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Form 990-PF

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

OMB No 1545-0052

2015

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.

Open to Public Inspection

Fo	r cale	enda	r year 2015, or ta	ax year beginning	, 2015	, and ending			
T	EAM	FO	UNDATION				A	Employer identification number 1696861	
B	05 I AGLI	PAR EY,	K AVE NW MN 56621				В	Telephone number (see insi 218-694-3550	ructions)
				-			С	If exemption application is	pending, check here ►
G	Che	ck a	II that apply:	Initial return Final return	Initial return of a form Amended return	mer public charity	D	1 Foreign organizations, che	ck here . ►
	Cha	با اما		Address change	Name change			2 Foreign organizations meet here and attach computation	
н		Se		nonexempt charitable		private foundation	E	If private foundation status	
ı	(fron		et value of all assets a II, column (c), line 16		counting method. XC	ash Accrual	F	under section 507(b)(1)(A) If the foundation is in a 60	-month termination
П	▶ \$	- T.A.			, column (d) must be or	cash basis)	Ĺ	under section 507(b)(1)(B)	, check here.
	art I	E cc sa	olumns (b), (c), a	total of amounts in and (d) may not neces nounts in column (a)	(a) Revenue and expenses per books	(b) Net investmer income	nt	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
		1 2	[7]	, etc, received (attach schedule)	694,043.				
		2		ndation is not required to attach Sch E					
		4	Interest on savings and ter Dividends and interest from	•	248.	24	18.	248.	,
			Gross rents Net rental income						× .
	R	_ `	or (loss). Net gain or (loss) from sal	le of assets not on line 10					
	Ë V		Gross sales price for assets on line 6a						* *
	Ė N	7 8	Capital gain net inco Net short-term capital	me (from Part IV, line 2).					,
	טַ	9	Income modifications	•	-		_		
<u>'</u>	Ł	10 a	Gross sales less returns and allowances						- 11 -
ZU.		ł	Less Cost of goods sold						* ,
હ			Gross profit or (loss) (atta						
3		11	Other income (attach		1 000				
904 -		12	Total. Add lines 1	EE STATEMENT 1 through 11	1,000. 695,291.	24	Ī R	248.	
~ —		13		cers, directors, trustees, etc	0.	2.		240.	
		14	Other employee sala	<u>-</u>					
<u>.</u>		15	Pension plans, empli Legal fees (attach so	· -					<u></u>
ر چ	A D		Accounting fees (atta		780.				780.
, y	M		Other prof fees (atta		700.	1	9	""	700.
O P	î	17	Interest.	655 65V 6		j	- 1 5	=	
E R	Ť	18	Taxes (attach schedule)(se		2.	ුග			2.
A T	Ä	19	Depreciation (attach schedule) and deplet			[2]	٦.,	1 2 0 3	
N	۱ V	20	Occupancy						
G	_	21	Travel, conferences,			н (\bigcirc	() = 10° f ;	
A N D	E	22 23	Printing and publicat Other expenses (atta				_		-
U	Ë			EE STATEMENT 4	56,348.				56,348.
	SE	24	Total operating and						
	\$	25	expenses. Add lines Contributions, gifts, grants	יונו מומגמ	57,130. 537,696.				57,130. 537,696.
		26	Total expenses and Add lines 24 and 25	disbursements.	594,826.		_	0	
_		27	Subtract line 26 from	line 12:	394,020.		0.	0.	594,826.
		a	Excess of revenue of and disbursements	ver expenses	100 465				ļ
		Ŀ		me (if negative, enter -0)	100,465.	24	l R	 	
				e (if negative, enter -0-)				248	

Dari		Balance Sheets	Attached schedules and amounts in the descrip column should be for end-of-year amounts only	ion	Beginning of year	Enc	d of year
ran		Dalance Sheets	(See instructions)		(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest	-bearing .				
	2	Savings and tempor	ary cash investments		168,213.	268,678	3. 268,678.
	3	Accounts receivable	-				
		Less allowance for	doubtful accounts ►				
	4	Pledges receivable					
		Less allowance for	doubtful accounts >				
	5	Grants receivable					
	6	Receivables due from offic disqualified persons (attac	cers, directors, trustees, and other ch schedule) (see instructions)				
_	7	Other notes and loans rec	eivable (attach sch)				
A		Less: allowance for	doubtful accounts >				
š	8	Inventories for sale	or use				
A S E T	9	Prepaid expenses a	nd deferred charges			· 	
Ś	10 a	Investments – U S obligations (attach s	and state government chedule)				
	b	Investments - corporate	stock (attach schedule)				
	C	Investments — corporate	bonds (attach schedule)				
	11	Investments - land, equipment basis	buildings, and				
		Less. accumulated deprec (attach schedule)	ciation •				
	12	Investments - mort	gage loans			-	
	13	Investments - other	r (attach schedule)				
	14	Land, buildings, and					
		Less: accumulated deprec (attach schedule)	eration •				
		Other assets (descri)			
	16	Total assets (to be a see the instructions.	completed by all filers — — — — — — — — — — — — — — — — — — —		168,213.	268,678	268,678.
L	17		nd accrued expenses				
ļ	18	Grants payable	·		<u> </u>		
A B	19	Deferred revenue				· · · · · · · · · · · · · · · · · · ·	
ŀ	20	Loans from officers, direc	ctors, trustees, & other disqualified persons		–		
<u>ī</u>	21	Mortgages and other note	s payable (attach schedule)				
i	22	Other liabilities (des	cribe •)			
E S	23	Total liabilities (add	I lines 17 through 22)		0.	,	5.
	23	Foundations that fo	llow SFAS 117, check here	>	0.		
NF	24	Unrestricted	24 through 26 and lines 30 and 31.				
EU	25	Temporarily restricte	ed		-		
D	l	Permanently restrict					\dashv
A B S A L T A		=	o not follow SFAS 117, check here	► X			7
ĔL	27		principal, or current funds				
SNC	28		, or land, bldg., and equipment fund	٠			_
OÉ	29	• •	ulated income, endowment, or other funds		168,213.	268,678	
RS	30		fund balances (see instructions)		168,213.	268,678	3.
	31	(see instructions)	net assets/fund balances		168,213.	268,678	3.
Par	E III T	<u> </u>	iges in Net Assets or Fund B	alanc			<u> </u>
1	Total	net assets or fund b	alances at beginning of year - Part	II, colu	umn (a), line 30 (must a		
_	end-	of-year figure reporte	d on prior year's return)				168,213.
2		r amount from Part I,			•	<u> </u>	2 100,465.
3		increases not included in li	ine z (itemize)				3
4		lines 1, 2, and 3	(stomize)			<u> </u>	268,678.
5		ases not included in line 2 in the part assets or fund b	alances at end of year (line 4 minus	line F	\ _ Part II column (h)		5 268.678
6_	rotal	HEL ASSELS OF TURIO D	aiances at enu oi year (line 4 minus	iiile o) - ran II, column (D),	iiile Su	268,678.

(a) List and describ	e the kind(s) of property sold (e.g., rese, or common stock, 200 shares MLC	eal estate, (b) How P - P	acquired urchase onation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a N/A				†	
b				<u> </u>	
c					
d				· · · · · · · · · · · · · · · · · · ·	
e				 	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain o (e) plus (f) r	r (loss) ninus (g)
a					
b					
С					
d					
е					
Complete only for assets show	wing gain in column (h) and owned by	the foundation on 12/31/69		(I) Gains (Co	l. (h)
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		gain minus col (k), nan -0-) or Losses (but not less
а					
b					
С					
d					
е					
2 Capital gain net income or (ne		enter in Part I, line 7 er -0- in Part I, line 7	2		
3 Net short-term capital gain or	(loss) as defined in sections 1222(5)	and (6).			
ın Part I, line 8	ne 8, column (c) (see instructions) If er Section 4940(e) for Reduced		3		
	ection 4942 tax on the distributable an alify under section 4940(e) Do not co	• • • • • • • • • • • • • • • • • • • •	rıod?	Yes	X No
	each column for each year; see the inst				-
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(col	(d) Distributio (b) divided by	
2014	720,175.	240,514			2.99431
2013	723,838.	401,959			1.80077
2012	217,528.	326, 491			0.66626
2011	192,833.	257,903			0.74769
2010	144,627.	114,996			1.25767
2 Total of line 1, column (d)			2		7.46671
	the 5-year base period — divide the to on has been in existence if less than !		3		1.49334
4 Enter the net value of noncha	aritable-use assets for 2015 from Part	X, line 5	4		269,257
5 Multiply line 4 by line 3			5		402,093
6 Enter 1% of net investment in	ncome (1% of Part I, line 27b)		6		2
7 Add lines 5 and 6			7	-	402,095
8 Enter qualifying distributions			8		594,826
If line 8 is equal to or greater th Part VI instructions	an line 7, check the box in Part VI, line	1b, and complete that part using a	1% tax	rate See the	

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Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4940(c)	48 – see	instructi	ons)		
1 a Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1.	٦				
Date of ruling or determination letter (attach copy of letter if necessary – see instrs)					
b Domestic foundations that meet the section 4940(e) requirements in Part V,	· · ·	1			2.
check here. ► X and enter 1% of Part I, line 27b					
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)	ل				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable					
foundations only Others enter -0-)		2			0.
3 Add lines 1 and 2		3			_2.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others ent	er -0-)	4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5			2.
6 Credits/Payments		1 1			
a 2015 estimated tax pmts and 2014 overpayment credited to 2015 . 6a]			
b Exempt foreign organizations — tax withheld at source 6b]]			
c Tax paid with application for extension of time to file (Form 8868)]			
d Backup withholding erroneously withheld . 6d		J			
7 Total credits and payments Add lines 6a through 6d		7			0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9			2.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	•	10			
11 Enter the amount of line 10 to be Credited to 2016 estimated tax	l►	11			
Part VII-A Statements Regarding Activities					
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation of	r did it			Yes	No
participate or intervene in any political campaign?			1 a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes					
(see Instructions for the definition)?	• •		1 b		X
If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials publi	ished				
or distributed by the foundation in connection with the activities					
c Did the foundation file Form 1120-POL for this year?		•	1 c		Х
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 ▶ \$		(
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?			2		Х
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, article	es				
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the change is a conformal copy of the change is a c	anges .		3		Х
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	-		4a		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?			4 b	N	/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		Х
If 'Yes,' attach the statement required by General Instruction T					
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				ļ
with the state law remain in the governing instrument?			. 6	X	<u></u>
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col (c), and Part XV		•	7	X	
8 a Enter the states to which the foundation reports or with which it is registered (see instructions)					
MN			- 1		
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 <i>General Instruction G² If 'No,' attach explanation</i>			. 8b	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 49 for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If 'Yes	42(j)(3) or	r 4942(j)(!	5)		
for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If 'Yes	' complet	e Part XI	V 9	ļ	X
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their	names				
and addresses BAA			10 Form 99	DE /	X
			ו של ביוווטיו	J-FF (2	.UID)

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Par	rt 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 TEAM-FOUNDATION.ORG	13	Х	
14	The books are in care of ► TEAM INDUSTRIES, INC. Telephone no ► 2	18-694-	3550	
	Located at 105 PARK AVE NW BAGLEY MN ZIP + 4 56621	<u>N</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			N/A
16	At any time during calendar year 2015, 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 X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country			
Pai	rt 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	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? Yes	No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	⊣ ।		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	_		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	No	1	
	(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)? Yes	No		
		No		
l	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)?	1	b N	/A
	Organizations relying on a current notice regarding disaster assistance check here	}		
•	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 2015?	10	<u></u>	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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015?	No		
	If 'Yes,' list the years ▶ 20 , 20 , 20 , 20			
1	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) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	21	b N	/A
	► 20 , 20 , 20 , 20			
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes	No		
I	b If 'Yes,' did it have excess business holdings in 2015 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 2015)	. 31	b N	A
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4:		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 2015?	4	b	Х
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Part VII-B Statements Regarding Activiti		1 4/20 May Be Req	uired (co	ontinued)	. ,			
5a During the year did the foundation pay or incu (1) Carry on propaganda, or otherwise attempt		n (section 4945(e))?		☐ Yes [X	No			
(2) Influence the outcome of any specific publi	lic election (see section	4955), or to carry			,			
on, directly or indirectly, any voter registra (3) Provide a grant to an individual for travel,		purposes? .		Yes X	No No			'
(4) Provide a grant to an organization other th	nan a charitable, etc. or				- -			-
in section 4945(d)(4)(A)? (see instructions (5) Provide for any purpose other than religion		literary or		Yes X	No			
educational purposes, or for the prevention	n of cruelty to children	or animals?		Yes [X	No			
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regard	qualify under the excep ding disaster assistance	tions :			5 b	- N	/A
Organizations relying on a current notice regar	rding disaster assistand	ce check here .		. • [71
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure respons	sibility for the grant?		N/A	Yes	No	.		
If 'Yes,' attach the statement required by Regu		• •				- 1		
6a Did the foundation, during the year, receive ar on a personal benefit contract?					No			
b Did the foundation, during the year, pay premi If 'Yes' to 6b, file Form 8870.	lums, airectly or indirec	tiy, on a personal bene	iit contrac	t?		6Ь		Х
7a At any time during the tax year, was the found					No			
b If 'Yes,' did the foundation receive any procee					N/A	7 b		
Part VIII Information About Officers, Diameter and Contractors	irectors, Trustees,	Foundation Manag	gers, Hig	jhly Paid	Emplo	yees	÷,	
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 (lf not paid, enter -0-)	(d) Contr emplo plans a	ributions to yee benefit and deferred bensation	0	xpenso ther al		
SEE STATEMENT 5			55.11,	70110011011	1			
1000000		0.		0				0.
2 Compensation of five highest-paid employees (of	ther than those included	on line 1 – see instructio	ns). If none	, enter 'NON	E.'			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	emplo plans a	ibutions to yee benefit ind deferred ensation	0	xpense ther al	e acco llowar	ount, ices
NONE			COTTLE	crisation	-			
			!					
								-
		!			+			
				<u>.</u>				
		<u></u>	<u></u>					
Total number of other employees paid over \$50,000) .				>			0

Total. Add lines 1 through 3

BAA

Pai	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	imployees,
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'	
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NOI	IE	
	· · · · · · · · · · · · · · · · · · ·	
Tota	I number of others receiving over \$50,000 for professional services	0
Pa	Summary of Direct Charitable Activities	
List t	ne foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of zations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	<u>N/A</u>	
2		
3		
4		
	*	
Rai	Summary of Program-Related Investments (see instructions)	
Des	cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1		,
	N/A	
		·
2		
	sther program related investments. See instructions	
AII -	other program-related investments. See instructions	
3		

Form **990-PF** (2015)

see instructions.)	reign	foundations,
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	273,357.
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	273,357.
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	273,357.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	4,100.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	269,257.
6 Minimum investment return. Enter 5% of line 5	6	13,463.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera and certain foreign organizations check here ► and do not complete this part.)	ting fo	oundations
1 Minimum investment return from Part X, line 6.	1	13,463.
2a Tax on investment income for 2015 from Part VI, line 5	γ.	
b Income tax for 2015. (This does not include the tax from Part VI).		
c Add lines 2a and 2b	2 c	2.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	13,461.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	13,461.
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	13,461.
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	594,826.
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	594,826.
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	594,824.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four qualifies for the section 4940(e) reduction of tax in those years	ndation	
BAA		Form 990-PF (2015)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
Distributable amount for 2015 from Part XI, line 7				13,461.
2 Undistributed income, if any, as of the end of 2015:				15,401.
a Enter amount for 2014 only			0.	
b Total for prior years. 20 , 20 , 20		0.		
3 Excess distributions carryover, if any, to 2015:				,
a From 2010 138, 882.				
b From 2011 179, 947.				
c From 2012 . 201,213.				
d From 2013 703,746.				
e From 2014 708, 153.				
f Total of lines 3a through e	1,931,941.			
4 Qualifying distributions for 2015 from Part				ı
XII, line 4 [.] ▶ \$ 594,826.				•
a Applied to 2014, 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 2015 distributable amount	υ.			12 461
e Remaining amount distributed out of corpus	581,365.			13,461.
5 Excess distributions carryover applied to 2015	0.	·		0.
(If an amount appears in column (d), the same amount must be shown in column (a))	<u> </u>			<u> </u>
Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	2,513,306.			
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 2014 Subtract line 4a from				
line 2a Taxable amount — see instructions.			0.	
f Undistributed income for 2015 Subtract lines				
4d and 5 from line 1. This amount must be				•
distributed in 2016 7 Amounts treated as distributions out of				0.
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election may be required – see instructions)	0.			
	<u> </u>			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)	138,882.			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	2,374,424.			
10 Analysis of line 9				·
a Excess from 2011 179, 947.			1	
b Excess from 2012 201, 213.				
c Excess from 2013 703, 746.				
d Excess from 2014 708, 153.				
e Excess from 2015 581, 365.				
BAA				Form 990-PF (2015)

BAA

SEE STATEMENT FOR LINE 2A

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3 Grants and Contributions Paid During the	Year or Approved for Fut	ure Paymen	t	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	substantial contributor	recipient		
Name and address (home or business) a Paid during the year SEE STATEMENT 7	substantial contributor	recipient	CONTINUENCY	
Total			► 3a	537,696.
b Approved for future payment				
Total			► 3b	

	_			
Part XVI-A	Analysis	of Income	-Producing	Activities

	amounts unless otherwise indicated	Unrelated	business income	Excluded b	by section 512, 513, or 514	(e)
1 D		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income (See instructions)
-	am service revenue			code		1 000
	ASHED DONATION	 				1,000
b		 	 	+ +		_
<u> </u>		 		 		
d		 	 	+		
e				+ +		
e Foos	and contracts from government agencies	 		+ +		
-	pership dues and assessments			+ +		
	t on savings and temporary cash investments	 		14	248.	
	ends and interest from securities	-		14		
	ental income or (loss) from real estate:			+ +		······································
	financed property	 		+		
	ebt-financed property			- -		
	ital income or (loss) from personal property			+		
	investment income	 				
	(loss) from sales of assets other than inventory	 	· · · · · · · · · · · · · · · · · · ·	-		
	ncome or (loss) from special events					
	s profit or (loss) from sales of inventory	-		+		
	revenue:			 .		
a		 		 		
· · · · · · · · · · · · · · · · · · ·		 		+		
Ğ——		 			· -	
d		 		++		
e		 		+ +		
· ·	otal. Add columns (b), (d), and (e)	 		 	248.	1,000
	(a), (a), and (b)	1				
13 Total	Add line 12, columns (b), (d), and (e)				13	1.248
	. Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations	ons)			13	1,248
See works	heet in line 13 instructions to verify calculation	·· · · · · · · · · · · · · · · · · ·			-	1,248
See works		·· · · · · · · · · · · · · · · · · ·	hment of Exem	pt Purpo	-	1,248
See works	heet in line 13 instructions to verify calculation	Accomplis		· · ·	ses	
See works Part XVI Line No.	heet in line 13 instructions to verify calculation. -B Relationship of Activities to the	Accomplis		· · ·	ses	
See works Part XVI	heet in line 13 instructions to verify calculation. -B Relationship of Activities to the	Accomplis		· · ·	ses	
See works Part XVI	heet in line 13 instructions to verify calculation. -B Relationship of Activities to the	Accomplis		· · ·	ses	
See works Part XVI	heet in line 13 instructions to verify calculation. -B Relationship of Activities to the	Accomplis		· · ·	ses	
See works Part XVI	heet in line 13 instructions to verify calculation. -B Relationship of Activities to the	Accomplis		· · ·	ses	
See works Part XVI	heet in line 13 instructions to verify calculation. -B Relationship of Activities to the	Accomplis		· · ·	ses	
See works Part XVI	heet in line 13 instructions to verify calculation. -B Relationship of Activities to the	Accomplis		· · ·	ses	
See works Part XVI	heet in line 13 instructions to verify calculation. -B Relationship of Activities to the	Accomplis		· · ·	ses	
See works Part XVI	heet in line 13 instructions to verify calculation. -B Relationship of Activities to the	Accomplis		· · ·	ses	
See works Part XVI	heet in line 13 instructions to verify calculation. -B Relationship of Activities to the	Accomplis		· · ·	ses	
See works Part XVI	heet in line 13 instructions to verify calculation. -B Relationship of Activities to the	Accomplis		· · ·	ses	
See works Part XVI	heet in line 13 instructions to verify calculation. -B Relationship of Activities to the	Accomplis		· · ·	ses	
See works Part XVI	heet in line 13 instructions to verify calculation. -B Relationship of Activities to the	Accomplis		· · ·	ses	
See works Part XVI	heet in line 13 instructions to verify calculation. -B Relationship of Activities to the	Accomplis		· · · ·	ses	
See works Part XVI	heet in line 13 instructions to verify calculation. -B Relationship of Activities to the	Accomplis		· · · ·	ses	
See works Part XVI	heet in line 13 instructions to verify calculation. -B Relationship of Activities to the	Accomplis		· · · ·	ses	
See works Part XVI	heet in line 13 instructions to verify calculation. -B Relationship of Activities to the	Accomplis		· · · ·	ses	
Part XVI	heet in line 13 instructions to verify calculation. -B Relationship of Activities to the	Accomplis		· · · ·	ses	
Part XVI	heet in line 13 instructions to verify calculation. -B Relationship of Activities to the	Accomplis		· · · ·	ses	
Part XVI	heet in line 13 instructions to verify calculation. -B Relationship of Activities to the	Accomplis		· · · ·	ses	
See works Part XVI	heet in line 13 instructions to verify calculation. -B Relationship of Activities to the	Accomplis		· · · ·	ses	y to the instructions.)

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

				.,				Yes	No
descr	ne organization direct libed in section 501(c ng to political organiz	:) of the Code (o	engage in any of the follo ther than section 501(c)	owing with any (3) organizatio	other organizations) or in section !	n 527,			
	5 ,		a noncharitable exempt	organization (of				
(1) C	·		,	3			1 a (1)		X
	ther assets						1 a (2)		$\frac{x}{x}$
	transactions.		·			·	1 (2)		
	ales of assets to a n	oncharitable eve	emnt organization				1 b (1)		
• •			able exempt organization	,			1 b (2)		X
(-)			, ,	1 ,	•				
	ental of facilities, equ		assets				1 b (3)		<u>X</u>
` '	eimbursement arrang				•		1 b (4)		X
\- /	oans or loan guarant					•	1 b (5)	——	X
			ip or fundraising solicita				1 b (6)		X
c Sharii	ng of facilities, equip	ment, mailing lis	sts, other assets, or paid	l employees			1 c		X
مطاط الم	anguar to any of the	s above is !Ves!	complete the following	sahadula Calu	mn (h) abauld alu	ious shoul the foir m	narkat val	uo of	
the go	oods, other assets, or stansaction or sharing	services given by arrangement, s	complete the following sthe reporting foundation. I how in column (d) the value of	f the foundation alue of the goo	n received less than ods, other assets,	rays snow the fair in fair market value in or services receive	narket van d	ue oi	
(a) Line no	(b) Amount involved		of noncharitable exempt organia			sfers, transactions, and		naement	·s
N/A	S /	\-\(\frac{\cdot\}{\cdot\}\)			,				
-11/ 11				-					
				· · · · · · · · · · · · · · · · · · ·			•		
		·-							
			"=						—
			 						—
		-							
									
									
			· · · · · · · · · · · · · · · · · · ·						
									
					······································				
descr	ibed in section 501(c) of the Code (o	d with, or related to, one o ther than section 501(c)	or more tax-exer (3)) or in secti	mpt organizations on 527?		Yes	X	No
	s,' complete the follo								
	(a) Name of organize	ation	(b) Type of orga	anization	(c) Description of rela	ationship		
N/A	- "-								
			<u> </u>						
Und	er penalties of perjury, I dec	clare that I have exam	nned this return, including accome than taxpayer) is based on all in	npanying schedules	and statements, and to	the best of my knowledge	and belief, i	t is true,	
Sign C	ect, and complete peciarati	ion of preparer (other	tilali taxpayer) is based on all il	normation of which	preparer rias any know	euge	May the I	DS disci	uce
Here	一大人	11/21	17/	≤ 110			May the I this return preparer	n with th	ie
1 _		400		<u> </u>	PRESIDENT	·	(see instr	ructions)	2
Sı	ignature of officer or trustee		Date /	N. 612	Title	1 11		Yes	No
	Print/Type preparer's			אל)אנצי	5/18/16	Check If	PTIN		
Paid	SCOTT WALL	ACE	SCOTT WALL	ACE V	-110/16	self-employed	P00368	<u> 955</u>	
Preparer	Firm's name	PEFFER & V	WALLACE LTD.			Firm's EIN • 41-1	628544		
Use Only		119 ADAMS	ST S						
	<u> </u>	CAMBRIDGE,	MN 55008-1620			Phone no (763	689-	9674	
BAA							Form 99		

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

Department of the Treasury Internal Revenue Service Name of the organization

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

2015

Employer identification number

TEAM FOUNDATION		06-1696861
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a	orivate foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a priva	ite 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) orga	nization can check boxes for both the General Rule and a S	pecial Rule. See instructions
General Rule		
X For an organization filing Form 990, 990-EZ property) from any one contributor. Comple	, or 990-PF that received, during the year, contributions total te Parts I and II. See instructions for determining a contribut	ling \$5,000 or more (in money or or's total contributions.
Special Rules		
For an organization described in section 50 under sections 509(a)(1) and 170(b)(1)(A)(vi), received from any one contributor, during the Form 990, Part VIII, line 1h, or (ii) Form 990	1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supported that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 1 be year, total contributions of the greater of (1) \$5,000 or (2) 0-EZ, line 1. Complete Parts I and II.	ort test of the regulations 6a, or 16b, and that 2% of the amount on (i)
For an organization described in section 50 during the year, total contributions of more purposes, or for the prevention of cruelty to	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fithan \$1,000 <i>exclusively</i> for religious, charitable, scientific, lit children or animals. Complete Parts I, II, and III	om any one contributor, erary, or educational
during the year, contributions exclusively fo \$1,000 If this box is checked, enter here the charitable, etc., purpose. Do not complete a	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fir religious, charitable, etc., purposes, but no such contribution e total contributions that were received during the year for any of the parts unless the General Rule applies to this organishe, etc., contributions totaling \$5,000 or more during the year	ons totaled more than n <i>exclusively</i> religious, nization because

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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)

	B (Form 990, 990-EZ, or 990-PF) (2015)	Page	1 of 1 of Part
Name of org	FOUNDATION	' '	r identification number 696861
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	\$30,000.	Person X Payroll Noncash
(a) Number	BAGLEY, MN 56621 (b)	(c) Total	(Complete Part II for noncash contributions.)
Number	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	POLARIS INDUSTRIES 2170 HIGHWAY 55 MEDINA, MN 55340	\$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
3	OKUMA AMERICA CORPORATION 11900 WESTHALL DRIVE CHARLOTTE, NC 28278	\$5 <u>,700</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	\$5,600.	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>5,350.</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
6	WELLS FARGO 90 SOUTH 7TH STREET MINNEAPOLIS, MN 55479	\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions)

Page

1 to

1 of Part II

Name of organization

TEAM FOUNDATION

Employer identification number

06-1696861

raitii	Indificasif Property (see instructions) Ose duplicate copies of Part II if additional sp	oace 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
		\$	
4 > 4 1			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<u></u>	>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<u> </u>	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u> </u>			
		\$ -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<u></u>	\$ 	
BAA	Sche	edule B (Form 990, 990-E	Z, or 990-PF) (2015)

Page

L to

of Part III

Name of organization
TEAM FOUNDATION

Employer identification number

06-1696861 Partille 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 (d) Description of how gift is held (c) Use of gift N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (b) Purpose of gift (d) Description of how gift is held (a) No. from (c) Use of gift Part I (e) Transfer of gift

BAA

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

2015	FEDERAL STATEMENTS	PAGE 1		
CLIENT 865	TEAM FOUNDATION	06-1696861		
5/18/16		12.45PM		
STATEMENT 1 FORM 990-PF, PART I, LINE 11 OTHER INCOME				
	(A) (B) NET REVENUE INVESTMENT PER BOOKS INCOME	(C) ADJUSTED NET INCOME		
UNCASHED DONATION	TOTAL $\frac{\$}{\$}$ $\frac{1,000}{1,000}$ $\frac{\$}{\$}$ $\frac{0}{\$}$	\$ 0.		
STATEMENT 2 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES				
	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME			
	TOTAL $\frac{\$}{\$}$ 780. $\frac{\$}{5}$ 0. $\frac{\$}{5}$ 0.	\$ 780. \$ 780.		
STATEMENT 3 FORM 990-PF, PART I, LINE 18 TAXES				
2014 990 TAX	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME TOTAL \$ 2. \$ 2. \$ \$ 0.	(D) CHARITABLE PURPOSES \$ 2. \$ 2.		
STATEMENT 4 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 \$ 3,951. 52,372. 25. TOTAL \$ 56,348. \$ 0. \$ 0.	(D) CHARITABLE PURPOSES \$ 3,951. 52,372. 25. \$ 56,348.		

2015

FEDERAL STATEMENTS

PAGE 2

CLIENT 865

TEAM FOUNDATION

06-1696861

5/18/16

12·45PM

STATEMENT 5	
FORM 990-PF, PART VIII, LINE 1	
LIST OF OFFICERS, DIRECTORS, TF	RUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION		CONTRI- BUTION TO EBP & DC	
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.
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 6 FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

NAME:

CARE OF:

CITY, STATE, ZIP CODE:

TELEPHONE:

E-MAIL ADDRESS: FORM AND CONTENT:

STREET ADDRESS:

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 2015

FEDERAL STATEMENTS

PAGE 3

CLIENT 865

TEAM FOUNDATION

06-1696861

5/18/16

12:45PM

STATEMENT 6 (CONTINUED) FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

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

TAX-EXEMPT 501(C)(3) STATUS

SUBMISSION DEADLINES:

NONE

RESTRICTIONS ON AWARDS: ORGANIZATIONS RECEIVING GRANTS MUST BE 501(C)(3)

NON-PROFIT

STATEMENT 7 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	LEGO ROBOTIC KITS, EARLY CHILDHOOD PROGRAM	\$ 11,475.
BAGLEY ELEMENTARY STU. ACT. AC 202 BAGLEY AVE. NW BAGLEY MN 56621	NONE	EDUCATION	EARLY CHILDHOOD PROGRAM	3,950.
BAGLEY HIGH SCHOOL 1130 MAIN AVE. NO. BAGLEY MN 56621	NONE	EDUCATION	FIRST/VEX ROBOTICS, CONSORTIUM	59,000.
LSS SENIOR NUTRITION PROGRAM 2485 COMO AVE ST PAUL MN 55108	NONE	PUBLIC	CLEARWATER/ HUBBARD/ MAHNOMEN, EAST GRAND FORKS DISHWASHER	40,000.
NORTHWEST MN FOUNDATION 4225 TECHNOLOGY DRIVE BEMIDJI MN 56601	NONE	PUBLIC	CLEARWATER COUNTY HOSPICE SUPPORT	5,567.
LAKE PARK - AUDUBON SCHOOL 429 LAKE STREET PO BOX 479 LAKE PARK MN 56554	NONE	EDUCATION	CONSORTIUM, EARLY CHILDHOOD PROGRAM, PLAYGROUND FUND, ROBOTICS	61,029.

2015	FEDERAL STATEMENTS				
CLIENT 865	TEAM FOUND	ATION		06-1696861	
5/18/16 STATEMENT 7 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEA	ıR			12:45PN	
NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT	
PARK RAPIDS SCHOOL 301 HUNTSINGER AVE PARK RAPIDS MN 56470	NONE	EDUCATION	CONSORTIUM, DIVING BOARDS, PARTNER FOR PIANOS	\$ 55,500.	
FOSSTON SCHOOL 301 1ST STREET E FOSSTON MN 56542	NONE	EDUCATION	ROBOTICS PROGRAM	4,000.	
I CARE MINISTRIES 23 MAIN AVE NORTH, PO BOX 667 BAGLEY MN 56621	NONE	PC	OPERATING EXPENSES	100,000.	
GRYGLA PUBLIC SCHOOL P.O. BOX 18 GRYGLA MN 56727	NONE	EDUCATION	ROBOTICS PROGRAM	4,000.	
HEARTLAND CHRISTIAN ACADEMY SCHOOL 9914 HEARTLAND CIRCLE NW BEMIDJI MN 56601	NONE	EDUCATION	TECHNOLOGY SUPPORT	15,000.	
HOSPICE OF RED RIVER VALLEY 1701 38TH ST S #101 FARGO ND 58103	NONE	PUBLIC	BEREAVEMENT PROGRAM SUPPORT	50,000	
MINNESOTA MILITARY FAMILY FOUNDATION 620 MENDELSSOHN AVE NORTH GOLDEN VALLEY MN 55427	NONE	PUBLIC	PROGRAM SUPPORT	2,500.	
ISANTI COUNTY BEYOND THE YELLOW RIBBON 555 18TH AVE SOUTHWEST SUITE 2118 CAMBRIDGE MN 55008	NONE	PUBLIC	PROGRAM SUPPORT	1,500.	
WIN-E-MAC SCHOOL 23130 345 TH ST SE ERSKINE MN 56535		EDUCATION	ROBOTICS PROGRAM, CONSORTIUM	9,000	
THE ALS ASSOCIATION 333 NORTH WASHINGTON AVE SUITE 105 MINNEAPOLIS MN 55401	NONE	PC	PROGRAM SUPPORT	10,000	
DETROIT LAKES HIGH SCHOOL 1301 ROOSEVELT DETROIT LAKES MN 56501	NONE	EDUCATION	CONSORTIUM	43,000	

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5/18/16

FEDERAL STATEMENTS

PAGE 5

CLIENT 865

TEAM FOUNDATION

06-1696861 12:45PM

STATEMENT 7 (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
KELLIHER HIGH SCHOOL 345 4TH STREET NW BOX 259 KELLIHER MN 56650	NONE	EDUCATION	CONSORTIUM	\$ 5,000.
CASS LAKE HIGH SCHOOL 15315 STATE HIGHWAY 371 NW CASS LAKE MN 56633	NONE	EDUCATION	CONSORTIUM	5,000.
TREKNORTH SCHOOL 2400 PINE RIDGE AVE NW BEMIDJI MN 56601	NONE	EDUCATION	ROBOTICS PROGRAM	1,000.
ST MICHAELS SCHOOL 501 S MAIN ST MOHNOMEN MN 56557	NONE	EDUCATION	READING CURRICULUM, STEM PROGRAM	10,000.
CAMBRIDGE-ISANTI SCHOOL 430 8TH AVE NW CAMBRIDGE MN 55008	NONE	EDUCATION	ROBOTICS PROGRAM	1,000.
BEMIDJI MIDDLE SCHOOL 1910 MIDDLE SCHOOL AVE NW BEMIDJI MN 56601	NONE	EDUCATION	STEM PROGRAM	5,000.
FOSSTON FIRE AND RESCUE 302 JOHNSON AVE N FOSSTON MN 56542	NONE	PUBLIC	RESCUE TRUCK FUNDING	20,000.
FAMILY PATHWAYS 6413 OAK STREET NORTH BRANCH MN 55056	NONE	PUBLIC	OPERATING EXPENSES	1,500.
CAMBRIDGE FIRE DEPARTMENT 300 3RD AVE NE CAMBRIDGE MN 55008	NONE	PUBLIC	TANKER FUNDRAISER	5,000.
BOLDER OPTIONS 2100 STEVENES AVE MINNEAPOLIS MN 55404	NONE	PUBLIC	PROGRAM SUPPORT	1,000.
GRACE COMMUNITY CHURCH 18633 350TH ST BAGLEY MN 56621	NONE	PUBLIC	COMMUNITY HALLOWEEN PARTY FUNDING, BUS REPAIRS	1,250.
ISANTI COUNTY COMMISSION ON AG 140 N BACHANAN STREET SUITE 164 CAMBRIDGE MN 55008	NONE	PUBLIC	PROGRAM SUPPORT	2,500.

2015	FEDERAL STA	ATEMENTS	3	PAGE 6
CLIENT 865	TEAM FOUN	DATION		06-1696861
5/18/16				12:45PM
STATEMENT 7 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YI	EAR			
NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	 AMOUNT
LAKES AREA HABITAT FOR HUMANITY PO BOX 234 110 WRIGHT STREET BRAINERD MN 56401	NONE	PUBLIC	PARK RAPIDS CONSTRUCTION SUPPORT	\$ 2,500.
UNIVERSITY OF MINNESOTA FOUNDATION 200 SE OAK STREET #300 MINNEAPOLIS MN 55455	NONE	PUBLIC	BAGLEY COOKING MATTERS SUPPORT	425.
ST MARY'S ACADEMY AND COLLEGE 200 EAST MISSION SAINT MARY'S KS 66536		EDUCATION	BOYS CAMP SUPPORT	1,000.

TOTAL \$ 537,696.

05/13/2016	2015 e-file Activity Report	Page 1
11:34 AM	PEFFER & WALLACE LTD.	

EIN: 06-1696861

Client 865 - TEAM FOUNDATION
US (Ext.): Balance Due.....\$2

Activity

Extension

US - ACCEPTED 05/13 (Current Status) Submission ID: 41431420161344748225

Previous Activity

- 05/13 Sent to the IRS

- 05/13 Received at Lacerte

- 05/13 Sent to Lacerte

- 05/13 Ready To Send - 05/13 Passed Validation