

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For	calen	dar year 2014 or tax year beginning		2014	l, and	ending		, 20
Nar	ne of fo	undation				A Employe	r identification numbe	er
THE	POI	ARIS FOUNDATION				41-1828	276	
Nur	nber an	d street (or P O box number if mail is not delivered to street address)		Room	/suite	B Telephon	e number (see instruction	ons)
210	00 HI	IGHWAY 55				763-542	2-0571	
City	or tow	n, state or province, country, and ZIP or foreign postal code					on application is pend	ing, check here ▶ □
MEI	INA,	MN 55340						J.
		all that apply. Initial return Initial return	of a former p	ublic	charity	D 1. Foreigi	organizations, check	here ▶ 🗌
		☐ Final return ☐ Amended i	•				•	
		☐ Address change ☐ Name char	nge				n organizations meeting here and attach compl	
H	Check	type of organization: X Section 501(c)(3) exempt p	rivate founda	tion			foundation status was	terminated under 📃
		on 4947(a)(1) nonexempt charitable trust				section 5	07(b)(1)(A), check here	▶⊔
I	Fair m	narket value of all assets at J Accounting method	: 🛛 Cash [Ac	crual	F If the four	ndation is in a 60-mont	h termination
		f year (from Part II, col. (c), Other (specify)				under sec	tion 507(b)(1)(B), chec	k here ▶ 🔲
	line 16	5) ► \$ 181,266 (Part I, column (d) must be	on cash basis.	.)				
Pa	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue a	and				(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses pe			investment come	(c) Adjusted net income	for chantable purposes
		the amounts in column (a) (see instructions))	books					(cash basis only)
ୁଣ	` 1	Contributions, gifts, grants, etc., received (attach schedule)	400,	000				
2015	2	Check ► ☐ if the foundation is not required to attach Sch B				2		
	3	Interest on savings and temporary cash investments		4		4		
27	4	Dividends and interest from securities						
	5a	Gross rents						
	b	Net rental income or (loss)						
(<u>a</u>	6a	Net gain or (loss) from sale of assets not on line 10						
e	b	Gross sales price for all assets on line 6a						
≨	7	Capital gain net income (from Part IV, line 2)				0		
X	8	Net short-term capital gain						
SCANNER WAY	9	Income modifications					· · · · · · · · · · · · · · · · · · ·	
© <i>0</i>	10a	Gross sales less returns and allowances						
	b	Less: Cost of goods sold				· ····································		
	C	Gross profit or (loss) (attach schedule)		0				
	11	Other income (attach schedule)						
	12	Total. Add lines 1 through 11	400,	004		4	0	
S.	13	Compensation of officers, directors, trustees, etc.						
penses	14	Other employee salaries and wages					===	
ĕ	15	Pension plans, employee benefits	<u> </u>	C			\	
	16a	Legal fees (attach schedule)		u		_ = : \(\frac{1}{2} = \frac{1}{2} = \frac{1}{2} \)	-= (C)	
ē	ь	Accounting fees (attach schedule)		<u>5</u>	N.A.V	4 1 1015	SC	ļ
	C	Other professional fees (attach schedule)		§	WAY	% (1914 K (1914	K	ļ
itre	17	Interest		احا	~~~	10- XI	Z U	
nis	18	Taxes (attach schedule) (see instructions)			<u> </u>	1. V. U	<u></u>	ļ
Ē	19	Depreciation (attach schedule) and depletion	- · · · · · · · · · · · · · · · · · · ·					
Ad	20	Occupancy		\longrightarrow			 ·	
Þ	21	Travel, conferences, and meetings						
a	22 23	Printing and publications		504			<u> </u>	E 0.4
Operating and Administrative Ex	23 24	Other expenses (attach schedule) Total operating and administrative expenses.		584		·		584
rat		Add lines 13 through 23		584		0	•	E04
bei	25	Contributions, gifts, grants paid	493,			0	0	584 493,317
ō	25 26	Total expenses and disbursements. Add lines 24 and 25	493,	_				
-	27	Subtract line 26 from line 12:	493,	20T		0	0	493,901
		Excess of revenue over expenses and disbursements	/02	007				
	a	Net investment income (if negative, enter -0-)	(93,	09/		4		
	b	Adjusted net income (if negative, enter -0-)				4		
	c_	Aujusted het income (ii negative, enter -0-)					0	L

Рa	rt II	Ralance Sheets Attached schedules and amounts in the description column	Beginning of year		Ena o	r year
	ليحد	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		(c) Fair Market Value
	1	Cash—non-interest-bearing	224,769	130,	868	130,868
	2	Savings and temporary cash investments	50,394	50,	398	50,398
	3	Accounts receivable ▶				Towns and S
		Less: allowance for doubtful accounts ▶		·		
	4					
		Pledges receivable ►		·		
	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) ▶	No Alternative Control of the	1.75		
		Less. allowance for doubtful accounts ▶				1
ဟွ	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
ş	10a	Investments—U.S and state government obligations (attach schedule)				<u> </u>
^	b	Investments—corporate stock (attach schedule)	-			
ı		· · · · · · · · · · · · · · · · · · ·				
	C 44	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment: basis ▶			11.	
	40	Less accumulated depreciation (attach schedule) ▶				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)	jaran kalandar kantan dari berasi.			That is a second of the second
	14	Land, buildings, and equipment, basis				
ŀ		Less accumulated depreciation (attach schedule) ▶				
	15	Other assets (describe ►)				
Ì	16	Total assets (to be completed by all filers—see the				
		instructions. Also, see page 1, item I)	275,163	181,	266	181,266
Ì	17	Accounts payable and accrued expenses				
ဖ	18	Grants payable		_		
흥	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
画	21	Mortgages and other notes payable (attach schedule)	_			(2)
┛╽	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.				
일	24	Unrestricted				
alances	25	Temporarily restricted		·		
	26	Permanently restricted	··· · · · · · · · · · · · · · · · · ·			
밀		•				
ᇎᅵ		Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.				
능	27	Capital stock, trust principal, or current funds	275 162	101	266	
Net Assets or Fund B	28	· · · · · · · · · · · · · · · · · · ·	275,163	181,	266	
Se		Paid-in or capital surplus, or land, bldg., and equipment fund				
ij	29	Retained earnings, accumulated income, endowment, or other funds			0.5-	3-4-2
ایر	30	Total net assets or fund balances (see instructions)	275,163	181,	266	
ž	31	Total liabilities and net assets/fund balances (see		_		
		instructions)	275,163	181,	266	
	rt III	Analysis of Changes in Net Assets or Fund Balances	7.3			
1		Il net assets or fund balances at beginning of year—Part II, colu				
					1	275,163
2		er amount from Part I, line 27a			2	(93,897
3		er increases not included in line 2 (itemize) ▶			3	
4		lines 1, 2, and 3			4	181,266
5	Dec	reases not included in line 2 (itemize) ▶			5	
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5)—I	Part II, column (b), line	30	6	181,266

	sold (e g , real estate, , 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation		e acquired day, yr)	(d) Date sold (mo , day, yr)
						
(e) Gross sales price (f) Depreciation (or allow		(g) Cost or plus exper				n or (loss) (f) minus (g)
			· · · · · · · · · · · · · · · · · · ·		<u> </u>	
				 		
						
Complete only for assets showing gain in colum	in (h) and owned by the	e foundation	on 12/31/69		//\ Gaine /Co	I (h) gain minus
(i) F M V as of 12/31/69 (j) Adjuste as of 12/	d basis	(k) Excess over col	s of col (i)	C	ol (k), but no	t less than -0-) or from col (h))
				ļ		
	、 (If gain, also	enter in De	t Lline 7	 		
Capital gain net income or (net capital loss	i) { If (loss), ente	er -0- in Par	t I, line 7	2		
Net short-term capital gain or (loss) as defi If gain, also enter in Part I, line 8, column Part I, line 8	(c) (see instructions	s). If (loss),	, enter -0- in)			
V Qualification Under Section 494				lncom	10	
otional use by domestic private foundations						
on 4940(d)(2) applies, leave this part blank. the foundation liable for the section 4942 tax ," the foundation does not qualify under se	on the distributable	amount of	and the second s	h oco no	. 10	
Enter the appropriate amount in each colu				nase he	поа?	☐ Yes 🏻 No
Lines the appropriate amount in each colu	mn for each year; se	t complete	this part.			☐ Yes ☒ No
(a)	mn for each year; se (b) ialifying distributions	t complete ee the instru	this part.	aking ar	ny entries.	☐ Yes ☒ No (d) thibution ratio divided by col (c))
(a) Base period years	(b) palifying distributions 493,901	t complete ee the instru Net value of	this part. ctions before m (c) noncharitable-use a	aking ar	ny entries.	(d) tribution ratio
(a) Base period years ndar year (or tax year beginning in) 2013 2012	(b) palifying distributions 493,901 442,031	t complete ee the instru Net value of	this part. Ictions before m (c) Inoncharitable-use a 329, 425,	aking ar ssets 718 246	ny entries.	(d) tribution ratio divided by col (c)) 1.4979 1.0395
(a) Base penod years ndar year (or tax year beginning in) 2013 2012 2011	(b) palifying distributions 493,901 442,031 458,798	t complete ee the instru Net value of	this part. Ictions before m (c) Inoncharitable-use a 329, 425, 385,	aking ar ssets 718 246 628	ny entries.	(d) Intribution ratio divided by col (c)) 1.4979 1.0395
(a) Base penod years adar year (or tax year beginning in) 2013 2012 2011 2010	(b) palifying distributions 493,901 442,031 458,798 74,454	t complete ee the instru Net value of	this part. Ictions before m (c) Inoncharitable-use a 329, 425, 385, 149,	aking ar ssets 718 246 628 824	ny entries.	(d) stribution ratio divided by col (c)) 1.4979 1.0395 1.1897 0.4969
(a) Base penod years ndar year (or tax year beginning in) 2013 2012 2011	(b) palifying distributions 493,901 442,031 458,798	t complete ee the instru Net value of	this part. Ictions before m (c) Inoncharitable-use a 329, 425, 385, 149,	aking ar ssets 718 246 628	ny entries.	(d) Intribution ratio divided by col (c)) 1.4979 1.0395
(a) Base period years ndar year (or tax year beginning in) 2013 2012 2011 2010 2009	(b) palifying distributions 493,901 442,031 458,798 74,454 66,975	t complete ee the instru Net value of	this part. Ictions before m (c) Inoncharitable-use a 329, 425, 385, 149, 82,	aking ar ssets 718 246 628 824 684	Dis (col (b)	(d) tribution ratio divided by col (c)) 1.4979 1.0395 1.1897 0.4969 0.8100
(a) Base period years ndar year (or tax year beginning in) 2013 2012 2011 2010 2009 Total of line 1, column (d)	(b) palifying distributions 493,901 442,031 458,798 74,454 66,975	t complete ee the instru Net value of	this part. Ictions before m (c) Inoncharitable-use a 329, 425, 385, 149, 82,	aking ar ssets 718 246 628 824 684	ny entries.	(d) tribution ratio divided by col (c)) 1.4979 1.0395 1.1897 0.4969 0.8100
(a) Base period years ndar year (or tax year beginning in) 2013 2012 2011 2010 2009	(b) salifying distributions 493,901 442,031 458,798 74,454 66,975 see period—divide th	t complete ee the instru Net value of ne total on li	this part. Ictions before m (c) Inoncharitable-use a 329, 425, 385, 149, 82, ine 2 by 5, or by	aking ar ssets 718 246 628 824 684	Dis (col (b)	(d) stribution ratio divided by col (c)) 1.4979 1.0395 1.1897 0.4969 0.8100
(a) Base period years ndar year (or tax year beginning in) 2013 2012 2011 2010 2009 Total of line 1, column (d)	(b) salifying distributions 493,901 442,031 458,798 74,454 66,975 see period—divide th	t complete ee the instru Net value of ne total on li	this part. Ictions before m (c) Inoncharitable-use a 329, 425, 385, 149, 82, ine 2 by 5, or by	aking ar ssets 718 246 628 824 684	Dis (col (b)	(d) stribution ratio divided by col (c)) 1.4979 1.0395 1.1897 0.4969 0.8100
(a) Base period years ndar year (or tax year beginning in) 2013 2012 2011 2010 2009 Total of line 1, column (d)	(b) palifying distributions 493,901 442,031 458,798 74,454 66,975 ase period—divide the n existence if less the	Net value of	this part. (c) noncharitable-use a 329, 425, 385, 149, 82, ine 2 by 5, or by	aking ar ssets 718 246 628 824 684	Dis (col (b)	(d) tribution ratio divided by col (c)) 1.4979 1.0395 1.1897 0.4969 0.8100
(a) Base period years ndar year (or tax year beginning in) 2013 2012 2011 2010 2009 Total of line 1, column (d) Average distribution ratio for the 5-year banumber of years the foundation has been i	(b) salifying distributions 493, 901 442, 031 458, 798 74, 454 66, 975 see penod—divide the nexistence if less the seets for 2014 from 1	Net value of ne total on linan 5 years	this part. Ictions before m (c) Inoncharitable-use a 329, 425, 385, 149, 82,	aking ar ssets 718 246 628 824 684	py entries. (col (b)	(d) stribution ratio divided by col (c)) 1.4979 1.0395 1.1897 0.4969 0.8100 5.0340 1.0068
(a) Base period years ndar year (or tax year beginning in) 2013 2012 2011 2010 2009 Total of line 1, column (d)	(b) salifying distributions 493, 901 442, 031 458, 798 74, 454 66, 975 see period—divide the existence if less the ssets for 2014 from 1	Net value of the total on linan 5 years Part X, line	this part. Ictions before m (c) Innoncharitable-use a 329, 425, 385, 149, 82, ine 2 by 5, or by	aking ar ssets 718 246 628 824 684 the	py entries. (col (b)	(d) Attribution ratio divided by col (c)) 1.4979 1.0395 1.1897 0.4969 0.8100 5.0340 1.0068
(a) Base period years ndar year (or tax year beginning in) 2013 2012 2011 2010 2009 Total of line 1, column (d) Average distribution ratio for the 5-year banumber of years the foundation has been i Enter the net value of noncharitable-use as Multiply line 4 by line 3	(b) salifying distributions 493,901 442,031 458,798 74,454 66,975 see period—divide the n existence if less the seets for 2014 from 1	Net value of the total on linan 5 years Part X, line	this part. Ictions before m (c) Inoncharitable-use a 329, 425, 385, 149, 82, ine 2 by 5, or by	aking ar ssets 718 246 628 824 684	Dis (col (b)	(d) tribution ratio divided by col (c)) 1.4979 1.0395 1.1897 0.4969 0.8100 5.0340 1.0068 198,092
(a) Base period years ndar year (or tax year beginning in) 2013 2012 2011 2010 2009 Total of line 1, column (d)	(b) salifying distributions 493,901 442,031 458,798 74,454 66,975 see period—divide th	t complete ee the instru Net value of ne total on li	this part. Ictions before m (c) Inoncharitable-use a 329, 425, 385, 149, 82, ine 2 by 5, or by	aking ar ssets 718 246 628 824 684	Dis (col (b)	(d)

Part '	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see i	nstru	ctior	18)
1a	Exempt operating foundations described in section 4940(d)(2), check here ► ☐ and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			
С	here ▶ ☐ and enter 1% of Part I, line 27b		. `	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
3	Add lines 1 and 2			0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			0
6	Credits/Payments:			3
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a			
b	Exempt foreign organizations—tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) . 6c			
_d	Backup withholding erroneously withheld			
7 8	Total credits and payments. Add lines 6a through 6d			0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			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 2015 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 did it		Yes	No
	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 purposes (see Instructions for the definition)?	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	1c		Χ
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. (1) On the foundation. ▶ \$		1	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
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
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			3
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that 		1	
_	conflict with the state law remain in the governing instrument?	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), and Part XV	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 Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"			
	complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their 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	X	
4.4	Website address ▶		· -	
14	The books are in care of ▶ PAUL MOE Telephone no. ▶ 763-54	2-05	71	
4=	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	• •		▶ ∟
16	At any time during calendar year 2014, 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?	. 1	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	"Yes," enter the name of the foreign country ▶			
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	L.,	المستمد د د	<u>ంచికేత్తి</u> లే
	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)			7.7.4
	(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 X No			No.
	(4) Pay compensation to. or pay or reimburse the expenses of, a disqualified person? Yes No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes No			
	(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	- 4.3	
	Organizations relying on a current notice regarding disaster assistance check here			-0.00K*-77
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 2014?	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 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?			
	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.) . N.	25		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 20 , 20 , 20 , 20	2b		
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 2014 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 2014.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4h		X

Part	VII-B Statements Regarding Activities	for W	hich Form	4720 1	May Be R	equire	d (continu	ied)		_
5a	During the year did the foundation pay or incur a	ny amo	ount to:							77
	(1) Carry on propaganda, or otherwise attempt to						☐ Yes [X No	:	Á
	(2) Influence the outcome of any specific public		•		-	irry on,		_		
	directly or indirectly, any voter registration dr						== :	X No		
	(3) Provide a grant to an individual for travel, stu							X No		
	(4) Provide a grant to an organization other than section 4945(d)(4)(A)? (see instructions).		ntadie, etc., (-		ibea in		∵		*
	(5) Provide for any purpose other than religious,					estional		X No		*
	purposes, or for the prevention of cruelty to o							X No	4	
b	If any answer is "Yes" to 5a(1)–(5), did any of the							_		
	Regulations section 53.4945 or in a current notice								5b	
	Organizations relying on a current notice regardi	ng disa	ster assistan	ce che	k here			▶ 🗆		
C	If the answer is "Yes" to question 5a(4), does t				otion from	the tax			;	
	because it maintained expenditure responsibility	for the	grant? .N	k			☐ Yes [□No		
	If "Yes," attach the statement required by Regula									ं
6a	Did the foundation, during the year, receive any	funds,	directly or inc	directly.	to pay pre	miums				
	on a personal benefit contract?	•						🗓 No		. Jo 32.00
b	Did the foundation, during the year, pay premiun	ns, dire	ctly or indired	ctly, on	a personal	benefit	contract?	•	6b	X
- -	If "Yes" to 6b, file Form 8870.		ta a maabibitaa	l 4 ala.		4!0	[]v., [⊽ 1		7
	At any time during the tax year, was the foundation of "Yes," did the foundation receive any proceeds							⊠ No	7b	
	VIII Information About Officers, Direc									—
	and Contractors		11401000, 11	<i>,</i> ,,,,,,,		.90.0,			inployees,	
1	List all officers, directors, trustees, foundation	n mana	gers and th	eir con	pensation	(see i	nstructions	s).		_
	(a) Name and address		e, and average rs per week		mpensation ot paid,		Contributions to		(e) Expense accou	
<u>_</u>	(4) (4)		ed to position		ter -0-)		erred compens		other allowance	s
SEE	ATTACHED									_
					0			0		0
			!							
										
2	Compensation of five highest-paid employed	s (oth	er than thos	se incl	uded on li	ne 1—	see instru	ctions	s). If none, en	ter
	"NONE."									
	/-> Name and address of each appleared and many than \$50.00		(b) Title, and a	verage	(a) Campa		(d) Contributi employee be		(e) Expense accou	ınt.
	(a) Name and address of each employee paid more than \$50,00	IU	hours per v devoted to p		(c) Comper	isation	plans and de compensa	ferred	other allowance	
NONE			<u> </u>					-		
NOINE	·	·	ŀ							
								-		_
-	•••••••••••••••••••••••••••••••••••••••	·						Ì		
									·	_
			<u> </u>							
		-								
Cotal	number of other employees paid over \$50,000 .		L				L	-	<u> </u>	
, <u></u>	named of other employees paid over woo,000 .	• •	<u> </u>	<u> </u>		<u> </u>	· · ·			

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	mployees,
3 Five	highest-paid independent contractors for professional services (see instructions). If none, enter "NO	NE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
Total numb	per of others receiving over \$50,000 for professional services	
Part IX-A	Summary of Direct Charitable Activities	
List the fo	undation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of one and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A		
2		
3		
4		
Dod IV E	Commence of December Delete dilumentary at the second of t	<u> </u>
Part IX-E	Summary of Program-Related Investments (see instructions) ne two largest program-related investments made by the foundation during the tax year on lines 1 and 2	A
1 N/A	te two largest program-related investments made by the roundation during the tax year on lines 1 and 2	Amount
N/A		
2		
	•••••••••••••••••••••••••••••••••••••••	
All other p	ogram-related investments. See instructions	
3		
rotal. Add	lines 1 through 3	0

Form 990-PF (2014)

Part	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign foundat	ions,
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	201,109
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	201,109
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	201,109
4	Cash deemed held for charitable activities. Enter 1 $^{1}/_{2}$ % of line 3 (for greater amount, see		
	ınstructions)	4	3,017
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	198,092
6	Minimum investment return. Enter 5% of line 5	6	9,905
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations check here ► □ and do not complete this part.)	oundations	,
1	Minimum investment return from Part X, line 6	1	9,905
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014. (This does not include the tax from Part VI.) . 2b		
С	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	9,905
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	9,905
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	9,905
Part	XII 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	493,901
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	493,901
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	493,901
•	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whether th	ne foundation

Part	XIII Undistributed Income (see instr	ructions)	 		raye 3
1	Distributable amount for 2014 from Part	(a)	(b) Years prior to 2013	(c) 2013	(d) 2014
	line 7		1		9,905
2	Undistributed income, if any, as of the end of 20	14:	1		
а	Enter amount for 2013 only		,		
b	Total for prior years: 20,20,20				
3	Excess distributions carryover, if any, to 20	14:	1		
а	From 2009 62,			1	
b	From 2010				
C	From 2011				
d	From 2012		1 1	;	
e			, ,		
4	Total of lines 3a through e		1		
7	line 4: ▶ \$ 493,901	^II,	İ		
а	Applied to 2013, but not more than line 2a		-	···	
b					
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Elect	ion			
	required—see instructions)				
d	Applied to 2014 distributable amount	·			
e	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 20				
	(If an amount appears in column (d), the sa amount must be shown in column (a).)	me			ļ
6	Enter the net total of each column indicated below:	as			į
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line	e 5 2,338,063	3		
b	Prior years' undistributed income. Subtriline 4b from line 2b		0		
С	Enter the amount of prior years' undistribution income for which a notice of deficiency been issued, or on which the section 4942 tax has been previously assessed	nas			
d	Subtract line 6c from line 6b. Taxa	ble			
_	amount—see instructions		0	<u> </u>	
е	Undistributed income for 2013. Subtract I 4a from line 2a. Taxable amount—s				
	instructions			o	
f	Undistributed income for 2014. Subtract lir	l	1		
•	4d and 5 from line 1. This amount must	be			
	distributed in 2015	•			9,905
7	Amounts treated as distributions out of corp to satisfy requirements imposed by sect 170(b)(1)(F) or 4942(g)(3) (Election may required—see instructions)	ion be			
8	Excess distributions carryover from 2009		†		
	applied on line 5 or line 7 (see instructions)		_	1	
9	Excess distributions carryover to 20	<u> </u>	1 ! -		
	Subtract lines 7 and 8 from line 6a	. 2,275,222	2	1	
10	Analysis of line 9:				
а	Excess from 2010 66,	963			
b	Excess from 2011 439,	517	1		
С	Excess from 2012 420,		ı		
d	Excess from 2013 863,		•		
е	Excess from 2014 483,	996			

Part 2	XIV Private Operating Founda	tions (see instru	ctions and Part	VII-A, question 9)	
1a	If the foundation has received a ruling	•				
	foundation, and the ruling is effective for	r 2014, enter the da	ate of the ruling .			
b	Check box to indicate whether the four	ndation is a private	operating foundat	ion described in se	ection	3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) rotar
	each year listed			_	-	0
b	85% of line 2a	0	0	_ 0	0	0
С	Qualifying distributions from Part XII,					
	line 4 for each year listed .					0
d	Amounts included in line 2c not used directly for active conduct of exempt activities .					0
е	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
C	"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)					٥
	(2) Support from general public and 5 or more exempt organizations as provided in					
	section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization					0
	(4) Gross investment income			-		0
Part	<u> </u>	n (Complete th	is part only if the	he foundation h	ad \$5 000 or m	ore in assets at
lait	any time during the year-	•	•	ne ioundation n	au 45,000 Or III	ore iii assets at
1	Information Regarding Foundation		13.7		· · · · · · · · · · · · · · · · · · ·	
•	List any managers of the foundation		ited more than 2%	of the total contr	ributions received	by the foundation
_	before the close of any tax year (but o					.,
NONE	, , , , ,	, ,		, . , , . , . ,		
	List any managers of the foundation	who own 10% o	r more of the stoo	k of a corporation	n (or an equally la	rge portion of the
NONE	ownership of a partnership or other en					.g. p
2	Information Regarding Contribution	Grant Gift Los	n Scholarshin e	to Programs:		
-	Check here ▶ ☐ if the foundation unsolicited requests for funds. If the tother conditions, complete items 2a,	only makes controlled	ributions to prese	lected charitable		
a	The name, address, and telephone nu	ımber or e-mail ac	dress of the perso	on to whom applic	ations should be a	ddressed:
	CTOR OF PROGRAMS, POLARIS		·			
	The form in which applications should					
	•		a momunion and	materials they sho	aid inolado.	
	RIS FOUNDATION GRANT APPLI	CATION				
	Any submission deadlines:					
NONE	Any rootsistings as limited.	uarda auak aa t		ana abadala A	aldo kinda -£ inc	litutions as attac
a	Any restrictions or limitations on av factors:	varos, such as b	y geographical al	reas, chantable fi	eius, kinas ot ins	ulutions, or other
BOOM		UENTHU COCT	TAT CERVITORS	ADDC COMM	NITHY CRRUTCH	
r UCU	S AREA GRANTS: EDUCATION,	HEWTILL DOCT	WT SEKATCES'	MKID, COMMU	MILL OFKAICE	

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future

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	Foundation status of	Purpose of grant or	Amount		
Name and address (home or business)	or substantial contributor	recipient	contribution			
a Paid during the year						
Fairview Health Services						
1925 Valley Pone						
International Falls, MN 56649	N/A		HEALTH	200		
McKinley PTO						
	N/A		EDUCATION	200		
Star Prairie Fish & Game						
	N/A		COMMUNITY SERVICE	405		
Northwest Community Action						
312 N Main St						
Badger, MN	N/A		SOCIAL SERVICE	3,200		
Roseau Food Shelf		i				
Roseau MN, 56751	N / 7	1	COCINI CERVICE	1 550		
Tread Lightly!	N/A		SOCIAL SERVICE	1,550		
353 E 400 S						
SLC, UT 84111	N/A		SOCIAL SERVICE	8,334		
Okoboji Foundation	11772		SOCIAL SERVICE	0,334		
243 Broadway St.						
Arnolds Park, IA 51331	N/A		SOCIAL SERVICE	500		
Cherish Center						
1004 22nd St.						
Milford, IA 51351	N/A		SOCIAL SERVICE	500		
Roseau Public Schools						
509 3rd St NE				j		
Roseau, MN 56751	N/A		EDUCATION	36,037		
Total	<u> </u>	 I	<u> ▶ 3a</u>	50,926.00		
b Approved for facture payment						
Total		l	> 3b	0.00		
	- · · · · ·	<u>.</u>		990-PE 2014)		

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	, anoun
a Paid during the year				
Flood Run Inc.				
P.O. Box 832			1	
lakeland, MN 55043	N/A		SOCIAL SERVICE	5,00
Greater MSP				
400 Robert St N				
St. Paul, MN 55101	N/A		SOCIAL SERVICE	25,00
AUSA Vessey Chapter				
1130 Montreal Ave				
St. Paul, MN 55116	N/A		COMMUNITY SERVICE	2,50
CAASA				
104 West Second Stree				
Fonda, IA 50540	N/A		SOCIAL SERVICE	50
Missouri Valley Growth			BOOTHE BERVICE	30
116 Market Street				
Vermillion, SD 57069	N/A		SOCIAL SERVICE	10,00
Alexandra House Inc.	IV/A		SOCIAL SERVICE	10,00
10065 3rd St NE				
Blaine, MN 55434	N/A		COCIAI GERVICE	
Okoboji Foundation	IN/A		SOCIAL SERVICE	50
243 Broadway St				
Arnolds Park, IA 51331	N/A		COCTAL GERMAN	2.50
	N/A	i	SOCIAL SERVICE	2,500
Special Olympics Minnesota				
100 Washington Ave S	22 / 7			
Minneapolis, MN 55401	N/A		HEALTH	11,00
Southwest Metro Educational Coopera	tive District			
792 Canterbury Rd S				
Shakopee, MN 55379 Total	N/A		EDUCATION	1,000
b Approved for future payment	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	3a 58,000.00
b Approved for facure payment				
Total	 		· · · · · · · · · •	3b 0.00

3 Grants and Contributions Paid During	the Year or Approv	ed for Fu	ture Payment	
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 MS Society, Upper Midwest	Chapter			
200 12th Ave. S.	J.ap 201			
Minneapolis, MN 55415	N/A		HEALTH	7,500
Greater Twin Cities United Way				
404 S 8th St		ļ		
Minneapolis, MN 55404	N/A		COMMUNITY SERVICE	10,000
Cystic Fibrosis Foundation				
6931 Arlington Road				
Bethesda, MD 20814	N/A		HEALTH	5,000
Senior Medical Travel Program		:		
	N/A	ļ	HEALTH	500
Pioneer Youth Center				
410 3rd Ave SE				
Baudette, MN 56623	N/A		SOCIAL SERVICE	250
Northern Star Council - Boy Scouts	of America			
393 Marshall Ave				
St. Paul, MN 55102	N/A	ļ	SOCIAL SERVICE	500
Greater Twin Cities United Way		}		ĺ
404 S 8th St				
Minneapolis, MN 55404	N/A		SOCIAL SERVICE	5,000
Church of St. Michael				
11300 Frankfort Parkway NE				
St. Michael, MN 55376	N/A		COMMUNITY SERVICE	1,500
Chisago Lakes Middle School				
13750 Lake Blvd		İ		
Lindstrom, MN 55045	N/A	<u> </u>	EDUCATION	3,250
b Approved for future payment		· · · ·		33,500.00
b Approved for future payment				
		1		
		{		
Total		<u> </u>		1 2 22
iotai	_ <u>, </u>		▶ 3b	0.00

3 Grants and Contributions Paid During				
Recipient	If recipient is an individual, show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
Eden Prairie High School				
17185 Valley View Rd				
Eden Prairie, MN 55346	N/A		EDUCATION	1,00
Shriner's Hospital for Children TC				
2025 E River Parkway				
Minneapolis, MN 55414	N/A		HEALTH	40,00
India Association of Minnesota				
P.O. Box 130158				
St. Paul, MN 55113	N/A		SOCIAL SERVICE	5,00
Citizens for Balanced Use				ļ
2.O. Box 606 Gallatin		İ		
Gateway, MT 59730	N/A		SOCIAL SERVICE	3,00
Roseau County Sheriff Office (Nat'l	Child Safety C	ouncil)		
504 5th Ave SW				
Roseau, MN 56751	N/A	İ	COMMUNITY SERVICE	50
Hamel Rodeo				
P.O. Box 141				
Hamel, MN 55340	N/A		COMMUNITY SERVICE	2,50
Worthern Star Council - Boy Scouts	1 '			
393 Marshall Ave	ì			ì
St. Paul, MN 55102	N/A		COMMUNITY SERVICE	5,00
Iowa Special Olympics				
551 SE Dovetail Rd.				:
Grimes, IA 50111	N/A		HEALTH	2,34
Salvation Army		j		2,31
2024 Lyndale Ave N				
Minneapolis, MN	N/A		SOCIAL SERVICE	3,00
Total	<u> </u>			62,340.0
b Approved for future payment				
		:	İ	
				\
				•
				1
				i
	1			
Total				0.0

Recipient	If recipient is an individual, Foundation		D	
<u> </u>	show any relationship to any foundation manager	status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business) a Paid during the year	or substantial contributor	recipient		ļ
a Faid during the year	Ì		Ì	
Minnesota MILE				
P.O. Box 48684			1	
Minneapolıs, MN 55448	N/A		COMMUNITY SERVICE	50
Defending the Blue Line				
15211 Ravenna Trail				
Hastings, MN 55033	N/A		SOCIAL SERVICE	2,53
American Heart Association				
7272 Greenville Ave				
Dallas, TX 75231	N/A		HEALTH	5,000
Catholic Charities of St. Paul and M	inneapolis			
510 S 8th St	_			
Minneapolis, MN	N/A		COMMUNITY SERVICE	7,500
Parenting with a Purpose				
71.11 West Broadway				
Brooklyn Park, MN 55428	N/A		SOCIAL SERVICE	2,000
Warroad Warriors Trap Club			ļ.	
51079 380th St				
Salo1, MN 56756	N/A		COMMUNITY SERVICE	250
Federated Challenge				
121 East Park Square			ļ.	
Owatonna, MN 55060	N/A		SOCIAL SERVICE	25,000
Kiwi Snowmobile Club				
22817 Typo Creek NE				
Stacy, MN 55079	N/A		COMMUNITY SERVICE	4,000
Osceola Community Health Foundation				
2600 65th Ave				
Osceola, WI 54020	N/A		HEALTH	3,000
Total				49,780.00
b Approved for future payment				
′	+			
	1			
		<u> </u>		
Total			<u> ▶</u> 3I	0.0 m 990-PF (2014

Part XV Supplementary Information (con				
3 Grants and Contributions Paid During		ed for Fu	ture Payment	
Recipient Name and address (harra as business)	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		
a Paid during the year				
Greater Twin Cities United Way				
404 S 8th St				i
Minneapolis, MN 55404	N/A		SOCIAL SERVICE	10,00
Roseau Community School				
509 3rd St NE				
Roseau, MN 56751	N/A		EDUCATION	80
Rogers Area Youth Basketball Associ	ation			
108 2nd Ave NE				1
Osseo, MN 55369	N/A		COMMUNITY SERVICE	20
Wild River Habitat for Humanity			•	
2201 Us-8				
St. Croix Falls, WI 54024	N/A		COMMUNITY SERVICE	1,00
MADD Minnesota				İ
155 S Wabasha St				ļ
St. Paul, MN 55107	N/A		SOCIAL SERVICE	1,00
Carver Scott Humane Society				
1320 Cystal Ln				
Chaska, MN 55318	N/A		SOCIAL SERVICE	50
National Forest Foundation				
Building 27 Fort Missoula Rd.				
Missoula, MT 59804	N/A		SOCIAL SERVICE	61,59
Northland Range and Gun Club				
701 Main Ave N				
Roseau, MN 56751	N/A		COMMUNITY SERVICE	3,000
Tee it Up for the Troops				
515 West Travelers Trail				
Burnsville, MN 55337	N/A		SOCIAL SERVICE	15,000
Total	· · · · · · · ·		· · · · · · > 3a	93,097.0
b Approved for future payment				
		•		
Total	<u></u>	<u> </u>	▶ 3 1	0.00

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

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 of grant or contribution	Amount	
Name and address (home or business)	or substantial contributor	recipient	CONTINUE	<u></u>	
a Paid during the year					
Camp Foster YMCA				1	
1769 260th Ave					
Spirit Lake, IA 51360	N/A		COMMUNITY SERVICE	1,000	
Bantfwana Phambili],			1,555	
PO Box 754					
Stillwater, MN 55082	N/A		SOCIAL SERVICE	275	
Flood Run Inc.					
PO Box 832					
Lakeland, MN 55043	N/A		SOCIAL SERVICE	5,000	
Relay for Life of Roseau County					
PO Box 307					
Roseau, MN	N/A		HEALTH	1,000	
ALS Fundraising Team				· ·	
42 Broadway]		
New York, NY 10004	N/A	İ	HEALTH	1,000	
Carver Scott Humane Society				'	
1320 Crystal Ln					
Chaska, MN 55318	N/A		SOCIAL SERVICE	500	
Wilderness Inquiry					
808 14th Ave SE					
Minneapolis, MN 55414	N/A		SOCIAL SERVICE	2,500	
Wyoming Elementary PTA					
25701 Forest Blvd N					
Wyoming, MN 55092	N/A		EDUCATION	500	
ALS Association					
1275 K Street NW					
Washington, DC 20005	N/A		HEALTH	10,000	
Total	 		· · · · · · · > 3a	21,775.00	
b Approved for future payment					
				1	
				1	
Total			> 3k	0.00	

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
Alzheimer's Walk to Remember				
225 N Michigan Ave				
Chicago, IL 60601	N/A		HEALTH	2,00
NOHVCC				
427 Central Ave				
Great Falls, MT 59404	N/A		SOCIAL SERVICE	25,00
St. Jude's Research Hospital				
262 Danny Thomas Place			1	
Memphis, TN 38105	N/A		HEALTH	3,00
Carver Scott Humane Society				1
1320 Crystal Ln				
Chaska, MN 55318	N/A		SOCIAL SERVICE	1,00
Roseau Lutheran Social Services				
204 10th St SW				
Roseau, MN 56751	N/A		COMMUNITY SERVICE	500
Carlson School of Management				
321 19th Ave S				
Minneapolis, MN 55455	N/A		EDUCATION	10,000
City of Medina				
2052 County Rd 24				
Medina, MN 55340	N/A		COMMUNITY SERVICE	500
United Way International				
701 N Fairfax Street				
Alexandria, VA 22314	N/A		SOCIAL SERVICE	5,000
Oklahoma 4-H Foundation				
205 4H Youth Development Bldg				
Stillwater, OK 74078	N/A		SOCIAL SERVICE	26,749
b Approved for future payment	<u> </u>	· · · ·	<u>.</u> ▶ 3a	73,749.00
b Approved for future payment				
		İ		
				1
Total			▶ 3b	0.00

	ed for Fu	ture Payment	
if recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
or substantial contributor	recipient		
N/A		HEALTH	1,00
N/A]	HEALTH	2,00
			1
N/A		EDUCATION	30
N/A		SOCIAL SERVICE	25
N/A		SOCIAL SERVICE	500
,			
N/A	ļ	SOCIAL SERVICE	500
11,71		BOCIAL BERVICE	1
N/A		COMMINITY SERVICE	1,000
			1,000
N/A		HEALTH	3,000
III/ A		IIIAB I II	3,000
N/A		COMMUNITAL SERVICE	F 00/
IN/A			5,000
			13,000.0
			1
	·	▶ 3b	0.0
	If recipient is an individual, show any relationship to any foundation manager or substantial contributor N/A N/A	If recipient is an individual, show any relationship to any foundation manager or substantial contributor N/A N/A N/A N/A N/A N/A N/A N/	If recipient is an individual, show any relationship to any foundation manager or substantial contributor N/A N/A HEALTH N/A N/A Ation N/A N/A SOCIAL SERVICE N/A N/A COMMUNITY SERVICE

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

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	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				
University of Minnesota Foundation				
200 SE Oak St				
Minneapolis, MN 55455	N/A		EDUCATION	20,000
Cub Scout Pack #91	,			20,000
Zimmerman, MN				
·	N/A		COMMUNITY SERVICE	500
Veterans Campaign	1,12			
2013 H Street NW	,			
Washington, DC 20006	N/A		SOCIAL SERVICE	5,000
Institute for Affordable Transportat	•		BOOTILE BERKYTOE	3,000
5868 E 71st Street		ļ		
Indianapolis, IN 56220	N/A		SOCIAL SERVICE	2,500
Roseau Wrestling Club - Roseau School	•			2,300
509 3rd St NE				
Roseau, MN 56751	N/A		COMMUNITY SERVICE	1,000
Wannaska Community Center	,		32102	1,000
121 Center Street East #202				
Roseau, MN 56751	N/A		COMMUNITY SERVICE	900
AUSA Vessey Chapter - Polytrauma bag	, ·			
1130 Montreal Ave				İ
St. Paul, MN 55116	N/A		SOCIAL SERVICE	2,500
Options for Women - Cornerstone				
204 Central Ave E				
St. Michael, MN 55376	N/A		SOCIAL SERVICE	500
Northwest Community Action-Reach Out	Warmth			Ì
312 N Main St				
Badger, MN	N/A		COMMUNITY SERVICE	2,700
Total			▶ 3a	35,600.00
b Approved for future payment				
Total			▶ 3b	0.00
				990-PE 2014

Total

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 status of Amount contribution Name and address (home or business) recipient a Paid during the year Osceola Community Health Foundation 2600 65th Ave Osceola, WI 54020 N/A HEALTH 1,000 3a 1,000.00 Approved for future payment

0.00

Ente	r arc	oss amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by secti	on 512, 513, or 514	
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
1	Pro a	gram service revenue:					
	a b						
	C						
	d						<u> </u>
	e		-				
	f						
	`	Fees and contracts from government agencies					
2	_	mbership dues and assessments					
3		rest on savings and temporary cash investments			14		
4		idends and interest from securities			14	4	
5		rental income or (loss) from real estate:			A CONTRACTOR STATE		
3		• •	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			***************************************	
		Debt-financed property					
6		rental income or (loss) from personal property		<u>. </u>			
7		ner investment income					
8		n or (loss) from sales of assets other than inventory					
9		income or (loss) from special events .	_				
10		ass profit or (loss) from sales of inventory					
11							
• • •	b	ler revenue: a	+		_		
	C				-		
	d						
	e	· · · · · · · · · · · · · · · · · · ·					 -
12	_	ototal. Add columns (b), (d), and (e)	The transfer of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of	0	To see a sew on	4	
		- L. ALL. P 40 L			• • • • • • • • • • • • • • • • • • • •	13	0
(See	wor	ksheet in line 13 instructions to verify calculation	ıs.)				
See Par Lin	wor	ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes	-	
See Par Lin	wor t X e No	ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exemp	t Purposes	-	
See Par Lin	wor t X e No	ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes	-	
See Par Lin	wor t X e No	ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exemp	t Purposes	-	
See Par Lin	wor t X e No	ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exemp	t Purposes	-	
See Par Lin	wor t X e No	ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exemp	t Purposes	-	
See Par Lin	wor t X e No	ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exemp	t Purposes	-	
See Par Lin	wor t X e No	ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exemp	t Purposes	-	
See Par Lin	wor t X e No	ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exemp	t Purposes	-	
See Par Lin	wor t X e No	ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exemp	t Purposes	-	
See Par Lin	wor t X e No	ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exemp	t Purposes	-	
See Par Lin	wor t X e No	ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exemp	t Purposes	-	
See Par Lin	wor t X e No	ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exemp	t Purposes	-	
See Par Lin	wor t X e No	ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exemp	t Purposes	-	
See Par Lin	wor t X e No	ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exemp	t Purposes	-	
See Par Lin	wor t X e No	ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exemp	t Purposes	-	
See Par Lin	wor t X e No	ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exemp	t Purposes	-	
See Par Lin	wor t X e No	ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exemp	t Purposes	-	
See Par Lin	wor t X e No	ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exemp	t Purposes	-	
See Par Lin	wor t X e No	ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exemp	t Purposes	-	
See Par Lin	wor t X e No	ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exemp	t Purposes	-	
See Par Lin	wor t X e No	ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exemp	t Purposes	-	
See Par Lin	wor t X e No	ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exemp	t Purposes	-	
See Par Lin	wor t X e No	ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exemp	t Purposes	-	

Part		Informatio	n Regarding Trai	nsfers To and Tran	sactions and l	Relationships W	ith Noncha		uge 10
1	ın sec	ne organization o	directly or indirectly	engage in any of the section 501(c)(3) orga				Yes	No
а	-		porting foundation t	o a noncharitable exe	mpt organization	of.			
	(1) C	-						1a(1)	Х
		ther assets .						1a(2)	Х
b	Othe	rtransactions:						-	
	(1) S	ales of assets to	a noncharitable ex	empt organization .				1b(1)	Х
	(2) P	urchases of asse	ets from a noncharit	able exempt organiza	ition			1b(2)	Х
	(3) R	ental of facilities	, equipment, or othe	er assets				1b(3)	Х
	(4) R	eimbursement a	rrangements .					1b(4)	Х
	(5) L	oans or loan gua	arantees					1b(5)	Х
	(6) P	erformance of se	ervices or members	hip or fundraising soli	citations			1b(6)	X
С	Sharı	ng of facilities, e	equipment, mailing li	ists, other assets, or p	aid employees			1c	X
	value value	of the goods, o	ther assets, or serv on or sharing arrang	es," complete the followices given by the represent, show in colure than table exempt organizations.	orting foundation nn (d) the value o	. If the foundation	received less assets, or se	than fair	market eived.
(a) Line	e no (b) Amount involved	(c) Name of nonc	charitable exempt organizati	on (a) Desc	ription of transfers, trans	sactions, and sna	aring arranger	nents
		=						<u> </u>	
	_								
	-+								
			-						
		 	 						
		· · · · -	<u> </u>						
	-								
			-				***************************************		
									
									
2a b	desc	nbed in section (ffiliated with, or relate other than section 50 e.			anizations	☐ Yes 🏻	No
-		(a) Name of organ	nization	(b) Type of org	ganization	(c) Des	cription of relatio	nship	
								•	
					-				
									
				ned this return, including accor			est of my knowler	dge and belief	it is true
Sign Here	1 k	ect, and complete Deci	claration of preparer (other the	han taxpayer) is based on all ii	PRESIDEN		with the	RS discuss the	n below
		nature of officer or tru	ustee	Date	Title		(see instru	ictions)? Ye	s∐No
Paid		Print/Type prepare	r's name	Preparer's signature		Date	Check if	PTIN	
	0 - 0 -						self-employed		
Prep.		Firm's name ▶		•	-	Firm's	EN►		
USE (Cilly	Firm's address ▶				Phone			

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

2014

Employer identification number

THE P	OLARIS FOUNDA	TION 41-1828276				
Organiz	zation type (check	one):				
Filers o	f:	Section:				
Form 99	90 or 990-EZ	☐ 501(c)() (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		☐ 527 political organization				
Form 99	90-PF	∑ 501(c)(3) exempt private foundation				
		☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation				
		☐ 501(c)(3) taxable private foundation				
	only a section 501(s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See	••			
Genera	l Rule					
X		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributions.				
Special	Rules					
	regulations under 13, 16a, or 16b, a	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½% support test of the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line and that received from any one contributor, during the year, total contributions of the greater of (1) of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
	contributor, durin	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, and purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution	n. An organization	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990.				

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	POLARIS INDUSTRIES INC. 2100 HIGHWAY 55 MEDINA, MN 55340	\$	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 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	
(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 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (c) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) FMV (or estimate) (d) from 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) FMV (or estimate) from 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) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I

Name of organization

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

THE POI	LARIS FOUNDATION			41-1828276				
Part III	(10) that total more than \$1,000 for the following line entry. For organiz contributions of \$1,000 or less for	or the year from any ations completing Pa the year. (Enter this in	one contributor rt III, enter the tot formation once.	described in section 501(c)(7), (8), or . Complete columns (a) through (e) and al of exclusively religious, charitable, etc.				
	Use duplicate copies of Part III if ac	lditional space is nee	ded					
(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,	and ZIP + 4	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,	and ZIP + 4	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				
			fer of gift					
:	Transferee's name, address,	onship of transferor to transferee						
(a) No.		T		T T				
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
Ĺ								
ĺ	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
Ţ								
}		·						
		·						
			<u> </u>					

THE POLARIS FOUNDATION 2014 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
Anna Stanley	Medina, MN 55340 2100 Highway 55	President/Treasurer	none	none	none
Jennifer Carbert	Medina, MN 55340	Secretary	none	none	none
Scott W. Wine	2100 Highway 55 Medina, MN 55340 2100 Highway 55	Director	none	none	none
Bennett J. Morgan	Medina, MN 55340	Director	none	none	none
241 180 241	2100 Highway 55				
Michael W. Malone	Medina, MN 55340 2100 Highway 55	Director	none	none	none
James P. Williams	Medina, MN 55340 2100 Highway 55	Director	none	none	none
Jan Rintamaki	Medina, MN 55340 2100 Highway 55	Director	none	none	none
David Longren	Medina, MN 55340	Director	none	none	none

THE POLARIS FOUNDATION 2014 990-PF						
LINE 23- OTHER EXPENSES DETAIL						
BANK CHARGES	584					
TOTAL	584					