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Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust **Treated as a Private Foundation**

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-0052

2011

For	calen	dar year 2011 or tax year beginning	, 2011	l, and	ending		, 20
Nar	ne of fou	undation			A Employer	identification number	
THI	E POLA	ARIS FOUNDATION				41-1828276	
		d street (or P O box number if mail is not delivered to street address)	Room/	/suite	B Telephone	number (see instruction	ns)
210	0 HIGH	IWAY 55				763-542-0571	
_		n, state, and ZIP code			C If exempt	ion application is pend	ıng, check here ▶ □
ME	DINA, N	MN 55340			O il exemp	оп аррисаноп із репа	ing, check here?
			of a former public	charity	D 1. Foreign	n organizations, check	here . ▶ 🗌
		☐ Final return ☐ Amended r	•	•	_	-	_
		Address change Name char	nge			n organizations meeting here and attach compi	
н	Check	type of organization: Section 501(c)(3) exempt p	rivate foundation		- 16		_
		n 4947(a)(1) nonexempt charitable trust		lation		foundation status was 07(b)(1)(A), check here	terminated under
		arket value of all assets at J Accounting method				ndation is in a 60-mont	
	end of	year (from Part II, col. (c), Other (specify)			under se	ction 507(b)(1)(B), chec	k here
	line 16	(Part I, column (d) must be	on cash basıs)				
Pa	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books		investment icome	(c) Adjusted net income	for chantable purposes
		the amounts in column (a) (see instructions))	DOORS				(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	100,000				
	2	Check ► ☐ If the foundation is not required to attach Sch. B			<u>.</u>		
	3	Interest on savings and temporary cash investments	4		4		
	4	Dividends and interest from securities					
	5a	Gross rents				·····	
ne	b	Net rental income or (loss)					
	6a	Net gain or (loss) from sale of assets not on line 10					
e	b	Gross sales price for all assets on line 6a				<u>-</u>	
Revenue	7	Capital gain net income (from Part IV, line 2)					
Œ	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less: Cost of goods sold					
	, . C	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)	100.004				
	12	Total. Add lines 1 through 11	100,004		4		
S	13	Compensation of officers, directors, trustees, etc. Other employee salaries and wages D					
Expenses	14 15	December of the second of the					
be	16a						-
Ж	b	Legal fees (attisch schedule)					
Š	C	Other professional fees (attach schedule)					
ati	17	Interest . OGDEN, UT					
str	18	Taxes (attach schedule) (see Instructions)		 			
Ē	19	Depreciation (attach schedule) and depletion					1
臣	20	Occupancy		<u> </u>			1
Ž	21	Travel, conferences, and meetings	7			ĺ	
Ž	22	Printing and publications					I
9	23	Other expenses (attach schedule)	1,359				1,359
Operating and Administrative	24	Total operating and administrative expenses.					
ra		Add lines 13 through 23					
ğ	25	Contributions, gifts, grants paid	457,439				457,439
_	26	Total expenses and disbursements. Add lines 24 and 25	458,798				457,798
	27	Subtract line 26 from line 12:					_ ::
	а	Excess of revenue over expenses and disbursements	(358,794)	L			1
	b	Net investment income (if negative, enter -0-) .			4		
_	С	Adjusted net income (if negative, enter -0-)					
For	Paper	work Reduction Act Notice, see instructions.	Cat. No	o 11289	x	F	orm 990-PF (2011)

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Pэ	rt II	Ralance Sheets	Attached schedules and amounts in the description column	Beginning of year		d of	year
	للحمر		should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	\Box	(c) Fair Market Value
	1		bearing	392,159	33,3	61	33,361
Į	2	Savings and tempora	ary cash investments	50,381	50,3	86	50,386
	3	Accounts receivable	>			\Box T	
		Less: allowance for o	doubtful accounts ▶				
ŀ	4	Pledges receivable ▶	•			\Box	
		Less: allowance for o	doubtful accounts ▶				
- {	5	Grants receivable .				\Box	
	6		m officers, directors, trustees, and other			\neg	
		disqualified persons	(attach schedule) (see instructions)]	
	7	Other notes and loans re					
		Less: allowance for do	ubtful accounts ▶			T	
ا ت	8	Inventories for sale of	or use			寸	·
Assets	9		nd deferred charges			ヿ	
¥ I	10a	•	state government obligations (attach schedule)			寸	
	b		rate stock (attach schedule)			_†	
Į	c	•	rate bonds (attach schedule)			\dashv	
	11		dings, and equipment basis ►			+	
		Less: accumulated denre	eciation (attach schedule)			_	
	12		age loans			寸	
	13	-	(attach schedule)	_		寸	
1	14		quipment. basis ►			_	1
		Less, accumulated den	reciation (attach schedule) ▶				
	15	Other assets (describ				\dashv	
	16		be completed by all filers—see the	-		\dashv	<u> </u>
			ee page 1, item I)	442,540	83,7	46	83,746
-+	17		nd accrued expenses				
_	18					ᅱ	
es	19					\dashv	
Liabilities	20		rectors, trustees, and other disqualified persons		· · · · · · · · · · · · · · · · · · ·		
ନ୍ଥ	21		r notes payable (attach schedule)			\dashv	
ゴ	22					\dashv	
	23	Total liabilities (add	cribe ►) lines 17 through 22)			\dashv	
-+			ollow SFAS 117, check here ▶ □		· · · · · · · · · · · · · · · · · · ·	\dashv	
န္မ		and complete lines	24 through 26 and lines 30 and 31.			J	
Balances	24	-	- · · · · · · · · · · · · · · · · · · ·			- {	
멽	25		ed ,	 		\dashv	
	26		ed			\dashv	
덩	~~		o not follow SFAS 117, check here ▶ □			一	
E.		and complete lines					
5	27	-	principal, or current funds	442,540	83,7	46	
Net Assets or	28	•	rplus, or land, bldg., and equipment fund	772,340	03,7	-,0	
Se	29	· · · · · · · · · · · · · · · · · · ·	cumulated income, endowment, or other funds				
₽\	30	•	fund balances (see instructions)	442,540	83,7	146	
to	31		and net assets/fund balances (see	442,540		70	
Ž	٠.		· · · · · · · · · · · · · · · · · · ·	442,540	83,7	,,,	
Dа	rt III		nges in Net Assets or Fund Balances	442,540		70	
			balances at beginning of year—Part II, colu	mn (a), line 30 (must	agree with		
•			ed on prior year's return)			1	442,540
2			line 27a		L _	2	(358,794)
3	Oth	a amount nom Fall I, er incresses not includ	Med in line 2 (Itemize) ►	• • • • • •	· · · ·	3	(330,134)
	DU16	increases not includ	ded in line 2 (itemize) ►		 -	4	83,746
_	_		P 6/1 \\			5	63,746
о 6	Tota	i cases not included in il net assets or fund h	alances at end of year (line 4 minus line 5)—	Part II column (h) lin	e 30	6	83,746
				, oolullii (b), III		~	03,740

		ind(s) of property sold (e g , real estate, or common stock, 200 shs MLC Co)		(b) How acquired P-Purchase D-Donation		ate acquired , day, yr)	(d) Date sold (mo , day, yr)
1a				1			
b							
Ç							
<u>d</u>				-			
<u>e</u>				<u> </u>	<u> </u>		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale			n or (loss) (f) minus (g)
a b							·
C							 -
d			-				
e							
	Complete only for assets showi	ng gain in column (h) and owned by	the foundation	n on 12/31/69		//\ Gauss (Co	I (h) coin minus
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exce	ess of col (i) ol (j), if any		col (k), but no	I (h) gain minus it less than -0-) or from col (h))
a							
<u> </u>			······································				
c					 		· · · · · · · · · · · · · · · · · · ·
d							
е							
2	Capital gain net income or (so enter in P		2		
3		or (loss) as defined in sections 1 line 8, column (c) (see instruction	222(5) and (6	5):			
					3		
art	V Qualification Under	Section 4940(e) for Reduc	ed Tax on	Net Investment	Inco	me	
as t "Yes	s," the foundation does not q	ection 4942 tax on the distributa ualify under section 4940(e). Do	not complete	e this part.	·		☐ Yes ☐ N
1		nt in each column for each year;	see the inst	ructions before m	akıng a	any entries.	
Cale	(a) Base penod years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value	(c) of nonchantable-use a	ssets		(d) stribution ratio divided by col. (c))
	2010	74,4	154	14	9,824		0.4969
	2009	66,9	975	8	2,684		0.8100
	2008	72,2		·	8,058		0.1228
	2007	79,			8,383		1.3619
	2006	35,3	316	3	5,961		0.9821
2	Total of line 1, column (d)					2	3.77
3		r the 5-year base period—divide tion has been in existence if less				3	.754
4	Enter the net value of nonch	naritable-use assets for 2011 fro	m Part X, line	e5		4	385,6
5	Multiply line 4 by line 3 .				.	5	291,0
6	Enter 1% of net investment	ıncome (1% of Part I, line 27b)			_ [6	0.
7	Add lines 5 and 6					7	291,0
8	Enter qualifying distributions	s from Part XII. line 4				8	458,7
8		s from Part XII, line 4 er than line 7, check the box in I				art using a	1% tax rat

Part \		ıstru	ction	18)		
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 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, check		0			
	here ► and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of					
	Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)					
3	Add lines 1 and 2					
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)					
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0					
6	Credits/Payments:		ĺ	-		
a	2011 estimated tax payments and 2010 overpayment credited to 2011 6a Exempt foreign organizations—tax withheld at source 6b					
b	Exempt foreign organizations—tax withheld at source 6b Tax paid with application for extension of time to file (Form 8868) . 6c			1		
c d	Backup withholding erroneously withheld 6d			1		
7	Total credits and payments. Add lines 6a through 6d					
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		-+			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed					
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10					
11	Enter the amount of line 10 to be: Credited to 2012 estimated tax ▶ Refunded ▶ 11		-			
Part '	VII-A Statements Regarding Activities		•			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No		
	participate or intervene in any political campaign?	1a		✓		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?	1b		✓		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities.					
С	Did the foundation file Form 1120-POL for this year?	1c		✓		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	1		. [
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		✓		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.	3				
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		√		
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		1		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		1		
	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 with the state law remain in the governing instrument?	6	✓			
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	✓_			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
_	MINNESOTA If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General					
b	(or designate) of each state as required by General Instruction G? If "No," attach explanation					
•		8b	✓	<u> </u>		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes,"	<u> </u>				
	complete Part XIV	9		1		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	_		H		
	names and addresses	10		1		
						

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Part	I-A Statements Regarding Activities (continued)		
11	t any time during the year, did the foundation, directly or indirectly, own a controlled entity within the eaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	\
12	id the foundation make a distribution to a donor advised fund over which the foundation or a disqualified erson had advisory privileges? If "Yes," attach statement (see instructions)	12	7
13	d the foundation comply with the public inspection requirements for its annual returns and exemption application? 1/2	3 ✓	
14		42-0571 5340	
15	ection 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 ▶ | 15 | At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority Yes No over a bank, securities, or other financial account in a foreign country?. 16 See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ▶ Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. No Yes 1a During the year did the foundation (either directly or indirectly): (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a ✓ No **✓** No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . ☐ Yes **V** No (5) Transfer any income or assets to a disqualified person (or make any of either available for (6) Agree to pay money or property to a government official? (Exception, Check "No" if the foundation agreed to make a grant to or to employ the official for a period after b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations 1b 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 1c 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 2011, did the foundation have any undistributed income (lines 6d and 20____, 20____, 20____, 20____ If "Yes," list the years ▶ 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.) 2b c 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 , 20 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise b If "Yes," did it have excess business holdings in 2011 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 3b 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a 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 2011?

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Par	t VII-B Statements Regarding Activities	s for W	hich Form	4720	May Be F	equire	d (contir	nued)			3
5a	During the year did the foundation pay or incur a (1) Carry on propaganda, or otherwise attempt t (2) Influence the outcome of any specific public	to influe	ence legislation				☐ Yes	✓ No		_	
	 directly or indirectly, any voter registration dr (3) Provide a grant to an individual for travel, stu (4) Provide a grant to an organization other than section 509(a)(1), (2), or (3), or section 4940(c (5) Provide for any purpose other than religious 	idy, or on a cha d)(2)? (s , charit	ritable, etc., ee instructio able, scientif	purpose organiz ns) ic, litera	es? ation desc	ribed in	☐ Yes	✓ No ✓ No ✓ No			
b	purposes, or for the prevention of cruelty to of If any answer is "Yes" to 5a(1)–(5), did any of the Regulations section 53.4945 or in a current notice	e transa	actions fail to	qualify	under the	excepti	ons descr	√ No ibed in 	5b		
С	Organizations relying on a current notice regardi If the answer is "Yes" to question 5a(4), does to because it maintained expenditure responsibility	he four	ndation clain	n exem	ption from	the tax		► □ □ No			
6a	If "Yes," attach the statement required by Regula Did the foundation, during the year, receive any on a personal benefit contract?	funds,	directly or in	dırectly	, to pay pro			_ [7] No			
	Did the foundation, during the year, pay premium If "Yes" to 6b, file Form 8870.		•		•		t contract	? .	6b		1
	At any time during the tax year, was the foundation of "Yes," did the foundation receive any proceeds						☐ Yes				
	t VIII Information About Officers, Direction and Contractors	tors, 1	rustees, F	ounda	tion Man	agers,	Highly F	Paid E	7b mploy	ees,	
1	List all officers, directors, trustees, foundation					ı (see i	nstructio	ns).			
	(a) Name and address	hou	e, and average rs per week ed to position	(c) Cor (If not	mpensation paid, enter -0-)	emplo	Contributions byee benefit erred compe	plans	(e) Expe	nse ac allowar	
SEE #	ATTACHED				0			0		_	0
									_		
											
2	Compensation of five highest-paid employed "NONE."	es (oth	er than tho	se incl	uded on li	ne 1-	see instr	uctions	s). If n	one,	enter
	(a) Name and address of each employee paid more than \$50,00	00	(b) Title, and a hours per v devoted to p	week	(c) Compe	nsation	(d) Contribu employee plans and c compens	benefit deferred	(e) Expe	nse ac allowar	
NONE											
			1								

Total number of other employees paid over \$50,000 .

Part	VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emand Contractors (continued)	ployees,
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON		
Total	number of others receiving over \$50,000 for professional services	
Par	IX-A Summary of Direct Charitable Activities	
Lis org	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of anizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	N/A	
2		
3		
4		
	IX-B Summary of Program-Related Investments (see instructions)	·
	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		
All	Alban annual related annual months. Comment returns	
	other program-related investments. See instructions	
3		
Tota	Add lines 1 through 3	
· via		Form 990-PF (201

2	_	R
-au	v	v

Part	X Minimum Investment Return (All domestic foundations must complete this part. Forei	gn founda	ations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	391,501
b	Average of monthly cash balances	1b	
С	Fair market value of all other assets (see instructions)	1c	
đ	Total (add lines 1a, b, and c)	1d	391,501
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	391,501
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see		
	instructions)	4	5,873
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	385,628
6	Minimum investment return. Enter 5% of line 5	6	19,281
Part			
	foundations and certain foreign organizations check here ▶ ☐ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	19,281
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011. (This does not include the tax from Part VI.) 2b		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	19,281
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	19,281
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	19,281
Dor	VII Ovelifetima Distributione (con instructions)		
Par	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	458,798
b	Program-related investments—total from Part IX-B	1b	
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:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	458,798
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	458,798
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whether	the foundation

Part	XIII Undistributed Incom	n e (see instruct <u>io</u>	<u>ns)</u>			
1	Distributable amount for 201	L	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
	line 7	<u> </u>				19,281
2	Undistributed income, if any, as of					
а	Enter amount for 2010 only .					
b	Total for prior years: 20,2					
3	Excess distributions carryover,	ıf any, to 2011:				
а	From 2006	33,542				
b	From 2007	76,622				
C	From 2008	69,335			1	
d	From 2009					
е	From 2010	66,963		•		
f	Total of lines 3a through e .		309,303			
4	Qualifying distributions for 201	1 from Part XII,				
	line 4: ▶ \$ 458,798					
	Applied to 2010, but not more					
b	Applied to undistributed incom	, ,				
	(Election required—see instruc	· L				
С	Treated as distributions out of required—see instructions) .	, ,				
d	Applied to 2011 distributable a	mount				19,281
е	Remaining amount distributed	out of corpus	439,517			
5	Excess distributions carryover	applied to 2011				
	(If an amount appears in colun					·
	amount must be shown in colu	mn (a).)				
6	Enter the net total of ear indicated below:	ch column as				
а	Corpus. Add lines 3f, 4c, and 4e	e. Subtract line 5	748,820			
b	Prior years' undistributed incline 4b from line 2b					
С	Enter the amount of prior year	rs' undistributed				
•	income for which a notice of					
	been issued, or on which the					
	tax has been previously assess	, ,				
d	Subtract line 6c from line	e 6b. Taxable				
	amount-see instructions .					
e	Undistributed income for 201	0. Subtract line				_
_	4a from line 2a. Taxable	I				
	instructions					
f	Undistributed income for 201	1. Subtract lines				
	4d and 5 from line 1. This a	mount must be				
	distributed in 2012					
7	Amounts treated as distributio	ns out of corpus				
	to satisfy requirements impo	sed by section				
	170(b)(1)(F) or 4942(g)(3) (see iii	nstructions) .				
8	Excess distributions carryove	r from 2006 not				
	applied on line 5 or line 7 (see	instructions) .	33,542			
9	Excess distributions carry					
	Subtract lines 7 and 8 from line	e 6a	715,278			
10	Analysis of line 9:	<u> </u>				
а	Excess from 2007	76,622				
b	Excess from 2008	69,335				
С	Excess from 2009	62,841				
d	Excess from 2010					
e	Excess from 2011	439,517			1	

Part 2	XIV Private Operating Founda	tione (see instru	otions and Part	VIII-A guestion 9	<u> </u>	rage 10
	If the foundation has received a ruling				7	
ıa	foundation, and the ruling is effective for					
L	Check box to indicate whether the four		•		ection	3) or 4942(j)(5)
	Enter the lesser of the adjusted net	Tax year		Prior 3 years	30tion	7342()(3)
Za	income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
	investment return from Part X for	(a) 2011	(D) 2010	(6) 2009	(u) 2000	
ь	each year listed		<u> </u>	,		
	85% of line 2a					
	line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities.					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon.					
а	"Assets" alternative test—enter.					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i) .					
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed					
С	"Support" alternative test-enter:					
	(1) Total support other than gross					
	investment income (interest, dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties)			ļ		
	(2) Support from general public and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(III)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Part	XV Supplementary Information	on (Complete th	nis part only if	the foundation h	nad \$5,000 or m	ore in assets at
	any time during the year-	-see instruction	ns.)			
1	Information Regarding Foundation	•				
а	List any managers of the foundation					by the foundation
	before the close of any tax year (but o	only if they have co	ontributed more t	nan \$5,000). (See s	section 507(a)(2).)	
NONE		100/ -	f Abo oto	ali of a sameaustin	- /	ven nortion of the
b	List any managers of the foundation ownership of a partnership or other e.			•		inge portion of the
NONE		37				
2	Information Regarding Contribution	n, Grant, Gift, Loa	an, Scholarship,	etc., Programs:		
	Check here ▶ ☐ if the foundation			_	organizations and	does not accept
	unsolicited requests for funds. If the	oundation makes	gifts, grants, etc	. (see instructions)	to individuals or o	rganizations under
	other conditions, complete items 2a,	b, c, and d.				
а	The name, address, and telephone no	umber of the perso	on to whom appli	cations should be a	addressed:	
DIREC	TOR OF PROGRAMS, POLARIS FOUND.	ATION, 2100 HIGH	NAY 55, MEDINA,	MN 55340		
b	The form in which applications should	d be submitted an	d information and	d materials they sho	ould include:	
POLA	RIS FOUNDATION GRANT APPLICATION	I 				
С	Any submission deadlines:					
NONE		 			 	
d	Any restrictions or limitations on av factors:	wards, such as b	y geographical a	areas, charitable f	ields, kinds of ins	stitutions, or other

FOCUS AREA GRANTS: EDUCATION, HEALTH, SOCIAL SERVICES, ARTS, COMMUNITY SERVICE

Total

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year SPIRIT LAKE MIDDLE SCHOOL N/A **EDUCATION** 1,000 609 28TH STREET SPIRIT LAKE, IA 51360 LAKES AREA YOUTH SERVICE BUREAU N/A **EDUCATION** 1.000 244 NORTH LAKE STREET FOREST LAKE, MN 55025 **AMERICAN RED CROSS** N/A **HEALTH** 100,000 1201 WEST RIVER PARKWAY MPLS, MN 55454 TREEHOUSE N/A **COMMUNITY SERVICE** 5,000 **4666 LINCOLN DR., SUITE 201 EDINA, MN 55436** JONES CREEK TRAIL RIDERS ASSOCIATION **COMMUNITY SERVICE** N/A 5,000 PO BOX 5278 VANCOUVER, WA 98668 SOS FOR YOUTH N/A **EDUCATION** 5.000 2017 O'NEIL ROAD HUDSON, WI 54016 **NORTHERN STAR COUNCIL COMMUNITY SERVICE** N/A 5,000 393 MARSHALL AVE ST. PAUL, MN 55102 **CATHOLIC WORLD MISSION** N/A **EDUCATION** 500 592 COLUMBUS DRIVE THORNWOOD, NY 10594 FEDERATED FOUNDATION N/A **COMMUNITY SERVICE** 25,000 121 EAST PARK SQUARE OWATONNA, MN 55060 CHILDREN'S HOSPITALS AND CLINICS OF MN N/A **HEALTH** 520 2525 CHICAGO AVE MINNEAPOLIS, MN 554 KID'S CARE CONNECTION **COMMUNITY SERVICE** N/A 2,500 17805 COUNTY ROAD 6 PLYMOUTH, MN 55447 **URBAN VENTURES** N/A **COMMUNITY SERVICE** 20,000 2924 4TH AVE S MINNEAPOLIS, MN 55408 **UNITED WAY** N/A **COMMUNITY SERVICE** 256,919 PO BOX 2949 MINNEAPOLIS, MN 55402 TEE IT UP FOR THE TROOPS **COMMUNITY SERVICE** N/A 15,000 **2422 E 117TH ST, SUITE 1 BURNSVILLE, MN 55337 MINNESOTANS' MILITARY APPRECIATION FUND COMMUNITY SERVICE** N/A 5,000 PO BOX 2070 MINNEAPOLIS, MN 55402 **DICKINSON COUNTY S.A.L.T.** COMMUNITY SERVICE N/A 5,000 PO BOX 214 SPIRIT LAKE, IA 51360 452,439 3a Approved for future payment *** ALL GRANT RECIPIENTS ARE PUBLIC CHARITIES.

Part XV	Supplementary Information (cont	inued)			_
3 Gr	ants and Contributions Paid During t			ture Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	ame and address (home or business)	or substantial contributor	recipient	contribution	
a Pa	id during the year		1		
	VN/GRYGLA SPORTSMAN'S CLUB TH AVE NW THIEF RIVER FALLS, MN	N/A		COMMUNITY SERVICE	5,000
			Ì		
To	otal			· · · · · · · • 3	a 5,000
	oproved for future payment RANT RECIPIENTS ARE PUBLIC CHARITIES.				

		lysis of Income-Producing Ac	tivities			, .	
nte	gross amounts u	inless otherwise indicated.	Unrelated bu	siness income	Excluded by secti	on 512, 513, or 514	(e)
			(a)	(b)	(c)	(d)	Related or exempt
			Business code	Amount	Exclusion code	Amount	function income (See instructions)
1	Program service	revenue:					(,
	а						
	b						
	с						
	d						
	е						
	f				<u> </u>	,	
	a Fees and con	tracts from government agencies					
2		s and assessments					
_	•				14	4	
3	_	s and temporary cash investments	-		.177		
4		terest from securities					
5		e or (loss) from real estate:					
	a Debt-finance	• •				-	
		nced property			ļ		
6		e or (loss) from personal property			1		
7		tincome					
8	Gain or (loss) from	sales of assets other than inventory					
9	Net income or (lo	oss) from special events					
10	Gross profit or (le	oss) from sales of inventory					
11	Other revenue: a	a					
	b					_	
	c						
	_1			-			
	e				 		
12	Subtotal Add co	olumns (b) (d) and (e)				4	
		olumns (b), (d), and (e)					4
13	Total. Add line 1	2, columns (b), (d), and (e)					L
13 See	Total. Add line 1 worksheet in line	2, columns (b), (d), and (e) 13 instructions to verify calculation	ıs.)	_			L
13 See Pai	Total. Add line 1 worksheet in line t XVI-B Rel	2, columns (b), (d), and (e) 13 instructions to verify calculation ationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes_	13	4
13 See Par Lin	Total. Add line 1 worksheet in line t XVI-B Rel	2, columns (b), (d), and (e) 13 instructions to verify calculation	s.) ccomplishm	ent of Exemp	ot Purposes_	13	4
13 See Par Lin	Total. Add line 1 worksheet in line t XVI-B Rel e No. Explain accompl	2, columns (b), (d), and (e) 13 instructions to verify calculation ationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes_	13	4
13 See Par Lin	Total. Add line 1 worksheet in line t XVI-B Rel	2, columns (b), (d), and (e) 13 instructions to verify calculation ationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes_	13	4
13 See Par Lin	Total. Add line 1 worksheet in line t XVI-B Rel e No. Explain accompl	2, columns (b), (d), and (e) 13 instructions to verify calculation ationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes_	13	4
13 See Par Lin	Total. Add line 1 worksheet in line t XVI-B Rel e No. Explain accompl	2, columns (b), (d), and (e) 13 instructions to verify calculation ationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes_	13	4
13 See Par Lin	Total. Add line 1 worksheet in line t XVI-B Rel e No. Explain accompl	2, columns (b), (d), and (e) 13 instructions to verify calculation ationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes_	13	4
13 See Par Lin	Total. Add line 1 worksheet in line t XVI-B Rel e No. Explain accompl	2, columns (b), (d), and (e) 13 instructions to verify calculation ationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes_	13	4
13 See Par Lin	Total. Add line 1 worksheet in line t XVI-B Rel e No. Explain accompl	2, columns (b), (d), and (e) 13 instructions to verify calculation ationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes_	13	4
13 See Par Lin	Total. Add line 1 worksheet in line t XVI-B Rel e No. Explain accompl	2, columns (b), (d), and (e) 13 instructions to verify calculation ationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes_	13	4
13 See Par Lin	Total. Add line 1 worksheet in line t XVI-B Rel e No. Explain accompl	2, columns (b), (d), and (e) 13 instructions to verify calculation ationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes_	13	4
13 See Par Lin	Total. Add line 1 worksheet in line t XVI-B Rel e No. Explain accompl	2, columns (b), (d), and (e) 13 instructions to verify calculation ationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes_	13	4
13 See Par Lin	Total. Add line 1 worksheet in line t XVI-B Rel e No. Explain accompl	2, columns (b), (d), and (e) 13 instructions to verify calculation ationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes_	13	4
13 See Par Lin	Total. Add line 1 worksheet in line t XVI-B Rel e No. Explain accompl	2, columns (b), (d), and (e) 13 instructions to verify calculation ationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes_	13	4
13 See Par Lin	Total. Add line 1 worksheet in line t XVI-B Rel e No. Explain accompl	2, columns (b), (d), and (e) 13 instructions to verify calculation ationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes_	13	4
13 See Par Lin	Total. Add line 1 worksheet in line t XVI-B Rel e No. Explain accompl	2, columns (b), (d), and (e) 13 instructions to verify calculation ationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes_	13	4
13 See Par Lin	Total. Add line 1 worksheet in line t XVI-B Rel e No. Explain accompl	2, columns (b), (d), and (e) 13 instructions to verify calculation ationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes_	13	4
13 See Par Lin	Total. Add line 1 worksheet in line t XVI-B Rel e No. Explain accompl	2, columns (b), (d), and (e) 13 instructions to verify calculation ationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes_	13	4
13 See Par Lin	Total. Add line 1 worksheet in line t XVI-B Rel e No. Explain accompl	2, columns (b), (d), and (e) 13 instructions to verify calculation ationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes_	13	4
13 See Par Lin	Total. Add line 1 worksheet in line t XVI-B Rel e No. Explain accompl	2, columns (b), (d), and (e) 13 instructions to verify calculation ationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes_	13	4
13 See Par Lin	Total. Add line 1 worksheet in line t XVI-B Rel e No. Explain accompl	2, columns (b), (d), and (e) 13 instructions to verify calculation ationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes_	13	4
13 See Par Lin	Total. Add line 1 worksheet in line t XVI-B Rel e No. Explain accompl	2, columns (b), (d), and (e) 13 instructions to verify calculation ationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes_	13	4
13 See Par Lin	Total. Add line 1 worksheet in line t XVI-B Rel e No. Explain accompl	2, columns (b), (d), and (e) 13 instructions to verify calculation ationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes_	13	4
13 See Par Lin	Total. Add line 1 worksheet in line t XVI-B Rel e No. Explain accompl	2, columns (b), (d), and (e) 13 instructions to verify calculation ationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes_	13	4
13 See Par Lin	Total. Add line 1 worksheet in line t XVI-B Rel e No. Explain accompl	2, columns (b), (d), and (e) 13 instructions to verify calculation ationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes_	13	4
13 See Par Lin	Total. Add line 1 worksheet in line t XVI-B Rel e No. Explain accompl	2, columns (b), (d), and (e) 13 instructions to verify calculation ationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes_	13	4
13 See Par Lin	Total. Add line 1 worksheet in line t XVI-B Rel e No. Explain accompl	2, columns (b), (d), and (e) 13 instructions to verify calculation ationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes_	13	4

Part	XVII		n Regarding Trans ganizations	sters to and trans	sactions and i	Relationship	ps with N	oncna	ritabi	е	
1	Did th		directly or indirectly e	ngage in any of the f	ollowing with an	v other organ	ization des	cribed		Yes	No
•	in sec	tion 501(c) of th	e Code (other than s	ection 501(c)(3) orga	nizations) or in s	ection 527. re	elating to p	olitical			
		zations?	io codo (otrior trialir o	0011011 00 1(0)(0) 01 ga	inzadorio, ci in c						
	-		porting foundation to	a nancharitable aver	nnt organization	of:					
			_						1a(1)		i
	• •							• •			
	• •	her assets .							1a(2)		 •
		transactions:							<u> </u>		
			a noncharitable exe	•					1b(1)		✓
			ets from a noncharita	• -					1b(2)		✓
			, equipment, or other						1b(3)		✓
	(4) Re	eimbursement a	rrangements						1b(4)		1
	(5) Lo	ans or loan gua	rantees						1b(5)		✓
	(6) Pe	erformance of se	ervices or membersh	p or fundraising solid	citations				1b(6)		✓
С	Sharir	ng of facilities, e	quipment, mailing lis	ts, other assets, or p	aid employees				1c		✓
			of the above is "Yes								
	value	of the goods, o	ther assets, or service	es given by the repo	rting foundation	. If the found	ation receiv	ved less	than	faır m	narket
	value	in any transaction	on or sharing arrange	ement, show in colum	nn (d) the value o	of the goods,	other asset	ts, or se	ervices	recei	ved.
(a) Line	no (t) Amount involved	(c) Name of nonch	antable exempt organization	on (d) Desc	nption of transfer	rs, transaction	s, and sha	aring arr	angem	ents
									_		
	-										
	- -										
	_										
				· · · · · · · · · · · · · · · · · · ·							
				-							
	-		-								
						<u>-</u>					
2a			ectly or indirectly aff								
			501(c) of the Code (o		l(c)(3)) or ın secti	on 527?		· · [☐ Yes	s □	No
b	If "Ye	s," complete the	e following schedule.								
		(a) Name of organ	nızatıon	(b) Type of org	anization		(c) Description	n of relation	onship		
			ì								
	Unde	r penalties of perjury,	I declare that I have examine	d this return, including accord	npanying schedules an	d statements, and	to the best of	my knowle	dge and	belief,	it is true,
Sign	сопе	ct, and complete. Dec	claration of preparer (other tha	ın taxpayer) is based on all in	formation of which pre	parer has any kno	wledge	May the	IRS disc	uss this	return
Here	1 1	raul	11. 1110C	1/25/12	VICE PRESIDE	ENT		with the	preparer	shown	below
. 1010		ature of officer or tru	ustee	Date	Title			(see instri	uctions)?	Yes	□No
	19.1	Print/Type prepare		Preparer's signature		Date	_		PTIN		
Paid								k ☐ ıf mployed			
Prep				<u>.</u>							
Use (Only	Firm's name				··-	Firm's EIN ▶				
		Firm's address ▶					Phone no				

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, 990-EZ, or 990-PF.

OMB No 1545-0047

2010

Employer identification number

THE POLARIS FOUNDATION 41-1828276 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 private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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 of \$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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_1	POLARIS INDUSTRIES INC 2100 HIGHWAY 55 MEDINA, MN 55340	\$100,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		. \$	Person

Name of organization

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person

Mama	of armonization	
Name	of organization	
	•	

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person

Name of organization

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
l		ĺ	

Name of organization

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
1		i	ı

Part III

Part III	aggregating more than \$1,000 for the year. 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.)					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
F		(e) Trans	fer of gift	L.,		
	Transferee's name, address, a	and ZIP + 4	Relation	nship 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, a		fer of gift	nship of transferor to transferee		
(a) No.						
from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held		
-	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relation	nship of transferor to transferee		
(a) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	Transferee's name, address, a		fer of gift Relation	nship of transferor to transferee		

Part III

Employer identification number

С	or organizations completing Part III, e ontributions of \$1,000 or less for the	year. (Enter this information	n once. See instructions.)	., ▶ \$
n) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descript	ion of how gift is held
		(e) Transfer of gif		
	Transferee's name, address, and	ZIP + 4	Relationship of transfer	or to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	tion of how gift is held
	Transferee's name, address, and	(e) Transfer of gif	Relationship of transfer	or to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	tion of how gift is held
		(e) Transfer of gi		
	Transferee's name, address, and ZIP + 4		Relationship of transfer	or to transferee
n) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	tion of how gift is held
		(e) Transfer of gi	t	
	Transferee's name, address, and	ZIP + 4	Relationship of transfer	or to transferee

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

THE POLARIS FOUNDATION 2011

990-PF

LINE 23- OTHER EXPENSES DETAIL

BANK CHARGES	907
FILING FEE	25
CHECK PRINTING FEES	<u>427</u>
TOTAL	1,359

PART VIII- LINE 1, INFORMATION ABOUT OFFICERS & DIRECTORS

Name	Address	Title	Compensation	Compensation to employee benefit plans and deferred compensation	Expense Account, other allowances
	2100 Highway 55				
Stacy L. Bogart	Medina, MN 55340 2100 Highway 55	President/Director Vice	none	none	none
Paul D. Moe	Medina, MN 55340 2100 Highway 55	President/Treasurer	none	none	none
Jennifer Carbert	Medina, MN 55340 2100 Highway 55	Secretary	none	none	none
Scott W. Wine	Medina, MN 55340 2100 Highway 55	Director	none	none	none
Bennett J. Morgan	Medina, MN 55340 2100 Highway 55	Director	none	none	none
Michael W. Malone	Medina, MN 55340 2100 Highway 55	Director	none	none	none
James P. Williams	Medina, MN 55340	Director	none	none	none