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

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▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

2014

Open to Public Inspection

For calendar year 2014, or tax year beginning , 2014, and ending

TEAM FOUNDATION
105 PARK AVE NW
BAGLEY, MN 56621A Employer identification number
06-1696861B Telephone number (see instructions)
218-694-3550C If exemption application is pending, check here ▶ ☐D 1 Foreign organizations, check here ▶ ☐2 Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

G Check all that apply. ☐ Initial return ☐ Initial return of a former public charity
☐ Final return ☐ Amended return
☐ Address change ☐ Name change

H Check type of organization: ☒ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, column (c), line 16) \$ 168,213.
J Accounting method. ☒ Cash ☐ Accrual
☐ Other (specify) (Part I, column (d) must be on cash basis)

Part I 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) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
REVENUE	1 Contributions, gifts, grants, etc., received (attach schedule)	594,780.			
	2 <input type="checkbox"/> If the foundn is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	193.	193.	193.	
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
ADMINISTRATIVE AND EXPENSES	10a Gross sales less returns and allowances				
	b Less: Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	594,973.	193.	193.	
	13 Compensation of officers, directors, trustees, etc	0.			
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach sch) SEE ST 1	780.			780.
	c Other prof fees (attach sch)				
17 Interest					
18 Taxes (attach schedule) (see instrs) SEE STM 2	3.			3.	
19 Depreciation (attach sch) and depletion					
20 Occupancy					
21 Travel, conferences, and meetings					
22 Printing and publications	21.			21.	
23 Other expenses (attach schedule) SEE STATEMENT 3	48,886.			48,886.	
24 Total operating and administrative expenses. Add lines 13 through 23	49,690.			49,690.	
25 Contributions, gifts, grants paid PART XV	670,487.			670,487.	
26 Total expenses and disbursements. Add lines 24 and 25	720,177.	0.	0.	720,177.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-125,204.				
b Net investment income (if negative, enter -0-)		193.			
c Adjusted net income (if negative, enter -0-)			193.		

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)		Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
ASSETS	1	Cash – non-interest-bearing				
	2	Savings and temporary cash investments		293,417.	168,213.	168,213.
	3	Accounts receivable ▶				
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach sch) ▶				
		Less: allowance for doubtful accounts ▶				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10a	Investments – U.S. and state government obligations (attach schedule)				
	b	Investments – corporate stock (attach schedule)				
	c	Investments – corporate bonds (attach schedule)				
	11	Investments – land, buildings, and equipment: basis ▶				
	Less: accumulated depreciation (attach schedule) ▶					
12	Investments – mortgage loans					
13	Investments – other (attach schedule)					
14	Land, buildings, and equipment: basis ▶					
	Less: accumulated depreciation (attach schedule) ▶					
15	Other assets (describe ▶)					
16	Total assets (to be completed by all filers – see the instructions. Also, see page 1, item i)		293,417.	168,213.	168,213.	
LIABILITIES	17	Accounts payable and accrued expenses				
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, & other disqualified persons				
	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe ▶)				
	23	Total liabilities (add lines 17 through 22)		0.	0.	
NET ASSETS OR FUND BALANCES	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input type="checkbox"/>					
	24	Unrestricted				
	25	Temporarily restricted				
	26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input checked="" type="checkbox"/>					
	27	Capital stock, trust principal, or current funds				
	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
	29	Retained earnings, accumulated income, endowment, or other funds		293,417.	168,213.	
	30	Total net assets or fund balances (see instructions)		293,417.	168,213.	
	31	Total liabilities and net assets/fund balances (see instructions)		293,417.	168,213.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	293,417.
2	Enter amount from Part I, line 27a	2	-125,204.
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	168,213.
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	168,213.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)		(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1 a N/A				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))	
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any		
a				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss). If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		2		
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6). If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 		3		

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes☒ No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2013	723,838.	401,959.	1.800776
2012	217,528.	326,491.	0.666260
2011	192,833.	257,903.	0.747696
2010	144,627.	114,996.	1.257670
2009	90,444.	101,615.	0.890065
2 Total of line 1, column (d)			2 5.362467
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 1.072493
4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5			4 240,514.
5 Multiply line 4 by line 3			5 257,950.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 2.
7 Add lines 5 and 6			7 257,952.
8 Enter qualifying distributions from Part XII, line 4			8 720,177.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1. Date of ruling or determination letter _____ (attach copy of letter if necessary – see instrs)		1	2.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here. <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		2	0.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)		3	2.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
3 Add lines 1 and 2		5	2.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		6 a	
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		6 b	
6 Credits/Payments:		6 c	
a 2014 estimated tax pmts and 2013 overpayment credited to 2014	6 d	7	0.
b Exempt foreign organizations – tax withheld at source	8	9	2.
c Tax paid with application for extension of time to file (Form 8868)	10	11	
d Backup withholding erroneously withheld	Refunded		
7 Total credits and payments. Add lines 6a through 6d			
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11 Enter the amount of line 10 to be Credited to 2015 estimated tax			

Part VII Statements Regarding Activities

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? <i>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</i>		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation \$ 0. (2) On foundation managers \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If 'Yes,' attach a detailed description of the activities</i>		X
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? <i>If 'Yes,' attach a conformed copy of the changes</i>		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If 'Yes,' attach the statement required by General Instruction T</i>		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, column (c), and Part XIV</i>	X	
8 a Enter the states to which the foundation reports or with which it is registered (see instructions) MN		
b 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 General Instruction G? <i>If 'No,' attach explanation</i>	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses</i>		X

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Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>TEAM-FOUNDATION.ORG</u>	13	X	
14	The books are in care of <u>TEAM INDUSTRIES, INC.</u> Telephone no. <u>218-694-3550</u> Located at <u>105 PARK AVE NW BAGLEY MN</u> ZIP + 4 <u>56621</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year <u>15</u>	N/A		
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1) If 'Yes,' enter the name of the foreign country				X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

	Yes	No
1 a During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>	1 b	N/A
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?	1 c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? If 'Yes,' list the years <u>20__ , 20__ , 20__ , 20__</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement - see instructions)	2 b	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <u>20__ , 20__ , 20__ , 20__</u>		
3 a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If 'Yes,' did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014)	3 b	N/A
4 a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4 b	X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is 'Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

Organizations relying on a current notice regarding disaster assistance check here

☐

c If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A ☐ Yes ☐ No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If 'Yes' to 6b, file Form 8870

6b X

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(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.

2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter 'NONE.'

(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

0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1 a	
b	Average of monthly cash balances	1 b	244,177.
c	Fair market value of all other assets (see instructions)	1 c	
d	Total (add lines 1a, b, and c)	1 d	244,177.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1 e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	244,177.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	3,663.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	240,514.
6	Minimum investment return. Enter 5% of line 5	6	12,026.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	12,026.
2a	Tax on investment income for 2014 from Part VI, line 5	2 a	2.
b	Income tax for 2014 (This does not include the tax from Part VI)	2 b	
c	Add lines 2a and 2b	2 c	2.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	12,024.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	12,024.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	12,024.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
a	Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1 a	720,177.
b	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	
b	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	720,177.
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	2.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	720,175.

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.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				12,024.
2 Undistributed income, if any, as of the end of 2014:				
a Enter amount for 2013 only			0.	
b Total for prior years 20 __, 20 __, 20 __		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009	85,374.			
b From 2010	138,882.			
c From 2011	179,947.			
d From 2012	201,213.			
e From 2013	703,746.			
f Total of lines 3a through e	1,309,162.			
4 Qualifying distributions for 2014 from Part XII, line 4: ▶ \$ 720,177.				
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required – see instructions)		0.		
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2014 distributable amount				12,024.
e Remaining amount distributed out of corpus	708,153.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,017,315.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed 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 2013 Subtract line 4a from line 2a Taxable amount – see instructions			0.	
f Undistributed income for 2014. Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required – see instructions)	0.			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)	85,374.			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	1,931,941.			
10 Analysis of line 9				
a Excess from 2010	138,882.			
b Excess from 2011	179,947.			
c Excess from 2012	201,213.			
d Excess from 2013	703,746.			
e Excess from 2014	708,153.			

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	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
<i>a Paid during the year</i> SEE STATEMENT 6				
Total			3 a	670,487.
<i>b Approved for future payment</i>				
Total			3 b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
		(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1	Program service revenue:					
a						
b						
c						
d						
e						
f						
g	Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments			14	193.	
4	Dividends and interest from securities					
5	Net rental income or (loss) from real estate:					
a	Debt-financed property					
b	Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue:					
a						
b						
c						
d						
e						
12	Subtotal. Add columns (b), (d), and (e)				193.	
13	Total. Add line 12, columns (b), (d), and (e)				13	193.

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

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

2014

Name of the organization

TEAM FOUNDATION

Employer identification number

06-1696861

Organization type (check one)

Filers of:

Form 990 or 990-EZ

Section:

- ☐ 501(c)() (enter number) organization
☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
☐ 527 political organization

Form 990-PF

- ☒ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust 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), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ► \$ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, Schedule B (Form 990, 990-EZ, or 990-PF) (2014) **or 990-PF.**

Name of organization

Employer identification number

TEAM FOUNDATION

06-1696861

Part I 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	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
2	POLARIS INDUSTRIES 2170 HIGHWAY 55 MEDINA, MN 55340	\$ 5,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
3	OKUMA AMERICA CORPORATION 11900 WESTHALL DRIVE CHARLOTTE, NC 28278	\$ 5,525.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
4	TOYODA MACHINERY USA 316 W. UNIVERSITY DRIVE ARLINGTON HEIGHTS, IL 60004	\$ 5,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
5	CH ROBINSON COMPANY 14701 CHARLSON ROAD EDEN PRAIRIE, MN 55347	\$ 5,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	WELLS FARGO 90 SOUTH 7TH STREET MINNEAPOLIS, MN 55479	\$ 5,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization

Employer identification number

TEAM FOUNDATION

06-1696861

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
(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
		\$	
(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
		\$	

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8)

or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed

(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, address, and ZIP + 4		Relationship of transferor to transferee

	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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STATEMENT 1
FORM 990-PF, PART I, LINE 16B
ACCOUNTING FEES

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TOTAL	\$ 780. \$ 780.	\$ 0.	\$ 0.	\$ 780. \$ 780.

STATEMENT 2
FORM 990-PF, PART I, LINE 18
TAXES

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
2013 990 TAX	\$ 3. \$ 3.	\$ 0.	\$ 0.	\$ 3. \$ 3.

STATEMENT 3
FORM 990-PF, PART I, LINE 23
OTHER EXPENSES

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK FEE	\$ 3,216.			\$ 3,216.
GOLF TOURNAMENT EXPENSE	45,645.			45,645.
MN FILING FEE	25.			25.
TOTAL	\$ 48,886. \$ 48,886.	\$ 0.	\$ 0.	\$ 48,886. \$ 48,886.

STATEMENT 4
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
DEBRA MATTHEWS 105 PARK AVENUE NORTHWEST BAGLEY, MN 56621	DIRECTOR 2.00	\$ 0.	\$ 0.	\$ 0.
NAN VOBR 121 CENTRAL STREET WEST BAGLEY, MN 56621	SECRETARY 2.00	0.	0.	0.

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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 105 PARK AVENUE NORTHWEST BAGLEY, MN 56621	PRESIDENT 8.00	\$ 0.	\$ 0.	\$ 0.
STEVE KAST 625 2ND AVENUE SOUTHEAST 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:

TRICIA YOUNG

CARE OF:

STREET ADDRESS:

105 PARK AVE NW

CITY, STATE, ZIP CODE:

BAGLEY, MN 56621

TELEPHONE:

218-694-4219

E-MAIL ADDRESS:

FORM AND CONTENT:

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 NEEDED 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

2014

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

SUBMISSION DEADLINES: TAX-EXEMPT 501(C) (3) STATUS
 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, EARLY CHILDHOOD PROGRAM	\$ 10,561.
BAGLEY HIGH SCHOOL 1130 MAIN AVE. NO. BAGLEY, MN 56621	NONE	EDUCATION	ROBOTICS PROGRAM & TECHNOLOGY FUNDING	25,000.
LSS SENIOR NUTRITION PROGRAM 2485 COMO AVE ST PAUL, MN 55108	NONE	PUBLIC	LAKE PARK SENIOR NUTRITION FUNDING, CLEARWATER COUNTY SENIOR NUTRITION PROGRAM FUNDING	47,500.
LAKES CRISIS CENTER 718 WASHINGTON AVE DETROIT LAKES, MN 56502	NONE	PUBLIC	KINSHIP PROGRAM SUPPORT	11,000.
NORTHWEST MN FOUNDATION 4225 TECHNOLOGY DRIVE BEMIDJI, MN 56601	NONE	PUBLIC	CLEARWATER COUNTY HOSPICE	5,000.
LAKE PARK - AUDUBON SCHOOL 429 LAKE STREET PO BOX 479 LAKE PARK, MN 56554	NONE	PUBLIC	PARENT/TEACHER COMMUNICATION BOOKS & EARLY CHILDHOOD	12,206.
MENAHGA PUBLIC SCHOOLS 216 ASPEN AVE MENAHGA, MN 56564	NONE	EDUCATION	HOCKEY EQUIPMENT STEM & ROBOTICS	12,400.
BAGLEY YOUTH HOCKEY PO BOX 54 BAGLEY, MN 56621	NONE	PUBLIC	COMPRESSOR REFURB	25,914.

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STATEMENT 6 (CONTINUED)
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-LEONARD SENIOR CENTER 105 MAIN STREET CLEARBROOK, MN 56634	NONE	PUBLIC	SENIOR CENTER EQUIPMENT FUNDING (KITCHEN STOVE)	\$ 5,500.
SANFORD HEALTH FOUNDATION 736 N BROADWAY DRIVE FARGO, ND 58122	NONE	PUBLIC	PEDIATRIC INTENSIVE CARE & AMBULANCE CARDIAC MONITOR	30,000.
BAGLEY FIRE DEPARTMENT 21 GETCHELL AVENUE SE BAGLEY, MN 56621	NONE	PUBLIC	EQUIPMENT FUNDS	10,000.
FOSSTON SCHOOL 301 1ST STREET E FOSSTON, MN 56542	NONE	EDUCATION	ROBOTICS PROGRAM	5,000.
SOLWAY ELEMENTARY SCHOOL 3300 GILLETTE DR NW BEMIDJI, MN 56601	NONE	EDUCATION	LIBRARY BOOKS-STEM PROGRAM	4,200.
THE REFUGE COMPASSION HOUSE 811 8TH ST SE DETROIT LAKES, MN 56621	NONE	PUBLIC	MEN'S HOMELESS SHELTER FUNDING	100,000.
I CARE MINISTRIES 23 MAIN AVE NORTH, PO BOX 667 BAGLEY, MN 56621	NONE	PUBLIC	CHILDREN SHELTER	200,000.
FIRST CARE MEDICAL FOUNDATION 900 HILLIGOSS BLVD SE FOSSTON, MN 56542		PUBLIC	X-RAY EQUIPMENT FOR BAGLEY	40,000.
GRYGLA PUBLIC SCHOOL P.O. BOX 18 GRYGLA, MN 56727	NONE	EDUCATION	ROBOTIC TECHNOLOGY	5,000.
HOSPICE OF RED RIVER VALLEY 1701 38TH ST S #101 FARGO, ND 58103	NONE	PUBLIC	UPGRADE OF PHONE & COMPUTER SYSTEM	50,000.
MINNESOTA MILITARY FAMILY FOUNDATION 620 MENDELSSOHN AVE NORTH GOLDEN VALLEY, MN 55427	NONE	PUBLIC	PROGRAM FUNDING	1,500.
ULEN HITTERDAL SCHOOL 27 2ND STREET NW ULEN, MN 56585	NONE	EDUCATION	E-READERS FOR LIBRARY	3,000.

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

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
ST MARY'S FOUNDATION 1027 WASHINGTON AVE DETROIT LAKES, MN 56502	NONE	PUBLIC	ESSENTIA HEALTH AMBULANCE	\$ 2,500.
CIVIL AIR PATROL 105 S HANSELL ST MAXWELL AFB, AL 36112	NONE	EDUCATION	BEMIDJI HIGH SCHOOL ROBOTICS	1,000.
MINNESOTA HIGH SCHOOL RODEO ASSOCIATION 5230 318TH STREET STACY, MN 55079	NONE	PUBLIC	PROGRAM FUNDING	5,000.
GARY CARES 301 STRAND STREET GARY, MN 56545	NONE	PUBLIC	COMMUNITY PLAYGROUND	3,000.
CITY OF LAKE PARK 2032 2ND STREET, PO BOX 239 LAKE PARK, MN 56554	NONE	CITY	LIFT FOR COMMUNITY POOL	4,668.
CLEARWATER COUNTY SHERIFF'S DEPARTMENT 213 MAIN AVE N DEPT 102 BAGLEY, MN 56621	NONE	COUNTY	DRUG DISPOSAL BOX	1,338.
FARM BY THE LAKE 17797 366TH ST BAGLEY, MN 56621	NONE	PUBLIC	RENOVATION PROJECT	2,500.
FAITH HILL ASSEMBLY OF GOD 473 SCHILLING ROAD SE BAGLEY, MN 56621	NONE	CHURCH	YOUTH PROGRAM TRANSPORATION SUPPORT	2,500.
CLEARWATER DAY ACTIVITY CENTER PO BOX 29 BAGLEY, MN 56621	NONE	PUBLIC	PROGRAM FUNDING MENTALLY DISABLED CENTER	5,000.
PINE RIDGE RESIDENCE PO BOX 29, 503 HALLAN AVE NE BAGLEY, MN 56621	NONE	PUBLIC	PROGRAM & TECHNOLOGY FUNDING	10,000.
CLEARWATER COUNTY AGRICULTURAL SOCIETY 32488 DALBERG LAKE ROAD BAGLEY, MN 56621	NONE	PUBLIC	COUNTY FAIR BUILDING FUNDING	10,000.

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

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
ISANTI COUNTY BEYOND THE YELLOW RIBBON 555 18TH AVE SOUTHWEST SUITE 2118 CAMBRIDGE, MN 55008	NONE	PUBLIC	PROGRAM SUPPORT FOR SERVICE MEMBERS & FAMILIES	\$ 1,200.
ECUMEN 3530 LESINGTON AVE N SHOREVIEW, MN 55126	NONE	PUBLIC	SENIOR MEAL PROGRAM SUPPORT	4,000.
NORTHERN LIGHTS OUTREACH 28372 N BUFFALO ROAD, PO BOX 83 RICHWOOD, MN 56577	NONE	PUBLIC	COMMUNITY PROGRAM SUPPORT FOR YOUTH (AFTER SCHOOL PROGRAMMING)	4,000.
FRIENDS OF TAMARAC NATIONAL REFUGE 35704 COUNTY HWY 26, PO BOX 1818 ROCHERT, MN 56502	NONE	PUBLIC	DISCOVERY CENTER PROGRAM FUNDING	4,000.
AUDUBON FIRE DEPARTMENT MAIN STREET AUDUBON, MN 56511	NONE	PUBLIC	EQUIPMENT FUNDING	6,000.
TOTAL				\$ <u>670,487.</u>

Form **8868**

(Rev. January 2014)

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.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	TEAM FOUNDATION	06-1696861
	Number, street, and room or suite number. If a P.O. box, see instructions	Social security number (SSN)
	105 PARK AVE NW	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	BAGLEY, MN 56621	

Enter the Return code for the return that this application is for (file a separate application for each return)

04

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-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

- The books are in the care of ► TEAM INDUSTRIES, INC.

Telephone No ► 218-694-3550 Fax No ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ☒ calendar year 2014 or
 ► ☐ tax year beginning _____, 20____, and ending _____, 20____

- 2** If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return
☐ Change in accounting period

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	3 a \$	2.
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	3 b \$	0.
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	3 c \$	2.

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

Form 8868 (Rev. 1-2014)

FIF20501L 12/31/13

STATE OF MINNESOTA
CHARITABLE ORGANIZATION INITIAL REGISTRATION & ANNUAL REPORT FORM

ATTORNEY GENERAL LORI SWANSON
SUITE 1200, BREMER TOWER
445 MINNESOTA STREET
ST. PAUL, MN 55101-2130
(651) 757-1311
(651) 296-1410 (TTY)
www.ag.state.mn.us

☒ Annual Reporting ☐ Initial Registration

FEDERAL EIN NUMBER: 06-1696861

FOR YEAR ENDING: 12/31/2014

SECTION A: REQUIRED INFORMATION FOR INITIAL REGISTRATION & ANNUAL REPORTING

1. *Legal Name of Organization:* TEAM FOUNDATION

If annual reporting, is this a new name since the organization's last filing? ☐ Yes ☒ No

If so, please state former name: _____

2. List all names under which the organization solicits contributions:

TEAM FOUNDATION

3. *Mailing Address of Organization (required)*

105 PARK AVE NW
BAGLEY, MN 56621

Physical Address of Organization (required)

105 PARK AVE NW
BAGLEY, MN 56621

4. *Contact Person* TRICIA YOUNG

Tel. No. 218-694-4219

E-mail _____

Fax No _____

5. Does the organization use the services of a professional fund-raiser (outside solicitor or consultant)?

☐ Yes ☒ No

If so, provide name and address of any outside professional fund-raiser employed by the organization and state the total amount of compensation each outside fund-raiser received from the filing organization during the year. ***Attach schedule if more than one.***

Name _____

Address _____

City _____ State _____ Zip _____ Compensation _____

6. a) Does this professional fund-raiser solicit or consult in Minnesota? ☐ Yes ☐ No

b) Is this professional fund-raiser registered to solicit or consult in Minnesota? ☐ Yes ☐ No

7. Month and day accounting year ends: DECEMBER 31

8. Has the organization included the filing fee, late fee (if any) and all attachments required by the instructions? ☒ Yes ☐ No

Office Use Only: ☐ ARF ☐ \$25 ☐ \$50 ☐ N(e-Postcard) ☐ 990 ☐ EZ ☐ PF ☐ FES ☐ SIG ☐ BD ☐ SAL ☐ Audit

9. This Section A(9) must be completed by organizations filing a 990-N (e-Postcard) or organizations whose filing does not contain the information requested below. This includes organizations that: 1) do not file an IRS Form 990, 2) file an IRS Form 990-EZ or 990-PF, or 3) organizations that file a group return that does not include the filing organization's individual financial information.

INCOME

Contributions from the public	\$	<u>594,780.00</u>
Government Grants	\$	<u></u>
Other revenue	\$	<u>193.00</u>
TOTAL REVENUE	\$	<u>594,973.00</u>

EXCESS or DEFICIT	\$	<u>(125,204.00)</u>
TOTAL Assets	\$	<u>168,213.00</u>
TOTAL Liabilities	\$	<u></u>

END OF YEAR FUND BALANCE/NET WORTH (Assets minus Liabilities) \$ 168,213.00

SECTION B: REQUIRED FOR INITIAL REGISTRATION ONLY

1. Address of registered agent in the State of Minnesota or the address of the person who has custody of the organization's books and records if not kept at the organization's office.

Name _____

Street and Number _____

City _____ State _____ Zip _____ Telephone # _____

2. Type of legal entity (**Attach** the creating document):

☐ Nonprofit corporation ☐ Trust ☐ Unincorporated association ☐ Other _____

3. Place and date the organization was incorporated: _____
(state) (date)

4. Is the organization exempt from federal income taxes?

☐ Yes (**Attach** a copy of the IRS determination letter) Status: 501(c)(____)

☐ No Date organization submitted Form 1023 to the IRS _____

5. If the organization is not exempt from federal income taxes and uses a fiscal agent, state the fiscal agent's name, address and federal EIN: _____

6. Has the organization been denied the right to solicit contributions?

a. By any government agency? ☐ Yes ☐ No If yes, attach explanation.

b. By any court? ☐ Yes ☐ No If yes, attach explanation.

7. Explain in detail the charitable purposes of the organization, including major program activities.

8. Please mark all items that describe the organization's charitable mission:

☐ Arts & Culture ☐ Human Services ☐ Civic/Lobbying ☐ International ☐ Health

☐ Environment ☐ Mental Health ☐ Education ☐ Religious ☐ Other _____

Or: List the NTEE code(s) that describe the organization's purpose: _____

9. Which of the above two best describes the organization's primary purpose(s)?

1. _____ 2. _____

10. Check one or more methods of solicitation the organization anticipates using:

☐ Telephone appeals ☐ Grant writing ☐ Sweepstakes ☐ Other _____

☐ Direct mail ☐ Internet ☐ Media

11. State the total contributions the organization received during the accounting year last ended:
\$ _____

12. **Attach** a list of organization's officers, directors, trustees, and chief executive officer, including their titles, addresses, and total annual compensation paid to each. ☐ Attached

SECTION C: REQUIRED FOR ANNUAL REPORTING ONLY

ALL Annual Report filers MUST complete questions 1-6

1. Has the organization's accounting year changed since the last report was filed? ☐ Yes No ☒
If yes, provide the new year-end date: _____
2. **Attach** an explanation if there has been any change in the organization's tax status with the Internal Revenue Service; a significant change in the purposes of the organization; or if the organization's right to solicit funds has been denied, suspended, revoked or enjoined by any state agency or court in any state, or if there are proceedings pending. ☒ None ☐ Attached
3. List of the five highest paid directors, officers, and employees of the organization and its related organizations, as that term is defined by section 317A.011, subdivision 18, that receive total compensation of more than \$100,000, together with the compensation paid to each. For purposes of this subdivision, "compensation" is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. The value of fringe benefits and deferred compensation paid by the charitable organization and all related organizations as that term is defined by section 317A.011, subdivision 18, shall also be reported as a separate item for each person whose compensation is required to be reported pursuant to this subdivision.

	Name/Title	Compensation	Deferred Compensation	Fringe Benefits
1	N/A			
2				
3				
4				
5				

4. **Attach** a list of organization's board of directors. ☐ Attached ☒ Included in IRS Return
5. **Attach a GAAP audit** if total revenue exceeds \$750,000. ☐ Attached ☐ Audit not included under the Food Shelf Exemption (excluding from total revenue the value of food donated to a nonprofit food shelf for redistribution at no cost). ☒ Audit not required
6. Minnesota law requires that an organization file a copy of all tax or informational returns filed with the IRS, including IRS Form 990-N (e-Postcard), 990, 990-EZ, or 990-PF, including all schedules and amendments. Has the organization included with this annual report a copy of all tax or informational returns, including IRS Form 990-N (e-Postcard), 990, 990-EZ or 990-PF that it filed with the IRS (excluding Schedule B or any other donor list)? ☒ Yes ☐ No (Not required to file a return with IRS or files a group return).

NOTE: By answering YES to the above question, you are attesting that the IRS informational return filed with this office is an exact copy, including all schedules and attachments, of the IRS informational return filed with the IRS (excluding Schedule B or any other donor list the IRS may require).

7. This Section C(7) must be completed by organizations that: 1) do not file an informational return with the IRS; 2) file a 990-N (e-Postcard), 990-EZ, or 990-PF; 3) file a group return that does not include the filing organization's functional expense information; or 4) file an IRS Form 990 that does not contain a completed functional expenses statement within the IRS Form 990.

Statement of Functional Expenses				
	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S				
2 Grants and other assistance to individuals in the U S				
3 Grants and other assistance to governments, organizations, and individuals outside the U S				
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)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees).				
a Management				
b Legal				
c Accounting	780.00	780.00		
d Lobbying				
e Professional fundraising services				
f Investment management fees				
g Other	3.00	3.00		
12 Advertising and promotion	21.00	21.00		
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				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a BANK FEES	3,216.00	3,216.00		
b GOLF EVENT EXPENSE	45,645.00			45,645.00
c MN FILING FEE	25.00	25.00		
d All other expenses				
25 Total functional expenses. Add lines 1 through 24d	49,690.00	4,045.00		45,645.00
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Must be prepared in accordance with generally accepted accounting principles.

For 990-EZ filers: Column A, Line 25 should equal line 17 IRS Form 990-EZ

For 990-PF filers: Column A, Line 25 should equal line 26 IRS Form 990-PF

The total of Column A, lines 1 through 24d should equal line 25a.

The total of lines 25b, 25c and 25d, should equal line 25a

SECTION D: REQUIRED FOR INITIAL REGISTRATION & ANNUAL REPORTING

BOARD OF DIRECTORS
SIGNATURES AND ACKNOWLEDGMENT

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the President (Title) and Vice President (Title) respectively, and that we execute this document on behalf of the organization pursuant to the resolution of the Board (Board of Directors, Trustees, or Managing Group) adopted on the 4 day of August, 2015, approving the contents of the document, and do hereby certify that the Board (Board of Directors, Trustees or Managing Group) has assumed, and will continue to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the finances of the organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

TRICIA A. Young
Name (Print)
Tricia A. Young
Signature
President
Title
Aug 4, 2015
Date

STEVEN W. KAST
Name (Print)
St W Kast
Signature
VP
Title
8/4/15
Date

*** NOTICE ***

Documents required to be filed are public records. Please do not include *social security numbers, driver's license numbers or bank account numbers* on the documents filed with this Office as they are not required, but could become part of the public records. A charitable organization is not required to file a list of its donors. If it is included, it may become part of the public file.