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

OMB No. 1545-0052

Inte	nal Reve	nue Service Note. The foundation may be able to use a co	py of this return to satisfy	y state reporting rec	quirements. Oper	n to Public Inspection
		ndar year 2012 or tax year beginning	, 2012	2, and ending		, 20
		pundation		'	yer identification number	er
		OLARIS FOUNDATION			828276	
		nd street (or P.O. box number if mail is not delivered to street address)	Room/		one number (see instruction	ons)
		HIGHWAY 55		763-	542-0571	
	-	m, state, and ZIP code		C If exe	mption application is pen	ding, check here ▶ 🗌
		A, MN 55340				
G	Check		n of a former public	charity D 1. For	eign organizations, check	chere ▶ 🗌
		☐ Final return ☐ Amended		2. For	eign organizations meetir	ng the 85% test,
		Address change Name cha		che	ock here and attach comp	outation · · ▶ 🗌
H		k type of organization: X Section 501(c)(3) exempt p		eertic	ate foundation status was in 507(b)(1)(A), check here	
Щ		on 4947(a)(1) nonexempt charitable trust		ation	, , , , ,	_
1		narket value of all assets at J Accounting method	d: L∐ Cash ∐ Ad	F II LITE	foundation is in a 60-mor	th termination
		of year (from Part II, col. (c), Other (specify)		under	section 507(b)(1)(B), che	ck here ▶ [_
		6) ► \$ 717,844 (Part I, column (d) must be	e on cash basis.)		,	
ŀΡ	art,I		(a) Revenue and	(b) Net investmen	t (c) Adjusted net	(d) Disbursements for charitable
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	expenses per books	income	income	purposes
	т		1 076 105	والمساود كوالكال المساوية		(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	1,076,125			
	2	Check ► if the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments	4		4	
Revenue	4	Dividends and interest from securities				
	5a	Gross rents		n garan a		
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10				
	b	Gross sales price for all assets on line 6a				
	7	Capital gain net income (from Part IV, line 2)				
ш.	8	Net short-term capital gain				
	9 10a	Income modifications				
	b	Less: Cost of goods sold				
	C	Gross profit or (loss) (attach schedule)	0		<u>, 1821 1989 1944</u> Gai	
	11	Other income (attach schedule)				
	12	Total. Add lines 1 through 11	1,076,129	· · · · · · · · · · · · · · · · · · ·	4 0	
_	13	Compensation of officers, directors, trustees, etc.	170707125			
enses	14	Other employee salaries and wages				
2	15	Pension plans, employee benefits	- F	ECEIVE		
ğ,	16a	Legal fees (attach schedule)				
Ω	b	Accounting fees (attach schedule)	192	APR 8 0 20		
<u>ĕ</u>	С	Other professional fees (attach schedule)	लि			
at	17	Interest				<u> </u>
St	18	Taxes (attach schedule) (see instructions)		GDEN, L		
Ę	19	Depreciation (attach schedule) and depletion				
듇	20	Occupancy				
≤	21	Travel, conferences, and meetings				
and	22	Printing and publications				
ָ פַּ	23	Other expenses (attach schedule)	1,121			1,121
Ē,	24	Total operating and administrative expenses.				
Operating and Administrative Expe		Add lines 13 through 23	1,121		0 0	_, _,
ď	25	Contributions, gifts, grants paid	440,910			440,910
_	26	Total expenses and disbursements. Add lines 24 and 25	442,031		0 0	442,031
	27	Subtract line 26 from line 12:				
	а	Excess of revenue over expenses and disbursements	634,098			
	b	Net investment income (if negative, enter -0-) .			4	
	_ c				C	

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D۵	rt II.	Attached schedules and amounts in the description column Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year		end c	of year
	التحير	should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value		(c) Fair Market Value
	1	Cash-non-interest-bearing	33,361			
	2	Savings and temporary cash investments	50,385	50,3	390	50,390
i	3	Accounts receivable ▶			7.7	
92		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) ▶			<i>.</i>	
		Less: allowance for doubtful accounts ▶				
23	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
As	10a	Investments—U.S. and state government obligations (attach schedule)				
•	b	Investments—corporate stock (attach schedule)				
	С	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment: basis ▶				
		Less: accumulated depreciation (attach schedule) ▶				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)				
	14	Land, buildings, and equipment: basis ▶				
		Less: accumulated depreciation (attach schedule) ▶	A THE STREET OF ACTUAL CONTROL OF THE STREET	and the second second	** - * *	- 72-13
	15	Other assets (describe ►)				
	16	Total assets (to be completed by all filers—see the				
		instructions. Also, see page 1, item l)	83,746	717,8	344	717,844
	17	Accounts payable and accrued expenses	33,133			
_]	18	Grants payable				
ies	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
ab	21	Mortgages and other notes payable (attach schedule)				
=	22					
	23	Other liabilities (describe Total liabilities (add lines 17 through 22)	0		0	
		Foundations that follow SFAS 117, check here >				
es		and complete lines 24 through 26 and lines 30 and 31.				
2	24	Unrestricted				
alances	25	Temporarily restricted				· · · · · · · · · · · · · · · · · · ·
<u>0</u>	26	Permanently restricted				
Net Assets or Fund B		Foundations that do not follow SFAS 117, check here ▶ □				
교		and complete lines 27 through 31.				
ō	27	Capital stock, trust principal, or current funds	83,746	717,8	44	
ş	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
Se	29	Retained earnings, accumulated income, endowment, or other funds				
Ž	30	Total net assets or fund balances (see instructions)	83,746	717,8	44	
<u>e</u>	31	Total liabilities and net assets/fund balances (see				
z		instructions)	83,746	717,8	44	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances				and the second section of the Second
		I net assets or fund balances at beginning of year-Part II, colur	mn (a), line 30 (must	agree with		
		of-year figure reported on prior year's return)			1	83,746
2	Ente	r amount from Part I, line 27a		F	2	634,098
3				<u>-</u>	3	· · · · · · · · · · · · · · · · · · ·
		lines 1, 2, and 3		· <i>;</i> · <i>;</i>	4	717,844
5	Decr	reases not included in line 2 (itemize)	·	Í	5	
_6	Tota	I net assets or fund balances at end of year (line 4 minus line 5)—F	Part II, column (b), lin	e 30	6	717,844

Part	V Capital Gains and	d Losses for Tax on Investme	nt Income				·····
		ne kind(s) of property sold (e.g., real estate, use; or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acqu (mo., day,)		(d) Date sold (mo., day, yr)
1a							
<u>b</u>	<u> </u>			ļ			
<u>c</u>							
<u>d</u> e			 -	 			·
<u> </u>	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale		(h) Gain o e) plus (f) n	
а							
<u>b</u>							
C							
<u>d</u>							
е_	Complete only for assets sho	wing gain in column (h) and owned by	the foundation	on 12/31/69			
	(I) F M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	ss of col. (i)	col. (k),		ı) gain minus ss than -0-) or n col. (h))
a							
<u>b</u>							
С							
d							
е							
2	Capital gain net income o	r (net canital inee) {	so enter in Pa enter -0- in Pa		2		
3	If gain, also enter in Part	n or (loss) as defined in sections 1 I, line 8, column (c) (see instructi	ons). If (loss)				
Pärt		ler Section 4940(e) for Reduc		lat lavantmant	3		 -
Nas t		section 4942 tax on the distributa			pase period?	•	☐ Yes ☐ No
1		qualify under section 4940(e). Do punt in each column for each year;	<u> </u>		aking any an	trice	
	(a)		See the mount		aking any en	illes.	(d)
Cale	Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value o	(c) f nonchantable-use as	ssets (c	Distrib	ution ratio ded by col. (c))
	2011	458,79	98	385,6	628	(b) airi	1.1897
	2010	74,45	54	149,8			0.4969
	2009	66,97		82,6			0.8100
	2008	72,22		588,0			0.1228
	2007	79,50)9	58,3	383		1.3619
2	Total of line 1, column (d)				. 2		3.9813
3		for the 5-year base period—divide dation has been in existence if less					.79626
4	Enter the net value of non-	charitable-use assets for 2012 fro	m Part X, line	5	. 4		425,246
5	Multiply line 4 by line 3				. 5		338,606
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)			. 6		.04
7	Add lines 5 and 6				. 7		338,606
8		ns from Part XII, line 4			. 8		442,032
	If line 8 is equal to or great Part VI instructions.	ater than line 7, check the box in F	art VI, line 1b	, and complete t	that part usir	ng a 1%	tax rate. See the

Part	M Excise I ax Based on investment income (Section 4940(a), 4940(b), 4940(e), or 49	48—8	ee ins	struc	tion	iS)
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)					
h	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		ન વધુ કેટલું જ		0
U	here \triangleright \boxtimes and enter 1% of Part I, line 27b					
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	7				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				
3	Add lines 1 and 2	3			_	0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5				0
6	Credits/Payments:			1199		
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a	- 10 · ·				
b	Exempt foreign organizations—tax withheld at source 6b	29.6				2.21
C	Tax paid with application for extension of time to file (Form 8868) . 6c 6c	_l+ a				
_d	Backup withholding erroneously withheld					
7	Total credits and payments. Add lines 6a through 6d	7				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				0
9 10	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	9				$\frac{0}{0}$
11	Enter the amount of line 10 to be: Credited to 2013 estimated tax Refunded	11				$-\frac{\sigma}{\sigma}$
	VII-A Statements Regarding Activities	<u> </u>				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation	n or die	d it		/es	No
	participate or intervene in any political campaign?		_	1a	\neg	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpolinstructions for the definition)?	oses (s	l l	1b		x
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any	materi				
	published or distributed by the foundation in connection with the activities.					
С	Did the foundation file Form 1120-POL for this year?		. 14	1c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (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 i on foundation managers. ▶ \$	mpose	d			9), 30
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		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		<u> </u>	ta l	\dashv	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		. 4	\$b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		-	5	W	X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		iv.	- 1	7	
	By language in the governing instrument, or		1.4	7 1		
	• By state legislation that effectively amends the governing instrument so that no mandatory direct	tions ti	nat 📕			
	conflict with the state law remain in the governing instrument?		. [7	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), ar	ıd Part)	⟨V []	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorne (or designate) of each state as required by General Instruction G? If "No," attach explanation	y Gene	1	3b	X	12.1.
9	Is the foundation claiming status as a private operating foundation within the meaning of section 49 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)					
	complete Part XIV	• •		9	\dashv	<u>X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule list names and addresses			10		Х

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Part	VII-A Statements Regarding Activities (continued)	
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11 X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12 X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶	13 X
14	The books are in care of ▶ PAUL MOE Telephone no. ▶ 763-5	42-0571
	Located at ► 2100 HIGHWAY 55 MEDINA, MN ZIP+4 ► 55340	
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 ▶ 15	
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	Yes No
	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.	Yes No
1a	• , , , , , , , , , , , , , , , , , , ,	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	
	the benefit or use of a disqualified person)?	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	
	foundation agreed to make a grant to or to employ the official for a period after	
_	termination of government service, if terminating within 90 days.)	
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 ▶	
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	
_	were not corrected before the first day of the tax year beginning in 2012?	1c X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	
а		校选等的
	6e, Part XIII) for tax year(s) beginning before 2012?	
	If "Yes," list the years ▶ 20 , 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	
	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 at any time during the year?	
_		
b	If "Yes," did it have excess business holdings in 2012 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 2012.)	3b
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b X

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ı ai	Otatements negarding Activities			7/20	May De I	equile	u (contin	ueu)		
5a		•					_	_		, (T)
	(1) Carry on propaganda, or otherwise attempt t		_	•	• •	•		X No		等意
	(2) Influence the outcome of any specific public		•		• •	-				
	directly or indirectly, any voter registration dr						Yes	⊠ No	1. 1. 1. 1. 1. 1. 1.	
	(3) Provide a grant to an individual for travel, stu							X No		
	(4) Provide a grant to an organization other than section 509(a)(1), (2), or (3), or section 4940(d				ation desc	ribed in 	□Yes	X No	FMS 1000000000000000000000000000000000000	
	(5) Provide for any purpose other than religious,			•	arv. or educ	ational				
	purposes, or for the prevention of cruelty to						Yes	X No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the								10	
	Regulations section 53.4945 or in a current notice								5b	
	Organizations relying on a current notice regarding	ng disa	ster assistan	ce che	ck here .					·
C	If the answer is "Yes" to question 5a(4), does t			ı exem _l	ption from	the tax				
	because it maintained expenditure responsibility	for the	grant?				☐ Yes	☐ No		Ne G
	If "Yes," attach the statement required by Regula									- T
6a	Did the foundation, during the year, receive any		-	directly	, to pay pre	emiums				
			· · · · ·				☐ Yes	X No		्र े
b	Did the foundation, during the year, pay premiun	ns, dire	ctly or indire	ctly, on	a personal	benefit	contract?	? .	6b	X
	If "Yes" to 6b, file Form 8870.						_	-		
	At any time during the tax year, was the foundation a						Yes	_		V ?
	If "Yes," did the foundation receive any proceeds								7b	
Par	Information About Officers, Direct	tors, T	rustees, F	ounda [*]	uon Mana	igers,	nighty P	aid E	mpioyees,	
1	and Contractors	- more	gore and th	oir co-	anonestic:	Jecs !-	octa otic-			
	List all officers, directors, trustees, foundation		e, and average		mpensation		Contributions	<u> </u>		
	(a) Name and address	hou	rs per week ed to position	``(lfr	not paid, iter -0-)	emplo	yee benefit perred comper	olans	(e) Expense acc other allowand	
SEE	ATTACHED	uevou	ed to hosition	en	uer -u-)	and dele	erea compe	isauOff		
~	***************************************				0			0		0
										
2	Compensation of five highest-paid employee	s (oth	er than thos	se inclu	uded on li	ne 1—	see instru	ctions	s). If none, e	enter
	"NONE."									
			(b) Title, and a	verage			(d) Contribut		(a) Evacuation	
	 (a) Name and address of each employee paid more than \$50,00 	0	hours per v	veek _	(c) Comper	sation	employee to plans and de	eferred	(e) Expense acc other allowand	ount, ces
			Gevoled to be	Joi40[[compens	ation		
NON	<u> </u>									
						Ì				
					<u> </u>					
	*									
[atal	number of other ampleyees paid ever 450 000		L		L					
otal	number of other employees paid over \$50,000 .	<u>· · · </u>	<u>· · · · · · · · · · · · · · · · · · · </u>	<u> </u>		• •	<u>· · · · </u>	. ▶	- 000 DE	
									Form 990-PF	(2012)

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Part		ign four	ndations,
	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	431,722
b	Average of monthly cash balances	1b	
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	431,722
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	5 7 71	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	431,722
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see	1 1	
	instructions)	4	6,476
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	425,246
6	Minimum investment return. Enter 5% of line 5	6	21,262
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	21,262
2a	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012. (This does not include the tax from Part VI.) 2b		
C	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	21,262
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	21,262
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	21,262
Part	Qualifying Distributions (see instructions)	1	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	3./30	
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	442,031
	Program-related investments—total from Part IX-B	1b	112,002
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:	57.54	
а	Suitability test (prior IRS approval required)	3a	
	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	442,031
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	442,031
	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.		

Part	XIII Undistributed Income (see instruction	ons)			
1	Distributable amount for 2012 from Part XI, line 7	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
					21,262
2	Undistributed income, if any, as of the end of 2012:				
a	Enter amount for 2011 only		<u>944 </u>	na Pereng nidi sekay Baran niga a	
ь	Total for prior years: 20,20,20				
3	Excess distributions carryover, if any, to 2012:				
a	From 2007				
D					
<u>ت</u>	From 2009				医 建合物电流系统
a	From 2010				
•	For the Charles And there is a	715,278		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
4	Qualifying distributions for 2012 from Part XII,	713,270			
•	line 4: ▶ \$ 442,031				
а	Applied to 2011, but not more than line 2a .			學是 Best 6 - 2 电对应 80 年 20 日	
ь	Applied to undistributed income of prior years		2): 1.090 <u></u>		
	(Election required—see instructions)				
C	Treated as distributions out of corpus (Election	المن القليب عبد الحال المناز والمار المناز			
	required—see instructions)				Secretaria de la companya della companya della companya de la companya della comp
d	Applied to 2012 distributable amount				<u>، سام در سام می کام می در </u>
е	Remaining amount distributed out of corpus	420,769			
5	Excess distributions carryover applied to 2012				<u> </u>
	(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	1,136,047			
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b		0		
C	Enter the amount of prior years' undistributed			经主义的	
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
а	Subtract line 6c from line 6b. Taxable amount—see instructions				
	Undistributed income for 2011 Subtract line		U		
е	4a from line 2a. Taxable amount—see				
	instructions			0	
		A Common		U	
ı	Undistributed income for 2012. Subtract lines 4d and 5 from line 1. This amount must be				
	distributed in 2013				21,262
7	Amounts treated as distributions out of corpus				21,202
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see instructions) .	ľ	在2000年的18.00mm。 18.00mm。18.00mm。18.00mm。18.00mm。18.00mm。18.00mm。18.00mm。18.00mm。18.00mm。18.00mm。18.00mm。18.00mm		
8	Excess distributions carryover from 2007 not				
	applied on line 5 or line 7 (see instructions) .	76 , 622			是一种的一种企业
9	Excess distributions carryover to 2013.	· · · · · · · · · · · · · · · · · · ·			
	Subtract lines 7 and 8 from line 6a	1,059,425			
10	Analysis of line 9:				
а	Excess from 2008 69, 335				
b	Excess from 2009 62,841				
C	Excess from 2010				
d	Excess from 2011				
<u>e</u>	Excess from 2012 420, 769				
	·	·			Form 990-PF (2012)

Part	XIV Private Operating Founda	tione (con instru	ctions and Port \	/II.A. guestion (I)		- Page 10
	If the foundation has received a ruling					
ıa	foundation, and the ruling is effective fo					
b	01 11 1 1 1 1 1 1 1 1 1		_	_	tion 4942(j)(3) or 4942(j)(5)
2a		Tax year	operating loundari	Prior 3 years	7001 4542()(0	7 01 +3+2()(0)
Za	income from Part I or the minimum		(h) 2011	(c) 2010	(d) 2009	(e) Total
	investment return from Part X for	(a) 2012	(b) 2011	(c) 2010	(a) 2009	
	each year listed				0	0
b	85% of line 2a	0	0	0	U	
C	,,,,,,,,,,,					0
_	line 4 for each year listed		L			0
d	Amounts included in line 2c not used directly					•
	for active conduct of exempt activities					0
е	Qualifying distributions made directly		Ì	ì	}	
	for active conduct of exempt activities.		_		_	
	Subtract line 2d from line 2c	0	0	0	0	0
3	Complete 3a, b, or c for the		·		1	
	alternative test relied upon:	ļ			ļ	
а	"Assets" alternative test—enter:					
	(1) Value of all assets		1			0
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)]			0
b	"Endowment" alternative test-enter 2/s					
	of minimum investment return shown in Part X, line 6 for each year listed					0
С	"Support" alternative test—enter:			-	-	
Ŭ	••	ļ	,		ļ	
	(1) Total support other than gross investment income (interest,					
	dividends, rents, payments on					
	securities loans (section				1	•
	512(a)(5)), or royalties)	·				0
	(2) Support from general public			1		
	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		į			0
	(4) Gross investment income					0
Part	XV Supplementary Information	n (Complete th	is part only if th	e foundation ha	d \$5,000 or mo	re in assets at
	any time during the year-	see instruction	s.)		•	
1	Information Regarding Foundation	Managers:				
а	List any managers of the foundation	who have contribu	ted more than 2%	of the total contri	butions received b	y the foundation
	before the close of any tax year (but o					,
ION				, ,, ((-/(-//	
	List any managers of the foundation	who own 10% or	more of the stock	of a corporation	(or an equally larg	ne portion of the
_	ownership of a partnership or other er					go portion or the
ION		,		o / o o o ground, into		
2	Information Regarding Contribution	Grant Gift Loo	n Sahalarahin at	o Programai		
2			•			
	Check here ▶ ☐ if the foundation					
	unsolicited requests for funds. If the f		girts, grants, etc. (s	see instructions) to	individuals or org	anizations under
	other conditions, complete items 2a, I					
а	The name, address, and telephone nu	mber or e-mail of	the person to who	m applications sho	ould be addressed:	
	ECTOR OF PROGRAMS, POL					MN 55340
b	The form in which applications should	l be submitted and	I information and m	naterials they shou	ld include:	
			_			
	ARIS FOUNDATION GRANT	APPLICATION APPLICATION	N	- 		
	Any submission deadlines:					
ION						
d	Any restrictions or limitations on aw	ards, such as by	geographical are	as, charitable fiel	ds, kinds of instit	tutions, or other
	factors:	•	- = •			

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

3 Grants and Contributions Paid During	the Year or Approve	ed for Fu	ture Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose o		Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
THE ALS ASSOCIATION					1
333 N. WASHINGTON AVE.,	İ		ļ		
MINNEAPOLIS, MN 55401	N/A		HEALTH		25,00
CHILDREN'S HOSPITAL OF MN					
2545 CHICAGO AVE. S	1		\ 		
MINNEAPOLIS, MN 55404	N/A		HEALTH		130,00
WOUNDED WARRIER PROJECT			1		
4899 BELFORT ROAD					
JACKSONVILLE, FL 32256	N/A		SOCIAL SER	RVICE	64,12
MINNESOTA ORCHESTRA					
1111 NICOLLET MALL					
MINNEAPOLIS, MN 55403	N/A		COMMUNITY	SERVICE	7,500
VERMILLION PUBLIC LIBRARY					
18 CHURCH STREET					
VERMILLION, SD 57069	N/A		COMMUNITY	SERVICE	5,000
LAKES AREA HOCKEY ASSOCIATION					
PO BOX 10					
SPIRIT LAKE, IA 51360	N/A		COMMUNITY	SERVICE	25,000
FAIRVIEW LAKES HOMECARING					
11725 STINSON BLVD.					
CHISAGO CITY, MN 55013	N/A		HEALTH		300
WARROAD CARE CENTER INC.					
1401 LAKE STREET NW					
WARROAD, MN 56763	N/A		HEALTH		5,000
WORKFORCE RESOURCE INC.					
401 TECHNOLOGY DRIVE EAST	-				
MENOMONIE, WI 54751	N/A		COMMUNITY	SERVICE	5,000
Total				▶ 3a	266,92
b Approved for future payment		l			
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			Ì		1
					Į
		·			
)		
)		
Total	_	<u> </u>	<u> </u>	> 3b	

Part XV Supplementary Information (con 3 Grants and Contributions Paid During		ed for Fu	ture Payment		
Recipient	If recipient is an individual,	Foundation	dio i dymone		
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of contrib		Amount
a Paid during the year	O Substantial Contributor				
a raid daring the year					
MPLS, ST. PAUL REG. ECON. DEV	•]		
400 ROBERT STREET N.	}				
ST. PAUL, MN 55101	N/A		COMMUNITY	SERVICE	25,000
UW-STOUT STEPS FOR GIRLS					
281 TECHNOLOGY WING					
MENOMONIE, MN 54751	N/A		COMMUNITY	SERVICE	700
GILLETTE CHILDREN'S FOUNDATION	N				
200 UNIVERSITY AVE. EAST			1		
ST. PAUL, MN 55101	N/A		HEALTH		10,000
SPIRIT LAKE KIWANIS FOUNDATION	N				
PO BOX 594					
SPIRIT LAKE, IA 51360	N/A		COMMUNITY	SERVICE	500
WPSEF			1		
PO BOX 915					
WAYZATA, MN 55391	N/A		EDUCATION		1,000
FEDERATED CHALLENGE			1		
121 EAST PARK SQUARE					
OWATONNA, MN 55060	N/A		COMMUNITY	SERVICE	25,000
HAMEL RODEO					·
P.O. BOX 141					
HAMEL, MN 55340	N/A		COMMUNITY	SERVICE	2,500
THE OPEN CUPBOARD			i		•
402 2ND AVE					
OSCEOLA, WI 54020	N/A		COMMUNITY	SERVICE	375
OSCEOLA MAINSTREET PROGRAM			1		
P.O. BOX 251					
OSCEOLA, WI 54025	N/A		COMMUNITY	SERVICE	500
Total				▶ 3a	65,575
b Approved for future payment					
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Part XV

Supplementary Information (continued)

3 Grants and Contributions Paid During	If recipient is an individual,		Laro i ayincit		Γ
Recipient	show any relationship to any foundation manager	Foundation status of recipient		of grant or bution	Amount
Name and address (home or business)	or substantial contributor	tecibieur	ļ		ļ
a Paid during the year	1		1		
FAMILY PATHWAYS			[
P.O. BOX 272]		
CAMBRIDGE, MN 55008	N/A		COMMUNITY	SERVICE	1,575
KIWI SNOWMOBILE ATV CLUB			1		
8450 237TH AVE NE			1		
STACY, MN 55079	N/A		COMMUNITY	SERVICE	2,500
DEFENDING THE BLUE LINE]		
1206 N. FRONTAGE RD.			1		
HASTINGS, MN 55033	N/A	l	COMMUNITY	SERVICE	1,374
MINNESOTA 4H FOUNDATION			l		
1420 ECKLES AVE					
ST. PAUL, MN 55108	N/A	İ	COMMUNITY	SERVICE	475
THE AMERICAN HEART ASSOCIATION	I		}		
4701 WEST 77TH STREET					1
EDINA, MN 55435	N/A		HEALTH		5,000
CAMP FOSTER YMCA					i
1769 260TH AVE	1				ì
SPIRIT LAKE, IA 51360	N/A		COMMUNITY	SERVICE	2,000
TEE IT UP FOR THE TROOPS					ļ
2422 EAST 117TH STREET					
BURNSVILLE, MN 55337	N/A		COMMUNITY	SERVICE	15,000
TREAD LIGHTLY	<u>'</u>				
353 E. 400 S.	1	ı	}		
SLC, UTAH 84111	N/A		COMMUNITY	SERVICE	8,333.34
UNITED WAY					
404 S. 8TH STREET					
MINNEAPOLIS, MN 55404	N/A		COMMUNITY		2,783
		• • •	<u> </u>	▶ 3a	38,565
b Approved for future payment	\				
			}		
			1		
Total				▶ 3b	0

Supplementary Information (continued)

Part XV

3 Grants and Contributions Paid During the Year or Approved for Future Payment						
Recipient	If recipient is an individual, show any relationship to any foundation manager	status of	Purpose o	of grant or oution	Amount	
Name and address (home or business)	or substantial contributor	recipient				
a Paid during the year			ļ			
AMERICAN CANCER SOCIETY			1			
250 WILLIAMS STREET NW						
ATLANTA, GA 30303	N/A		HEALTH		2,000	
ALZHEIMER'S ASSOCIATION			}			
7900 W 78TH ST #100						
MINNEAPOLIS, MN 55439	N/A		HEALTH		2,620	
LEUKEMIA AND LYMPHOMA SOCIETY						
1311 MAMARONEK AVE STE 310						
WHITE PLAINS, NY 10605-5223	N/A		HEALTH		1,000	
OSCEOLA MEDICAL CENTER			ļ			
PO BOX 218						
OSCEOLA, WI	N/A		HEALTH		5,000	
VOYAGEURS NATIONAL PARK						
1849 C STREET NW						
WASHINGTON DC, 20240	N/A		COMMUNITY	SERVICE	12,000	
NATIONAL FOREST FOUNDATION						
FORT MISSOULA ROAD						
MISSOULA, MT 59804	N/A		COMMUNITY	SERVICE	24,000	
NORTHSTAR ATV CLUB						
P.O. BOX 152			:			
ROSEAU, MN 56751	N/A		COMMUNITY	SERVICE	2,500	
ST. JUDES CHILDREN'S RESEARCH						
262 DANNY THOMAS PL						
MEMPHIS, TN 38105	N/A		HEALTH		2,000	
LAKES AREA YOUTH SERVICE BUREA	U .		ļ			
244 NORTH LAKE STREET						
FOREST LAKE, MN 55025			COMMUNITY	SERVICE	500	
Total				▶ 3a	51,620	
b Approved for future payment						
				ļ		
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				ļ		
				İ		
Total			L	► 3b		
				50		

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation show any relationship to Purpose of grant or status of Amount any foundation manager contribution Name and address (home or business) recipient or substantial contributor a Paid during the year HISPANIC CHAMBER OF COMMERCE 401 N ROBERT ST 3,000 ST. PAUL, MN 55101 N/A COMMUNITY SERVICE OSCEOLA COMMUNITY HEALTH FND PO BOX 218 2,500 OSCEOLA, WI 54020 N/A COMMUNITY SERVICE AUSA VESSEY CHAPTER 4541 MAJESTIC OAKS PLACE EAGAN, MN 55123 N/A COMMUNITY SERVICE 2,500 YOUNGLIFE- NORTHWEST TWIN CITIES PO BOX 47533 3,000 PLYMOUTH, MN 55447 N/A COMMUNITY SERVICE OPERATION LIVING HOPE 8300 NIAGARA LN N OSSEO, MN 55311 N/A COMMUNITY SERVICE 3,000 COON RAPIDS YOUTH HOCKEY 111000 CROOKED LAKE BLVD. COON RAPIDS, MN 55433 N/A COMMUNITY SERVICE 250 RESPITE ANGELS INC PO BOX 318 ESTHERVILLE, IA 51334 N/A HEALTH 250 COURAGE CENTER 3915 GOLDEN VALLEY ROAD MINNEAPOLIS, MN 55422 N/A 1,000 HEALTH ALEXANDRA HOUSE, INC. PO BOX 490039 N/A BLAINE, MN 55449 1,000 COMMUNITY SERVICE 16,500 **b** Approved for future payment

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or contribution status of Amount Name and address (home or business) recipient a Paid during the year LYMPHOMA RESEARCH FOUNDATION 295 DAYTON AVE, STE 200 N/A 1,250 ST. PAUL, MN 55102 HEALTH 1,725 3a **b** Approved for future payment

3b

Pa -					I	-14 -14 -14	· · · · · · · · · · · · · · · · · · ·
Ente	r gro	oss amounts unless otherwise indicated.	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions.)
1	Pro	gram service revenue:	Dusiiiess code	Amount	LACIUSION COUR	Amount	(See matructions.)
	а	3.			t		
	b						
	C						
	d				1		
	е				<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	f				 		
	Я	Fees and contracts from government agencies			 		
2	_	mbership dues and assessments			 		
_		erest on savings and temporary cash investments	<u> </u>		14	4	
3		idends and interest from securities			1 -		
-						2 25 TH3 19 7	
5		rental income or (loss) from real estate:					<u>. 1909 g. 2006 - 2011. 1.100</u>
		Debt-financed property	<u> </u>		 		
_		Not debt-financed property			ļ		
6		rental income or (loss) from personal property		<u> </u>	 	<u> </u>	<u> </u>
7		er investment income	<u> </u>		<u> </u>		
8		n or (loss) from sales of assets other than inventory					
9		income or (loss) from special events				i	
10	Gro	oss profit or (loss) from sales of inventory			<u> </u>		
11	Oth	er revenue: a					
	b						
	С						
	d			 	†		
	_				 		····
12	Suk	total. Add columns (b), (d), and (e)		0		4	0
					ريح حديث حديث حدول	13	4
						··3	
(See	wor	ksheet in line 13 instructions to verify calculation	ns.)				
See Par	wor	ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A	ns.) Accomplishm	ent of Exemp	t Purposes		
See Par Line	wor	ksheet in line 13 instructions to verify calculation Relationship of Activities to the A	ns.) Accomplishm	ent of Exemp	t Purposes		
See Par Line	wor t X e No	ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A	ns.) Accomplishm	ent of Exemp	t Purposes		
See Par Line	wor t X e No	ksheet in line 13 instructions to verify calculation Relationship of Activities to the A	ns.) Accomplishm	ent of Exemp	t Purposes		
See Par Line	wor t X e No	ksheet in line 13 instructions to verify calculation Relationship of Activities to the A	ns.) Accomplishm	ent of Exemp	t Purposes		
See Par Line	wor t X e No	ksheet in line 13 instructions to verify calculation Relationship of Activities to the A	ns.) Accomplishm	ent of Exemp	t Purposes		
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See Par Line	wor t X e No	ksheet in line 13 instructions to verify calculation Relationship of Activities to the A	ns.) Accomplishm	ent of Exemp	t Purposes		
See Par Line	wor t X e No	ksheet in line 13 instructions to verify calculation Relationship of Activities to the A	ns.) Accomplishm	ent of Exemp	t Purposes		

		Exempt Or	ganizations								
1	in se		directly or indirectly ne Code (other than							Yes	No No
а	Trans	sfers from the rep	porting foundation t	to a nonch	naritable exempt or	ganization	of:				
		Cash								1a(1)	X
	• •	Other assets .								1a(2)	X
ь	• •	r transactions:									
_			a noncharitable ex	empt orga	anization					1b(1)	Х
			ets from a noncharit						• •	1b(2)	$+\frac{x}{x}$
			, equipment, or oth		•					1b(3)	X
											$+\frac{x}{x}$
			rrangements							1b(4)	$\frac{1}{X}$
		oans or loan gua							• •	1b(5)	
	• •		ervices or members	•	_					1b(6)	X
C		_	quipment, mailing l		•					1c	X
d			of the above is "Ye								
			ther assets, or serv								
			on or sharing arrang								
(a) Line	no.	(b) Amount involved	(c) Name of nonc	charitable ex	empt organization	(d) Descr	iption of transfe	ers, transactio	ns, and sha	ring arrange	ments
	1										
						†					
	- +					 					
						 			<u>_</u>		
	-+					 					
	-+		 			 					
	-+					 					
	_+					 					
						ļ					
						 					
											
						<u> </u>					
							-				
	desc	ribed in section 5 es," complete the	ectly or indirectly a 501(c) of the Code (a following schedule	other than	n section 501(c)(3))			· . · .	· · [] Yes []	No
		(a) Name of organ	ization	}	(b) Type of organization			(c) Descriptio	n ot relation	nship	
				 							
				_			·				
				 							
				<u> </u>							
				<u> </u>							
			declare that I have examin						my knowled	lge and belief,	it is true,
Sign	COME	ect, and complete. Decil	aration of preparer (other the	nan taxpayer)	is based on all information	of which prepared	arer nas any kno	wieage.	May the If	RS discuss thi	is return
Here		rane	0.1110c		4/25/13 VI	CE PRE	SIDENT		with the p	reparer show	n below
		nature of officer or trus	stee		Date Title				(see instru	ctions)? [Ye	а∏ио
Dai-1		Print/Type preparer		Preparer	's signature		Date	705	. D . F	TIN	
Paid		1			-				k [if [mployed]		
Prepa							ــــــــــــــــــــــــــــــــــــــ				
Jse (nly	Firm's name						Firm's EIN		 -	
		Firm's address ▶						Phone no.		000 5	F
									Fo	orm 990-P	r (2012)

Information Regarding Transfers To and Transactions and Relationships With Noncharitable

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Name of	the organization		Employer identification number		
THE I	POLARIS FOUNI	DATION		41-1828276	
Organiz	zation type (check on	e):			
Filers o	f:	Section:			
Form 99	90 or 990-EZ	☐ 501(c)() (er	nter number) organization		
		☐ 4947(a)(1) nonexer	npt charitable trust not treated as a private for	undation	
		☐ 527 political organ	zation		
Form 99	00-PF	∑ 501(c)(3) exempt p	rivate foundation		
		☐ 4947(a)(1) nonexer	npt charitable trust treated as a private founda	ation	
		☐ 501(c)(3) taxable p	rivate foundation		
	nly a section 501(c)(7)	•	Rule or a Special Rule. In can check boxes for both the General Rule in	and a Special Rule. See	
Genera	l Rule				
X		iling Form 990, 990-EZ, ne contributor. Comple	or 990-PF that received, during the year, \$5,000 e Parts I and II.	000 or more (in money or	
Special	Rules				
	under sections 509(a)(1) and 170(b)(1)(A)(vi) : 000 or (2) 2% of the am	rm 990 or 990-EZ that met the 331/3 % suppor and received from any one contributor, during ount on (i) Form 990, Part VIII, line 1h, or (ii) F	the year, a contribution of	
	during the year, total	contributions of more ti	on filing Form 990 or 990-EZ that received from nan \$1,000 for use exclusively for religious, cha f cruelty to children or animals. Complete Part	aritable, scientific, literary,	
	during the year, cont not total to more tha year for an exclusive applies to this organi	ributions for use exclus n \$1,000. If this box is o ly religious, charitable, e ization because it receiv	on filing Form 990 or 990-EZ that received fro ively for religious, charitable, etc., purposes, be hecked, enter here the total contributions tha etc., purpose. Do not complete any of the part red nonexclusively religious, charitable, etc., o	out these contributions did t were received during the as unless the General Rule contributions of \$5,000 or	
990-EZ,	or 990-PF), but it mu	st answer "No" on Part	General Rule and/or the Special Rules does not IV, line 2 of its Form 990; or check the box or not meet the filing requirements of Schedule	nt file Schedule B (Form 990, I line H of its Form 990-EZ or on	

Schedule B	(Form §	990,	990-EZ,	or 99	0-PF)	(2012

age 2

Name of organization
THE POLARIS FOUNDATION

Employer identification number 41–1828276

Part I	Contributors (see instructions). Use duplicate co	oples of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	POLARIS INDUSTRIES INC. 2100 HIGHWAY 55 MEDINA, MN 55340	\$ 1,076,125	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

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Noncash Property (see instructions). Use duplicate co	opies of Part II if additional space	ce is needed.
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
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	\$	
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	 \$	
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Name of organization THE POLARIS FOUNDATION

Part III

Employer identification number

41-1828276

Part III	Exclusively religious, charitable, e that total more than \$1,000 for the For organizations completing Part II contributions of \$1,000 or less for to Use duplicate copies of Part III if ad	e year. Complete co I, enter the total of e he year. (Enter this in	lumns (a) through (xclusively religious, nformation once. S	charitable, etc.,				
(a) No. from Part I	(b) Purpose of gift			(d) Description of how gift is held				
	Transferee's name, address, a		fer 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				
-	(e) Transfer of gift							
	Transferee's name, address, a		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				
		(e) Trans	fer of gift					
	Transferee's name, address, a		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				
		(A) Trans	fer of gift					
	Transferee's name, address, a		-	ship of transferor to transferee				

THE POLARIS FOUNDATION 2012 990-PF

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LINE 23- OTHER EXPENSES DETAIL

BANK CHARGES	871	
FILING FEE	25	
CHECK PRINTING FEES	225	
TOTAL	1,121	

THE POLARIS FOUNDATION 2012 990-PF

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	Director	none	none	none
Michael W. Malone	2100 Highway 55 Medina, MN 55340 2100 Highway 55	Director	none	none	none
James P. Williams	Medina, MN 55340	Director	none	none	none