA	OIAI	<u> </u>						<del></del>		
_	_											
<del></del>												
2 Total number of independent contractors (	including but r	not I	mite	nd to	th/	nse l	eta.	d above) who received r	nore than			
\$100,000 of compensation from the organ	•	iot I				0		a abovo, who received t	nore triall			
222008										Form	<b>990</b> (2	2012)

Total revenue Related or Company of the Company of			Check if Schedule O conta	ains a res	sponse	to any question	n this Part VIII			
1							` '	exempt function	business	Revenuè excluded from tax under
Business Code    Business Code   Business Code	इइ	1 a	Federated campaigns		1a		• • • • • • • • • • • • • • • • • • • •			0.10, 01.011
Business Code    Business Code   Business Code	ira Du		· -							
Business Code    Business Code   Business Code	P, B		•		1c	165,594.				
Business Code    Business Code   Business Code	# 1		<del>-</del>							
Business Code    Business Code   Business Code	S,E	_	_	ions)	-+-					
Business Code    Business Code   Business Code	Sign	f								
Business Code    Business Code   Business Code	돌	·			1f	939.889.				
Business Code    Business Code   Business Code	ĒŎ	α	·							
Business Code    Business Code   Business Code	a Co	_			<u>-</u>		1,105,483.			
Total. Add lines 2a2f  3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) 8 a Gross income from fundraising events (in) Other including \$ 165,594. or contributions reported on line 1c) See Part IV, Inc 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross sincome from gaming activities See Part IV, Inc 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross scales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue  Business Code  11 a b C All other revenue e Total. Add lines 11a-11d Total evenue, See instructions.  1 2 348,973. 0 0 0 243,490.						I .				
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other similar amounts)  Income from investment of tax-exempt bond proceeds  Royalties  Royalties  (i) Real (ii) Personal    (ii) Real (iii) Personal		g	Total. Add lines 2a-2f			_ ▶				
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b c d All other revenue e Total. Add lines 11a-11d		44 =				Business Code	4			
c d All other revenue e Total. Add lines 11a-11d						<del></del>	<del></del>	<del> </del>		
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e Total. Add lines 11a-11d  12 Total revenue. See instructions.  1,348,973.  0. 0. 243,490.				<del></del>			<del> </del>	<del> </del>		<del> </del>
12 Total revenue. See instructions. 1,348,973. 0. 0. 243,490.							<del>                                     </del>	<del> </del> -	<del> </del>	<del> </del>
232009 12-10-12							1 348 973			243 490
	23200		. J. a. i J. J. i a. j.				<u> </u>			Form <b>990</b> (2012)

Se <u>cti</u>	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A)	
	Check if Schedule O contains a respon	se to any question in thi		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	1,126,171.	1,126,171.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees	· · · · · · · · · · · · · · · · · · ·			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			Ì	
7	Other salaries and wages		· · · · · · · · · · · · · · · · · · ·		
8	Pension plan accruals and contributions (include				
Q	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				<del></del>
10	Payroll taxes				
11	Fees for services (non-employees)		***		<del>"</del>
а	Management				
b	Legal				
С	Accounting	14,169.		14,169.	
d	Lobbying		1		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy			· · · · · · · · · · · · · · · · · · ·	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				<del>_</del>
19	Conferences, conventions, and meetings				
20	Interest				·
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization Insurance		<del></del>		
23 24	Other expenses. Itemize expenses not covered				
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	TWINS CARE	203,078.	203,078.		
b	YOUTH BASEBALL	163,075.	163,075.	<del></del>	
c	PLAY BALL MN	97,430.	97,430.		
ď	PSA'S AND SIGNAGE	32,350.	,	32,350.	
е	All other expenses	26,594.	8,541.	18,053.	
25_	Total functional expenses. Add lines 1 through 24e	1,662,867.	1,598,295.	64,572.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2012)
Part X | Balance Sheet

rar	τX	Check if Schedule O contains a response to any quest	on in this Part X			
		Control of Control of Cosponer to any questi	arrang t arra	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		753,392.	1	471,398.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net	Ī		3	
	4	Accounts receivable, net	Ī	111,224.	4	610.
	5	Loans and other receivables from current and former o	fficers, directors.			
		trustees, key employees, and highest compensated en				
		Part II of Schedule L	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5	
	6	Loans and other receivables from other disqualified per	rsons (as defined under	·		· · · · · · · · · · · · · · · · · · ·
	-	section 4958(f)(1)), persons described in section 4958(				
		employers and sponsoring organizations of section 50				
	ļ	employees' beneficiary organizations (see instr) Comp	· · · · ·		6	
şţs	7	Notes and loans receivable, net	10.00 / 4.11 / 10 / 0.011 /	·	7	
Assets	8	Inventories for sale or use		<del>, , , , , , , , , , , , , , , , , , , </del>	8	<del></del> -
⋖	9	Prepaid expenses and deferred charges	16,751.	9	7,844.	
	l '	Land, buildings, and equipment cost or other	<b> </b>	10,751.	-	7,044.
		basis Complete Part VI of Schedule D 10a				
	h	Less: accumulated depreciation 10b			10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets	<del></del>	14		
	15	Other assets See Part IV, line 11	-	· · · · · · · · · · · · · · · · · · ·	15	
	16	Total assets. Add lines 1 through 15 (must equal line 3	881,367.	16	479,852.	
	17	Accounts payable and accrued expenses	) <del>-</del>	75,380.	17	38,612.
	18	Grants payable	73,300.	18	30,012.	
	19	Deferred revenue	66,309.	19	15,456.	
	20	Tax-exempt bond liabilities		20	13,430.	
<b>,</b> 0	21	Escrow or custodial account liability. Complete Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officer	The state of the s	· · · · · · · · · · · · · · · · · · ·	21	
Ξ		key employees, highest compensated employees, and	· ·			
Ë		Complete Part II of Schedule L	disqualified persons		22	
	23	Secured mortgages and notes payable to unrelated the	ird narties		23	
	24	Unsecured notes and loans payable to unrelated third			24	<del></del>
	25	Other liabilities (including federal income tax, payables	T T		24	
	20	parties, and other liabilities not included on lines 17-24				
		Schedule D	, complete t at x of		25	
	26	Total liabilities, Add lines 17 through 25		141,689.	26	54,068.
		Organizations that follow SFAS 117 (ASC 958), chec	k here X and			3170001
s		complete lines 27 through 29, and lines 33 and 34.			1	
ဥ	27	Unrestricted net assets		731,728.	27	405,311.
Fund Balances	28	Temporarily restricted net assets	,	7,950.	28	20,473.
ĕ	29	Permanently restricted net assets		77330.	29	20/1/3:
Š		Organizations that do not follow SFAS 117 (ASC 95	8) check here	<del></del> -		<del></del>
Ä		and complete lines 30 through 34.	o,, check here			
ξŞ	30	Capital stock or trust principal, or current funds			30	
sse	31	Paid-in or capital surplus, or land, building, or equipme	nt fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income,			32	
Ne	33	Total net assets or fund balances	or other funds	739,678.	-	425,784.
	34	Total liabilities and net assets/fund balances	881,367.	33	479,852.	
	1 34	Total natifices and net assets/fund palatices		001,307.	34	4/9,654

orm	990 (2012) MINNESOTA TWINS COMMUNITY FUND	41-169	7280	Pag	ge <b>12</b>
Pai	rt XI Reconciliation of Net Assets	·			
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,34	8,9	<u>73.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,66	2,8	67.
3	Revenue less expenses Subtract line 2 from line 1	3	<31	3,8	94.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	73	9,6	78 <u>.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	· · · · · · · · · · · · · · · · · · ·		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	42	5,7	84.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				$\mathbf{x}$
				Yes	No_
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Scheduli	<b>9</b> O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basıs,			
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t	ne audīt,	ļ		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	_ X	ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in Sci	nedule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ıngle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req	ured audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h		

232012 12-10-12 Form **990** (2012)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Name of the organization

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Employer identification number

		MINNESC	TA TWINS COM	MUNIT	Y FUN	D _			4	1-1697	280	
Part I	Reason	for Public Char	ity Status (All organiza	ations mus	st complet	e this part	) See insti	ructions.				
The organ	zation is not a	private foundation	because it is: (For lines 1	through 1	11, check o	only one b	ox.)			-		
1 🗀	A church, cor	nvention of churche	s, or association of churc	ches descr	nbed in se	ction 170	(b)(1)(A)(i).	•				
2	A school desc	cribed in section 17	<b>'0(b)(1)(A)(ii).</b> (Attach Scl	hedule E)								
з 🗀	A hospital or	a cooperative hospi	tal service organization o	described i	n section	170(b)(1)(	A)(iii).					
4 🗀	A medical res	earch organization	operated in conjunction	with a hos	pital descr	ibed in <b>se</b>	ction 170	b)(1)(A)(ii	i). Enter	the hospital	's nam	e,
	city, and state	e:										
5 🗀	An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governn	nental unr	t describ	ed in		
	section 170	(b)(1)(A)(iv). (Compl	ete Part II.)									
6 🗀	A federal, sta	te, or local governm	ent or governmental unit	described	ın sectio	n 170(b)(1	I)(A)(v).					
7 X	An organizati	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general	public desc	rıbed ır	า
	section 170(	b)(1)(A)(vi). (Comple	ete Part II )									
8 🗀	A community	trust described in s	section 170(b)(1)(A)(vi). (	(Complete	Part II.)							
9 🗀	An organizati	on that normally red	eives: (1) more than 33 1	1/3% of its	support fr	om contri	butions, m	embershi	p fees, a	nd gross red	ceipts f	from
	activities rela	ted to its exempt fu	nctions - subject to certa	ıın excepti	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross	ınvestı	ment
	income and u	ınrelated busıness t	axable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon	after June 3	0, 197	5.
	See section	<b>509(a)(2).</b> (Complete	e Part III )									
10	An organizati	on organized and o	perated exclusively to te	st for publi	c safety. S	See sectio	n 509(a)(4	ł).				
11	-	-	perated exclusively for th						-			or
	more publicly	supported organization	ations described in section	on 509(a)(1	1) or section	on 509(a)(2	?) See sec	tion 509(	<b>a)(3).</b> Ch	eck the box	. that	
			organization and comple		•							
	a Type I		•	ype III - Fu	-	_		,,		n-functional	, ,	
e			at the organization is not									n
			than one or more publicly		_				9(a)(1) or	section 509	)(a)(2).	
f			tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		rganization, check t				_			_			L
g	-		organization accepted ar			•		•			Г.	
			directly controls, either al	one or tog	etner with	persons o	lescribed i	n (II) and (	iii) below		Yes	No
	_	-	supported organization?				•			11g(i)	<del> </del>	
	•		n described in (i) above?		- 0		•			11g(ii)		
•-	• •		a person described in (i) o			•				11g(iii)	<u>                                     </u>	
h	Provide the f	ollowing information	about the supported or	ganization	(S).							
		I	T	(in) le the e		(v) Did you	u notefu the	(vi) lo	the	<u> </u>		
	of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col. (i) lis			u notify the ion in col.	Fordanizatio	on in col.	(vii) Amount		netary
Ulga	anization		above or IRC section		document?			(i) organiz U.S	20 m me		port	
			(see instructions))	Yes	No	Yes	No	Yes	No	1		
							<del>                                     </del>		<del>                                     </del>			
			<del> </del>	ļ					-	<del></del>		
					<b>_</b>				<u> </u>			
	_											
		_										-,-
<del></del> -				<del> </del>	<del>  -</del>					<del></del>		
Total		1	1	1	1		J.	1	1	1		

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 MINNESOTA TWINS COMMUNITY FUND 41-1697280 Page 2

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)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1					
	include any "unusual grants.")	582,005.	507,504.	1316855.	1512984.	1105483.	5024831.
2	Tax revenues levied for the organ-						<del> </del>
	ızatıon's benefit and either paid to						
	or expended on its behalf	į					
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	582,005.	507,504.	1316855.	1512984.	1105483.	5024831.
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)						2186579.
6	Public support. Subtract line 5 from line 4	-					2838252.
	ction B. Total Support						20002021
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	582,005.	507,504.	1316855.	1512984.	1105483.	5024831.
	Gross income from interest.	1					000000
_	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	1,750.	340.	226.	284.	98.	2,698.
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital		ĺ				
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10				_		5027529.
	Gross receipts from related activities,	etc (see instruction	nns)			12 2	,647,954.
	First five years. If the Form 990 is for			d fourth or fifth to	ay waar as a sectio		,041,334.
10	organization, check this box and stop	-	3 m3t, 0000ma, trm	a, roartr, or mar te	ax year as a seeme	11 30 1(0)(3)	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage	<del></del>			
	Public support percentage for 2012 (			column (f))	<del></del>	14	56.45 %
-	Public support percentage from 2011	, ,	•	(7)		15	65.08 %
	33 1/3% support test - 2012. If the			n line 13, and line	14 is 33 1/3% or n	·	
•	stop here. The organization qualifies	-		-			▶X
Ŀ	33 1/3% support test - 2011. If the		•		l line 15 is 33 1/3%	or more, check t	
-	and stop here. The organization qual						<b>▶</b> □
17a	10% -facts-and-circumstances tes	• •			e 13 16a or 16h :	and line 14 is 10%	or more
.,,	and if the organization meets the "fac	_					•
	meets the "facts-and-circumstances"			=		ale orgai	<b>▶</b>
ŀ	10% -facts-and-circumstances tes	•	•	. , , , ,	•	17a and line 15 ie	10% or
	more, and if the organization meets to						
	organization meets the "facts-and-cire				•		<b>_</b>
10	Private foundation. If the organization						
	ato iodiracion, ii ino organizatio	sid flot offoot a	20x 011 mio 10, 10	<u>w, 100, 174, 01 171</u>		dule A /Form 990	

## Schedule A (Form 990 or 990-EZ) 2012 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.)

Sec	tion A. Public Support	now, picase comp	siote i at ii j				<del></del>
Calen	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
	Gross receipts from admissions,			}			
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	İ					
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			E .			
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
_	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	ı			l		
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						
	tion B. Total Support			<del></del>	<u> </u>		·
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6			\			
10a	Gross income from interest,						
	dividends, payments received on			•			
	securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income			<del>                                     </del>			
-	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b				<del></del>	†	
	Net income from unrelated business	<del></del>		<del> </del>			
	activities not included in line 10b,						
	whether or not the business is regularly carned on					1	1
12	Other income. Do not include gain		<del>-</del>	<del> </del>		+	
-	or loss from the sale of capital						
12	assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12)			<del> </del>	<del>                                     </del>	-	
	First five years. If the Form 990 is for	the organization'	e first second thi	rd fourth or fifth i	tax year as a sectu	on 501/o\/3\ organi	zation
17	check this box and stop here	the organization	s irst, second, tri	ra, roartii, or illiii i	iax year as a secur	on son(c)(s) organia	zation,
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2012 (			column (fl)		15	%
	Public support percentage from 2011			ooldiiii (ij)		16	%
	tion D. Computation of Invest				_	1 10 1	
	Investment income percentage for 20					17	%
	Investment income percentage from			10, Coldinii (I))		18	%
	33 1/3% support tests - 2012. If the			on line 1/L and lin	ne 15 is more than		
154	more than 33 1/3%, check this box a	•		· ·		·	17 18 1101
<b>L</b>	33 1/3% support tests - 2011. If the	-					and end
ט	line 18 is not more than 33 1/3%, che	-			•	·	~
20	Private foundation. If the organization			•		-	' <b>₹</b>
20	TITTE TOUTION OF THE OLYMPIZATION	m did flot crieck a	COOK OFFICE 14, 13	Ja, UL IJU, CHECK	ning DOV WHO SEE IL	ian actions	

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. 
➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

MINNESOTA TWINS COMMUNITY FUND

Employer identification number 41-1697280

Pai	rt I Organizations Maintaining Donor Advis	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, in		·
		(a) Donor advised funds	(b) Funds 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 advised	funds
	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor		<del></del>
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?	c. come dancer, or or any other purpose cor	Yes No
Pai	rt II Conservation Easements. Complete if the or	rganization answered "Yes" to Form 990. Part	
1	Purpose(s) of conservation easements held by the organiza		
	Preservation of land for public use (e.g., recreation or		cally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the form of a	conservation easement on the last
	day of the tax year		
	,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	•	2b
С	Number of conservation easements on a certified historic si	tructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	• •	
	listed in the National Register	,	2d
3	Number of conservation easements modified, transferred, r	eleased, extinguished, or terminated by the or	
	year ▶	,	3
4	Number of states where property subject to conservation e	asement is located >	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	g, and enforcing conservation easements durin	ng the year
7	Amount of expenses incurred in monitoring, inspecting, and	d enforcing conservation easements during the	e year > \$
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 170(h)(	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conserva	ation easements in its revenue and expense sta	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes the	organization's accounting for
	conservation easements		
Par	rt III Organizations Maintaining Collections	of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" to Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	ASC 958), not to report in its revenue statemen	it and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	xhibition, education, or research in furtherance	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that desc	cribes these items	
b	If the organization elected, as permitted under SFAS 116 (A	ASC 958), to report in its revenue statement an	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tr	reasures, or other similar assets for financial ga	ain, provide
	the following amounts required to be reported under SFAS		
а		-	<b>&gt;</b> \$
b	Assets included in Form 990, Part X		. • \$

Sche	dule D (Form 990) 2012 MINNESO'	<u> TA TWINS C</u>	OMMUN	ITY F	UND			<u>41-16</u>	<u>97280</u>	Page
Par	t III Organizations Maintaining C	ollections of A	rt, Histo	orical Tre	easures, or	Other 9	<u>Simila</u>	ar Asse	<b>ts</b> (continu	.ied)
3	Using the organization's acquisition, accession	on, and other record	is, check	any of the	following that a	re a signi	ficant	use of its	collection	rtems
	(check all that apply):									
а	Public exhibition	c	1 🗀 L	oan or excl	hange program	s				
b	Scholarly research	e		ther					_	_
С	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explai	in how the	ey further tl	he organization	's exemp	t purpo	ose in Pari	: XIII	
5	During the year, did the organization solicit or			-	=					
	to be sold to raise funds rather than to be ma	aintained as part of	the organ	zation's co	ollection?				Yes	
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the o	organizatio	n answered "Ye	es" to Fo	rm 990	), Part IV, I	ine 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for c	ontribution	s or other asse	ts not inc	luded			
	on Form 990, Part X?		-						Yes	□ N
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	ıble:						
		·	ŭ						Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X. line	21?				للننسا	T.	Yes	N
	If "Yes," explain the arrangement in Part XIII			n has been	provided in Pa	rt XIII				$\Box$
Par										
L		(a) Current year		or year	(c) Two years t		Three	years back	(e) Four	years bac
1a	Beginning of year balance			1						
b	Contributions			<del>-</del>						
c	Net investment earnings, gains, and losses		<u> </u>							
d	Grants or scholarships		-							
e	Other expenditures for facilities					•				
·	and programs				ļ					
f	Administrative expenses		<u> </u>							
g.	End of year balance							·		
2	Provide the estimated percentage of the curr	rent year end halan	ce (line 1c	. column (a	a)) held as:					
a	Board designated or quasi-endowment	one your one balan	%	,, 00:01:11: (0	a)) 1101G GO.					
b	Permanent endowment	%								
	Temporarily restricted endowment	^ 								
Ŭ	The percentages in lines 2a, 2b, and 2c show									
32	Are there endowment funds not in the posse		zation that	t are held a	ınd administere	d for the	organi	zation		
Ja		333011 Of the organiz	Lation tha	are riela e	and administere	0 101 1110	organi	Zation	Γ	Yes N
	by. (i) unrelated organizations								3a(i)	163 14
	(ii) related organizations								3a(ii)	<del></del>
<b>L</b>	If "Yes" to 3a(ii), are the related organization:	s listed as required	on Sched	ula R?					3b	+
4	Describe in Part XIII the intended uses of the	•							30	
	rt VI Land, Buildings, and Equipm									
	Description of property	(a) Cost or			t or other	(c) Acci	umu dat	od	(d) Book	· volue
	pescription of property	basis (invest	1		(other)	` '	eciation	ı	(u) BOOK	value
	Land	240.5 (114631		Dasis	(567)	Gopie		·		
	Land									
D	Buildings									
C	Leasehold improvements							<del></del>		
d	· ·							<del></del>		
	Other		<u> </u>	(0)	10(-) )			_+		
<u>ı ota</u>	I. Add lines 1a through 1e. (Column (d) must e	equai ⊢orm 990, Par	τx, colum	in (B), line	ΙU(C).)					

Schedule D (Form 990) 2012

		VINS COMMUNI		41-1697280 Page
	Investments - Other Securities. See			
	tion of Security or category (including name of security)	(b) Book value	(c) Method of value	ation. Cost or end-of-year market value
	al derivatives	<del> </del>	<del> </del>	
	held equity interests	<del></del>		<del></del>
(3) Other			<del> </del>	
(A)			<del>                                     </del>	<del></del>
(B)			<del> </del>	
(C)		<del></del>	<del> </del>	
(D) (E)			<u> </u>	
(E) (F)		<del></del> -	<del>                                     </del>	
(G)	***************************************		<del>                                     </del>	
( <del>U</del> )				
(l)				· · · · · · · · · · · · · · · · · · ·
	b) must equal Form 990, Part X, col. (B) line 12.)			· · · · · · · · · · · · · · · · · · ·
	Investments - Program Related. Se	e Form 990 Part X line	13	
	(a) Description of investment type	(b) Book value		ation Cost or end-of-year market value
(1)			<del> </del>	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total (Col. (	b) must equal Form 990, Part X, col. (B) line 13.)			
			<u> </u>	
Part IX	Other Assets. See Form 990, Part X, line			
	Other Assets. See Form 990, Part X, line	15. Description		(b) Book value
	Other Assets. See Form 990, Part X, line			(b) Book value
Part IX	Other Assets. See Form 990, Part X, line		-	(b) Book value
(1) (2) (3)	Other Assets. See Form 990, Part X, line			(b) Book value
(1) (2) (3) (4)	Other Assets. See Form 990, Part X, line			(b) Book value
(1) (2) (3) (4) (5)	Other Assets. See Form 990, Part X, line			(b) Book value
(1) (2) (3) (4) (5) (6)	Other Assets. See Form 990, Part X, line			(b) Book value
(1) (2) (3) (4) (5) (6) (7)	Other Assets. See Form 990, Part X, line			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. See Form 990, Part X, line			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. See Form 990, Part X, line			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. See Form 990, Part X, line (a)	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columbia)	Other Assets. See Form 990, Part X, line (a) I	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. See Form 990, Part X, line  (a) I  Imm (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X, I	Description	As Pook value	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column Part X)  1.	Other Assets. See Form 990, Part X, line  (a) I  Imm (b) must equal Form 990, Part X, col (B) line  Other Liabilities. See Form 990, Part X, I  (a) Description of liability	Description	(b) Book value	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Fart X  1. (1) Fec	Other Assets. See Form 990, Part X, line  (a) I  Imm (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X, I	Description	(b) Book value	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columetric X Part X  1. (1) Fec (2)	Other Assets. See Form 990, Part X, line  (a) I  Imm (b) must equal Form 990, Part X, col (B) line  Other Liabilities. See Form 990, Part X, I  (a) Description of liability	Description	(b) Book value	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Col. Part X  1. (1) Fec (2) (3)	Other Assets. See Form 990, Part X, line  (a) I  Imm (b) must equal Form 990, Part X, col (B) line  Other Liabilities. See Form 990, Part X, I  (a) Description of liability	Description	(b) Book value	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columetric X 1. (1) Fecular (2) (3) (4)	Other Assets. See Form 990, Part X, line  (a) I  Imm (b) must equal Form 990, Part X, col (B) line  Other Liabilities. See Form 990, Part X, I  (a) Description of liability	Description	(b) Book value	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Columna	Other Assets. See Form 990, Part X, line  (a) I  Imm (b) must equal Form 990, Part X, col (B) line  Other Liabilities. See Form 990, Part X, I  (a) Description of liability	Description	(b) Book value	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Columbia)  Part X  1. (1) Fecces (2) (3) (4) (5) (6)	Other Assets. See Form 990, Part X, line  (a) I  Imm (b) must equal Form 990, Part X, col (B) line  Other Liabilities. See Form 990, Part X, I  (a) Description of liability	Description	(b) Book value	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Columbia) Part X  1. (1) Fecces (2) (3) (4) (5) (6) (7)	Other Assets. See Form 990, Part X, line  (a) I  Imm (b) must equal Form 990, Part X, col (B) line  Other Liabilities. See Form 990, Part X, I  (a) Description of liability	Description	(b) Book value	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Columbia)  (1) Fec (2) (3) (4) (5) (6) (7) (8)	Other Assets. See Form 990, Part X, line  (a) I  Imm (b) must equal Form 990, Part X, col (B) line  Other Liabilities. See Form 990, Part X, I  (a) Description of liability	Description	(b) Book value	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columbia) Part X  1. (1) Fec (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. See Form 990, Part X, line  (a) I  Imm (b) must equal Form 990, Part X, col (B) line  Other Liabilities. See Form 990, Part X, I  (a) Description of liability	Description	(b) Book value	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Col. Part X  1. (1) Fec (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. See Form 990, Part X, line  (a) I  Imm (b) must equal Form 990, Part X, col (B) line  Other Liabilities. See Form 990, Part X, I  (a) Description of liability	Description	(b) Book value	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Columbra X  1. (1) Fec (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (11)	Other Assets. See Form 990, Part X, line  (a) I  Imm (b) must equal Form 990, Part X, col (B) line  Other Liabilities. See Form 990, Part X, I  (a) Description of liability	e 15 ) Ine 25	(b) Book value	(b) Book value

		(Form 990) 2012 MINNESOTA TWINS COMMUNITY				1697280	Page 4
Par	t XI	Reconciliation of Revenue per Audited Financial Stateme	nts Wi	th Revenue per R	eturr		
1		revenue, gains, and other support per audited financial statements			1	1,725,	<u>598.</u>
2		unts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net u	inrealized gains on investments	2a				
b		ted services and use of facilities	_2b	403,746.			
C		veries of prior year grants	2c	<del></del>			
d		r (Describe in Part XIII.)	_2d				
e	Add i	ines 2a through 2d			2e		<u>746.</u>
3	Subti	ract line 2e from line 1			3	1,321,	<u>852.</u>
4	Amou	unts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Inves	stment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Othe	r (Describe in Part XIII)	4b	27,121.	) )	il.	
C	Add I	lines 4a and 4b			4c		<u>121.</u>
5_		revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,348,	<u>973.</u>
Pai	rt XII	Reconciliation of Expenses per Audited Financial Statement	ents W	/ith Expenses per	Retu		
1	Total	expenses and losses per audited financial statements			1	2,039,	<u>492.</u>
2	Amo	unts included on line 1 but not on Form 990, Part IX, line 25:					
а	Dona	ated services and use of facilities	2a	403,746.			
b	Prior	year adjustments	2b				
C	Othe	rlosses	2c				
d	Othe	r (Describe in Part XIII )	_2d				
e	Add	lines 2a through 2d			2e		<u>746.</u>
3	Subt	ract line 2e from line 1			3	1,635,	746.
4	Amo	unts included on Form 990, Part IX, line 25, but not on line 1					
а	Inves	stment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Othe	r (Describe in Part XIII )	4b	27,121.	]		
c	Add	lines 4a and 4b	-		4c	27,	121.
5_	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,662,	
Pa		Supplemental Information					
		this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part I				2b, Part V, line	4; Part
X, 11n 	e 2; P	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	provide	any additional informat	ion		<del></del>
<u>PA</u> J	RT I	KI, LINE 4B - OTHER ADJUSTMENTS:					
<u>RE</u> '	V <u>E</u> NU	JE NETTED AGAINST EXPENSES ON FS				27,	121.
							<u>+</u>
PAI	RT Z	XII, LINE 4B - OTHER ADJUSTMENTS:					
RE	VEN	JE NETTED AGAINST EXPENSES ON FS		· · · · · · · · · · · · · · · · · · ·		27,	121.
	<del></del>						

Schedule D (Form 990) 2012

### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

OMB No 1545-0047

Open To Public Inspection

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization **Employer identification number** MINNESOTA TWINS COMMUNITY FUND 41-1697280 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ flers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes □ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser from activity or entity (fundraiser) òrganization listed in col (i) Yes No 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

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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, Ines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events AUCTION (add col (a) through TWINSFEST EVENTS col. (c)) (event type) (total number) (event type) 25,129 Gross receipts 501,694. 175,242. <u>702,065.</u> 67,150 25,129 73,315. 165,594. 2 Less: Contributions 434,544. 101,927. 536,471. 3 Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment 64,632 228,447. <u> 293,079.</u> Other direct expenses 293,079) 10 Direct expense summary. Add lines 4 through 9 in column (d) 243,392. 11 Net income summary. Combine line 3, column (d), and line 10 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, ine 6a (d) Total gaming (add (b) Pull tabs/instant Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes Yes 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 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? Yes No b If "No," explain. \_ 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes b If "Yes," explain: Schedule G (Form 990 or 990-EZ) 2012 232082 01-07-13

41-1697280 Page 2

Schedule G (Form 990 or 990-EZ) 2012 MINNESOTA TWINS COMMUNITY FUND

<u>Sch</u>	edule G (Form 990 or 990 EZ) 2012 MINNESOTA TWINS COMMUNITY FUND 41-	<u> 1697280</u>	Page 3
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 No
13	Indicate the percentage of gaming activity operated in:		
а	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	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	c If "Yes," enter name and address of the third party		
	Name		
	Address ►	<del></del>	
16	Gaming manager information		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
k	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Pa	organization's own exempt activities during the tax year   \$\begin{array}{l} \sqrt{1V} \end{array}\$  \$\text{Supplemental Information.} Complete this part to provide the explanations required by Part I, line 2b, columns	(iii) and (v), and	d Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	ion (see instru	ctions)
		<del></del>	
			·

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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OMB No 1545-0047

Open to Public Inspection

Name of the organization MTNNESOTA	A TWINS COMMINI	CINITAL YATINID	L.				Employer identification number
Part I General Information on Grants and Assistance	and Assistance						007/001 114
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	to substantiate the	ne amount of the grants	or assistance, the	grantees' eligibility	for the grants or as:	sistance, and the select	ION
criteria used to award the grants or assistance?	istance?						X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	rocedures for mor	itoring the use of grant	funds in the Uniter	d States.			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5.000. Part II ca	nd Organizations in the	• United States. Conal space is need	complete if the organied	inization answered "	Yes" to Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BARRON BASEBALL AND SOFTBALL ASSOCIATION - PO BOX 156 - BARRON, WI 54812	39-6005393	501(C)3	10,000.	0			FIELDS FOR KIDS
BLACKDUCK SUMMER BASEBALL PO BOX 212 BLACKDUCK, MN 56630	41-1476857	501(C)3	10,000.	0			FIELDS FOR KIDS
BOYS AND GIRLS CLUB OF FT MEYERS 8319 BEACON BLVD FORT MEYERS, FL 33908	v	501(C)3	9	0			GENERAL SUPPORT
1 7 7 1	41-6004321	GOVERNMENT AGENCY	. 10	0			FIELDS FOR KIDS
CHATFIELD PUBLIC SCHOOL 205 UNION STREET CHATFIELD, MN 55923	41-6001078	GOVERNMENT AGENCY	10,000.	0			FIELDS FOR KIDS
CITY OF AURORA PO BOX 160 AURORA, MN 55705	41-6004946	GOVERNMENT AGENCY	10,000	0			FIELDS FOR KIDS
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government o	rganizations listed in the	e line 1 table				
~	is listed in the line	1 table					•
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e, see the Instruct	tions tor Form 990.					Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012)

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Schedule I (Form 990) MINNESOTA TWINS COMMUNITY FUND  Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	MINNESOTA TWINS COMMUNITY Stants and Other Assistance to Governments are	OMMUNITY FUND overnments and Organiz	D izations in the Ur	ited States (Sche	dule I (Form 990), Pa		41-1697280 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF BRECKENRIDGE 420 NEBRASKA AVENUE BRECKENRIDGE, MN 56520	41-6005005	GOVERNMENT AGENC	10,000.	0			FIELDS FOR KIDS
CITY OF CRYSTAL 4141 DOUGLAS DRIVE N CRSTAL, MN 55422		GOVERNMENT AGENC	20,000.	0			COMMUNITY CENTER FUNDING
CITY OF DULUTH 411 WEST 1ST STREET DULUTH, MN 55802		GOVERNMENT AGENC	16,986,	0			FLOOD RELIEF
CITY OF EDEN PRAIRIE 8080 MITCHELL ROAD EDEN PRAIRIE, MN 55344		GOVERNMENT AGENC	29,700.	0			GENERAL SUPPORT
CITY OF EDINA 4801 W 50TH STREET EDINA, MN 55424		GOVERNMENT AGENC	25,000.	0			GENERAL SUPPORT
CITY OF ESKO 5 E HARNEY ROAD ESKO, MN 55733			10,000.	0			FIELDS FOR KIDS
CITY OF HURLEY PO BOX 336 HURLEY, SD 57036	46-6003367	GOVERNMENT AGENC	10,000,	0			FIELDS FOR KIDS
CITY OF MEDFORD 408 2ND AVE SE MEDFORD, MN 55049	41-6008096	GOVERNMENT AGENC	8,100.	0			FIELDS FOR KIDS
CITY OF MONTEVIDEO 103 CANTON AVENUE, P.O. BOX 517 MONTEVIDEO, MN 56265	41-6005382	GOVERNMENT AGENC	10,000,	0			FIELDS FOR KIDS Schedule I (Form 990)

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Schedule I (Form 990) MINNESOTA	A TWINS COMMUNITY	MANUAL FUND	Q	9	, (C)		41-1697280 Page 1
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	overnments and Organ	rizations in the Ur	nted States (Sche	dule I (Form 990), Pa	Д II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amoum of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF PIERRE 222 EAST DAKOTA AVENUE PIERRE, SD 57501	46-6000356	GOVERNMENT AGENC	20,000.	0			FIELDS FOR KIDS
CITY OF ROBBINSDALE 4100 LAKEVIEW AVE N ROBBINSDALE, MN 55422		GOVERNMENT AGENC	10,000.	0			GENERAL SUPPORT
CITY OF ROLAND 202 EAST ASH STREET ROLAND, IA 50236	42-6005171	GOVERNMENT AGENC	10 000.	0			FIELDS FOR KIDS
CITY OF SOUTH ST. PAUL 125 3RD AVE N SOUTH ST. PAUL, MN 55075		GOVERNMENT AGENC	10,000.	0			FIELDS FOR KIDS
CITY OF STACY 30995 FOREST BLVD STACY, MN 55079	41-1397828	GOVERNMENT AGENC	8,300.	0			FIELDS FOR KIDS
CITY OF URBANK 51460 130TH STREET URBANK, MN 56361	41-1724954	GOVERNMENT AGENC	10,000,	0			FIELDS FOR KIDS
COMO PARK HIGH SCHOOL 740 ROSE AVE W ST. PAUL , MN 55117		GOVERNMENT AGENC	10,000	0			GENERAL SUPPORT
COON RAPIDS/ANDOVER AMERICAN LITTLE LEAGUE - 1000 NORTHDALE BLVD - COON RAPIDS, MN 55448	41-1953655	501(C)3	6,000	0			FIELDS FOR KIDS
COURAGE CENTER/ CITY OF BROOKLYN PARK - 3915 GOLDEN VALLEY ROAD - MINNEAPOLIS, MN 55422		501(c)3	25,000,	0			WHEELCHAIR SOFTBALL FIELD Schedule I (Form 990)

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Schedule I (Form 990) MINNESOTA TWINS COMMUNITY FUND

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) MINNESOTA TWINS COMMUNITY FUND

(a) Name and address of (b) EIN (c) IRC section organization or government (b) EIN (c) IRC section organization or government (f) Method of (f	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CYSTIC FIBROSIS FOUNDATION 8011 34TH AVE S MINNEAPOLIS, MN 55425		501(C)3	7,231,	.0			GENERAL SUPPORT
DREW GILBERT MEDICAL FUND 4190 IRISH CT. N LAKE ELMO, MN 55376		501(C)3	8,231,	0			GENERAL SUPPORT
EMILY PROGRAM 2265 COMO AVE ST. PAUL, MN 55108		501(C)3	7,231.	0		V	GENERAL SUPPORT
ESKO LITTLE LEAGUE SOFTBALL ASSOCIATION - PO BOX 401 - ESKO, MN 55733	23-1688231	501(C)3	10,000.	0		144	FIELDS FOR KIDS
FRIENDS OF ST. PAUL BASEBALL PO BOX 4037 ST. PAUL , MN 55104	41-1992584	501(C)3	10,000,	0		н	FIELDS FOR KIDS
FRIENDS OF THE HENNEPIN COUNTY LIBRARY - 300 NICOLLET MALL - MINNEAPOLIS, MN 55401		501(C)3	10,000.	0		.U	GENERAL SUPPORT
GILBERT COMMUNITY SCHOOLS 103 MATHEWS DRIVE GILBERT, IA 50105	42-6001825	GOVERNMENT AGENC	10,000.	0		<b>14</b> .	FIELDS FOR KIDS
HAMPTON-DUMONT COMMUNITY SCHOOL DISTRICT - 101 12TH AVE NW - HAMPTON, IA 50441	42-1440117	GOVERNMENT AGENC	10,000.	0		<u> </u>	FIELDS FOR KIDS
HANKINSON PARK DISTRICT PO BOX 478 HANKINSON, ND 58041	45-0357188	GOVERNMENT AGENC	10,000.	0		124	FIELDS FOR KIDS Schedule I (Form 990)

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Schedule I (Form 990) MINNESOTA TWINS COMMUNITY Part II Continuation of Grants and Other Assistance to Governments an	TWINS CO	COMMUNITY FUND Sovernments and Organize	D lizations in the U	nited States (Sche	FUND d Organizations in the United States (Schedule I (Form 990), Part II)		41-1697280 Page 1
(a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KINDRED BALL TEAMS 233 NEWPORT PARKWAY KINDRED, ND 58051	46-0814281	501(C)3	10,000.	0			FIELDS FOR KIDS
MARCH OF DIMES 5233 EDINA INDUSTRIAL BLVD EDINA, MN 55439		501(C) 3	7,231,	0			GENERAL SUPPORT
MECHANICSVILLE PARKS & RECREATION BOARD - PO BOX 339 - MECHANICSVILLE, IA 52306	42-6004958	GOVERNMENT AGENC	6,000,	0			FIELDS FOR KIDS
MENOMONIE PARKS & RECREATION DEPARTMENT - 1412 SIXTH STREET - MENOMONIE, WI 54751	39-6005528	GOVERNMENT AGENC	10,000	0			FIELDS FOR KIDS
MINNEAPOLIS PARKS & REC 2117 WEST RIVER ROAD MINNEAPOLIS, MN 55411		GOVERNMENT AGENC	85,000.	0			YOUTH SOFTBALL AND BASEBALL
MINNEAPOLIS PUBLIC SCHOOLS 1250 W, BROADWAY AVE MINNEAPOLIS, MN 55411		GOVERNMENT AGENC	10,000	0			GENERAL SUPPORT
MINOT PARK DISTRICT 420 3RD AVE SW MINOT, ND 58702	45-0162127	GOVERNMENT AGENC	10,000	0			FIELDS FOR KIDS
MOYER FOUNDATION 246 32ND AVE W SEATTLE, WA 98199		501(C)3	7,231.	0			GENERAL SUPPORT
MPLS PARK AND REC- TORO REBUILD 2117 WEST RIVER ROAD MINNEAPOLIS, MN 55411		GOVERNMENT AGENC	10,000.	0			FIELDS FOR KIDS Schedule I (Form 990)

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Schedule   (Form 990) MINNESOTA TWINS COMMUNITY Part II Continuation of Grants and Other Assistance to Governments an	Assistance to G	COMMUNITY FUND Governments and Organiz	D nizations in the Ur	nited States (Sche	FUND d Organizations in the United States (Schedule I (Form 990), Part II)		41-1697280 Page 1
(a) Name and address of organization or government	(b) EiN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORANGE CITY PARKS & RECREATION DEPT - 125 CENTRAL AVE SE - ORANGE CITY, IA 51041	42-6005071	GOVERNMENT AGENC	6,000	0			FIELDS FOR KIDS
OSSEO SCHOOL DISTRICT 11200 93RD AVE N MAPLE GROVE, MN 55369		GOVERNMENT AGENC	23,875,	0			GENERAL SUPPORT
POSITIVE COACHING ALLIANCE 1001 N RENGSTORFF AVE MOUNTAIN VIEW, CA 94043		501(C)3	25,000,	0			GENERAL SUPPORT
RICHFIELD PUBLIC SCHOOLS 7001 HARRIET AVE S RICHFIELD, MN 55423		GOVERNMENT AGENC	10,000.	0			GENERAL SUPPORT
RIPKIN FOUNDATION 1427 CLARKVIEW ROAD, SUITE 100 BALTIMORE, MD 21209		501(C)3	50,000	0			GENERAL SUPPORT
	41-1680498	501(C)3	10,000.	0			FIELDS FOR KIDS
ROCKFORD AREA SCHOOLS 6051 ASH STREET ROCKFORD, MN 55373		GOVERNMENT AGENC	10,000,	0.			GENERAL SUPPORT
ROOTS FOR THE HOME TEAM		501(C)3	20,000.	0			GENERAL SUPPORT
SECOND STORK 168 EAST 6TH ST ST. PAUL, MN 55101		501(C)3	7,231,	0			GENERAL SUPPORT
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Schedule I (Form 990) MINNESOTA TWINS COMMUNITY FUND  Part II   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	TWINS CC	MMUNITY FUND Verments and Organiz	D nizations in the Ur	inted States (Sche	dule I (Form 990), Pa		41-1697280 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHAMROCK TOWNSHIP 49954 LAKE AVE MCGREGOR, MN 55760	41-1263135	501(C)3	10,000.	0			FIELDS FOR KIDS
ST PAUL DIVISION OF PARKS & REC 1500 N. RICE STREET ST. PAUL , MN 55117		GOVERNMENT AGENC	95,000	0			YOUTH SOFTBALL AND BASEBALL
TAPESTRY PREGNANCY 4105 CHICAGO AVE S MINNEAPOLIS, MN 55407		501(c)3	7,231.	0			GENERAL SUPPORT
TOK KELLY FIELD 2001 EDGERTON ST N MAPLEWOOD, MN 55117		501(C)3	10,000.	0			FIELDS FOR KIDS
VIRGINIA BASEBALL ASSOCIATION 706 8TH AVENUE SOUTH VIRGINIA, MN 55792	20-1313027	501(C)3	10,000,	0			FIELDS FOR KIDS
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD JACKSONVILLE, FL 32256		501(C)3	7,231.	0			GENERAL SUPPORT
							Schedule I (Form 990)

41-1697280 Schedule I (Form 990) (2012) MINNESOTA TWINS COMMUNITY FUND

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. SCHEDULE I, PART I, LINE 2: ALL GRANT RECIPIENTS ARE REQUIRED TO SUBMIT A	a the information	formation required in Part I,	Part I, line 2, Part III, column (b). ARE REQUIRED TO	r (b), and any other additional inf	ormation.
FINAL REPORT DETAILING HOW THEIR GRANT	RANT WAS		SPENT AND THE CURRENT	NT STATUS OF	
THEIR PROJECT. RECEIPTS AND PICTURES	ΙΉ	APPLICABLE)	ARE REQUI	ARE REQUIRED IN THEIR	
FINAL REPORTS. GRANT RECIPIENTS ARE	RE CHECKE	CHECKED ON BY S	TAFF IMMED	STAFF IMMEDIATELY AFTER	
GRANT CHECKS ARE DISBURSED AND AGAIN	IN SIX MO	SIX MONTHS LATER.		FINAL REPORTS ARE	
DUE ONE YEAR FROM THE DATE THE GRANTS	NTS WERE	ISSUED.			

### 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.

2012
Open to Public Inspection

Name of the organization

MINNESOTA TWINS COMMUNITY FUND

Employer identification number 41 – 1697280

MINNESOTA TWINS COMMUNITY FUND 41-169/260
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
THE ORGANIZATION SUPPORTS 501(C)(3) ORGANIZATIONS THAT PROVIDE PROGRAM
SERVICES WITH AN EMPHASIS ON FAMILIES AND CHILDREN. EXAMPLES OF SUCH
ORGANIZATIONS INCLUDE COURAGE CENTER, SOUTHSIDE LIFE CARE CENTER,
MINNESOTA MILITARY FAMILY FOUNDATION AND CHEERFUL GIVERS.
EXPENSES \$ 112,353. INCLUDING GRANTS OF \$ 112,353. REVENUE \$ 0.
PLAY BALL MN
EXPENSES \$ 97,430. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,093.
EDUCATIONAL PROGRAMS
EXPENSES \$ 41,632. INCLUDING GRANTS OF \$ 40,000. REVENUE \$ 0.
CRP AWARD
EXPENSES \$ 17,000. INCLUDING GRANTS OF \$ 17,000. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE 990 IS PROVIDED TO
THE BOARD AND OFFICERS PRIOR TO THE SEPTEMBER BOARD MEETING. THE TAX
RETURN IS DISCUSSED AT THE MEETING PRIOR TO APPROVAL, SECOND AND MOTION BY
THE BOARD MEMBERS.
FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD MEMBERS AND OFFICERS ARE
REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY AND COMPLETE A
DISCLOSURE CHECKLIST ON AN ANNUAL BASIS.

Scredule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization  MINNESOTA TWINS COMMUNITY FUND	Employer identification number 41-1697280
CURRENTLY HOLD ITS GOVERNING DOCUMENTS, CONFLICT OF INTER	EST POLICY AND
FINANCIAL STATEMENTS OUT FOR PUBLIC INSPECTION. THE FORM	990 IS AVAILABLE
UPON REQUEST.	
THERE HAS NOT BEEN A CHANGE IN THE METHOD OF OVERSEEING T	HE AUDIT.
	<del></del>
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### Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time i o File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			► X	
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form)			
Do not c	omplete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	sly filed Fo	rm 8868.		
Electron	<b>ic filing (e-file).</b> You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file (6	6 months for a	corporation	
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	ile Form 8	868 to request	an extension	
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers A	Associated With	n Certain	
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details	on the elec	ctronic filing of t	this form,	
	.rs.gov/efile and click on e-file for Charities & Nonprofits						
Part I	Automatic 3-Month Extension of Time						
A corpora	ation required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete			
Part I onl	y				•	ightharpoonup	
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	IICs, and t	rusts must use Form 7004 to reques	st an exter	sion of time		
Type or				r identification r	number (EIN) or		
print	MINNECOMA TWING COMMINITARY	MX FIND			7200		
File by the	MINNESOTA TWINS COMMUNITY IN Number, street, and room or suite no. If a P.O box, s			0	41-1697280		
due date for filing your return See	1 TWINS WAY	ee instruc	tions.	Social se	curity number (	(55N)	
instructions	City, town or post office, state, and ZIP code. For a fo	oreign add	ress, see instructions.				
	MINNEAPOLIS, MN 55403						
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1	
Applicati	on	Return	Application			Return	
Is For	·	Code	Is For			Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990	)-BL	02	Form 1041-A			08	
Form 472	0 (individual)	03	Form 4720			09	
Form 990		04	Form 5227			10	
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	-T (trust other than above)	06 Form 8870		12			
	KIP ELLIOTT						
	poks are in the care of ▶ 1 TWINS WAY - 1	MINNE					
-	ione No ► 612-659-3407		FAX No. ► 612-659-40	31	<del></del>		
	organization does not have an office or place of business					▶ ∟	
• if this	s for a Group Return, enter the organization's four digit		· · · · · · · · · · · · · · · · · · ·		r the whole gro	• •	
box 🕨 l	If it is for part of the group, check this box		ch a list with the names and ElNs o		ers the extensi	on is for.	
1 I re	quest an automatic 3-month (6 months for a corporation		· ·				
	<del></del>	t organiza	tion return for the organization name	ed above.	The extension		
	or the organization's return for:						
▶l	X calendar year 2012 or						
►l	tax year beginning	, an	d ending		_·		
2 If th	ne tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on: Initial return	Final retur	'n		
3a If th	ns application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 a	nter the tentative tay less any	<del></del>	<del>Γ</del>		
	refundable credits. See instructions.	J. JUUJ, E	The teritative tax, iess arry	За	\$	0.	
	ns application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	sa_	<del>  •</del>	<u></u>	
	mated tax payments made. Include any prior year overp	-		21-	•	0.	
	ance due. Subtract line 3b from line 3a. Include your page			3b	\$		
	using EFTPS (Electronic Federal Tax Payment System)	-	• •	3c	\$	0.	
	If you are going to make an electronic fund withdrawal v						

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

LHA

Form	8868 (Rev. 1-2013)					Page 2	
	you are filing for an Additional (Not Automatic) 3-Month Ex	ctension,	complete only Part II and check thi	s box		▶ X	
	. Only complete Part II if you have already been granted an						
	ou are filing for an Automatic 3-Month Extension, comple						
Par	rt II Additional (Not Automatic) 3-Month E	xtensio	on of Time. Only file the origin	nal (no c	opies need	ed)	
			Enter filer's	identifyi	dentifying number, see instructions		
Туре	or Name of exempt organization or other filer, see instru	ections		Employe	mployer identification number (EIN) or		
print	L.				41 1607000		
File by	to des				41-1697280		
filing yo	I Number, street, and room or suite no. if a P.O. dox, see instructions.		Social se	Social security number (SSN)			
return :				ــــــــــــــــــــــــــــــــــــــ		<del></del>	
	City, town or post office, state, and ZIP code. For a for MINNEAPOLIS, MN 55403	oreign auc	iress, see instructions.				
	FILLIANT OBLO IN SOLUTION	_					
Enter	the Return code for the return that this application is for (file	e a senara	ite application for each return)			01	
Litter	the neturn code for the retain that this application is for the	o a soparo	te application for each returny		•	(111	
Appli	cation	Return	Application			Return	
Is For		Code	is For			Code	
	990 or Form 990-EZ	01				. ,	
Form	990-BL	02	Form 1041-A			08	
Form -	4720 (individual)	03	Form 4720			09	
Form	990-PF	04	Form 5227			10	
Form :	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form !	990-T (trust other than above)	06	Form 8870			12	
<u>STOP</u>	! Do not complete Part II if you were not already granted	i an autor	natic 3-month extension on a prev	iously file	ed Form 8868	·	
	KIP ELLIOTT						
	e books are in the care of $\triangleright$ 1 TWINS WAY - 1	MINNE		74			
	ephone No. ► 612-659-3407		FAX No. ► 612-659-40	31	<del></del>	. —	
	he organization does not have an office or place of business		•			<b>•</b> • • • • • • • • • • • • • • • • • •	
	his is for a Group Return, enter the organization's four digit	1	· ———		_	-	
box 🕨			nch a list with the names and EINs on BER 15, 2013	all memb	oers the extens	sion is for.	
		AO A ETIT	<del></del>	_			
	For calendar year 2012, or other tax year beginning	hook roop	, and ending				
6	If the tax year entered in line 5 is for less than 12 months, c  Change in accounting period	neck reas	on: L Initial return L	rinai i	return		
7 :	State in detail why you need the extension						
	THE TAXPAYER REQUESTS ADDITION	VAL T	IME TO GATHER INFO	RMATI	ON NECE	SSARY	
-	TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.						
-						<del></del>	
8a 1	If this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any				
<u>r</u>	nonrefundable credits. See instructions.	•	<u> </u>	8a	\$	0.	
b ī	f this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated	1 6			
t	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid			2 cy 4 cy 5			
_	previously with Form 8868.			8b	\$	0.	
c E	Balance due. Subtract line 8b from line 8a. Include your pa	yment wit	h this form, if required, by using			- <del></del>	
E	EFTPS (Electronic Federal Tax Payment System). See instru			8c	\$	0.	
	_		st be completed for Part II o	-			
Inder p	penalties of perjury, I declare that I have examined this form, includi e, correct, app.complete, and that I am authorized to prepare this for	ng accomp	anying schedules and statements, and to	the best o	f my knowledge	and belief,	
				_	. 0- 1	10	
signatu	re ►VIIII Title ► A	ACCOUN	NTANT	Date	<b>▶</b> 8-6-1	/ <b>5</b>	

Date ►8-6-/3 Form 8868 (Rev. 1-2013)