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

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 instructions is at <u>www.irs.gov/form990pf</u>.

OMB No 1545-0052

Open to Public Inspection

		ndar year 2015, or tax year beginning 10-0	01-2015	, and ending 0		
ΜI		A TIMBERWOLVES FASTBREAK			entification numbe	:r
FO	UNDATIO	ON		41-1644554		,
		street (or P O box number if mail is not delivered to street address) PIN AVENUE SUITE 300) Room/suite		nber (see instruction:	5)
				(507) 625-2828		
		state or province, country, and ZIP or foreign postal code 5, MN 554031416		C If exemption	application is pendin	g, check here
G C l	neck all	that apply Initial return Initial return of a	former public charity	D 1. Foreign or	ganizations, check he	ere •
		Final return A mended return				
		Address change Name change			ganizations meeting k here and attach co	
H Ch	eck ty	pe of organization	te foundation		ındatıon status was t n 507(b)(1)(A), chec	
		4947(a)(1) nonexempt charitable trust Other taxal		<u>1</u>		- 1
		et value of all assets at end rom Part II, col (c), Strong Part II, col (c), Other (specify)	▼ Cash		ition is in a 60-month n 507(b)(1)(B), chec	
line	2 16) ▶	\$ 1,336,570 (Part I, column (d) must	be on cash basıs)			·
Pa	rt 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))	Revenue and expenses per (a) books	Net investment (b) income	Adjusted net (c) Income	Disbursements for chantable purposes (d) (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach				
		schedule)	751,270			
	2	Check ► ☐ If the foundation is not required to attach				
	3	Sch B Interest on savings and temporary cash investments	941	941	941	
	4	Dividends and interest from securities	750	750	750	
	5a	Gross rents				
	b	Net rental income or (loss)				
Kle	6a	Net gain or (loss) from sale of assets not on line 10				
Reverue	b	Gross sales price for all assets on line 6a				
	7	Capital gain net income (from Part IV, line 2)		0		
	8	Net short-term capital gain			0	
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	ь	Less Cost of goods sold				
	С	Gross profit or (loss) (attach schedule)				
	11	Other Income (attach schedule)				
	12	Total.Add lines 1 through 11	752,961	1,691	1,691	
	13	Compensation of officers, directors, trustees, etc	0	0	0	0
	14	Other employee salaries and wages				
6S	15	Pension plans, employee benefits				
ens	16a	Legal fees (attach schedule)	5,691	0	0	,
×	b	Accounting fees (attach schedule)	1,048	0	0	1,048
/e E	С	Other professional fees (attach schedule)				
ati	17	Interest				
15	18	Taxes (attach schedule) (see instructions)				
Ē	19	Depreciation (attach schedule) and depletion				
Ad	20	Occupancy				
and Administrative Expenses	21 22	Travel, conferences, and meetings				
g 9	23	Other expenses (attach schedule)	388,623	0	0	388,623
Operating	24	Total operating and administrative expenses.	<u> </u>			
Ser.		Add lines 13 through 23	395,362	0	0	395,362
ŏ	25	Contributions, gifts, grants paid	153,000			153,000
	26	Total expenses and disbursements. Add lines 24 and				
		25	548,362	0	0	548,362
	27	Subtract line 26 from line 12	204,599			
	a b	Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	204,399	1,691		
	c	Adjusted net income(if negative, enter -0-)			1,691	
		-	i .		i	I

Part :	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year			f year
		(a) Book Value	(b) Boo	ok Value	(c) Fair Market Value
1	Cash—non-interest-bearing	858,655		1,091,200	
2	Savings and temporary cash investments	18,083		135,452	135,452
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 schedule)				
	Less allowance for doubtful accounts ▶				
<u>ي</u> 8	Inventories for sale or use				
Assets	Prepaid expenses and deferred charges				
¥ 10	schedule)				
'	nvestments—corporate stock (attach schedule)	45,950	* 3	22,076	18,246
'	·				
11	Investments—land, buildings, and equipment basis ▶				
	Less accumulated depreciation (attach schedule) ▶				
12	Investments—mortgage loans				
13	·				
14					
	Less accumulated depreciation (attach schedule) ▶				
15	Other assets (describe 🕨)	213,113	•	91,672	91,672
16	Total assets(to be completed by all filers—see the				
	ınstructions Also, see page 1, item I)	1,135,801		1,340,400	1,336,570
17	Accounts payable and accrued expenses				
رم 18	Grants payable				
Liabilities 20					
들 20	Loans from officers, directors, trustees, and other disqualified persons				
을 21					
_ 22	,				
23	Total liabilities(add lines 17 through 22)	0		0	
<u>ν</u>	Foundations that follow SFAS 117, check here 🕨 🦵				
çe	and complete lines 24 through 26 and lines 30 and 31.				
Balance 25	Unrestricted				
සි 25	Temporarily restricted				
물 26	Permanently restricted				
Fund 26	Foundations that do not follow SFAS 117, check here 🕨 🔽				
٥	and complete lines 27 through 31.				
	Capital stock, trust principal, or current funds	0		0	
Assets 58 58 59	Paid-in or capital surplus, or land, bldg , and equipment fund	0		0	
<u>ح</u> 29	Retained earnings, accumulated income, endowment, or other funds	1,135,801		1,340,400	
30 Jet	Total net assets or fund balances (see instructions)	1,135,801		1,340,400	
31	Total liabilities and net assets/fund balances (see instructions)	1,135,801		1,340,400	
Part :	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 a	gree		
	with end-of-year figure reported on prior year's return)			1	1,135,801
2	Enter amount from Part I, line 27a			2	204,599
3	Other increases not included in line 2 (itemize) ▶			3	0
4	Add lines 1, 2, and 3			4	1,340,400
5	Decreases not included in line 2 (itemize) ▶			5	0
6	Total net assets or fund halances at end of year (line 4 minus line 5)—I	Part II column (b) I	ne 30	6	1.340.400

	e the kınd(s) of property sold (e g , re rehouse, or common stock, 200 shs		How acquired P—Purchase (b) D—Donation	Date acquired	Date sold (d) (mo , day, yr)
1a					
b					
С					
d					
<u>е</u>					
(e) Gross sales price	Depreciation allowed (f) (or allowable)		or other basis xpense of sale		n or (loss) (f) minus (g)
a			•		
b					
С					
d					
e					
	showing gain in column (h) and owne	d by the foundation	on 12/31/69	Gains (Co	(h) gain minus
(i) F M V as of 12/31/69	ess of col (I) col (J), If any	col (k), but n	ot less than -0-) or (from col (h))		
a	(j) as of 12/31/69	, ,			
b					
С					
d					
e					
-	1	If gain, also enter i	n Part I line 7 I		
3 Net short-term capi	tal gain or (loss) as defined in section Part I, line 8, column (c) (see instru		'	3	
Part V Qualification	Under Section 4940(e) for R	educed Tax on	Net Investme	nt Income	
f section 4940(d)(2) applies, Nas the foundation liable for tl	ne section 4942 tax on the distributa	able amount of any y	ear in the base pe	·	┌ Yes 🗸 No
	not qualify under section 4940(e) Do ount in each column for each year, se	· · · · · · · · · · · · · · · · · · ·		ries	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchant	able-use assets	(d) Distribution (col (b) divide	n ratio
2014	541,700		1,183,141	(cor (b) divide	0 457849
2013	449,396		1,091,881		0 411580
2012	409,291		860,467		0 475661
2011	317,878		559,143		0 568509
2010	342,664		502,614		0 681764
2 Totalof line 1, colum	n (d)			2	2 595363
	ratio for the 5-year base period—div		' ' '	3	0 519073
4 Enter the net value of	of noncharitable-use assets for 2015	from Part X, line 5	🗀	4	1,214,701
5 Multiply line 4 by lin	e 3		🖯	5	630,518
	estment income (1% of Part I, line 27			6	17
		•	<u> </u>	7	630,535
8 Enter qualifying dist	<u> </u>	8	548,362		
	r greater than line 7, check the box i		_	_	·

Pai	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 49	940(e), d	or 4948 —se	e pag	e 18 of	the inst	ructio	ns)	
1a	Exempt operating foundations described in section 4940(d)(2), check here \blacktriangleright and enter "N/A" on line 1	<u> </u>		1					
	Date of ruling or determination letter			}					
_	(attach copy of letter if necessary–see instructions)								
b	Domestic foundations that meet the section 4940(e) requirements in Part V, here ▶ ☐ and enter 1% of Part I, line 27b · · · · · · · · · · · · · · · · · · ·			٠,	1				34
С	1		stor 40/ of						
	All other domestic foundations enter 2% of line 27b Exempt foreign organiza Part I, line 12, col (b)	ations er	iter 4% or						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foun enter -0-)	ndations	only Other	'S	2				0
3	Add lines 1 and 2				3				34
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable four	ndations	only Othe	rs	4				0
5	enter -0-) Tax based on investment income. Subtract line 4 from line 3 If zero or less, el	nter -0-			5				34
6	Credits/Payments								
а	2015 estimated tax payments and 2014 overpayment credited to 2015	6a							
Ь	Exempt foreign organizations—tax withheld at source	6b							
С	Tax paid with application for extension of time to file (Form 8868)	6 c							
d	Backup withholding erroneously withheld	6d							
7	Total credits and payments Add lines 6a through 6d				ֹי ד וֹ				0
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2	2220 is	attached		8				
9	$\textbf{Tax}\ \textbf{due.} If the total of lines 5 and 8 is more than line 7, enter \textbf{amount}\ \textbf{owed}\ .$			•	9				34
10	Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amount	t overpa	aid	•	10				
11	Enter the amount of line 10 to be Credited to 2015 estimated tax	ı	Refunded	•	11				
Par	t VII-A Statements Regarding Activities								
1 a	During the tax year, did the foundation attempt to influence any national, state	e, or loca	il legislatior	or d	ıd			Yes	No
	it participate or intervene in any political campaign?						1a		No
b				ee Ir	structi	ons			
	for definition)?						1b		No
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities	and cop	ies of any m	ateria	ls				
_	published or distributed by the foundation in connection with the activities								N.
	Did the foundation file Form 1120-POL for this year?				• •	•	1c		No
u	(1) On the foundation \blacktriangleright \$0 (2) On foundation managers			0					
e	Enter the reimbursement (if any) paid by the foundation during the year for political terms of the second s				osed				
_	on foundation managers \blacktriangleright \$, , , , , , , , , , , , , , , , , , , ,						
2	Has the foundation engaged in any activities that have not previously been rep	ported to	the IRS?				2		No
	If "Yes," attach a detailed description of the activities								
3	Has the foundation made any changes, not previously reported to the IRS, in it	ts gover	ning instrur	nent,	articles	6			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a confo	ormed co	opy of the ch	anges			3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more de	luring the	e year?				4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?						4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction dur	rıng the	year [?]				5		No
	If "Yes," attach the statement required by General Instruction T								
6	Are the requirements of section 508(e) (relating to sections 4941 through 494	45) satı	isfied either				ļ	ļ	ļ
	By language in the governing instrument, or By chatcally a solution that off actually a words the government as th								
	By state legislation that effectively amends the governing instrument so the		•				۱.	\ .	}
_	that conflict with the state law remain in the governing instrument?						6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? and Part XV		·	dil II	, сог (с),	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (s			•	• •		├	103	
Ou	►MN		ractions)						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 99			•					
	General (or designate) of each state as required by General Instruction G? If "		·				8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the n								
	or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (so				•		_	V =	
10	If "Yes," complete Part XIV Did any persons become substantial contributors during the tax year? If "Yes,"					· · ·	9	Yes	
10	and addresses	attatii e	a scriedule II	sung -	cuen n	airies	10		No
						Form		DE (

Pai	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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ►N/A			
14	The books are in care of ▶ROGER GRIFFITH Telephone no ▶(61	2)673	1622	
	Located at ▶600 HENNEPIN AVENUE SUITE 300 MINNEAPOLIS MN ZIP+4 ▶55403			
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			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over		Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶			
Pal	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	_	T	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
Ia	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?			
	(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)	i	! 	İ
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	i	İ	İ
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	i	<u> </u>	İ
	(5) Transfer any income or assets to a disqualified person (or make any of either available	i	i	i
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	i	İ	i
	ıf 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) Yes 🗸 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)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here		l	
•	I Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,	1	I	I
·	that were not corrected before the first day of the tax year beginning in 2015?	1c		No
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))			
а	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? $\cdot \cdot			
	If "Yes," list the years ▶ 20, 20, 20			
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 allyears listed, answer "No" and attach statement—see instructions)	2b		
С	If the provisions of section $4942(a)(2)$ are being applied to any of the years listed in $2a$, list the years here			
	▶ 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?	ļ	ļ	ļ
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).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			İ
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No
	_	000	- DE -	

	1990-PF (2 r t VII-B		nardi	na Activities for V	Which Form 4720 N	May Be Required <i>(Cont</i>	inued	7)	Page 6
5a				y or incur any amount t		iay be required (cont		, 	
Ju	-	·		•	egislation (section 494	5(e)) ⁷	- No		
					ee section 4955), or to	1 105 14	ON		i i
	` '			,		<i>,</i>			
				_		1 .55 14	/ No _	 	l İ
	` '	-		r travel, study, or other		☐ Yes ☐	/ No	l i	l I
		,			e, etc , organization des · · · · · · · · ·	cribed · · · · · TYes 🔽	No		
				n religious, charitable, revention of cruelty to	scientific, literary, or children or animals?.	···· Tyes 🗔	- No		
b				•		the exceptions described in		İ	i
	•			=	• •	see instructions)?	.	5b	
	=			_	-		_		
с		·			n claim exemption from				
	tax becau	se it maintained expe	enditur	e responsibility for the	grant?	· · · · · \ \ Yes \	No		
	If "Yes," at	ttach the statement re	quired	by Regulations section 5	53 4945-5(d)				
6 a	Did the foi	undation, during the y	ear, re	ceive any funds, direct	tly or indirectly, to pay p	oremiums on			
	a persona	l benefit contract?.				· · · · Tyes	No		
b	Did the foi	undation, during the y	ear, pa	ay premiums, directly o	or indirectly, on a persor	nal benefit contract?		6b	No
	If "Yes" to	6b, file Form 8870					Ī		
7a	At any tim	ne during the tax yeai	, was t	he foundation a party t	o a prohibited tax shelte	er transaction? Yes	7 No		
b	If yes, did	the foundation recei	ve any	proceeds or have any	net income attributable	to the transaction?	i	7b	j
				·		tion Managers, Highly		Empl	ovees.
Pai		and Contractors							
1	List all offi	icers, directors, trust	ees, fo	undation managers and	their compensation (se	ee instructions).			
	(a) Nam	ne and address		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) c	•	e account, llowances
OBE	RT K MOOR		DDE	SIDENT	0	· ·	1		
		N AVENUE SUITE	$-\frac{1000}{000}$		U	ľ			U
00		,MN 55403							
SLEN	A TAYLOR		VICI	EPRESIDENT	0	0			0
	HENNEPIN	N AVENUE SUITE	0 50						
00 A T N	NEADOLIC	,MN 55403							
	R GRIFFITH	, MN 33403	SEC	RETARY/TREASURER	0	0			0
		N AVENUE SUITE	$\frac{3}{0}$ 50	· ·	0				U
300		A V ENGL SOITE							
11N	NEAPOLIS	,MN 55403							
2	Compensat	ion of five highest-p	aid em	ployees (other than the	ose included on line 1—s	see instructions). If none, en	ter "N	ONE."	
Nar		(a) ress of each employe re than \$50,000	e paid	Title, and averag hours per week (b) devoted to position	(c) Compensation	plans and deferred			e account, lowances
10 N	ı F					(d) compensation			
101	· -			_					
				1					
				_					
				-					
				4					
ota	I number of	other employees pai	d over	\$50,000					0
							Form	990-	PF (2015)

Form 990-PF (2015)

5

1

2a

1

152,473

989,054

91,672

1,233,199

1,233,199

1,214,701

18,498

60,735

548,362

548,362

548,362

Form **990-PF** (2015)

1a

1b

1c

1d

2 3

4

5

1

2c

3 4

5

6

7

1a

1b

2

За

3b

4

5

Z	Minimum	Investment Return	
•	Minimum	Investment keturi	1

(All	dome	stic	foun	dations	must	comp	olete	this	I
 						1 d E			_

Part X	Mini	mun	n Inv	/estme	nt F	letı	ırı	1
	(All d	dome	estic 1	foundatı	ons	mu	st	C
								_

part. Foreign foundations, see instructions.)

Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,

purposes

Fair market value of all other assets (see instructions). Reduction claimed for blockage or other factors reported on lines 1a and

1e

2 3 Subtract line 2 from line 1d.

Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see

Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4

2a

2b

Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and certain foreign organizations check here **\rightarrow** and do not complete this part.)

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Part XI

Tax on investment income for 2015 from Part VI, line 5.

Income tax for 2015 (This does not include the tax from Part VI). . . Add lines 2a and 2b.

Distributable amount before adjustments Subtract line 2c from line 1.

3 4 Recoveries of amounts treated as qualifying distributions.

5 6 Deduction from distributable amount (see instructions).

Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . .

7 Part XII **Qualifying Distributions** (see instructions)

Expenses, contributions, qifts, etc —total from Part I, column (d), line 26.

2 A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Undistributed Income (see instructions)

Part XIII

		(a)	(b)	(c)	(d)
	Distributable assessment for 2015 from Davit VI June 7	Corpus	Years prior to 2014	2014	2015
	Distributable amount for 2015 from Part XI, line 7				
	Undistributed income, if any, as of the end of 2015 Enter amount for 2014 only				
b	Total for prior years 20, 20, 20				
3	Excess distributions carryover, if any, to 2015				
а	From 2010				
b	From 2011				
c	From 2012				
	From 2013				
	From 2014				
f	Total of lines 3a through e				
	Qualifying distributions for 2015 from Part				
•	XII, line 4 ▶ \$				
а	Applied to 2014, but not more than line 2a				
	Applied to undistributed income of prior years				
	(Election required—see instructions)				
C	Treated as distributions out of corpus (Election required—see instructions)				
ч	Applied to 2015 distributable amount				
	· ·				
	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2015				
	(If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b	Prior years' undistributed income Subtract line 4b from line 2b				
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				
d	Subtract line 6c from line 6b Taxable amount —see instructions				
е	Undistributed income for 2014 Subtract line				
	4a from line 2a Taxable amount—see				
f	Undistributed income for 2016 Subtract				
	lines 4d and 5 from line 1 This amount must				
	be distributed in 2015				
7	A mounts 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)				
ð	Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)				
٥	Excess distributions carryover to 2016.				
	Subtract lines 7 and 8 from line 6a				
	Analysis of line 9				
	Excess from 2011				
	Excess from 2012				
	Excess from 2013				
	Excess from 2014				
е	Excess from 2015				
				F	orm 990-PF (2015

	m 990-PF (2015) Part XIV Private Operating Foundat	ions (see instruc	tions and Part V	/II-A. question	9)	Page 10
	If the foundation has received a ruling or detern foundation, and the ruling is effective for 2015,	nination letter that i	t is a private oper	ating		
b	Check box to indicate whether the organization	ıs a prıvate operatıı	ng foundation desc	cribed in section	√ 4942(J)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(-,
	year listed	1,691	1,946	1,878	1,763	7,278
b	85% of line 2a	1,437	1,654	1,596	1,499	6,186
	Qualifying distributions from Part XII, line 4 for each year listed	548,362	541,700	449,396	409,291	1,948,749
а	Amounts included in line 2c not used directly for active conduct of exempt activities	0	0	0	0	0
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	548,362	541,700	449,396	409,291	1,948,749
	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test—enter					0
	(1) Value of all assets(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b		40,400	20,420	26,206	20,602	4.45.006
С	Part X, line 6 for each year listed "Support" alternative test—enter	40,490	39,438	36,396	28,682	145,006
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section					0
	512(a)(5)), or royalties)(2) Support from general public and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from an exempt organization					0
Da	(4) Gross investment income Irt XV Supplementary Information (6)	omplete this p	art only if the	organization	had &E 000 o	
i e	assets at any time during the Information Regarding Foundation Managers:			organization	1 Had \$5,000 of	more in
a	List any managers of the foundation who have control to the close of any tax year (but only if they					ation
b	List any managers of the foundation who own 10 ownership of a partnership or other entity) of wh		•		large portion of the	2
2	Information Regarding Contribution, Grant, Gift	t, Loan, Scholarship,	etc., Programs:			
	Check here ▶ ☐ If the foundation only makes c unsolicited requests for funds If the foundation other conditions, complete items 2a, b, c, and d	makes gifts, grants				
а	The name, address, and telephone number or e MINNESOTA TIMBERWOLVES FASTBREAK F 600 HENNEPIN AVENUE SUITE 300 MINNEAPOLIS, MN 55403 (612) 673-1600		person to whom a	applications shou	ld be addressed	

b The form in which applications should be submitted and information and materials they should include

GRANTS SHOULD BE SUBMITTED ON A GRANT APPLICATION FORM PROVIDED BY THE MINNESOTA TIMBERWOLVES FASTBREAK FOUNDATION INFORMATION INCLUDED ON THE GRANT CONSISTS OF A DESCRIPTION OF THE REQUESTING ORGANIZATION'S HISTORY OF SERVICE AND STATEMENT OF ITS PURPOSE AND OBJECTIVES, THE GOALS AND OBJECTIVES OF THE PROGRAM, A TIMELINE, A BUDGET, AND AN EXPENSE BREAKDOWN BETWEEN PROGRAM AND ADMINISTRATIVE EXPENSES THE APPLICANT SHOULD INCLUDE A COPY OF THE IRS RULING OF TAX EXEMPT STATUS UNDER SECTION 501(C)(3), A DONOR'S LIST OF CONTRIBUTIONS GRANTED DURING THE PAST TWELVE MONTHS AND A LIST OF THE OFFICERS AND BOARD OF DIRECTORS A REQUEST SHOULD BE MADE FOR A SPECIFIC AMOUNT OF MONEY, NOT TO EXCEED \$5,000

c Any submission deadlines

TWO WEEKS PRIOR TO QUARTERLY BOARD MEETINGS WHICH ARE THE 15TH OF MARCH, JUNE, SEPTEMBER, DECEMBER

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

LOCAL MN REQUESTS PREFERRED RECIPIENT'S GOALS SHOULD BE CONSISTENT WITH THE MISSION OF THE MINNESOTA TIMBERWOLVES FASTBREAK FOUNDATION

Form 990-PF (2015)

Part XV Supplementary Information(continued)

3 Grants and Contributions Paid	l During the Year or App	proved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
Name and address (home or business) a Paid during the year See Additional Data Table	any roundation manager or substantial contributor		CONTRIBUTION	
Total			▶ 3a	153,000
b Approved for future payment				1
Total			⊳ 3b	0

nter gro	ss amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by section	n 512, 513, or 514	(e) Related or exempt
1 Progra	m service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	function income (See instructions)
a						
f						
_	and contracts from government agencies ership dues and assessments					
3 Intere	est on savings and temporary cash tments			14	941	
	ends and interest from securities			14	750	
	t-financed property					
6 Netre	debt-financed property ental income or (loss) from personal					
	Investment Income.					
8 Gain	or (loss) from sales of assets other than tory					
	come or (loss) from special events profit or (loss) from sales of inventory					
	revenue a					
					+	
2 Subto	tal Add columns (b), (d), and (e)		0		1,691	
2 Subto 3 Total. (See	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify (calculations)			13	1,691
2 Subto 3 Total. (See	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify of the color of the col	calculations) the Accomp		xempt Purpos	13	1,691
2 Subto 3 Total. (See Part XV	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify (I-B Relationship of Activities to	calculations) the Accomplich income is re	plishment of E		es ontributed importa	1,691 ntly to
2 Subto 3 Total. (See Part X\ Line No.	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify of the columns of the foundation's columns.	calculations) the Accomplich income is re	plishment of E		es ontributed importa	1,691 ntly to
2 Subto 3 Total. (See Part XV	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify of the columns of the foundation's columns.	calculations) the Accomplich income is re	plishment of E		es ontributed importa	1,691 ntly to
2 Subto 3 Total. (See Part XV	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify of the columns of the foundation's columns.	calculations) the Accomplich income is re	plishment of E		es ontributed importa	1,691 ntly to
2 Subto 3 Total. (See Part XV	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify of the columns of the foundation's columns.	calculations) the Accomplich income is re	plishment of E		es ontributed importa	1,691 ntly to
2 Subto 3 Total. (See Part XV	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify of the columns of the foundation's columns.	calculations) the Accomplich income is re	plishment of E		es ontributed importa	1,691 ntly to
2 Subto 3 Total. (See Part XV	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify of the columns of the foundation's columns.	calculations) the Accomplich income is re	plishment of E		es ontributed importa	1,691 ntly to
Subto Total. (See Part XV	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify of the columns of the foundation's columns.	calculations) the Accomplich income is re	plishment of E		es ontributed importa	1,691 ntly to
2 Subto 3 Total. (See Part XV	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify of the columns of the foundation's columns.	calculations) the Accomplich income is re	plishment of E		es ontributed importa	1,691 ntly to
2 Subto 3 Total. (See Part X\ Line No.	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify of the columns of the foundation's columns.	calculations) the Accomplich income is re	plishment of E		es ontributed importa	1,691 ntly to
2 Subto 3 Total. (See Part XV	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify of the columns of the foundation's columns.	calculations) the Accomplich income is re	plishment of E		es ontributed importa	1,691 ntly to
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2 Subto 3 Total. (See Part XV	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify of the columns of the foundation's columns.	calculations) the Accomplich income is re	plishment of E		es ontributed importa	1,691 ntly to
2 Subto 3 Total. (See Part XV	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify of the columns of the foundation's columns.	calculations) the Accomplich income is re	plishment of E		es ontributed importa	1,691 ntly to
2 Subto 3 Total. (See Part XV	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify of the columns of the foundation's columns.	calculations) the Accomplich income is re	plishment of E		es ontributed importa	1,691 ntly to
2 Subto 3 Total. (See Part XV	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify of the columns of the foundation's columns.	calculations) the Accomplich income is re	plishment of E		es ontributed importa	1,691 ntly to
2 Subto 3 Total. (See Part XV	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify of the columns of the foundation's columns.	calculations) the Accomplich income is re	plishment of E		es ontributed importa	1,691 ntly to
2 Subto 3 Total. (See Part X\ Line No.	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify of the columns of the foundation's columns.	calculations) the Accomplich income is re	plishment of E		es ontributed importa	1,691 ntly to
2 Subto 3 Total. (See Part X\	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify of the columns of the foundation's columns.	calculations) the Accomplich income is re	plishment of E		es ontributed importa	1,691 ntly to

	art XVII	<u> </u>				actions and F	Relationships With			gc = .
		rganization directly or i	ndirectly e	engage in any of	the following wit					
		01(c) of the Code (othe	er than sec	ction 501(c)(3) c	organizations) oi	in section 527,	relating to political		Yes	No
	organizat –									
а		from the reporting four						4-443		
	` '	1						1a(1)		No
	• •	rassets						1a(2)		No
b		nsactions								
		s of assets to a noncha						1b(1)		No
		hases of assets from a						1b(2)		No
		al of facilities , equipme	•					1b(3)		No
	(4) Reimbursement arrangements							1b(4)		No
								1b(5)		No
_ · ·							1b(6)		No	
	_		_	· ·				1 c		No
	d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received									
(a)	Line No	(b) Amount involved	(c) Name	of noncharitable exe	empt organization	(a) Description	of transfers, transactions, and s	naring arra	ngemer	115
	described √ No	indation directly or individual in section 501(c) of the complete the following: (a) Name of organization	ne Code (d schedule	other than sectio	•	in section 527?.	organizations	·	es	
		<u>-</u>		`				· · ·		
	1 11		T d1							
Sig	the Info		nd belief,	it is true, correc			npanying schedules and steparer (other than taxpay	er) is ba	sed on	all
Here		*****			2017-02-03		return with t		scuss th	
		Signature of officer or t	rustee		Date	Title		w Instr)?	Yes [No
		Print/Type preparer's ANN COLEMAN	name	Preparer's Sign	ature	Date 2017-02-03	Check if self- employed ▶ ☐ PTIN	P00032	499	
Pa Pr Us	eparer	Firm's name ► EIDE BAILLY LLP				ı	Firm's EIN ▶ 45-02509	58		
Or		Firm's address ► 1911 EXCEL DRIVE MANKATO, MN 56001 Phone no (507) 387-60				31				

form 990PF Part XV Line 3 - Gr	ants and Contributions	s Paid During	the Year or Approved for I	Future Payment
Recipient	If recipient is an individual, show any relationship to	, Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
BOYS & GIRLS CLUB OF MINNEAPOLIS 690 JACKSON ST SAINT PAUL,MN 55130		PUBLIC CHARITY	YOUTH DEVELOPMENT	5,000
MEMORIAL BLOOD CENTERS 737 PELHAM BLVD SAINT PAUL,MN 55114		PUBLIC CHARITY	BLOOD DRIVE/COMMUNITY HEALTH	5,000
YMCA-TWIN CITIES 30 S 90TH ST MINNEAPOLIS,MN 55402		PUBLIC CHARITY	COMMUNITY DEVELOPMENT	5,000
BFW CHARITIES 14001 RIDGEDALE DR 390 MINNETONKA, MN 55305		PUBLIC CHARITY	MILITARY AND VETERAN SUPPORT	5,000
BLAIR'S TREE OF HOPE 3324 HOPKINS CROSSROAD MINNETONKA,MN 55305		PUBLIC CHARITY	CHILDREN'S HEALTH	5,000
BOOKS ON WINGS 8425 QUINN AVE S MINNEAPOLIS,MN 55437		PUBLIC CHARITY	YOUTH DEVELOPMENT	5,000
COMO FRIENDS 1225 ESTABROOK DR SAINT PAUL,MN 55103		PUBLIC CHARITY	COMMUNITY DEVELOPMENT	5,000
DEFENDING THE BLUE LINE 15211 HAVENNA TRAIL HASTINGS,MN 55033		PUBLIC CHARITY	MILITARY FAMILIES	5,000
MENTAL HEALTH RESOURCES 762 TRANSFER ROAD SUITE 21 SAINT PAUL,MN 55114		PUBLIC CHARITY	MENTAL HEALTH RESOURCES	5,000
MN ADOPT 777 RAYMOND AVE SAINT PAUL,MN 55114		PUBLIC CHARITY	ADOPTION RESOURCES	5,000
THE BRIDGE FOR YOUTH 1111 W 22ND ST MINNEAPOLIS,MN 55405		PUBLIC CHARITY	COMMUNITY DEVELOPMENT	5,000
TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS 3033 WILSON BLVD SUITE 630 ARLINGTON,VA 22201		PUBLIC CHARITY	MILITARY FAMILIES	5,000
URBAN STRATEGIES 1000 OLSON MEMORIAL HWY MINNEAPOLIS,MN 55411		PUBLIC CHARITY	COMMUNITY DEVELOPMENT	5,000
YOUTH 1ST INC 1018 11TH AVE NE OWATONNA,MN 55060		PUBLIC CHARITY	YOUTH DEVELOPMENT	5,000
BANYAN COMMUNITY 2647 BLOOMINGTON AVE S MINNEAPOLIS,MN 55407		PUBLIC CHARITY	COMMUNITY DEVELOPMENT	4,000
Total	 		▶ 3a	153,000

Recipient	If recipient is an individual,		Purpose of grant or	A mount
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	
a Paid during the year				
GIRLS ON THE RUN TWIN CITIES PO BOX 6927 MINNEAPOLIS,MN 55406		PUBLIC CHARITY	YOUTH DEVELOPMENT	4,000
JEREMIAH PROGRAM 1510 LAUREL AVE SUITE 100 MINNEAPOLIS,MN 55403		PUBLIC CHARITY	COMMUNITY DEVELOPMENT	4,000
MATTER 7005 OXFORD STREET ST LOUIS PARK,MN 55426		PUBLIC CHARITY	COMMUNITY HEALTH	14,000
FIREFLY SISTERHOOD 5775 WAYZATA BLVD SUITE 700 MINNEAPOLIS,MN 55416		PUBLIC CHARITY	OFFERS SUPPORT AND CONNECTIONS FOR WOMEN FACING BREAST CANCER	5,000
HENNEPIN HEALTH FOUNDATION 701 PARK AVE SOUTH MINNEAPOLIS,MN 55415		PUBLIC CHARITY	HEALTH RESEARCH	5,000
MAYO CLINIC 200 FIRST STREET SW ROCHESTER,MN 55905		PUBLIC CHARITY	HEALTH RESEARCH	10,000
SERVING OUR TROOPS 1885 BAYARD AVE SAINT PAUL, MN 55116		PUBLIC CHARITY	MILITARY SUPPORT	3,500
EMILY PROGRAM FOUNDATION 1295 BANDANA BLVD W STE 210 SAINT PAUL, MN 55108		PUBLIC CHARITY	EDUCATION, OUTREACH AND RESEARCH FOR EATING DISORDERS	1,000
CHILDREN'S FOUNDATION 2910 CENTRE POINTE DR ROSEVILLE,MN 55113		PUBLIC CHARITY	HEALTH RESEARCH	2,500
RONALD MCDONALD HOUSE 608 ONTARIO STREET SE MINNEAPOLIS,MN 55414		PUBLIC CHARITY	LODGING AND SUPPORT FOR FAMILIES WITH CHILDREN IN ICU	5,000
ACES 1115 EAST HENNEPIN AVE MINNEAPOLIS,MN 55414		PUBLIC CHARITY	YOUTH DEVELOPMENT	5,000
AMERICAN HEART ASSOCIATION 4701 W 77TH ST MINNEAPOLIS,MN 55435		PUBLIC CHARITY	HEALTH RESEARCH	5,000
CAMP CAMBRIA FOUNDATION 805 ENTERPRISE DRIVE EAST SUITE H BELLE PLAINE,MN 56011		PUBLIC CHARITY	JUVENILE ARTHRITIS	5,000
COURAGE KENNY FOUNDATION 3915 GOLDEN VALLEY ROAD MINNEAPOLIS,MN 55422		PUBLIC CHARITY	CREATING OPPORTUNITIES FOR INDEPENDENCE FOR PEOPLE WITH DISABILITIES	10,000
Total	. 		▶ 3a	153,000

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491046004257				
TY 2015 Accounting Fees Schedule						
Name:	MINNESOTA TIMBERWOLVES FA	ASTBREAK				
	FOUNDATION					
EIN:	41-1644554					

EIN: 41-1644554				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	1,048	0	0	1,048

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491046004257				
TY 2015 Investments Corporate Stock Schedule						
Name:	MINNESOTA TIMBERWOLVES FASTBREAK	<				
	FOUNDATION					
EIN:	41-1644554					

EIN: 41-1644554		
Name of Stock	End of Year Book Value	End of Year Fair Market Value

22,076

18,246

INVESTMENTS - CORPORATE STOCK

TY 2015 Legal Fees Schedule	
Name:	MINNESOTA TIMBERWOLVES FASTBREAK

DLN: 93491046004257

5,691

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

LEGAL FEES

EIN: 41-1644554					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	

FOUNDATION

5,691

DLN: 93491046004257

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EIN: 41-1644554				
Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value	
DUE FROM MN TIMBERWOLVES	213,113	91,672	91,672	

FOUNDATION

POSTAGE

Disbursements for

0

9,247

DLN: 93491046004257

Name: MINNESOTA TIMBERWOLVES FASTBREAK

FOUNDATION

EIN: 41-1644554 Description Revenue and Eynenses Net Investment Adjusted Net Income

2000.p.i.o.i.	per Books	Income	,	Charitable Purposes
BRANDING	13,637	0	0	13,637
PROGRAMS	218,121	0	0	218,121
	1		I	

BRANDING	13,637	0	0	13,637
PRO GRAMS	218,121	0	0	218,121
TASTE OF TIMBERWOLVES	115,754	0	0	115,754
MEALS & ENTERTAINMENT	713	0	0	713

PROGRAMS	216,121	b	0	216,121
TASTE OF TIMBERWOLVES	115,754	0	0	115,754
MEALS & ENTERTAINMENT	713	0	0	713
SILENT AUCTION - WOLVES	6,215	0	0	6,215
MICC EVDENCEC® CURRITEC	2.214	0	0	2.214

	· ·			·
MEALS & ENTERTAINMENT	713	0	0	71.
SILENT AUCTION - WOLVES	6,215	0	0	6,21
MISC EXPENSES & SUPPLIES	3,314	0	0	3,31
SILENT AUCTION - TASTE	21,622	0	0	21,62
•				

9,247

efile GRAPHIC print -	DO NOT PROCESS	As Filed Data -			DLN: 93491046004257
Schedule B		Schedu	le of Contributors		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Information abo	► Attach to Fout Schedule B (Fo	Form 990, 990-EZ, or 990-PF rm 990, 990-EZ, or 990-PF) and its i w irs gov/form990	nstructions is at	2015
Name of the organization				Employer id	entification number
FOUNDATION	WOLVESTASTBREAK			41-164455	4
Organization type (ch	eck one)				
Filers of:	Section:				
Form 990 or 990-EZ	form 990 or 990-EZ				
	T 4947(a)(1)	nonexempt charita	able trust not treated as a private for	undation	
	☐ 527 politica	l organization			
Form 990-PF	√ 501(c)(3) €	exempt private four	ndation		
	T 4947(a)(1)	nonexempt charita	able trust treated as a private founda	ition	
	501(c)(3) t	axable private four	ndation		
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 other 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 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)					

Name of organization
MINNESOTA TIMBERWOLVES FASTBREAK
FOUNDATION

Employer identification number

OUNDA	TION	41-1644554	
Part I	Contributors (see Instructions) Use duplicate copies of Part I if additional sp	ace is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	See Additional Data Table	\$	Person Payroll Noncash (Complete Part II for noncash
			contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash
			(Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_		\$	Person
			(Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
			(Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
			(Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_		\$	Person
			(Complete Part II for noncash contribution)

Name of organization MINNESOTA TIMBERWOLVES FASTBREAK FOUNDATION

Employer identification number

		41-	1644554
Part II	Noncash Property (see Instructions) Use duplicate copies of Part II if additional spa	ace is needed	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_	See Additional Data Table	\$	
(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
_		s	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		s	
(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
_		s	
			<u> </u>

Schedule B (Form 990,	990-EZ, or 990-PF) (2015)		Page 4
lame of organization			Employer identification number
IINNESOTA TIMBER' OUNDATION	WOLVES FASTBREAK		41-1644554
Part III Exclusively total more line entry. of \$1,000 o	than \$1,000 for the year from any o	one contributor. Complete col III, enter the total of exclusive mation once. See instruction	bed in section 501(c)(7), (8), or (10) that umns (a) through (e) and the following /y religious, charitable, etc., contributions
(a) No.from Part I	(b) Purpose of gift	(c) Use of gıft	(d) Description of how gift is held
. -			
	Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, an	(e) Transfer of gift	t Relationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
· -	Transferee's name, address, an	(e) Transfer of gift	t Relationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
· -	Transferee's name, address, an	(e) Transfer of gift d ZIP 4	t Relationship of transferor to transferee

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

Software ID: Software Version:

EIN: 41-1644554

Name: MINNESOTA TIMBERWOLVES FASTBREAK

FOUNDATION

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
L	LAND 'O LAKES		Person 🗸
	4001 LEXINGTON AVE N	\$ 6,117	Payroll Noncash
	ST PAUL, MN 55126		(Complete Part II for
	MATTER		noncash contribution) Person
			Payroll _
	7005 OXFORD STREET	\$ 5,000	Noncash
	ST LOUIS PARK, MN 55426		(Complete Part II for noncash contribution)
	MAYO FOUNDATION		Person 🗸
	200 FIRST STREET SW	\$ 27,604	Payroll Noncash
	ROCHESTER, MN 55905		(Complete Part II for
	ROGER AND NANCY MCCABE FOUNDATION		noncash contribution) Person
	PO BOX 472	<u> </u>	Payroll Noncash
	WAYZATA, MN 55391		(Complete Part II for
			noncash contribution) Person
	NIKOLA PEKOVIC		Payroll ✓
	5665 NEW NORTHSIDE DR 110 ATLANTA, GA 30328	\$ 10,000	Noncash
	ATERITA, ON 30320		(Complete Part II for noncash contribution)
	POPP		Person 🗸
	620 MENDELSSOHN AVE N		Payroll Noncash
	MINNEAPOLIS, MN 55427		
			(Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Type of contribution Νo. Name, address, and ZIP + 4 Total contributions PSA CHARITIES Person **Payroll** 8655 JEFFERSON HWY \$ 30,011 Noncash MAPLE GROVE, MN 55369 (Complete Part II for noncash contribution) Person Payroll RICARD RUBIO-VIVES 700 NORTH WASHINGTON APT 621 \$ 20,000 Noncash MINNEAPOLIS, MN 55401 (Complete Part II for noncash contribution) STARKEY HEARING FOUNDATION Person ⊽ Payroll 6700 WASHINGTON AVES \$ 101,005 Noncash EDEN PRAIRIE, MN 55344 (Complete Part II for noncash contribution) TED WILLIAMS MUSEUM & HHOF INC Person ✓ 10 **Payroll** 1 TWINS WAY \$ 28.825 Noncash MINNEAPOLIS, MN55403 (Complete Part II for noncash contribution) US BANK Person ⊽ 11 Payroll 800 NICOLLET MALL FLOOR 2 \$ 19,944 Noncash MINNEAPOLIS, MN 55402 (Complete Part II for noncash contribution) Person 12 Payroll ANDREW WIGGINS 626 ARBOR GLEN CIRCLE APT 306 \$ 10,000 Noncash LAKELAND, FL33805 (Complete Part II for

noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 Total contributions FEDERATED MUTUAL INSURANCE CO Person 13 **Payroll** 121 EAST PARK SQUARE \$ 53,000 Noncash OWATONNA, MN55060 (Complete Part II for noncash contribution) Person ✓ 14 Payroll FRANCIS SCOTT LAYDEN 145 EAST 76TH ST 3A \$ 5,000 Noncash NEW YORK, NY 10021 (Complete Part II for noncash contribution) Person 15 Payroll KEVIN GARNETT 13033 RIDGEDALE DR 121 \$ 20,000 Noncash MINNETONKA, MN 55305 (Complete Part II for noncash contribution) JUST BORN FOUNDATION Person ✓ 16 **Payroll** 1300 STEFKO BOULEVARD \$ 21,743 Noncash BETHLEHEM, PA 18017 (Complete Part II for noncash contribution) Person 17 Pavroll KARL TOWNS 555 5TH AVE NE \$ 20,000 Noncash SAINT PETERSBURG, FL33701 (Complete Part II for noncash contribution) Person 18 Payroll KEVIN MARTIN 23371 MULHOLLAND DRIVE \$ 20,000 Noncash WOODLAND HILLS, CA 91364 (Complete Part II for

noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 Total contributions LEXUS OF WAYZATA Person ✓ 19 Payroll 16100 WAYZATA BLVD \$ 5,000 Noncash WAYZATA, MN 55391 (Complete Part II for noncash contribution) MINNESOTA SOCCER HOLDINGS LLC Person **▽** 20

			Payroll —
	90 SOUTH SEVENTH STREET SUITE 5500	\$ 5,000	Noncash
	MINNEAPOLIS, MN 55402		
			(Complete Part II for noncash contribution)
24	NORTHROCK PARNERS LLC		Person 🗸
21			Payroll _
	650 3RD AVE S STE 1500	\$ 7,500	Noncash
	MINNEAPOLIS, MN 55402		
			(Complete Part II for noncash contribution)
22			Person —
22	TAYSHAUN PRINCE		Payroll 🗸

|✓ 796 HARBOUR ISLES CT \$ 10,000 Noncash

NORTH PALM BEACH, FL33410 (Complete Part II for

noncash contribution)

(c) (a) (b) (d) FMV (or estimate) No. from Part I Description of noncash property given Date received

(see instructions)

\$ 10,000

2015-11-01

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed

		(see meraerens,	
5	MN TIMBERWOLVES TICKETS	<u> </u>	2015-11-01
8	MN TIMBERWOLVES TICKETS	\$ 20,000	2015-11-01
12	MN TIMBERWOLVES TICKETS	<u> </u>	2015-11-01
15	MN TIMBERWOLVES TICKETS	\$ 20,000	2015-11-01
47			

MN TIMBERWOLVES TICKETS \$ 20,000 2015-11-01

18

\$ 20,000 2015-11-01 MN TIMBERWOLVES TICKETS

22

MN TIMBERWOLVES TICKETS