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Return of Private Foundation

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

OMB No. 1545-0052

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For calendar year 2013 or tax year beginning , 2013, and ending 20 A Employer identification number Name of foundation THE POLARIS FOUNDATION 41-1828276 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 763-542-0571 2100 HIGHWAY 55 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here ▶ MEDINA, MN 55340 ☐ Initial return Initial return of a former public charity G Check all that apply: D 1. Foreign organizations, check here Amended return ☐ Final return 2. Foreign organizations meeting the 85% test, ☐ Address change ☐ Name change check here and attach computation E If private foundation status was terminated under **H** Check type of organization:

⊠ Section 501(c)(3) exempt private foundation section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust

Other taxable private foundation Fair market value of all assets at J Accounting method:
☐ Cash ☐ Accrual If the foundation is in a 60-month termination end of year (from Part II, col. (c), Other (specify) under section 507(b)(1)(B), check here line 16) ▶ \$ 275, 163 (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for chantable amounts in columns (b), (c), and (d) may not necessarily equal expenses per books purposes (cash basis only) income income the amounts in column (a) (see instructions).) 1 Contributions, gifts, grants, etc., received (attach schedule) 437,778 2 Check ▶ ☐ if the foundation is **not** required to attach Sch. B 3 Interest on savings and temporary cash investments 4 4 Dividends and interest from securities 5a h Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 Operating and Administrative Expenses, AW GRANNY Revenue Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) . . . Income modifications 10a Gross sales less returns and allowances Less: Cost of goods sold . . . 0 Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 437,782 **Total.** Add lines 1 through 11 . 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) 10 - 00 - 10 C -Accounting fees (attach schedule) 0 Other professional fees (attach schedule) . . . 101 lõ 17 Ö 18 Taxes (attach schedule) (see instructions) . . . 30 1 65 19 Depreciation (attach schedule) and depletion . . 20 21 Travel, conferences, and meetings Printing and publications 22 23 Other expenses (attach schedule) 1,035 1,035 24 Total operating and administrative expenses. Add lines 13 through 23 0 0 1,035 1,035 879,428 25 Contributions, gifts, grants paid 0 26 Total expenses and disbursements. Add lines 24 and 25 880,463 0 1,035 27 Subtract line 26 from line 12: Excess of revenue over expenses and disbursements (442,681 4 **Net investment income** (if negative, enter -0-) Adjusted net income (if negative, enter -0-)

Form **990-PF** (2013)

D۵	rt II	Attached scriedules and amounts in the description column	beginning or year		Elia oi	year
Гσ	II L	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)	(a) Book Value	(b) Book Valu	e	(c) Fair Market Value
	1	Cash—non-interest-bearing	667,454	224,	769	224,769
	2.	Savings and temporary cash investments	50,390	50,	394	50,394
	3	Accounts receivable ▶	, <u> </u>	•		
		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)			1	
	7	Other notes and loans receivable (attach schedule) ▶			1	
		Less: allowance for doubtful accounts ▶			f	
တ္	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) ▶				
	15	Other assets (describe ►				
	16	Total assets (to be completed by all filers—see the				
		instructions. Also, see page 1, item l)	717,844	275,	163	275,163
	17	Accounts payable and accrued expenses	, , , , , , , , , , , , , , , , , , ,			
,	18	Grants payable				
<u>ië</u>	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
ם	21	Mortgages and other notes payable (attach schedule)				
-	22	Other liabilities (describe ▶)				
	23	Total liabilities (add lines 17 through 22)	0		0	
		Foundations that follow SFAS 117, check here ▶ □				
alances		and complete lines 24 through 26 and lines 30 and 31.				
Ĕ	24	Unrestricted				
뼔	25	Temporarily restricted				
9	26	Permanently restricted				
Ĕ		Foundations that do not follow SFAS 117, check here ▶ □				
ᄄ		and complete lines 27 through 31.				
Net Assets or Fund B	27	Capital stock, trust principal, or current funds	717,844	275,	163	
ध्र	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
556	29	Retained earnings, accumulated income, endowment, or other funds				
۲	30	Total net assets or fund balances (see instructions)	717,844	275,	163	
<u>ē</u>	31	Total liabilities and net assets/fund balances (see				
~		instructions)	717,844	275,	163	
	rt III	Analysis of Changes in Net Assets or Fund Balances				
1		I net assets or fund balances at beginning of year-Part II, colur				
	end-	of-year figure reported on prior year's return)			1	717,844
2		r amount from Part I, line 27a			2	(442,681)
3	Othe	er increases not included in line 2 (itemize) ▶			3	
4	Add	lines 1, 2, and 3			4	275,163
5	Decr	reases not included in line 2 (Itemize) ▶			5	
6	Tota	reases not included in line 2 (itemize) I net assets or fund balances at end of year (line 4 minus line 5)—F	Part II, column (b), line	930	6	275,163

		ind(s) of property sold (e.g , real estate, or common stock, 200 shs MLC Co)		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo, day, yr)	d (d) Date sold (mo , day, yr)
<u>1a</u>						
<u>b</u>			_		 .	
<u>c</u>						
<u>d</u>						
<u>е</u>	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis		Gain or (loss) us (f) minus (g)
<u>а</u> b						
C						
d						
e						
	Complete only for assets showing	ng gain in column (h) and owned by the	ne foundation	on 12/31/69	(I) Gains ((Col (h) gain minus
	(i) F M.V as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any	col (k), but	not less than -0-) or es (from col (h))
a						
<u>b</u>						
C						
<u>d</u>						
<u>е</u>						
2	Capital gain net income or (r	let capital loss) { If (loss), en	enter in Pa ter -0- in Pai	rt I, line 7	2	
3	If gain, also enter in Part I,	or (loss) as defined in sections 12: line 8, column (c) (see instruction	ns). If (loss)	, enter -0- in \		
Part		Section 4940(e) for Reduce			3	
_		te foundations subject to the sec				
Was t	tion 4940(d)(2) applies, leave t he foundation liable for the se s," the foundation does not qu	ction 4942 tax on the distributabl		any year in the ba	ase period?	☐ Yes ☐ No
		aliny under section 4540(c). Do n	ot complete		ase periou:	_ 163 <u>_</u> 140
1	Enter the appropriate amour	nt in each column for each year; s		this part.		
1	Enter the appropriate amour (a) Base penod years endar year (or tax year beginning in)		ee the instru	this part.	king any entrie	
1	(a) Base period years	nt in each column for each year; s (b) Adjusted qualifying distributions	ee the instru	this part. uctions before ma (c)	king any entrie	PS. (d) Distribution ratio (b) divided by col (c))
1	(a) Base penod years endar year (or tax year beginning in)	nt in each column for each year; s	Net value of	this part. uctions before ma (c) f nonchantable-use ass	king any entrie	es. (d) Distribution ratio
1	(a) Base penod years endar year (or tax year beginning in) 2012	nt in each column for each year; s (b) Adjusted qualifying distributions 442,033	Net value of	this part. uctions before ma (c) f nonchantable-use ass	king any entries	Distribution ratio (b) divided by col (c)) 1.0395
1	(a) Base penod years endar year (or tax year beginning in) 2012 2011 2010 2009	t in each column for each year; s (b) Adjusted qualifying distributions 442,033 458,798 74,454 66,979	Net value of	this part. uctions before ma (c) f nonchantable-use ass 425,2 385,6 149,8 82,6	king any entrie	Distribution ratio (b) divided by col (c)) 1.0395 1.1897 0.4969
1	(a) Base penod years endar year (or tax year beginning in) 2012 2011 2010	t in each column for each year; s (b) Adjusted qualifying distributions 442,033 458,798 74,454	Net value of	this part. uctions before ma (c) f nonchantable-use ass 425,2 385,6 149,8	king any entrie	(d) Distribution ratio (b) divided by col (c)) 1.0395 1.1897 0.4969 0.8100
1	(a) Base penod years endar year (or tax year beginning in) 2012 2011 2010 2009	t in each column for each year; s (b) Adjusted qualifying distributions 442,033 458,798 74,454 66,979	Net value of	this part. uctions before ma (c) f nonchantable-use ass 425,2 385,6 149,8 82,6 588,0	king any entries (col	Distribution ratio (b) divided by col (c)) 1.0395 1.1897 0.4969 0.8100 0.1228
1 Cale	(a) Base penod years endar year (or tax year beginning in) 2012 2011 2010 2009 2008 Total of line 1, column (d) Average distribution ratio for	Adjusted qualifying distributions 442,033 458,798 74,454 66,978 72,228	Net value of	this part. uctions before ma (c) f nonchantable-use ass 425,2 385,6 149,8 82,6 588,0	king any entrie	Distribution ratio (b) divided by col (c)) 1.0395 1.1897 0.4969 0.8100 0.1228
Cale	(a) Base penod years endar year (or tax year beginning in) 2012 2011 2010 2009 2008 Total of line 1, column (d) Average distribution ratio for	t in each column for each year; s (b) Adjusted qualifying distributions 442,033 458,798 74,454 66,978 72,228	Net value of	this part. uctions before ma (c) f nonchantable-use ass 425,2 385,6 149,8 82,6 588,0	king any entries (col	Distribution ratio (b) divided by col (c)) 1.0395
Cale	(a) Base penod years endar year (or tax year beginning in) 2012 2011 2010 2009 2008 Total of line 1, column (d) Average distribution ratio for number of years the foundat	Adjusted qualifying distributions 442,033 458,798 74,454 66,978 72,228	Net value of	this part. uctions before ma (c) f nonchantable-use ass 425,2 385,6 149,8 82,6 588,0	king any entries (col 246 528 324 584 058 .	Distribution ratio (b) divided by col (c)) 1.0395 1.1897 0.4969 0.8100 0.1228
2 3	Base penod years endar year (or tax year beginning in) 2012 2011 2010 2009 2008 Total of line 1, column (d) Average distribution ratio for number of years the foundat Enter the net value of nonch	Adjusted qualifying distributions 442,033 458,798 74,454 66,975 72,229 The 5-year base period—divide to the street of the stre	Net value of the instruction of	this part. uctions before ma (c) f nonchantable-use ass 425,2 385,6 149,8 82,6 588,0	king any entries (col	Distribution ratio (b) divided by col (c)) 1.0395 1.1897 0.4969 0.8100 0.1228 3.6589
2 3	Base penod years endar year (or tax year beginning in) 2012 2011 2010 2009 2008 Total of line 1, column (d) Average distribution ratio for number of years the foundat Enter the net value of nonch Multiply line 4 by line 3	Adjusted qualifying distributions 442,033 458,798 74,454 66,975 72,225 The 5-year base period—divide to a situation has been in existence if less to aritable-use assets for 2013 from	Net value of the instruction of	this part. uctions before ma (c) f nonchantable-use ass 425,2 385,6 149,8 82,6 588,0	king any entries sets (col 246 528 324 584 058 .	Distribution ratio (b) divided by col (c)) 1.0395 1.1897 0.4969 0.8100 0.1228 3.6589 .73178 329,718
2 3 4 5	Base penod years endar year (or tax year beginning in) 2012 2011 2010 2009 2008 Total of line 1, column (d) Average distribution ratio for number of years the foundat Enter the net value of nonch Multiply line 4 by line 3 Enter 1% of net investment	Adjusted qualifying distributions 442,033 458,798 74,454 66,975 72,229 The 5-year base period—divide the strong has been in existence if less the aritable-use assets for 2013 from	Net value of Net v	this part. uctions before ma (c) f nonchantable-use ass 425,2 385,6 149,8 82,6 588,0 ine 2 by 5, or by t	king any entries sets (col	Distribution ratio (b) divided by col (c)) 1.0395 1.1897 0.4969 0.8100 0.1228 3.6589 .73178

Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	48-9	see in	stru	ctio	ns)
	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.					,
	······································					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► ⊠ and enter 1% of Part I, line 27b	1				0
_	here ► ⊠ and enter 1% of Part I, line 27b					
С	Part I, line 12, col. (b).					
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:					
а	2013 estimated tax payments and 2012 overpayment credited to 2013 6a					
b	Exempt foreign organizations—tax withheld at source 6b					
С	Tax paid with application for extension of time to file (Form 8868) . 6c					1
d	Backup withholding erroneously withheld 6d					
7	Total credits and payments. Add lines 6a through 6d	7				0
8	Enter any penalty for underpayment of estimated tax. Check here \Box if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9				0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				0
11	Enter the amount of line 10 to be: Credited to 2014 estimated tax ▶ Refunded ▶	11				0
Part	VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation	or di	d it		Yes	
_	participate or intervene in any political campaign?		.	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpo Instructions for the definition)?	ses (: 	see	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any a published or distributed by the foundation in connection with the activities.	mater	ials			
С	Did the foundation file Form 1120-POL for this year?		-	1c		X
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 in on foundation managers. ▶ \$	npose	ed			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
•	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, a incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		S OT	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		. [4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		. [4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		. [5		X
c	If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					l
6	 By language in the governing instrument, or 					
	 By state legislation that effectively amends the governing instrument so that no mandatory direct 	ione t	hat			
	conflict with the state law remain in the governing instrument?			6	Χ	
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			7	X	
, 8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	ı Fait.	^ '	-		-
	= 1.10 States to Which the loandation reports of 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 Attorney	Gene	eral			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		I-	8b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 494					
_	4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)?					
	complete Part XIV			9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule list					
	names and addresses		.	10		Х

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		Х
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		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ►			
14	The books are in care of ▶ PAUL MOE Telephone no. ▶ 763-54	2-05	571	
46	Located at ► 2100 HIGHWAY 55 MEDINA, MN ZIP+4 ► 55340 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here		·	
15	and enter the amount of tax-exempt interest received or accrued during the year		•	
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No X
	See the instructions for exceptions and filing requirements for 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	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes			
	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			
С	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 2013?	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	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013?			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
b				
	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 2013 as a result of (1) any purchase by the foundation or			
J	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 2013.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?	4b		X

Part	VII-B	Statements Regarding Activities	for V	Vhich Form	4720	May Be F	equire	ed (contin	nued)			
5a	_	the year did the foundation pay or incur a	-					_	_			
		ry on propaganda, or otherwise attempt t						☐ Yes	X No	·		
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?									- 1		
								∐ Yes	⊠ No	1 1		
		vide a grant to an individual for travel, stu						Yes	⊠ No	' [İ	
		vide a grant to an organization other thar tion 509(a)(1), (2), or (3), or section 4940(d						_	তো ১			
		vide for any purpose other than religious,						∐ Yes □	X No			
		poses, or for the prevention of cruelty to c						⊓Yes	X No			
ь		nswer is "Yes" to 5a(1)–(5), did any of the										
_		ions section 53.4945 or in a current notice								5b		
	-	zations relying on a current notice regardi	_	-		•			▶□			
С	_	nswer is "Yes" to question 5a(4), does t	_							'		
		e it maintained expenditure responsibility							□No	.		
	If "Yes,	" attach the statement required by Regula	tions s	ection 53.49	45–5(d).							
6a		foundation, during the year, receive any					emiums	}		1		
		rsonal benefit contract?						☐ Yes	X No	1		
b	Did the	foundation, during the year, pay premium	ns, dire	ctly or indire	ctly, on	a personal	benefi	t contract	?.	6b		X
	If "Yes"	to 6b, file Form 8870.										
		me during the tax year, was the foundation a						☐ Yes	X No			
		did the foundation receive any proceeds								7b		
Part	VIII	Information About Officers, Direc	tors, 1	Γrustees, F	ounda	tion Mana	agers,	Highly F	Paid E	mploye	es,	
	1:-4-!!	and Contractors			. !							
1	LIST all	officers, directors, trustees, foundation		agers and the e, and average		npensation		Contributions				
		(a) Name and address	hou	rs per week ed to position	i (lf r	not paid, ter -0-)	emplo	yee benefit perred compe	plans	(e) Exper other a	nse acco Illowance	
SEF	ATTACH	IED	devoi	ed to position	en	ter -u-)	and der	errea compe	nsation	1		
200	11 11101	1110				0			0			0
									<u>~</u>			<u> </u>
												
2		nsation of five highest-paid employee	s (oth	er than thos	se incli	uded on li	ne 1—	see instr	uction	s). If no	ne, er	nter
	"NONE			r		Г						
			_	(b) Title, and a	verage			(d) Contribution		(e) Exper	se acco	unt.
(a) Name a	nd address of each employee paid more than \$50,00	0	hours per v devoted to pe		(c) Comper	sation	plans and c	leferred	other a	llowance	s .
				-				compens	alion			
NONE												
						,	~-				_	
												
		· · · · · · · · · · · · · · · · · · ·										
Total :	number	of other employees paid over \$50,000 .							. ▶			

Part	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Em and Contractors (continued)	ployees,
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter "NON	."
	• (a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
		· · · · · · · · · · · · · · · · · · ·
		
	······································	
Total	number of others receiving over \$50,000 for professional services	
Part	IX-A Summary of Direct Charitable Activities	
List	the foundation's four largest direct chantable 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 _		
-		
Part	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 1	N/A	***
-	<u></u>	
-		
2		
_		
	other program-related investments. See instructions	
3 _		
-		
[otal	Add lines 1 through 3	
vial.	Add lines 1 through 3	(

Part	X Minimum Investment Return (All domestic foundations must complete this part. Fore	ign foun	dations,
	şee 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	334,739
b	Average of monthly cash balances	1b	
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	334,739
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	334,739
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see		
	instructions)	4	5,021
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	329,718
6	Minimum investment return. Enter 5% of line 5	6	16,486
Part		oundation	ons
	and certain foreign organizations check here ▶ □ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	16,486
2a	Tax on investment income for 2013 from Part VI, line 5 2a		
b	Income tax for 2013. (This does not include the tax from Part VI.) 2b	1	
С	Add lines 2a and 2b	2c	C
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	16,486
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	16,486
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	16,486
D			•
Part	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	880,463
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	880,463
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	880,463
	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	Vill Undistributed income (see instruction	ons)			-
1	Distributable amount for 2013 from Part XI,	(a) Corpus	(b) Years pnor to 2012	(c) 2012	(d) 2013
	line 7				16,486
2	Undistributed income, if any, as of the end of 2013:				
а	Enter amount for 2012 only			_	
b	Total for pnor years: 20,20,20				
3	Excess distributions carryover, if any, to 2013:	i			
а	From 2008				
b	From 2009				
C	From 2010				
d	From 2011 439, 517				
е	From 2012 420,769				
f	Total of lines 3a through e	1,059,425			
4	Qualifying distributions for 2013 from Part XII,				
	line 4: ▶ \$ 880, 463				
а	Applied to 2012, but not more than line 2a .]		
b	Applied to undistributed income of prior years				
	(Election required—see instructions)			ļ	
С	Treated as distributions out of corpus (Election	=			
	required—see instructions)				
d	Applied to 2013 distributable amount				
e	Remaining amount distributed out of corpus	863,977		•	
5	Excess distributions carryover applied to 2013	005,517			· · · · · · · · · · · · · · · · · · ·
	(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:				
_		1 000 400			
a	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,923,402			
D	Prior years' undistributed income. Subtract line 4b from line 2b		0		
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable amount—see instructions		0		
е	Undistributed income for 2012. Subtract line			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
•	4a from line 2a. Taxable amount—see				ļ
	instructions			0	
f	Undistributed income for 2013. Subtract lines				
•	4d and 5 from line 1. This amount must be				
	distributed in 2014				16,486
7	Amounts treated as distributions out of corpus				10,100
•	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2008 not				<u>. j</u>
	applied on line 5 or line 7 (see instructions) .	69,335			
9	Excess distributions carryover to 2014.	0,000			
-	Subtract lines 7 and 8 from line 6a	1,854,067			
10	Analysis of line 9:	1,004,007			
а	Excess from 2009 62,841				
b	Excess from 2010				
-	Excess from 2011		ļ		
۲ C	Excess from 2012				
d					· ·
е	Excess from 2013 863, 977	!	I	į	Į.

Part)	
1a	If the foundation has received a ruling foundation, and the ruling is effective fo					
b	Check box to indicate whether the four	ndation is a private	operating foundat	non described in se	ection	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		/ . =
	income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
	investment return from Part X for each year listed					0
b	85% of line 2a	0	0	0	0	0
	Qualifying distributions from Part XII,			· · · ·	<u> </u>	
	line 4 for each year listed					0
d	Amounts included in line 2c not used directly for active conduct of exempt activities					0
e	Qualifying distributions made directly 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 alternative test relied upon:					
а	"Assets" alternative test - enter:					
	(1) Value of all assets					0
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					0
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)					0
	(2) Support from general public and 5 or more exempt organizations as provided in					0
	section 4942(j)(3)(B)(iii) (3) Largest amount of support from					
	an exempt organization					0
	(4) Gross investment income	(0 1 - 1 - 4 - 4 -	: 4 1- 16 Al-	<i>6</i>	1 &5 000	0
Part				ne toundation n	aa \$5,000 or m	ore in assets at
	any time during the year-		IS.)		 	
1_	Information Regarding Foundation		A	/ -f.4h 4-4-14.	المالية المالية المالية المالية المالية	L 4L
а	List any managers of the foundation value before the close of any tax year (but of					by the foundation
	before the close of any tax year (but o	only if they have co	minouted more th	an \$5,000). (See S	ection 507(d)(2).)	
NONE		1 100/			, , , , , , , , , , , , , , , , , , , ,	
b	List any managers of the foundation ownership of a partnership or other er					rge portion of the
<u>NONE</u>	 					
2	Information Regarding Contribution Check here ▶ ☐ if the foundation unsolicited requests for funds. If the f other conditions, complete items 2a, I	only makes controundation makes	ibutions to presel	lected charitable	_	
a	The name, address, and telephone nu		dress of the perso	on to whom applic	ations should be a	ddressed:
	CTOR OF PROGRAMS, POLARIS		•			
	The form in which applications should					
DOI 7	RIS FOUNDATION GRANT APPLI	СДТІОМ				
	Any submission deadlines:	OTTI TON			_ .	
NONE						
	Any restrictions or limitations on aw factors:	vards, such as by	/ geographical ar	eas, charitable fie	elds, kinds of inst	titutions, or other
FOCU	S AREA GRANTS: EDUCATION,	HEALTH, SOCI	AL SERVICES,	ARTS, COMMU	NITY SERVICE	

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a Paid during the year			-	
GREATER TWIN CITIES UNITED WAY				
404 S 8TH ST	hī / 7		COMMINITAL CERUTOR	F0F 0C
MINNEAPOLIS, MN 55404	N/A		COMMUNITY SERVICE	525,965
FOREST LAKE AREA MUSIC BOOSTERS PO BOX 11				
FOREST LAKE, MN 55025	N/A		EDITOR TON	2 400
ALS ASSOCIATION- MN CHAPTER	N/A		EDUCATION	2,400
333 N WASHINGTON AVE				
MINNEAPOLIS, MN 55401	N/A		HEALTH	25 000
FLOOD RUN INC.	N/A		neal in	25,000
PO BOX 832				į
LAKELAND, MN 55043	N/A		 COMMUNITY SERVICE	10,000
INDIA ASSOCIATION OF MINNESOTA	N/A		COMMONITI SERVICE	10,000
P.O. BOX 130158				
ST. PAUL, MN 55113	N/A		COMMUNITY SERVICE	7,500
SPECIAL OLYMPICS MN	IN/ A		COPRIONITI SERVICE	7,500
100 WASHINGTON AVE S SUITE 550				
MINNEAPOLIS, MN 55401	N/A		SOCIAL SERVICES	3,000
LIFECARE MEDICAL CENTER				
715 DELMORE DRIVE				
ROSEAU, MN 56726	N/A		HEALTH	1,000
CYSTIC FIBROSIS FOUNDATION				
8011 34TH AVE S # 116				
MINNEAPOLIS, MN 55425	N/A		HEALTH	4,000
INTERFAITH OUTREACH & COMMUNITY PART	NERS			
1605 COUNTY RD 101 N				
PLYMOUTH, MN 55447	N/A		COMMUNITY SERVICE	8,000
Total		· · · · ·	▶ 3a	586,865
b Approved for future payment				
Total			▶ 3b	

Total

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 Name and address (home or business) recipient or substantial contributor a Paid during the year NEW PATHWAYS INC. PO BOX 366, 310 ASHLAND ST SO. CAMBRIDGE, MN 55008 N/A SOCIAL SERVICES 600 NORTHSTAR ATV CLUB PO BOX 152 ROSEAU, MN 56751 N/A COMMUNITY SERVCE 1,000 NORTHWEST COMMUNITY ACTION REACH OUT P.O. BOX 67 BADGER, MN 56714 N/A COMMUNITY SERVICE 2,500 BEDELL FAMILY YMCA 1900 41ST STREET SPIRIT LAKE, IA 51360 N/A COMMUNITY SERVICE 200 UPPER DES MOINES OPPORTUNITY INC. 1575 13TH STREET SPIRIT LAKE, IA 51360 N/A COMMUNITY SERVICE 500 NORTHWEST IOWA HUMANE SOCIETY 607 28TH STREET MILFORD, IA 51351 N/A SOCIAL SERVICES 275 ROSEAU FOOD SHELF 309 7TH AVE SE ROSEAU, MN 56751 N/A SOCIAL SERVICES 500 THE FOREST LAKE AREA CHILDREN'S FUND 25701 FOREST BLVD. N. FOREST LAKE, MN N/A COMMUNITY SERVICE 500 FAIRVIEW LAKES COMMUNITY HEALTH 5200 FAIRVIEW BLVD. WYOMING, MN 55092 N/A HEALTH 250 За 6,325 **b** Approved for future payment

Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				
AMERICAN CANCER SOCIETY				
805 CENTER ST. E.				1
ROSEAU, MN 56751	N/A		HEALTH	1,000
ATHLETE RECOVERY FUND				
1042 N EL CAMINO REAL				
ENCINITAS, CA 92027	N/A		HEALTH	15,000
UW STOUT STEPS FOR GIRLS PROGRAM				
281 TECHNOLOGY WING				
MENOMONIE, WI 54751	N/A		COMMUNITY SERVICE	700
DEFENDING THE BLUE LINE				
15211 RAVENNA TRAIL				
HASTINGS, MN 55033	N/A		COMMUNITY SERVICE	5,648
KIWI SNOWMOBILE ATV CLUB				
8450 237TH AVE NE				
STACY, MN 55079	N/A		COMMUNITY SERVICE	4,000
HAMEL RODEO				
HAMEL, MN 55340				
	N/A		COMMUNITY SERVICE	2,500
NATIONAL MS SOCIETY, UPPER MIDWEST				
200 12TH AVE. S.				
MINNEAPOLIS, MN 55415	N/A		HEALTH	5,000
MN COUNCIL ON FOUNDATIONS				
100 PORTLAND AVE.				
MINNEAPOLIS, MN 55401	N/A		SOCIAL SERVICES	2,900
CHURCH OF ST. MICHAEL				
PRIOR LAKE, MN				
Total	N/A		COMMUNITY SERVICE ▶ 3a	2,500 39,248
b Approved for future payment	T			33,240
д 7 фр. от ос тогано родинани				
Total			▶ 3b	0

Name and address (home or business) a Paid during the year	mount
a Paid during the year	
OKLAHOMA 4H FOUNDATION	
205 4-H YOUTH DEVELOPMENT BUILDING	
STILLWATER, OK 74078-6063 N/A EDUCATION	23,000
EDEN PRAIRIE HIGH SCHOOL	
17185 VALLEY VIEW RD	
EDEN PRAIRIE, MN 55346 N/A EDUCATION	1,000
STATE OF MN	
N/A COMMUNITY SERVICE	25
ALZHEIMER'S ASSOCIATION	23
303B 9TH AVE SE	
ROSEAU, MN 56751 N/A HEALTH	4,000
THE SALVATION ARMY	•
2024 N LYNDALE AVE.	
MINNEAPOLIS, MN 55401 N/A COMMUNITY SERVICE	11,000
PHEASANTS FOREVER	
PO BOX 557	
MILFORD, IA 51351 N/A COMMUNITY SERVICE	500
JUNIOR ACHIEVEMENT	
1800 WHITE BEAR AVE	
MAPLEWOOD, MN 55109 N/A EDUCATION	5,000
ROSEAU COUNTY DARE PROGRAMS	
PO BOX 279	
ROSEAU MN N/A COMMUNITY SERVICE	500
NATIONAL CHILD SAFETY COUNCIL	
604 5TH AVE. SW	
ROSEAU, MN N/A COMMUNITY SERVICE Total	250 45,275
b Approved for future payment	43,275
Total	0

Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				
NATIONAL FOREST FOUNDATION				
5005 3RD AVE S				
SEATTLE, WA 98134	N/A		COMMUNITY SERVICE	34,525
CAMP FOSTER YMCA				
PO BOX 296				
SPIRIT LAKE, IA 51360	N/A		COMMUNITY SERVICE	1,000
TWIN CITIES HABITAT FOR HUMANITY				
1954 UNIVERISITY AVE W				
ST PAUL, MN 55104	N/A		COMMUNITY SERVICE	7,500
WANNASKA COMMUNITY CENTER				
18035 HWY 89				
WANNASKA, MN 56761	N/A		COMMUNITY SERVICE	500
GREATER MSP				
400 ROBERT STREET N				
ST PAUL, MN 55101	N/A		COMMUNITY SERVICE	25,000
CARRIE LORMAN MEMORIAL RUN				
	N/A		 SOCIAL SERVICE	300
LIFECARE MEDICAL CENTER				
715 DELMORE DRIVE				
ROSEAU, MN 56751	N/A		HEALTH	620
WYOMING ELEMENTARY PTA				
25701 FOREST BLVD N				
WYOMING, MN 55092	N/A		EDUCATION	500
NAVY LEAGUE OF THE US- TWIN CITIES				
	N/A		COMMUNITY SERVICE	10,000
Total			▶ 3a	
b Approved for future payment				
Total	<u> </u>		▶ 3 b	

Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				
FEDERATED CHALLENGE				
OWATONNA, MN 55060				
,	N/A		SOCIAL SERVICE	25,000
FATHER FLANAGAN'S BOYS' HOME				
14100 CRAWFORD STREET				
BOYS TOWN, NE	N/A		SOCIAL SERVICE	500
AMERICAN HEART ASSOCIATION				
4701 WEST 77TH STREET				
EDINA, MN 55435	N/A		HEALTH	5,000
CITY OF MEDINA				
2052 COUNTY ROAD 24				
MEDINA, MN 55340	N/A		COMMUNITY SERVICE	500
ALS FUNDRAISER				
301 5TH AVE S. SW				
ROSEAU, MN 56751	N/A	:	HEALTH	1,000
YMCA OF THE GREATER TWIN CITIES				
2125 HENNEPIN AVE E				
MINNEAPOLIS, MN 55413	N/A		SOCIAL SERVICE	1,000
MINNESOTA ORCHESTRA				
1111 NICOLLET MALL				
MINNEAPOLIS, MN 55403	N/A		SOCIAL SERVICE	7,500
CARVER SCOTT HUMANE SOCIETY				
PO BOX 215				
CHASKA, MN 55318	N/A		SOCIAL SERVICE	650
CHILDREN'S THEATRE COMPANY				
2400 3RD AVE S				
MINNEAPOLIS, MN 55404 Total	N/A	<u> </u>	SOCIAL SERVICE ▶ 3a	5,000 46,150
b Approved for future payment	<u> </u>		J Ja	40,130
Total	<u> </u>	L	▶ 3b	0
				, i

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount	
Name and address (home or business)	any foundation manager or substantial contributor		contribution	ranount	
a Paid during the year					
AMERICAN CANCER SOCIETY					
1125 WHITING ROAD NW					
BEMIDJI, MN 56601	N/A		HEALTH	2,000	
TEE IT UP FOR THE TROOPS					
515 WEST TRAVELERS TRAIL					
BURNSVILLE, MN 55337	N/A		SOCIAL SERVICE	15,000	
LEUKEMIA & LYMPHOMA SOCIETY					
1311 MARARONECK AVE STE 310					
WHITE PLAINS, NY 10605-5223	N/A		HEALTH	1,000	
ST. JUDE'S CHILDREN'S RESEARCH HOSPI	TAL				
501 ST. JUDE PLACE					
MEMPHIS, TN 38105	N/A		HEALTH	3,000	
LAKES AREA COMMUNITY THEATRE					
PO BOX 42					
SPIRIT LAKE, IA 51360	N/A		SOCIAL SERVICE	250	
NATIONAL FOREST FOUNDATION					
BUILDING 27, STE 3, FORT MISSOULA RE	1				
MISSOULA, MT 59804	N/A		COMMUNITY SERVICE	10,000	
THE OKOBOJI FOUNDATION					
243 WEST BROADWAY					
ARNOLDS PARK, IA	N/A		SOCIAL SERVICE	1,250	
UNIVERSITY OF MN FOUNDATION					
PO BOX 860266					
MINNEAPOLIS, MN 55486	N/A		EDUCATION	20,000	
UNITED WAY OF VERMILLION					
P.O. BOX 216					
VERMILLION, SD 57069 Total	N/A	-	COMMUNITY SERVICE	6,670	
b Approved for future payment		· · ·		59,170	
b Approved for fature payment					
	1				
Total		<u></u>	▶ 3b		
19401					

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	A-m
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a Paid during the year				
LIFECARE MEDICAL CENTER				
715 DELMORE DRIVE				
ROSEAU, MN	N/A		HEALTH	200
CHILDREN'S HEALTHCARE FOUNDATION			1	
2525 CHICAGO AVE.				
MINNEAPOLIS, MN 55404	N/A		HEALTH	5,000
HUMANE SOCIETY OF NORTHWEST MN				
607 28TH STREET				
MILFORD, IA 51351	N/A		SOCIAL SERVICES	500
UPPER DES MOINES OPPORTUNITY				
1575 18TH STREET				
SPIRIT LAKE, IA 51360	N/A		COMMUNITY SERVICE	750
ROSEAU LAKE OF THE WOODS SPORTSMAN				
68224 COUNTY RD. 140				
ROOSEVELT, MN 56673	N/A		COMMUNITY SERVICE	1,000
DUCKS UNLIMITED				
ONE WATERFOWL WAY				
MEMPHIS, TN 38120	N/A		COMMUNITY SERVICE	1,000
OSCEOLA COMMUNITY HEALTH FOUNDATION]
2600 65th AVE PO BOX 218				
OSCEOLA, WI 54020	N/A		HEALTH	5,000
LIFECARE MEDICAL CENTER				
715 DELMORE DRIVE				
ROSEAU, MN 56751	N/A		HEALTH	2,500
CUB SCOUT PACK 91				<u> </u>
	N/A		SOCIAL SERVICES	500
Total				
b Approved for future payment				
Total			▶ 3b	0

⊨nte	r gr	oss amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by section	on 512, 513, or 514	(e) Related or exemp
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.
1	a	ogram service revenue:				·	
	b		-			· · · · · · · · · · · · · · · · · · ·	<u>-</u>
	С						
	d						
	е						
	f						
	g	Fees and contracts from government agencies	-		-		
2	•	mbership dues and assessments		•			
3		erest on savings and temporary cash investments		***	14	4	
4		idends and interest from securities					
5	Net	t rental income or (loss) from real estate:					
	а	Debt-financed property					
		Not debt-financed property					
6	Ne	rental income or (loss) from personal property					
7	Oth	ner investment income				•	
8	Gai	n or (loss) from sales of assets other than inventory					
9	Net	income or (loss) from special events					
10	Gro	oss profit or (loss) from sales of inventory		-			
11	Oth	ner revenue: a					
	þ						
	С					· · · · · · · · · · · · · · · · · · ·	
	d						
	е						
	_			· · · · · · · · · · · · · · · · · · ·			
	Sui	ototal. Add columns (b), (d), and (e)		0		4	(
13	Sui To t	tal. Add line 12, columns (b), (d), and (e)		0		13 <u>4</u>	(
13 (See	Sul Tot wor	tal. Add line 12, columns (b), (d), and (e)	s.)_				<u>(</u>
13 (See Pa	Sui Tot wor	tal. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	(
13 (See Pa Lin	Sul Tot wor	tal. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	nportantly to the
13 (See Pa Lin	Suit Tot wor it X	tal. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	nportantly to the
13 (See Pa Lin	Suit Tot wor it X	kal. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	nportantly to the
13 (See Pa Lin	Suit Tot wor it X	kal. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	nportantly to the
13 (See Pa Lin	Suit Tot wor it X	kal. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	nportantly to the
13 (See Pa Lin	Suit Tot wor it X	kal. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	nportantly to the
13 (See Pa Lin	Suit Tot wor it X	kal. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	nportantly to the
13 (See Pa Lin	Suit Tot wor it X	kal. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	mportantly to the
13 (See Pa Lin	Suit Tot wor it X	kal. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	nportantly to the
13 (See Pa Lin	Suit Tot wor it X	kal. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	nportantly to the
13 (See Pa Lin	Suit Tot wor it X	kal. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	nportantly to the
13 (See Pa Lin	Suit Tot wor it X	kal. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	nportantly to the
13 (See Pa Lin	Suit Tot wor it X	kal. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	mportantly to the
13 (See Pa Lin	Suit Tot wor it X	kal. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	nportantly to the
13 (See Pa Lin	Suit Tot wor it X	kal. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	nportantly to the
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13 (See Pa Lin	Suit Tot wor it X	kal. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	mportantly to thetions)

		<u> </u>	rganizations									
1	in sec			engage in any of the follows section 501(c)(3) organization							Yes	No
а	Trans	fers from the rea	porting foundation	to a noncharitable exemp	t organization	of:						
_			-		-					1a(1)		X
									• •	1a(2)		X
b	• •	transactions:						•		14(2)		
D			a nanaharitahla ay	rompt organization						45/4)		
				empt organization						1b(1)	_	X
				table exempt organization						1b(2)		X
			•	er assets						1b(3)		Χ
										1b(4)		_X
		oans or loan gua								1b(5)		X
				ship or fundraising solicita						1b(6)		_ X _
C	Sharii	ng of facilities, e	quipment, mailing	lists, other assets, or paid	employees					1c		X
d	If the	answer to any	of the above is "Yo	es," complete the followi	ng schedule. (Column (b) s	should	alwa	ys sh	ow the	fair m	arket
	value	of the goods, of	ther assets, or sen	vices given by the reporting	ng foundation.	If the found	lation r	receiv	ed les	s than	fair m	arket
	value	in any transaction	on or sharing arran	gement, show in column i	(d) the value of	f the goods,	other a	asset	s, or s	ervices	recei	ved.
(a) Line	no (I	b) Amount involved	(c) Name of non-	chantable exempt organization	(d) Descri	ption of transfe	rs, trans	actions	, and s	haring am	angeme	ents
				-				<u> </u>				

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			·									
	descr	ibed in section 5		ffiliated with, or related t (other than section 501(c) e.						☐ Yes		No
		(a) Name of organi		(b) Type of organiz	ation		(c) Desc	nption	of relat	onship		
		·					<u></u>					
									-			
												
	Under	penalties of penury. I	declare that I have examin	Ined this return, including accompan	ving schedules and	statements, and	to the he	est of m	v knowl	edge and l	belief. it	is true
Sign Here	correc	and complete Deck	aration of preparer (other t	han taxpayer) is based on all inform	ation of which prepared VICE PRES	arer has any kno	wledge	[May the	IRS discu	ss this shown	retum below
		ature of officer or trus	stee	Date	Title			[366 NISL	ructions)?		□140
Paid		Print/Type preparer	's name	Preparer's signature		Date		Check self-em		PTIN		
Prep		Firm's name		_					,	L		
Use (Inly	Firm's name					Firm's E			<u> </u>		
Firm's address ▶ Phone no												

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

Name of the organization

Schedule of Contributors

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

► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Employer identification number

THE P	OLARIS FOUNDAT	TION		41-1828276
Organia	zation type (check o	one):		
Filers o	f:	Section:		
Form 99	90 or 990-EZ	☐ 501(c)() (enter number) organization	
		4947(a)(1) no	onexempt charitable trust not treated as a priva	ate foundation
		☐ 527 political	organization	
Form 99	90-PF		empt private foundation	
		☐ 4947(a)(1) no	onexempt charitable trust treated as a private f	oundation
		501(c)(3) tax	able private foundation	
Note. Coinstruct	ions.	(7), (8), or (10) orga	nization can check boxes for both the General	Rule and a Special Rule. See
	. Huic			
X			90-EZ, or 990-PF that received, during the yea complete Parts I and II.	r, \$5,000 or more (in money or
Specia	Rules			
	under sections 509	8(a)(1) and 170(b)(1) 5,000 or (2) 2% of	ling Form 990 or 990-EZ that met the 33½ % s)(A)(vi) and received from any one contributor, on the amount on (i) Form 990, Part VIII, line 1h, o	during the year, a contribution of
	during the year, tot	al contributions of	anization filing Form 990 or 990-EZ that receive more than \$1,000 for use exclusively for religion ntion of cruelty to children or animals. Complet	us, charitable, scientific, literary,
	during the year, co not total to more th year for an exclusiv applies to this orga	ontributions for use man \$1,000. If this by left religious, chari anization because i	anization filing Form 990 or 990-EZ that receive exclusively for religious, charitable, etc., purpopox is checked, enter here the total contribution table, etc., purpose. Do not complete any of the treceived nonexclusively religious, charitable, etc.,	uses, but these contributions did ns that were received during the ne parts unless the General Rule etc., contributions of \$5,000 or
990-EZ	, or 990-PF), but it m	nust answer "No" o	by the General Rule and/or the Special Rules do on Part IV, line 2, of its Form 990; or check the es not meet the filing requirements of Schedule	box on line H of its Form 990-EZ or on its

Name of organization
THE POLARIS FOUNDATION

Employer identification number

41-1828276

Part I	Contributors (see instructions).	Use duplicate copies of Part I if additional space is needed.
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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	POLARIS INDUSTRIES INC. 2100 HIGHWAY 55 MEDINA, MN 55340	\$ 437,778	Person 🗵 Payroll Noncash (Complete Part II for noncash contributions.)
(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 Payroll Noncash (Complete Part II for noncash contributions)
(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

Name of organization

Employer identification number

THE POLARIS FOUNDATION 41-1828276 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions) (a) No. (c) (b) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions)

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

THE POLARIS FOUNDATION 2013 990-PF

LINE 23- OTHER EXPENSES DETAIL

BANK CHARGES	808
CHECK PRINTING FEES	227

TOTAL 1,035

THE POLARIS FOUNDATION 2013 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