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# }@-PF

# Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

2013

Department of the Treasury Internal Revenue Service

► Do not enter Social Security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For cal	endar year 2013, or tax year beginning	, 2013	, and ending		,	
	FOUNDATION PARK AVE NW			Α	Employer identification num 06-1696861	
	EY, MN 56621			В	Telephone number (see the 218-694-3550	instructions)
G Che	eck all that apply: Initial return	Initial return of a form	ner public charity	С	If exemption application is	pending, check here
	Final return	Amended return	,	D	1 Foreign organizations, che	ck here
H C	Address change [ ]  theck type of organization:   X   Section 501	Name change (c)(3) exempt private f	oundation	-	2 Foreign organizations mee here and attach computation	
	Section 4947(a)(1) nonexempt charitable t	rust 🔲 Other taxable p	orivate foundation	E	If private foundation status	
		ounting method: XC	ash Accrual	F	under section 507(b)(1)(A)  If the foundation is in a 60	·
<b>▶</b> \$	293,417. (Part I,	column (d) must be or	cash basis.)		under section 507(b)(1)(B)	
Part	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	(a) Revenue and expenses per books	<b>(b)</b> Net investmer income	nt	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	Contributions, gifts, grants, etc, received (att sch)	547,505.			<u> </u>	
	2 Ck if the foundn is <b>not</b> req to att Sch B					
	3 Interest on savings and temporary cash investments	338.	33	38.	338.	
	4 Dividends and interest from securities 5 a Gross rents					
	b Net rental income or (loss)					,
R E	6 a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all					
E V E	7 assets on line 6a Capital gain net income (from Part IV, line 2)					
Ė N U	8 Net short-term capital gain 9 Income modifications					
Ĕ	10 a Gross sales less returns and					
	allowances b Less Cost of					
	goods sold. c Gross profit/(loss) (att sch)					
	11 Other income (attach schedule).	***				
	12 Total, Add lines 1 through 11	547,843.	33	88.	338.	,
	13 Compensation of officers, directors, trustees, etc	0.		<del>,</del>	550.	
	14 Other employee salaries and wages 15 Pension plans, employee benefits		<u></u>			
) д	16a Legal fees (attach schedule)					
) D M	<b>b</b> Accounting fees (attach sch) SEE ST 1	780.		O (	ECEIVED.	780.
S o N	c Other prof fees (attach sch)  17 Interest		₩	1 40	ν. Σ	
E T	18 Taxes (attach schedule)(see instrs) SEE STM 2	10.	090	-	IUN 2 3 7014 14	10.
AA	19 Depreciation (attach sch) and depletion				W.	
OPERATING	20 Occupancy 21 Travel, conferences, and meetings	873.		C	GDEN, UT	873.
A E N X	22 Printing and publications	233.				233.
-	23 Other expenses (attach schedule) SEE STATEMENT 3	59,963.				59,963.
SOAA	24 Total operating and administrative expenses. Add lines 13 through 23				<u> </u>	
S	25 Contributions, gifts, grants paid PART XV	61,859. 661,982.				61,859. 661,982.
	26 Total expenses and disbursements. Add lines 24 and 25	723,841.		0.	0.	723,841.
	27 Subtract line 26 from line 12:	. 20/011.	1	<u> </u>	<u>_</u>	723,041.
	a Excess of revenue over expenses and disbursements	-175,998.				
	b Net investment income (if negative, enter -0-).		33	8.	226	
BAA F	C Adjusted net income (if negative, enter -0-) or Paperwork Reduction Act Notice, see ins	tructions.	<del></del>	TEE	338. A0504L 10/18/13	Form <b>990-PF</b> (2013)

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Par	F 11 3	Balance Sheets	Attached schedules and amounts in the description	Beginning of year	End	d of year
rai			column should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest	-			
	2	Savings and tempor	ary cash investments	469,415.	293,417	293, 417.
	3	Accounts receivable	<b>-</b>			
		Less: allowance for	doubtful accounts	<u> </u>		·
	4	Pledges receivable	<b></b>			
		Less: allowance for	doubtful accounts		T - W'	
	5	Grants receivable				
	6	Receivables due from offic disqualified persons (attac	ers, directors, trustees, and other ch schedule) (see instructions)			
	7	Other notes and loans rec	eivable (attach sch).			
S		Less: allowance for	doubtful accounts •			
A S S E T	8	Inventories for sale				
Ŧ	9	Prepaid expenses a				
S	10 a	Investments – U.S. obligations (attach s	and state government chedule)			
	t	Investments — corporate	stock (attach schedule)			
	0	: Investments — corporate	bonds (attach schedule)			
	11	Investments – land, equipment: basis	buildings, and			
		Less. accumulated deprec (attach schedule)	ation •			
	12	Investments - morto	gage loans			
	13	Investments - other	(attach schedule)			
	14	Land, buildings, and	equipment: basis •			
		Less: accumulated deprec (attach schedule)	ation •			
	15 16	Other assets (descri	completed by all filers			
	17		Also, see page 1, item I)	469,415.	293,417	293,417.
Ţ	17   18	Accounts payable ar Grants payable	id accided expenses			_
A B	19	Deferred revenue	+			
Ţ	20		tors, trustees, & other disqualified persons	V	·-·-	┥
'n	21	•	s payable (attach schedule)			-
Ť	22	Other liabilities (des			<del></del>	┥ !
E S		·				-
S	23	Total liabilities (add		0.	0	<u>.                                    </u>
			llow SFAS 117, check here 24 through 26 and lines 30 and 31.			
NF	24	Unrestricted				
N F E U T N	25	Temporarily restricte	<b>-</b>			
D	26	Permanently restrict				_
A B A L A N		Foundations that do and complete lines ?	not follow SFAS 117, check here X 27 through 31.			
E L T A	27	Capital stock, trust p	rincipal, or current funds			
	28	Paid-in or capital surplus,	or land, building, and equipment fund		<del></del>	
O E	29	Retained earnings, accumi	lated income, endowment, or other funds	469,415.	293,417	
ŘŠ	30		und balances (see instructions)	469,415.	293,417	
	31	(see instructions)	net assets/fund balances	469,415.	293,417	
Par	t III /	Analysis of Chan	ges in Net Assets or Fund Balance	es		
1	Total end-	net assets or fund ba of-year figure reported	alances at beginning of year – Part II, colui d on prior year's return)	mn (a), line 30 (must ag	ree with	469,415.
2	Ente	r amount from Part I,	line 27a		2	
3	Other	increases not included in lii	ne 2 (itemize)		3	
4		lines 1, 2, and 3 .			4	293,417.
		ases not included in line 2 (			5	
6	Total	net assets or fund ba	alances at end of year (line 4 minus line 5)	- Part II, column (b), II	ne 30. 6	293,417.

' (a)	List and describe	e the kind(s) of property sold (e.g , rese; or common stock, 200 shares ML	al estate,	D) How acquired P — Purchase D — Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a N/A				Donation		
b						
c						
d						
e			_			
(e) Gross sa	ales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (e) plus (f) m	(loss) inus (g)
a						
b						
<u> </u>						
d						
Complete only	for assets show	I I I I I I I I I I I I I I I I I I I	the foundation on 12/21/60			
(i) Fair Mark as of 12	ket Value	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	) g	(I) Gains (Coli pain minus column (k an -0-) or Losses (fr	), but not less
а						
b						
<u> </u>						
d						
e		<u> </u>			<del></del>	
3 Net short-term	, ,	t capital loss)  If gain, also if (loss), ent (loss) as defined in sections 1222(5)  e 8, column (c) (see instructions) if (loss)		2		
in Part I, line		e 8, column (c) (see mstructions) in		3		
Part V Quali	ication Unde	r Section 4940(e) for Reduce	Tax on Net Investmen	t Income		
If 'Yes,' the foundat	ion does not qua	ction 4942 tax on the distributable am lify under section 4940(e) Do not col in each column for each year; see th	nplete this part	•	Yes	X No
(a) Base perio Calendar year beginnir	d years (or tax year	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use asset	<u></u>	(d) Distribution umn (b) divided	
201	2	217,528.	326.	491.		0.666260
201		192,833.		903.		0.747696
201	0	144,627.		996.		1.257670
200	9	90,444.	101,	615.		0.890065
200	8	217,959.	122,	576.		1.778154
2 Total of line 1	, column (d)			2		5.339845
		ne 5-year base period — divide the to n has been in existence if less than 5		3		1.067969
4 Enter the net	value of nonchar	itable-use assets for 2013 from Part	X, line 5	4		401,959.
5 Multiply line 4	by line 3			5		429,280.
6 Enter 1% of n	et investment ind	come (1% of Part I, line 27b)		6		3.
7 Add lines 5 ar	nd 6			7		429,283.
8 Enter qualifyir	ng distributions fr	rom Part XII, line 4		8		723,841.

		06-169686		F	Page 4
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	- see instruct	ions)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here				
	Date of ruling or determination letter: (attach copy of letter if necessary – see instrs)	1 1			
t	Domestic foundations that meet the section 4940(e) requirements in Part V,	- 1			3.
	check here. ► X and enter 1% of Part I, line 27b	1 1			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable				_
_	foundations only. Others enter -0-)	2			<u>0.</u>
3	Add lines 1 and 2  Subtitle A (coerce) toy (demostra section 4947(a)(1) trusts and toyable foundations only. Others are a	3			3.
5	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	)-) 4			0.
6	Credits/Payments:	3			3.
9	2013 estimated tax pmts and 2012 overpayment credited to 2013				
	Exempt foreign organizations — tax withheld at source 6b	<del> </del>			
	Tax paid with application for extension of time to file (Form 8868).	$\dashv$ $\vdash$			
	Backup withholding erroneously withheld 6d	<b>─</b> ┤			
	Total credits and payments. Add lines 6a through 6d	7			0.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	▶ 9			3.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<b>►</b> 10			
11	Enter the amount of line 10 to be: Credited to 2014 estimated tax	<b>1</b> 1			
Par	t VII-A   Statements Regarding Activities				
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did	ıt		Yes	No
	participate or intervene in any political campaign?		1 a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes				
	(see the instructions for definition)?		1 b	<u> </u>	X
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published				
_	or distributed by the foundation in connection with the activities			<b></b>	ļ <del></del>
	Did the foundation file <b>Form 1120-POL</b> for this year?  Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		1 c		X
_	(1) On the foundation >\$ 0. (2) On foundation managers >\$	(	o.		
€	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on				1
_	foundation managers.   \$ 0.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If 'Yes,' attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the change		3		<del>  , , </del>
11 2	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	5	4 a		X
	olf 'Yes,' has it filed a tax return on Form 990-T for this year?		4 b	N N	X /A
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5	<u></u>	X
Ť	If 'Yes,' attach the statement required by General Instruction T		<u>                                   </u>	<b></b>	<del>  ^</del>
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			l	
	By language in the governing instrument, or			1	Ì
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict	ct			ļ
	with the state law remain in the governing instrument?		6	Х	
	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV		7	Х	
<b>8</b> a	Enter the states to which the foundation reports or with which it is registered (see instructions)	<b>-</b>			
	MN				
b	o If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G? If 'No,' attach explanation</i>		8 b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)( for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If 'Yes,' con	3) or 4942(j)(	5)		
	for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If 'Yes,' con	ıplete Part Xi	V 9	<u> </u>	X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their name	es			
BAA	and addresses		10 Form 990	LPF (	X 2013)
• •					,

rat	t VII-A	Statements Regarding Activities (continued)	<u>.</u>			
11	At any time	ne during the year, did the foundation, directly or indirectly, own a controlled entity meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)		11		<u>X</u>
12	Did the fou advisory p	undation make a distribution to a donor advised fund over which the foundation or a disqualification or a disq	ed person had	12		_X_
13	Did the fo	undation comply with the public inspection requirements for its annual returns and ex-	emption application	? 13	Х	
	Website a					
14			<del>-</del> -	<u> 18-694-3</u>	<u>550</u>	
15		of Notice 105 PARK AVE NW BAGLEY MN ZIF 947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Chec	9 + 4 ► <u>56621</u>	<sub>N/</sub>	. – – –	ГТ.
15		the amount of tax-exempt interest received or accrued during the year	► 15	`````````	•	LJ N/A
16		e during calendar year 2013, did the foundation have an interest in or a signature or other at	<del></del>	<u> </u>	Yes	No
10	bank, sec	rurities, or other financial account in a foreign country?		16		Х
	foreign co					
Pai		Statements Regarding Activities for Which Form 4720 May Be Requ	ired			
		4720 if any item is checked in the 'Yes' column, unless an exception applies.		<u> </u>	Yes	No
1 a	-	e year did the foundation (either directly or indirectly).		,		
	(1) Enga	ge in the sale or exchange, or leasing of property with a disqualified person?	∐ Yes X	No		
	(2) Borro	w money from, lend money to, or otherwise extend credit to (or accept it from) a alified person?	Yes X	No	-	
	( <b>3</b> ) Furns	sh goods, services, or facilities to (or accept them from) a disqualified person?		No		
	(4) Pay c	compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X	No		
	(5) Trans	ofer any income or assets to a disqualified person (or make any of either available e benefit or use of a disqualified person)?	Yes X	No		
	(6) Agree founds of government	e to pay money or property to a government official? (Exception. Check 'No' if the ation agreed to make a grant to or to employ the official for a period after termination vernment service, if terminating within 90 days).	Yes X	]No		
ı	lf any ans Regulatio	swer is 'Yes' to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions descr ns section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instru	ribed in uctions)?	11:	N	/A
	Organizat	tions relying on a current notice regarding disaster assistance check here	•			
•	c Did the fo that were	oundation engage in a prior year in any of the acts described in 1a, other than excepted not corrected before the first day of the tax year beginning in 2013?	ed acts,	10		X
2	Taxes on private of	failure to distribute income (section 4942) (does not apply for years the foundation was cerating foundation defined in section $4942(j)(3)$ or $4942(j)(5)$ )	as a			
;	a At the en and 6e, F	d of tax year 2013, did the foundation have any undistributed income (lines 6d Part XIII) for tax year(s) beginning before 2013?	Yes X	No		
	If 'Yes,' li	st the years 20 , 20 , 20 , 20				
1	b Are there	any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section incorrect valuation of assets) to the year's undistributed income? (If applying section	on 4942(a)(2)			
	all years	listed, answer 'No' and attach statement – see instructions)	1372(4)(2) 10	2 5	N	/A
	c If the pro	visions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the	years here			
	► 20	, 20 , 20 , 20				
3	a Did the fo	oundation hold more than a 2% direct or indirect interest in any business e at any time during the year?	Yes	No		
ļ	b If 'Yes,' d or disqua	lid it have excess business holdings in 2013 as a result of (1) any purchase by the four lifted persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period a period commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or beque	ndation approved est. or			
	(3) the lar	pse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 472 e if the foundation had excess business holdings in 2013.)	0, to	31	N	/A
4	a Did the fo	oundation invest during the year any amount in a manner that would jeopardize its e purposes?		4 2		X
					1	
	ieopardize	oundation make any investment in a prior year (but after December 31, 1969) that cou e its charitable purpose that had not been removed from jeopardy before the first day of	Id			
	the tax ye	ear beginning in 2013?		41	<del></del>	X (2012)
BAA	١			Form <b>9</b> 9	7U-PF (	(८०१३)

Form 990-PF (2013) TEAM FOUNDATION			06-169	96861 Page <b>6</b>
Part VII-B   Statements Regarding Activiti	es for Which Form	4720 May Be Reg		70001 Tage <b>0</b>
5 a During the year did the foundation pay or incu		<u> </u>		
(1) Carry on propaganda, or otherwise attemp	ot to influence legislation	n (section 4945(e))?	Yes X	No
(2) Influence the outcome of any specific public on, directly or indirectly, any voter registra	ition drive?		— ⊢ ⊢	No
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	∐ Yes X	No
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, or 4940(d)(2)? (see instru	ganization described actions)	Yes X	No
(5) Provide for any purpose other than religion educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	;, literary, or or animals?	Yes X	No
<b>b</b> If any answer is 'Yes' to 5a(1)-(5), did <b>any</b> of the described in Regulations section 53.4945 or in (see instructions)?	the transactions fail to o a current notice regard	qualify under the excep ding disaster assistance	tions	5b N/A
Organizations relying on a current notice rega	rding disaster assistanc	ce check here	▶ [	
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure responsible 'Yes,' attach the statement required by Region 1997.	sibility for the grant?	• •	N/A Yes	No No
6 a Did the foundation, during the year, receive ar on a personal benefit contract?	ny funds, directly or ind	rectly, to pay premium:	S ∏Yes X	No
<b>b</b> Did the foundation, during the year, pay premi If 'Yes' to 6b, file Form 8870.	iums, directly or indirec	tly, on a personal bene	fit contract?	6b X
7a At any time during the tax year, was the found				]No
<b>b</b> If 'Yes,' did the foundation receive any procee				N/A 7b
Part VIII Information About Officers, D	irectors, Trustees,	Foundation Manag	gers, nigiliy raid i	imployees,
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst	ructions).	
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 4				
		0.	0.	0.
				<del> </del>
2 Compensation of five highest-paid employees (or				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
	}			
	-			-
Total number of other employees paid over \$50,000	<u> </u>	<u> </u>	<u> </u>	- 0
		24042		Form 990-PE (2013)

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	Information About Officers, Directors, Trustees, Foundation Manage and Contractors (continued)	rs, Highly Paid Employee	s,
3	Five highest-paid independent contractors for professional services (see instructions). If non		
		of service (c) Comp	pensation
NON	<u>VE</u>		
		_	
Tota	I number of others receiving over \$50,000 for professional services	<u> </u>	0
Par	Summary of Direct Charitable Activities		
List th	ne foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the izations and other beneficiaries served, conferences convened, research papers produced, etc.	ne number of Expe	enses
1	<u>N/A</u>		
_			
2			
3			
4			
Par	Summary of Program-Related Investments (see instructions)		
Desc	cribe the two largest program-related investments made by the foundation during the tax year on lines 1	and 2. Am	ount
1	N/A		
2			
~			
All	other program-related investments. See instructions.		

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Total. Add lines 1 through 3

BAA

1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes. Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	723,841.
- 1	Program-related investments – total from Part IX-B	1 b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:  a Suitability test (prior IRS approval required)	3 a	
- 1	Cash distribution test (attach the required schedule).	3 b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	723,841.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	3.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	723 838

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

BAA Form 990-PF (2013)

# Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	<b>(c)</b> 2012	<b>(d)</b> 2013
Distributable amount for 2013 from Part XI, line 7				20,095.
2 Undistributed income, if any, as of the end of 2013		<del></del>		20,030.
a Enter amount for 2012 only			0.	
<b>b</b> Total for prior years: 20 , 20 , 20		0.		
3 Excess distributions carryover, if any, to 2013:				
a From 2008 211, 864.				
<b>b</b> From 2009 85, 374.				
<b>c</b> From 2010 138,882.				
<b>d</b> From 2011 179, 947.				,
e From 2012 201, 213.				
f Total of lines 3a through e	817,280.			
4 Qualifying distributions for 2013 from Part				
XII, line 4: ► \$ 723,841.				
a Applied to 2012, but not more than line 2a			0.	
<ul> <li>Applied to undistributed income of prior years (Election required – see instructions)</li> </ul>		0.		
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2013 distributable amount	····			20,095.
e Remaining amount distributed out of corpus	703,746.			
5 Excess distributions carryover applied to 2013	0.	· · · · · ·		0.
(If an amount appears in column (d), the same amount must be shown in column (a).)				
Same amount must be shown in column (a).)				
6 Enter the net total of each column as				
indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,521,026.			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut- ed income for which a notice of deficiency				
ed income for which a notice of deficiency has been issued, or on which the section				
4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable	·			
amount - see instructions.		0.		
e Undistributed income for 2012. Subtract line 4a from			_	
line 2a. Taxable amount — see instructions.	<del></del>		0.	
f Undistributed income for 2013. Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2014				0
7 Amounts treated as distributions out of				0.
corpus to satisfy requirements imposed				
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			
·	0.			
8 Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions)	211,864.	·····		
9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a	1,309,162.			
10 Analysis of line 9	, , = = = = =			
a Excess from 2009 85, 374.				
<b>b</b> Excess from 2010 138, 882.				
<b>c</b> Excess from 2011 . 179, 947.				
<b>d</b> Excess from 2012 201, 213.				
e Excess from 2013 703,746.				

Form	990-PF (2013) TEAM FOUNDATION				06-1696861	
	Private Operating Foundat					N/A
1 a	If the foundation has received a ruling or dete is effective for 2013, enter the date of the	rmination letter that ruling	it is a private operati	ing foundation, and th	e ruling	
t	Check box to indicate whether the foundat	ion is a private op	erating foundation d	lescribed in section	4942(j)(3) or	4942(j)(5)
2 a	a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		
	investment return from Part X for each year listed	(a) 2013	<b>(b)</b> 2012	(c) 2011	<b>(d)</b> 2010	(e) Total
	85% of line 2a .					
	Qualifying distributions from Part XII, line 4 for each year listed					
	Amounts included in line 2c not used directly for active conduct of exempt activities					
	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
ā	'Assets' alternative test – enter:					
	(1) Value of all assets					
Ē	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					***
t	b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
•	'Support' alternative test — enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942()(3)(B)(III).					
	(3) Largest amount of support from an exempt organization					
<b>15.</b> 2	(4) Gross investment income	(0. 1.1.1.1		<u> </u>	A5 000	
Pai	Supplementary Information assets at any time during the	(Complete this e year – see in	s part only if the istructions.)	foundation had	\$5,000 or more	ın
	Information Regarding Foundation Manage List any managers of the foundation who have close of any tax year (but only if they have NONE	contributed more t	han 2% of the total co than \$5,000) (See	ontributions received section 507(d)(2))	by the foundation befo	ore the
	List any managers of the foundation who own a partnership or other entity) of which the NONE	10% or more of the foundation has a 1	stock of a corporation 0% or greater inter-	on (or an equally large est	portion of the owners	ship of
	Information Regarding Contribution, Gran Check here ☐ if the foundation only ma requests for funds If the foundation makes complete items 2a, b, c, and d.	kes contributions to s gifts, grants, etc	preselected charitable (see instructions) to	le organizations and o o individuals or orga	nizations under othe	
ā	The name, address, and telephone number or	e-mail of the perso	n to whom application	ns should be address	ed	
	SEE STATEMENT 5					
	The form in which applications should be s	submitted and info	rmation and materia	als they should inclu	de	
	SEE STATEMENT FOR LINE 2A					
	Any submission deadlines:				······································	
	SEE STATEMENT FOR LINE 2A					
	Any restrictions or limitations on awards, s	such as by geograp	phical areas, charita	ble fields, kinds of i	nstitutions, or other	factors:
	SEE STATEMENT FOR LINE 2A					

3 Grants and Contributions Paid During the Y	ear or Approved for Fut	ure Paymen	ıt	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient		
a Paid during the year SEE STATEMENT 6			<u> </u>	
Total			 ▶ 3a	661,982.
<b>b</b> Approved for future payment			Ja	001, 902.
			•	
•				
Total .	1		► 3b	

Part XVI-A Analysis of Income-Producing Activitie	Part XVI-A	Analysis	s of Incom	e-Producina	Activitie
---	------------	----------	------------	-------------	-----------

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded	by section 512, 513, or 514	(2)	
1	Program se	ervice revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	<b>(d)</b> Amount	(e) Related or exempt function income (See instructions.)
а							
b							
c							
d							
е	· · · · · · · · · · · · · · · · · · ·						
f							<u> </u>
g	Fees and c	ontracts from government agencies					<u> </u>
2	Membershi	p dues and assessments					. <u></u>
3	Interest on sa	vings and temporary cash investments			14	338.	·
4	Dividends a	and interest from securities					
5	Net rental i	ncome or (loss) from real estate <sup>.</sup>					
а	Debt-finance	ced property					
b	Not debt-fir	nanced property					
6	Net rental inc	ome or (loss) from personal property					
7	Other inves	stment income					
8	Gain or (loss)	from sales of assets other than inventory					_
9		or (loss) from special events					
10	-	t or (loss) from sales of inventory					
11	Other rever	nue.					
а							
b							
C							
d							· · · · · · · · · · · · · · · · · · ·
е			1				
_							
12	Subtotal A	dd columns (b), (d), and (e)				338.	
12 13	Subtotal A	line 12, columns (b), (d), and (e)				338. 13	338.
12 13	Subtotal A		ns.)				338.
12 13 See	Subtotal A Total. Add worksheet	line 12, columns (b), (d), and (e)		shment of Exemp	t Purpo	13	338.
12 13 See Par	Subtotal A Total. Add worksheet	line 12, columns (b), (d), and (e) n line 13 instructions to verify calculatio	Accompli	<u> </u>		oses	
12 13 See Par	Subtotal A Total. Add worksheet t XVI-B  e No. Expl	line 12, columns (b), (d), and (e) n line 13 instructions to verify calculatio Relationship of Activities to the	Accompli	<u> </u>		oses	
12 13 See Par	Subtotal A Total. Add worksheet	line 12, columns (b), (d), and (e) n line 13 instructions to verify calculatio Relationship of Activities to the	Accompli	<u> </u>		oses	
12 13 See Par	Subtotal A Total. Add worksheet t XVI-B  e No. Expl	line 12, columns (b), (d), and (e) n line 13 instructions to verify calculatio Relationship of Activities to the	Accompli	<u> </u>		oses	
12 13 See Par	Subtotal A Total. Add worksheet t XVI-B  e No. Expl	line 12, columns (b), (d), and (e) n line 13 instructions to verify calculatio Relationship of Activities to the	Accompli	<u> </u>		oses	
12 13 See Par	Subtotal A Total. Add worksheet t XVI-B  e No. Expl	line 12, columns (b), (d), and (e) n line 13 instructions to verify calculatio Relationship of Activities to the	Accompli	<u> </u>		oses	
12 13 See Par	Subtotal A Total. Add worksheet t XVI-B  e No. Expl	line 12, columns (b), (d), and (e) n line 13 instructions to verify calculatio Relationship of Activities to the	Accompli	<u> </u>		oses	
12 13 See Par	Subtotal A Total. Add worksheet t XVI-B  e No. Expl	line 12, columns (b), (d), and (e) n line 13 instructions to verify calculatio Relationship of Activities to the	Accompli	<u> </u>		oses	
12 13 See Par	Subtotal A Total. Add worksheet t XVI-B  e No. Expl	line 12, columns (b), (d), and (e) n line 13 instructions to verify calculatio Relationship of Activities to the	Accompli	<u> </u>		oses	
12 13 See Par	Subtotal A Total. Add worksheet t XVI-B  e No. Expl	line 12, columns (b), (d), and (e) n line 13 instructions to verify calculatio Relationship of Activities to the	Accompli	<u> </u>		oses	
12 13 See Par	Subtotal A Total. Add worksheet t XVI-B  e No. Expl	line 12, columns (b), (d), and (e) n line 13 instructions to verify calculatio Relationship of Activities to the	Accompli	<u> </u>		oses	
12 13 See Par	Subtotal A Total. Add worksheet t XVI-B  e No. Expl	line 12, columns (b), (d), and (e) n line 13 instructions to verify calculatio Relationship of Activities to the	Accompli	<u> </u>		oses	
12 13 See Par	Subtotal A Total. Add worksheet t XVI-B  e No. Expl	line 12, columns (b), (d), and (e) n line 13 instructions to verify calculatio Relationship of Activities to the	Accompli	<u> </u>		oses	
12 13 See Par	Subtotal A Total. Add worksheet t XVI-B  e No. Expl	line 12, columns (b), (d), and (e) n line 13 instructions to verify calculatio Relationship of Activities to the	Accompli	<u> </u>		oses	
12 13 See Par	Subtotal A Total. Add worksheet t XVI-B  e No. Expl	line 12, columns (b), (d), and (e) n line 13 instructions to verify calculatio Relationship of Activities to the	Accompli	<u> </u>		oses	
12 13 See Par	Subtotal A Total. Add worksheet t XVI-B  e No. Expl	line 12, columns (b), (d), and (e) n line 13 instructions to verify calculatio Relationship of Activities to the	Accompli	<u> </u>		oses	
12 13 See Par	Subtotal A Total. Add worksheet t XVI-B  e No. Expl	line 12, columns (b), (d), and (e) n line 13 instructions to verify calculatio Relationship of Activities to the	Accompli	<u> </u>		oses	
12 13 See Par	Subtotal A Total. Add worksheet t XVI-B  e No. Expl	line 12, columns (b), (d), and (e) n line 13 instructions to verify calculatio Relationship of Activities to the	Accompli	<u> </u>		oses	
12 13 See Par	Subtotal A Total. Add worksheet t XVI-B  e No. Expl	line 12, columns (b), (d), and (e) n line 13 instructions to verify calculatio Relationship of Activities to the	Accompli	<u> </u>		oses	
12 13 See Par	Subtotal A Total. Add worksheet t XVI-B  e No. Expl	line 12, columns (b), (d), and (e) n line 13 instructions to verify calculatio Relationship of Activities to the	Accompli	<u> </u>		oses	
12 13 See Par	Subtotal A Total. Add worksheet t XVI-B  e No. Expl	line 12, columns (b), (d), and (e) n line 13 instructions to verify calculatio Relationship of Activities to the	Accompli	<u> </u>		oses	
12 13 See Par	Subtotal A Total. Add worksheet t XVI-B  e No. Expl	line 12, columns (b), (d), and (e) n line 13 instructions to verify calculatio Relationship of Activities to the	Accompli	<u> </u>		oses	

# Form 990-PF (2013) TEAM FOUNDATION 06-1696861 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

descr relatin a Trans (1) C (2) C b Other (1) S (2) P (3) R (4) R (5) Lo (6) P c Sharin	ribed in section 501 (oring to political organizations for political organizations for transactions: sales of assets to a new common or transactions for transactions for transactions; sales of assets for transactions of assets for transactions or assets for transactions or assets for transactions or assets for transactions or transa	c) of the Code (ozations?  Ing foundation to concharitable exerom a noncharitation upment, or other gements lees or membershoment, mailing list	able exempt organization or assets up or fundraising solicitates, other assets, or paid	i(3) organization in the street of the stree	ons) or in section	527,	1 a (1) 1 a (2) 1 b (1) 1 b (2) 1 b (3) 1 b (4) 1 b (5) 1 b (6)	Yes	X X X X X X X X X X X X X X X X X X X
d if the	answer to any of the oods, other assets, or s	services given by	complete the following the reporting foundation	schedule. Colu If the foundation	imn (b) should alv	vays show the fair in fair market value in	market val	ue of	
(a) Line no	(b) Amount involved		how in column (d) the voor of noncharitable exempt organic			or services receivensfers, transactions, and	<del></del>	naement	<u></u>
N/A	(Ly : who are involved	(S) Hamb	gan			and an	und	. 52.110111	
		<del>                                     </del>	<del></del>			,,			
						<del></del>			
		<del></del>	··· ·- ^						
		·   · · · · · · · · · · · · · · · · · ·	<u>-</u>		-		<del></del>		
							·		
			<u> </u>						
			<del></del>						
							<del></del>		
descr	foundation directly or bed in section 501(c s,' complete the follo	c) of the Code (o	d with, or related to, one of ther than section 501(c)	or more tax-exer (3)) or in secti	mpt organizations on 527?		Yes	X	No
	(a) Name of organization		(b) Type of orga	anization	(0	) Description of rela	ationship		
N/A	, ,		(=, ),====, ,=		1				
	·						77		
			,						
						· · · · · · · · · · · · · · · · · · ·			
			<u> </u>	<del>.</del>	<u> </u>				
Corr	ler penalties of perjury, I dec e <del>ct<sub>r</sub> and comple</del> te Declarat	clare that I have exam ion of preparer (other	ined this return, including accord than taxpayer) is based on all ii	npanying schedules nformation of which	and statements, and to preparer has any know	the best of my knowledge ledge	e and belief, i	t is true,	
Sign —	-4 10	A / A	Λ				May the I	RS disci	JSS
Here _	Mica	HU UK	)Wy		PRESIDENT		preparer (see instr	shown b	elow
Sı	ignature of officer or trustee		Date	1000	Ditle			Yes	No
	Print/Type preparer's	name	Preparer's application	VILLOCA	Date / 11	Check If	PTIN		
Paid	SCOTT WALL	_	SCOTT WALL	ACE	1/23/14	self-employed	P00368	<u> 955</u>	
Preparer			VALLACE LTD.		-	Firm's EIN ► 41-1	628544		
Use Only	Firm's address	119 ADAMS		<del></del>					
	_	CAMBRIDGE,	MN 55008-1620		_	Phone no(763	) 689-		
BAA							Form <b>990</b>	-PF (2	013)

# Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF

Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Name of the organization		Employer identification number
TEAM FOUNDATION		06-1696861
Organization type (check one).	<del></del>	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organi	ızatıon
	4947(a)(1) nonexempt charitable trus	it <b>not</b> treated as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trus	t treated as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered	by the General Rule or a Special Rule	
Note. Only a section 501(c)(7), (8), o	r (10) organization can check boxes for both the Ger	neral Rule and a Special Rule See instructions.
General Rule		
X For an organization filing Form 990, contributor (Complete Parts I and	990-EZ, or 990-PF that received, during the year, $5,00$ d II )	00 or more (in money or property) from any one
Special Rules		
509(a)(1) and 170(b)(1)(A)(vi) and	on filing Form 990 or 990-EZ that met the 33-1/3% s d received from any one contributor, during the year 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1	, a contribution of the greater of (1) \$5,000 or
total contributions of more than \$	organization filing Form 990 or 990-EZ that received fror 1,000 for use <i>exclusively</i> for religious, charitable, scien or animals. Complete Parts I, II, and III	m any one contributor, during the year, elentific, literary, or educational purposes, or
contributions for use exclusively for If this box is checked, enter here the purpose Do not complete any of the	organization filing Form 990 or 990-EZ that received fror religious, charitable, etc, purposes, but these contributions total contributions that were received during the year for parts unless the <b>General Rule</b> applies to this organizations of \$5,000 or more during the year	ons did not total to more than \$1,000.  or an exclusively religious, charitable, etc.
, , ,		· · · · · · · · · · · · · · · · · · ·
990-PF) but it must answer 'No' on P	covered by the General Rule and/or the Special Rule Part IV, line 2, of its Form 990, or check the box on li of meet the filing requirements of Schedule B (Form	ine H of its Form 990-EZ or on its Form 990-PF.
DAA Fay Danamusuk Daduskian Aski	Nation and the Instanctions (on France 000, 000F7	C-l

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

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2013)

Page

1 of

2 of Part 1

Employer identification number

TEAM I	AM_FOUNDATION 06-1696861					
Paril	Contributors (see instructions) Use duplicate copies of Part I if additional space	is needed				
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	TEAM INDUSTRIES, INC  105 PARK AVE NW  BAGLEY, MN 56621	\$ <u>15,000</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)			
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	POLARIS INDUSTRIES  2170 HIGHWAY 55  MEDINA, MN 55340	\$ <u>5,000</u> .	Person X  Payroll  Noncash  (Complete Part II for noncash contributions)			
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	OKUMA AMERICA CORPORATION  11900 WESTHALL DRIVE  CHARLOTTE, NC 28278	\$ <u>5,000.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions)			
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	TOYODA MACHINERY USA  316 W. UNIVERSITY DRIVE  ARLINGTON HEIGHTS, IL 60004	\$ <u>5,600</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions)			
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5	CH ROBINSON COMPANY  14701 CHARLSON ROAD  EDEN PRAIRIE, MN 55347	\$ <u>5,600</u> .	Person X  Payroll   Noncash   (Complete Part II for noncash contributions.)			
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			

WELLS FARGO

90 SOUTH 7TH STREET

MINNEAPOLIS, MN 55479

5,600.

Person

Payroll

Noncash

(Complete Part II for noncash contributions)

Schedule B. (Form 990, 990-EZ, or 990-PF) (2013)	Page	2	of	2	of Part 1
Name of organization	Employer ide	entific	ation numbe	r	
TEAM FOUNDATION	06-169	686	51		

**Part II** Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	HEGMAN MACHINERY LLC  1995 SHERIDAN AVE S  MINNEAPOLIS, MN 55405	\$5,000.	Person X  Payroll   Noncash   (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions Part II for noncash contributions Part II for noncash contributions
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ ~ -		\$	Person Payroll Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Pe

Page

of Part II

TEAM FOUNDATION

Employer identification number 06-1696861

Pelicu	Noncash Property (see instructions) Use duplicate copies of Part II if additional sp	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		· · · · · · · · · · · · · · · · · · ·
		ls	
	<u> </u>	Y	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		{	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		\$	
		-	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			
		-	
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
		-	ļ
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		1	
		\$	L
DAA	Saha	dula R (Form 990, 990-F7 /	~r uun_DE\ /2012\

Page

1 to

of Part III

Name of organization	Employer identification number	
TEAM FOUNDATION	06-1696861	
Exclusively religious, charitable, etc., individual contributions to section!	501(c)(7), (8) or (10)	
organizations that total more than \$1,000 for the year. Complete columns (a) throu	igh (e) and the following line entry.	
For organizations completing Part III, enter total of exclusively religious, charitable, etc.,		
contributions of \$1,000 or less for the year. (Enter this information once See instructions)	►\$ N/	Δ

	Use duplicate copies of Part III if additional	space is needed		<u></u>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
·-	N/A				
				·	
		(e) Transfer of gift			
	Transferee's name, addres	s, and ZIP + 4	Rela	tionship of transferor to transferee	
,					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer of gift			
	Transferee's name, addres	s, and ZIP + 4	Rela	tionship of transferor to transferee	
(2)	/b)	(c)		(d)	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer of gift			
	Transferee's name, addres	s, and ZIP + 4	Rela	tionship of transferor to transferee	
	4.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer of gift			
	Transferee's name, addres	s, and ZIP + 4	Rela	tionship of transferor to transferee	
	L				

2013	FEDERAL STATEMENTS	PAGE 1
CLIENT 865	TEAM FOUNDATION	06-1696861
5/23/14  STATEMENT 1 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES		10 54AM
	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED NET INCOME  TOTAL \$ 780. \$ 0. \$ 0.	\$ 780.
STATEMENT 2 FORM 990-PF, PART I, LINE 18 TAXES		
	(A)         (B)         NET         (C)           EXPENSES         INVESTMENT         ADJUSTED           PER BOOKS         INCOME         NET INCOME           TOTAL         \$         10.         \$         0.         \$         0.	(D) CHARITABLE PURPOSES \$ 10. \$ 10.
STATEMENT 3 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES		
BANK FEE GOLF TOURNAMENT EXPENSE MN FILING FEE	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME  \$ 3,584. 56,354. 25. TOTAL \$ 59,963. \$ 0. \$ 0.	(D) CHARITABLE PURPOSES \$ 3,584. 56,354. 25. \$ 59,963.
STATEMENT 4 FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS,	TRUSTEES, AND KEY EMPLOYEES	
NAME AND ADDRESS	TITLE AND CONTRI AVERAGE HOURS COMPEN- BUTION PER WEEK DEVOTED SATION EBP & I	TO ACCOUNT/
DEBRA MATTHEWS 21451 OLD PAVILLION CIRCLE MAHNOMEN, MN 56557	DIRECTOR \$ 0.\$	0. \$ 0.
RANDY KOHLER 23 MAIN AVE N PO BOX 667 BAGLEY, MN 56621	SECRETARY 0. 2.00	0. 0.

2013

5/23/14

## FEDERAL STATEMENTS

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CLIENT 865

#### TEAM FOUNDATION

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STATEMENT 4 (CONTINUED)

FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
TRICIA YOUNG 17495 310TH STREET BAGLEY, MN 56621	PRESIDENT 8.00	\$ 0.	\$ 0.	\$ 0.
STEVE KAST 32070 JACKSON COURT CAMBRIDGE, MN 55008	VICE PRESIDENT 1.25	0.	0.	0.
BEATRICE RICKE 21370 OLD PAVILLION CIRCLE MAHNOMEN, MN 56557	DIRECTOR 0.25	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

#### STATEMENT 5 FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

NAME:

CARE OF:

STREET ADDRESS:

CITY, STATE, ZIP CODE:

TELEPHONE:

E-MAIL ADDRESS:

FORM AND CONTENT:

TRICIA YOUNG

105 PARK AVE NW

BAGLEY, MN 56621

218-694-4219

COPY OF APPLICATION FORM ON FILE: INFORMATION TO BE

INCLUDED ON FORM LISTED BELOW NAME OF ORGANIZATION REQUESTING ADDRESS, CITY, STATE, ZIP CODE EMPLOYER IDENTIFICATION NUMBER

CONTACT NAME, TITLE, PHONE, FAX, EMAIL
2-3 SENTENCE SUMMARY OF REQUEST
AMOUNT OF REQUEST AND DATE NEED BY
CATEGORIZATION OF FUNDS TO BE USED FOR W/OPTIONS SHOWN: 1)
OPERATING SUPPORT, 2) PROJECT/PROGRAM SUPPORT, 3)

TECHNOLOGY, 4) ADMINISTRATIVE COSTS, 5) CAPITAL, 6) OTHER

(LIST)

PRIOR TO FILLING OUT APPLICATION FORM, ADDITIONAL

INFORMATION MUST BE SUBMITTED: REPORT NARRATIVE INCLUDING:

A) ORGANIZATION INFORMATION COMPRISED OF 1) HISTORY, 2) MISSION AND GOALS, 3) CURRENT PROGRAMS OR ACTIVITIES, AND 4) POPULATION SERVED AND GEOGRAPHIC AREA SERVED

B) PURPOSE OF GRANT INFORMATION COMPRISED OF 1) SPECIFIC OBJECTIVE FOR SEEKING FUNDING, 2) TOTAL DOLLAR AMOUNT REQUIRED TO MEET OBJECTIVE, AND 3) FUNDING STRATEGIES AND

CURRENT STATUS IN MEETING FUNDING NEEDS

ATTACHMENTS:

A) FINANCES INCLUDING 1) MOST RECENT FINANCIAL STATEMENT,
2) PROJECT BUDGET, AND 3) ADDITIONAL FUNDERS
B) COPY OF CURRENT IRS DETERMINATION LETTER INDICATING

2013

## **FEDERAL STATEMENTS**

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**CLIENT 865** 

### **TEAM FOUNDATION**

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STATEMENT 5 (CONTINUED) FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

TAX-EXEMPT 501(C)(3) STATUS

SUBMISSION DEADLINES:

NONE

RESTRICTIONS ON AWARDS:

ORGANIZATIONS RECEIVING GRANTS MUST BE 501(C)(3)

NON-PROFIT

## STATEMENT 6 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
CLEARBROOK GONVICK SCHOOL 16770 CLEARWATER LAKE RD GONVICK, MN 56634	NONE	EDUCATION	BOOSTER CLUB G.F, ROBOTICS FUNDING, SCHOOL READINESS PROGRAMS & PROJECT LEAD THE WAY SUPPORT	\$ 22,271.
BAGLEY ELEMENTARY STU. ACT. AC 202 BAGLEY AVE. NW BAGLEY, MN 56621	NONE	EDUCATION	SCHOOL READINESS PROGRAM	9,984.
BAGLEY HIGH SCHOOL 1130 MAIN AVE. NO. BAGLEY, MN 56621	NONE	EDUCATION	ROBOTICS PROGRAM & TECHNOLOGY FUNDING	34,500.
LSS SENIOR NUTRITION PROGRAM 2485 COMO AVE ST PAUL, MN 55108	NONE	PUBLIC	BAGLEY & MAHNOMEN SENIOR NUTRITION FUNDING	40,000.
NORTHWEST MN FOUNDATION 4225 TECHNOLOGY DRIVE BEMIDJI, MN 56601	NONE	PUBLIC	CLEARWATER COUNTY HOSPICE	1,000.
BAGLEY SENIOR CITIZENS 26 MAIN AVE N BAGLEY, MN 56621	NONE	PUBLIC	COMPUTER TECHNOLOGY, FURNACE REPLACEMENT & GENERAL SUPPORT	6,800.
LAKE PARK - AUDUBON SCHOOL 429 LAKE STREET PO BOX 479 LAKE PARK, MN 56554	NONE	PUBLIC	TECHNOLOGY, EARLY CHILDHOOD, STUDENT ASSIGN BOOK & 3D PRINTER	45,877.

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<b>20</b> 13 <sup>'</sup>	FEDERAL STATEMENTS			PAG	iΕ 4
CLIENT 865	TEAM FOUNDATION				96861
5/23/14  STATEMENT 6 (CONTINUED)  FORM 990-PF, PART XV, LINE 3A  RECIPIENT PAID DURING THE YEA	\R			10	):54AM
NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUN	ידי
MENAHGA PUBLIC SCHOOLS 216 ASPEN AVE MENAHGA, MN 56564	NONE		PROJECT LEAD THE WAY		400.
BAGLEY YOUTH HOCKEY PO BOX 54 BAGLEY, MN 56621	NONE	PUBLIC	MATS FOR LOBBY	10,	000.
SANFORD HEALTH FOUNDATION 736 N BROADWAY DRIVE FARGO, ND 58122	NONE	PUBLIC	ROGER MARIS CANCER CTR, DIGITAL MAMMOGRAPHY FUND& CHILDREN'S HOSPITAL FUNDING	46,	000.
AMERICAN CANCER SOCIETY 1599 CLIFTON ROAD ATLANTA, GA 30329	NONE	PUBLIC	GENERAL FUNDING THRU RELAY FOR LIFE	1,	000.
FOSSTON SCHOOL 301 1ST STREET E FOSSTON, MN 56542	NONE	EDUCATION	ROBOTICS PROGRAM	4,	000.
THE REFUGE COMPASSION HOUSE 811 8TH ST SE DETROIT LAKES, MN 56621	NONE	PUBLIC	MEN'S HOMELESS SHELTER FUNDING	150,	000.
I CARE MINISTRIES 23 MAIN AVE NORTH, PO BOX 667 BAGLEY, MN 56621	NONE	PUBLIC	SHELTER PROGRAM FUNDING & MEALS PROGRAM SUPPORT	100,0	000.
CLEARWATER LIBRARY FOUNDATION P.O. BOX 74 BAGLEY, MN 56621	NONE	PUBLIC	LIBRARY BUILDING FUND	20,0	000.
FAIRVIEW FOUNDATION 2344 ENERGY PARK DRIVE ST PAUL, MN 55108	NONE	PUBLIC	BRIGHTER COMMUNITIES PROGRAM FUNDING	10,0	000.
FIRST CARE FOUNDATION 900 HILLIGOSS BLVD SE FOSSTON, MN 56542		PUBLIC	HOSPITAL TECHNOLOGY X-RAY EQUIP	40,0	000.
GRYGLA PUBLIC SCHOOL P.O. BOX 18 GRYGLA, MN 56727	NONE	EDUCATION	ROBOTIC TECHNOLOGY	5,(	000.

2013	013 FEDERAL STATEMENTS				
CLIENT 865	TEAM FOUND	06-1696861			
5/23/14				10 54AM	
STATEMENT 6 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEA	R				
NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT	
HEARTLAND CHRISTIAN ACADEMY SCHOOL 9914 HEARTLAND CIRCLE NW BEMIDJI, MN 56601	NONE	EDUCATION	TECHNOLOGY FUNDING	\$ 25,000.	
HOSPICE OF RED RIVER VALLEY 1701 38TH ST S #101 FARGO, ND 58103	NONE	PUBLIC	HOSPICE PROGRAM FUNDING	50,000.	
MINNESOTA MILITARY FAMILY FOUNDATION 620 MENDELSSOHN AVE NORTH GOLDEN VALLEY, MN 55427	NONE	PUBLIC	GENERAL SUPPORT	5,000.	
NORTH HOMES INC 210 BELTRAMI AVE NW BEMIDJI, MN 56601	NONE	PUBLIC	GIRLS YOUTH HOME PROGRAM FUNDING	20,000.	
ULEN HITTERDAL SCHOOL 27 2ND STREET NW ULEN, MN 56585	NONE	EDUCATION	TECHNOLOGY (E-READER)	3,150.	
			TOTAL	\$ 661,982.	

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No 1545 1709

► Information about Form 8868 and its instructions is at www.irs.gov/form8868

					_
<ul><li>If you a</li></ul>	re filing for an Automatic 3-Month Extension, co	mplete only	Part I and check this box		<u>► X</u>
<ul><li>If you a</li></ul>	re filing for an Additional (Not Automatic) 3-Mon	th Extensio	n, complete only Part II (on page 2 of t	his form)	
Do not com	nplete Part II unless you have already been grante	ed an autom	natic 3-month extention on a previously	filed Form 8868	
corporation request an e Associated	filing (e-file). You can electronically file Form 886 required to file Form 990-T), or an additional (no extension of time to file any of the forms listed in Parl With Certain Personal Benefit Contracts, which nothing of this form, visit www.irs.gov/efile and click	ot automatic) t I or Part II w nust be sent	) 3-month extension of time You can e vith the exception of Form 8870, Informatio to the IRS in paper format (see instruc	lectronically file Form on Return for Transfers	8868 to
Part I	Automatic 3-Month Extension of Time	. Only sub	omit original (no copies needed)	 ).	
A corporation	on required to file Form 990-T and requesting an		<del></del>		▶ □
All other co income tax	rporations (including 1120-C filers), partnerships, returns	REMICs, ai		st an extension of tim tifying number, see ir	
	Name of exempt organization or other filer, see instructions		· · · · · · · · · · · · · · · · · · ·	Employer identification ne	
Type or print	print				
File by the	Number, street, and room or suite number If a P O box, see	instructions	···	06-1696861 Social security number (\$	SSN)
due date for filing your	105 PARK AVE NW				
return See	City, town or post office, state, and ZIP code. For a foreign add	dress, see instru	ictions	<del></del>	
instructions	BAGLEY, MN 56621				
Enter the R	eturn code for the return that this application is f	or (file a sep	parate application for each return)		04
Application Is For	1	Return Code	Application Is For	·	Return Code
Form 990 or	Form 990-EZ	01	Form 990-T (corporation)		07
Form 990-B	BL .	02	Form 1041-A		08
Form 4720 (individual)		03	Form 4720 (other than individual)		09
Form 990-PF		04	Form 5227		10
Form 990-T (section 401(a) or 408(a) trust)		05	Form 6069		11
Form 990-T	(trust other than above)	06	Form 8870		12
Telepho  If the or  If this is check the external three external t	ension is for.	Fax No usiness in th r digit Group check this b	e United States, check this box Exemption Number (GEN) ox I and attach a list with the n	If this is for the whole ames and EINs of all	•
until The e ► [∑ ► [	est an automatic 3-month (6 months for a corporation 8/15, 20 14 _, to file the exempt orgonation is for the organization's return for calendar year 20 13 or, 20, 20, tax year beginning, 20, and tax year entered in line 1 is for less than 12 months.	janization re _, and endir	turn for the organization named above	ınal return	
	hange in accounting period	and, chock t			

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

3 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions

**b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit

c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions

0.

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3 a |\$

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3 c |\$