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Form 990-PF

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.

ZU 13

For	calen	ndar year 2015 or tax year beginning	·	2015, and	ending		, 20
		undation				er identification numb	
TH	E POI	LARIS FOUNDATION			41-1828	3276	
		d street (or P O box number if mail is not delivered to street address)	i	Room/suite		ne number (see instruct	ions)
210	00 н	IGHWAY 55			763-478	3-5731	
		n, state or province, country, and ZIP or foreign postal code				tion application is pend	lina, check here ▶ □
MEI	λΙΝΑ,	, MN 55340				JOH approaudit to per-	g, 0.100.1.1.0.0.1
_			n of a former p	ublic charit	D 1, Foreigi	n organizations, check	here ▶ □
_	• • • •	☐ Final return ☐ Amended	•	,,,,,		_	
		☐ Address change ☐ Name char				n organizations meeting here and attach compi	
H	Check	type of organization: X Section 501(c)(3) exempt p		ion	☐ E If private	foundation status was	terminated under
		on 4947(a)(1) nonexempt charitable trust			section 5	07(b)(1)(A), check here	. ▶⊔
		narket value of all assets at J Accounting method			- 15 *50 form		L tamanahan
		f year (from Part II, col. (c),	_	_		ndation is in a 60-mont ction 507(b)(1)(B), chec	
		5) ► \$ 247, 191 (Part I, column (d) must be	on cash basis.)				
P	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue a	nd a			(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses pe	- (0) 140	et investment income	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions).)	books				(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	2,469,3	341	with the second		
	2	Check ► ☐ if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments		4	4		
	4	Dividends and interest from securities					
	5a	Gross rents	per-respectible of the residence of their day is consider.	77 4	and the second of the second		
	Ь	Net rental income or (loss)		-			
ne	6a	Net gain or (loss) from sale of assets not on line 10			2		
evenue	b	Gross sales price for all assets on line 6a			. 213 200 -0.00	Same and the same of the same	
e v	7	Capital gain net income (from Part IV, line 2)		and the same of th	0		K
C	8	Net short-term capital gain					
	9	Income modifications				Contractions of the contraction	
;	10a	Gross sales less returns and allowances					
· }	b	Less: Cost of goods sold		754			
,	C	Gross profit or (loss) (attach schedule)		0			
>	11	Other income (attach schedule)	2 460	\			
<u>}</u>	12	Total. Add lines 1 through 11	2,469,3	345	4	0	
és	13 14	Compensation of officers, directors, trustees, etc. Other employee salaries and wages	ļ				
enses	15	Pension plans, employee benefits			-		
þe	16a	Legal fees (attach schedule)	- DEC	FIVE	101		
Exp	b	Accounting fees (attach schedule)	RE		700 6 8		
Ve	C	Other professional fees (attach schedule)	1.0	19 8 B	8 / (B)		
ati	17	Interest	13/ MAY	, N ==	1=1	 	
Operating and Administrative	18	Taxes (attach schedule) (see instructions)	Till	مستناث المتا المدر	ANN		
<u>=</u>	19	Depreciation (attach schedule) and depletion	100		A CONTRACTOR OF THE PARTY OF TH		-
둳	20	Occupancy	La distribution of the second	-			
Ă	21	Travel, conferences, and meetings					1
anc.	22	Printing and publications					
Ď	23	Other expenses (attach schedule)	1,1	168			1,168
Ē	24	Total operating and administrative expenses.					
era)	Add lines 13 through 23		L 68	0	0	
ğ	25	Contributions, gifts, grants paid	2,402,2		. ,		2,402,252
_	26	Total expenses and disbursements. Add lines 24 and 25	2,403,4	120	0	0	2,403,420
	27	Subtract line 26 from line 12:					
	а	Excess of revenue over expenses and disbursements	65,9	925	<u></u>		2.00
	b	Net investment income (if negative, enter -0-) .	*		4	- 13	
	С	Adjusted net income (if negative, enter -0-)				0	

1 Cash—non-interest-bearing	P:	art II	Attached schedules and amounts in the description column should be for and of year amounts only (See particulars)	Beginning of year	End o	of year
2 Savings and temporary cash investments 3 Abcounts receivable ► Less: allowance for doubtful accounts ► Pledges receivable ← Less: allowance for doubtful accounts ► Crants receivable Crants			should be for end-or-year amounts only. (See instructions.)			
A Accounts receivable ▶ Less: allowance for doubtful accounts ▶ Pledges receivable ▶ Less: allowance for doubtful accounts ▶ Grants receivable Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) 7 Other notes and loans receivable (attach schedule) ▶ Less: allowance for doubtful accounts ▶ Inventorias for sale or use Proposed a investments—Class and deferred charges Investments—Class and state government obligations (attach schedule) Investments—Corporate stock (attach schedule) Investments—Charge and equipment: basis ▶ Less: accumulated depreciation (attach schedule) Investments—Charges and equipment: basis ▶ Less: accumulated depreciation (attach schedule) Investments—Charges and equipment: basis ▶ Less: accumulated depreciation (attach schedule) Investments—Charges and equipment: basis ▶ Less: accumulated depreciation (attach schedule) ▶ Investments—Charges and equipment: basis ▶ Less: accumulated depreciation (attach schedule) ▶ Investments—Charges and equipment: basis ▶ Less: accumulated depreciation (attach schedule) ▶ Investments—Charges and accumulated expenses Investments—Charges and accumulated expenses Investments—Charges and accumulated expenses Investments—Charges and charges are page I, item I) Investments—Charges and charges are page I, i		1	——————————————————————————————————————	130,868	196,789	196,789
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and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here ▶ □ and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained eamings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see instructions) 31 Total liabilities and net assets/fund balances (see instructions) 1 Total or assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 Decreases not included in line 2 (itemize) ▶ 5 Decreases not included in line 2 (itemize) ▶ 5 Decreases not included in line 2 (itemize) ▶ 5 Decreases not included in line 2 (itemize) ▶ 5 Decreases not included in line 2 (itemize) ▶ 5 Decreases not included in line 2 (itemize) ▶ 5 Decreases not included in line 2 (itemize) ▶ 5 Decreases not included in line 2 (itemize) ▶ 5 Decreases not included in line 2 (itemize) ▶						
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26 Permanently restricted Foundations that do not follow SFAS 117, check here ▶ □ and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds. 181, 266 247, 191 28 Paid-in or capital surplus, or land, bldg., and equipment fund Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see instructions) 181, 266 247, 191 Total liabilities and net assets/fund balances (see instructions) 181, 266 247, 191 Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 181, 266 2 Enter amount from Part I, line 27a 2 65, 925 3 Other increases not included in line 2 (itemize) ▶ 3 4 Add lines 1, 2, and 3 4 247, 191 5 Decreases not included in line 2 (itemize) ▶ 5	Ĕ	24	Unrestricted			
26 Permanently restricted Foundations that do not follow SFAS 117, check here ▶ □ and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds	ala	25				
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Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	o	27	Capital stock, trust principal, or current funds	181.266	247.191	* 4 **
Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	ts	28	· · · · · · · · · · · · · · · · · · ·		21,7251	
Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	Se	29				
Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	Ä	30		181.266	247.191	to the state of
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2 Enter amount from Part I, line 27a					•	181 266
3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3	2				<u>.</u>	
4 Add lines 1, 2, and 3	_					05, 925
5 Decreases not included in line 2 (itemize) ▶	_					247 101
	_	Dan	reases makingly deal on time O (the select) by			247,191
	6	Tota	I net assets or fund balances at end of vear (line 4 minus line 5)—F	Part II. column (b). Iir	ne 30	247 191

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If general Part V For option 4 Was the for fees," the	ain, also enter in Part I t I, line 8	, line 8, column (c) (see instruct · · · · · · · · · · · · · · · · · · ·	ions). If (k	oss), enter -0- in			
Part V For option f section 4 Was the for f "Yes," the	Qualification Unde	er Section 4940(e) for Reduc					
For option f section 4 Was the for f "Yes," th			ed Tax o				
f section 4 Was the for f "Yes," the	ial use by domestic priv						
1 Ente		this part blank. section 4942 tax on the distributa qualify under section 4940(e). Do			base perio	d?	☐ Yes ☒ No
	er the appropriate amou	unt in each column for each year	; see the in	structions before n	naking any	entries.	
	(a) Base penod years year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net val	(c) ue of nonchantable-use	assets	Distr (col (b) d	(d) abution ratio ivided by col. (c))
	2014	493,9	01	198	,092		2.4933
	2013	880,4	63		,718		2.6704
	2012	442,0		425	,246		1.0395
	2011	458,7			,628		1.1897
	2010	74,4	54	149	,824		0.4969
2 Tota	al of line 1, column (d)				2		7 0000
		or the 5-year base period—divid					7.8898
		ation has been in existence if les			'		1.57796
	•		•			_	1.01/90
4 Ente	er the net value of nonc	haritable-use assets for 2015 fro	om Part X, I	ine 5	4		269,826
5 Mul	ltiply line 4 by line 3 .				5		425,775
6 Ente	er 1% of net investment	t income (1% of Part I, line 27b)			<u>6</u>	<u> </u>	.04
7 Add	d lines 5 and 6				7		425,775
8 Ente					8		2,403,420

Part	Excise Tax Based on investment income (Section 4940(a), 4940(b), 4940(e), or 4948—see	instruc	tions)
1a	Exempt operating foundations described in section 4940(d)(2), check here \(\bigset\) 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	A Company of the Comp	
	here ▶ □ and enter 1% of Part I, line 27b	24.	6. 10.
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		4. 3.
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		
3	Add lines 1 and 2		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		
5 6	Credits/Payments:		0
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a	V 4	
b	Exempt foreign organizations—tax withheld at source 6b	4.00	
C	Tax paid with application for extension of time to file (Form 8868) . 6c		4
d	Backup withholding erroneously withheld 6d	70.74	
7	Total credits and payments. Add lines 6a through 6d		0
8	Enter any penalty for underpayment of estimated tax. Check here 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		0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10	 	0
11 Pari	Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ Refunded ▶ 11 VII-A Statements Regarding Activities	·	0
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	Table 1	es 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	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		14 a
	published or distributed by the foundation in connection with the activities.	725	3
C	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. ▶ \$		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$		4
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	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
•	If "Yes," attach the statement required by General Instruction T.		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or		
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that 		
	conflict with the state law remain in the governing instrument?	6	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 Part XV	7	X
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶	2733	** A.
	MN		
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	X
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		1
	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"		
40	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	X

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		Yes	No
	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		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ▶ www.polaris.com/en-us/company/polaris-foundation			
14	The books are in care of ▶ JOHN SPRINGER Telephone no. ▶ 763-4	78-5	731	
15	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		•	▶ 🗆
	and enter the amount of tax-exempt interest received or accrued during the year			r
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authorit		Yes	
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		360	72.5
			1.0	
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	30.6	Van	N.
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	· · · · · · · · · · · · · · · · · · ·			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		1.0	1
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			of the second
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No	400		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	23		10.0
	the benefit or use of a disqualified person)?			Special
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	1		
	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)? . N.A	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 2015?	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)):	1200		
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015?			
	If "Yes," list the years ▶ 20, 20, 20, 20	and off the o		
þ	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	77.5		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			*(0.53)
	all years listed, answer "No" and attach statement—see instructions.)	2b	Carrell Shall	DOC TRANSPORT
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			
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 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
þ	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 2015?	45		

Part	VII-B Statements Regarding Activities	for Wh	ich Form	4720	May Be R	equire	ed (continu	ed)	-	·· -
5a	During the year did the foundation pay or incur a									
	(1) Carry on propaganda, or otherwise attempt to(2) Influence the outcome of any specific public							⊠ No	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	directly or indirectly, any voter registration dri	ive? .						X No		
	(3) Provide a grant to an individual for travel, stu-	dy, or oth	ner similar p	ourpos	es?			∑ No	1	8 38
	(4) Provide a grant to an organization other than section 4945(d)(4)(A)? (see instructions)	a chanta	able, etc., d	organiz	ation desc	ibed in	١			
	(5) Provide for any purpose other than religious,							∐ No		4
	purposes, or for the prevention of cruelty to c	children o	r animals?					∏ No	1	
b	If any answer is "Yes" to 5a(1)-(5), did any of the									All and a second
	Regulations section 53.4945 or in a current notice				•	uctions)? NA .		5b	***
	Organizations relying on a current notice regarding								1	
С	If the answer is "Yes" to question 5a(4), does to because it maintained expenditure responsibility				ption from			□No		**
	If "Yes," attach the statement required by Regula	tions sec	tion 53.494	15–5(d).					3000	
6a	Did the foundation, during the year, receive any	funds, dir	rectly or inc	directly	, to pay pre	miums	}			-35
	on a personal benefit contract?							∐ No	1	
b	Did the foundation, during the year, pay premium If "Yes" to 6b, file Form 8870.	ns, directl	ly or indired	tly, on	a personal	benefi	t contract?		6b	X
7a	At any time during the tax year, was the foundation a	a party to	a prohibited	I tax sh	elter transac	tion?	☐ Yes ②	∑ No	107 112	1 4
	If "Yes," did the foundation receive any proceeds									
Part	Information About Officers, Direct and Contractors	tors, Tru	ustees, Fo	ounda	tion Mana	igers,	Highly Pa	id E	mployee	es,
1	List all officers, directors, trustees, foundation	n manag	ere and the	air con	neneation	/saa i	netructione	`		_
<u> </u>			ind average		mpensation		Contributions to		(a) F	
	(a) Name and address		per week to position		ot pald, ter -0-)	emplo	oyee benefit pla erred compens	ns	(e) Expense other allo	
SEE 2	ATTACHED		· .							
					0			0		0
										
			_						.	
2	Compensation of five highest-paid employee	s (other	than thos	e incli	uded on li	ne 1—	see instruc	tions	s). If non	e. enter
	"NONE."	•							.,.	-,
(a) Name and address of each employee paid more than \$50,000	0	(b) Title, and a hours per w devoted to po	eek	(c) Comper	sation	(d) Contributio employee bei plans and defe compensati	nefit erred	(e) Expense other allo	
NONE							Compensati			
NOME										
-										
			· · · · · · · · · · · · · · · · · · ·	_						
Total r	number of other employees paid over \$50,000 .							▶		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid (and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "No	ONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
IONE	
/	
otal 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 organizations 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) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	Amount
I N/A	
•	
2	
All other program-related investments. See instructions	
3	
otal. Add lines 1 through 3	-
Value to a modern of the second of the secon	Form 990-PF (2015

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign	ign fol	ındations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	273,935
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	273,935
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	273,935
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	ınstructions)	4	4,109
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	269,826
6	Minimum investment return. Enter 5% of line 5	6	13,491
Part		ounda	
1	Minimum investment return from Part X, line 6	1	13,491.30
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015. (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	13,491
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	13,491
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	13,491
	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26		2 402 420
a	Program-related investments—total from Part IX-B	1a 1b	2,403,420
ь 2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	ID	
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
_	Suitability test (prior IRS approval required)	30	
a		3a	
	Cash distribution test (attach the required schedule)	3b	2 402 400
4 5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	4	2,403,420
J	· · · · · · · · · · · · · · · · · · ·	_	
_	Enter 1% of Part I, line 27b (see instructions)	5	0.402.402
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,403,420
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculatin qualifies for the section 4940(e) reduction of tax in those years.	g whet	ner the foundation

Part	Unaistributea income (see instruction	ons)			
1	Distributable amount for 2015 from Part XI,	(a) Corpus	(b) Years pnor to 2014	(c) 2014	(d) 2015
	line 7				13,491
2	Undistributed income, if any, as of the end of 2015:				
а	Enter amount for 2014 only	ilian (d. 1 tanàn	. 40		
b	Total for prior years: 20,20,20	٧		***	, 49%
3	Excess distributions carryover, if any, to 2015:				
а	From 2010	₹	**************************************	·	* , ,
b	From 2011	-Ba-wa- ≪a * wa	14	- A.	
С	From 2012 420,769	₹	***	- 120	
d	From 2013 863, 977	-1			
е	From 2014 483, 996				
f	Total of lines 3a through e	2,275,222		<u> </u>	
4	Qualifying distributions for 2015 from Part XII,	#-5° &	50 1 00 0		
	line 4: ▶ \$ 2,403,420	1			,
а	Applied to 2014, but not more than line 2a .				
b	Applied to undistributed income of prior years	vs.			1
	(Election required—see instructions)				- (<u>*</u>
C	Treated as distributions out of corpus (Election		**************************************		
_	required—see instructions)	om.			,
d	Applied to 2015 distributable amount	*			
e	Remaining amount distributed out of corpus	2,389,928.70			- Maria 1989
5	Excess distributions carryover applied to 2015	, m		1	
	(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:	Z.			
				**	
a	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	4,665,151			· · · · · · · · · · · · · · · · · · ·
b	Prior years' undistributed income. Subtract line 4b from line 2b				, , ,
		27.	0		
С	Enter the amount of prior years' undistributed	and the second			
	income for which a notice of deficiency has been issued, or on which the section 4942(a)	7,			4 A
	tax has been previously assessed				
a	Subtract line 6c from line 6b. Taxable	*			
u	amount—see instructions				
_		** ***	0	*\	
е	Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount—see		·		
	instructions			_	
	Undistributed income for 2015. Subtract lines			0	
•	4d and 5 from line 1. This amount must be	,	<u>*</u>	***	
	distributed in 2016		•	*	12 401
7	Amounts treated as distributions out of corpus				13,491
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be		**************************************	4	
	required—see instructions)				, , , , , , , , , , , , , , , , , , , ,
8	Excess distributions carryover from 2010 not				
•	applied on line 5 or line 7 (see instructions).	66,963	~~ \	t v	
9	Excess distributions carryover to 2016.	00,903		4,273;	· (%)
•	Subtract lines 7 and 8 from line 6a	4,598,188			
10	Analysis of line 9:	3,030,100			
а	Excess from 2011				
b	Excess from 2012	1 **	As Mar	mef	
C	Excess from 2013 863, 977	t 1	2,700	•	***
d	Excess from 2014	f 1			
e	Excess from 2015 2, 389, 928.70				
	· · · · · · · · · · · · · · · · · · ·	r i			i

Part	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 fo	r 2015, 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) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Iotai
	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	o	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					
h	section 4942(j)(3)(B)(i)		<u> </u>			0
b	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				İ	
	organizations as provided in					
	section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from an exempt organization					_
	· •					0
Part	(4) Gross investment income XV Supplementary Information	n (Complete th	ic part only if th	o foundation h	od \$5 000 or me	O O O O O O O O O O O O O O O O O O O
rait	any time during the year-			ie iounuation n	ad \$5,000 or mid	ore iii assets at
1	Information Regarding Foundation		19.,	 -		
-	List any managers of the foundation		ited more than 2%	6 of the total contr	hutions received	by the foundation
_	before the close of any tax year (but o					by the loundation
NONE		, -,		4 - 1 - 2 - 2 - 2 - 2		
b	List any managers of the foundation	who own 10% or	more of the stoc	k of a corporation	or an equally la	rge portion of the
	ownership of a partnership or other er					ge perment or and
NONE				J		
2	Information Regarding Contribution	, Grant, Gift, Loa	n, Scholarship. e	tc., Programs:		
	Check here ▶ ☐ if the foundation				organizations and	does not accept
	unsolicited requests for funds. If the f					
	other conditions, complete items 2a, I	b, c, and d.				
а	The name, address, and telephone nu	ımber or e-mail ad	dress of the perso	on to whom applica	ations should be a	ddressed:
			0100		55240	
	CTOR OF PROGRAMS, POLARIS					
D	The form in which applications should	i de submilled and	iniormation and I	materials they sho	uia meiude:	
POLA	RIS FOUNDATION GRANT APPLI	CATION				
	Any submission deadlines:					
NONE		<u> </u>				
d	Any restrictions or limitations on aw	vards, such as by	y geographical ar	eas, charitable fie	elds, kinds of inst	titutions, or other
	factors:					
FOCU	S AREA GRANTS: EDUCATION,	HEALTH, SOCI	AL SERVICES,	ARTS, COMMU	NITY SERVICE	

Part XV Supplementary Information (continued)

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

Name and address (home or business) a Paid during the year ALS FUNDRAISER 1275 K STREET NW MASHINGTON DC, 20005 AMERICAN CANCER SOCIETY FO BOX 7262 HILLSBOROUGH, NJ 08844 ANN BANCROFT FOUNDATION 211 N IST STREET MINNEAPOLIS, MN 55401 ASSOC. OF GRADUATES, US MILITARY ACADEMY 698 MILLS RD WEST POINT, NY 10996 ALZHEIMER'S - WALK TO REMEMBER 225 N MICHIGAN AVE. CHICAGO, IL 60601 BANTFWANA PHAMBI FO BOX 754 STILLWATER, MN 55082 BRILEVE IN MIRACLES FOUNDATION 1820 OLD HIGHWAY 8 NOW SCOUT TROUP #56 3311 COMMONNEALTH AVE WOODBURY, MN 55125 BUFFALO, MN 55313 Total b Approved for future payment	A
ALS FUNDRAISER 1275 K STREET NW WASHINGTON DC, 20005 AMERICAN CANCER SOCIETY PO BOX 7262 HILLSBOROUGH, NJ 08844 ANN BANCROFT FOUNDATION 211 N 1ST STREET MINNEAPOLIS, MN 55401 ASSOC. OF GRADUATES, US MILITARY ACADEMY 698 MILLS RD WEST POINT, NY 10996 ALZHEIMER'S - WALK TO REMEMBER 225 N MICHIGAN AVE. CHICAGO, IL 60601 BANTFWANA PHAMBI PO BOX 754 STILLWATER, MN 55082 BELIEVE IN MIRACLES FOUNDATION 1820 OLD HIGHWAY 8 NEW BRIGHTON, MN 55112 BOY SCOUT TROUP #56 3311 COMMONWEALTH AVE WOODBURY, MN 55125 BUFFALO, MN 55313 N/A EDUCATION HEALTH COMMUNITY SERVICE BUFFALO, MN 55313 N/A EDUCATION HEALTH COMMUNITY SERVICE BUFFALO, MN 55313 N/A EDUCATION BUFFALO, MN 55313 N/A EDUCATION A BUFFALO, MN 55313 N/A EDUCATION BUFFALO, MN 55313	Amount
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WEST POINT, NY 10996 ALZHEIMER'S - WALK TO REMEMBER 225 N MICHIGAN AVE. CHICAGO, IL 60601 BANTFWANA PHAMBI PO BOX 754 STILLWATER, MN 55082 BELIEVE IN MIRACLES FOUNDATION 1820 OLD HIGHWAY 8 NEW BRIGHTON, MN 55112 N/A BOY SCOUT TROUP #56 3311 COMMONWEALTH AVE WOODBURY, MN 55125 N/A COMMUNITY SERVICE BUFFALO ROBATICS 877 BISON BLVD. BUFFALO, MN 55313 N/A EDUCATION Total **Total** **NA** **SOCIAL SERVICE* **HEALTH* **SOCIAL SERVICE* **HEALTH* **COMMUNITY SERVICE* **BUFFALO, MN 55313 N/A **EDUCATION **Total** **Total** **NA** **SOCIAL SERVICE* **COMMUNITY SERVICE* **SOCIAL SERVICE* **COMMUNITY SERVICE* **DUCATION **Total** **Total** **NA** **SOCIAL SERVICE* **SOCIAL SERVICE* **COMMUNITY SERVICE* **DUCATION **Total**	
ALZHEIMER'S - WALK TO REMEMBER 225 N MICHIGAN AVE. CHICAGO, IL 60601 N/A HEALTH BANTFWANA PHAMBI PO BOX 754 STILLWATER, MN 55082 N/A SOCIAL SERVICE BELIEVE IN MIRACLES FOUNDATION 1820 OLD HIGHWAY 8 NEW BRIGHTON, MN 55112 N/A HEALTH BOY SCOUT TROUP #56 3311 COMMONWEALTH AVE WOODBURY, MN 55125 N/A COMMUNITY SERVICE BUFFALO ROBATICS 877 BISON BLVD. BUFFALO, MN 55313 N/A EDUCATION Total	
225 N MICHIGAN AVE. CHICAGO, IL 60601 BANTFWANA PHAMBI PO BOX 754 STILLWATER, MN 55082 BELIEVE IN MIRACLES FOUNDATION 1820 OLD HIGHWAY 8 NEW BRIGHTON, MN 55112 BOY SCOUT TROUP #56 3311 COMMONWEALTH AVE WOODBURY, MN 55125 BUFFALO ROBATICS 877 BISON BLVD. BUFFALO, MN 55313 N/A HEALTH COMMUNITY SERVICE BUFFALO, MN 55313 N/A EDUCATION 38	3,50
CHICAGO, IL 60601 BANTFWANA PHAMBI PO BOX 754 STILLWATER, MN 55082 BELIEVE IN MIRACLES FOUNDATION 1820 OLD HIGHWAY 8 NEW BRIGHTON, MN 55112 BOY SCOUT TROUP #56 3311 COMMONWEALTH AVE WOODBURY, MN 55125 BUFFALO ROBATICS 877 BISON BLVD. BUFFALO, MN 55313 N/A HEALTH COMMUNITY SERVICE BUFFALO, MN 55313 N/A EDUCATION 3a	
BANTFWANA PHAMBI PO BOX 754 STILLWATER, MN 55082 BELIEVE IN MIRACLES FOUNDATION 1820 OLD HIGHWAY 8 NEW BRIGHTON, MN 55112 BOY SCOUT TROUP #56 3311 COMMONWEALTH AVE WOODBURY, MN 55125 N/A COMMUNITY SERVICE BUFFALO ROBATICS 877 BISON BLVD. BUFFALO, MN 55313 N/A EDUCATION Total	
PO BOX 754 STILLWATER, MN 55082 BELIEVE IN MIRACLES FOUNDATION 1820 OLD HIGHWAY 8 NEW BRIGHTON, MN 55112 BOY SCOUT TROUP #56 3311 COMMONWEALTH AVE WOODBURY, MN 55125 BUFFALO ROBATICS 877 BISON BLVD. BUFFALO, MN 55313 N/A EDUCATION Total	1,00
STILLWATER, MN 55082 BELIEVE IN MIRACLES FOUNDATION 1820 OLD HIGHWAY 8 NEW BRIGHTON, MN 55112 BOY SCOUT TROUP #56 3311 COMMONWEALTH AVE WOODBURY, MN 55125 BUFFALO ROBATICS 877 BISON BLVD. BUFFALO, MN 55313 N/A SOCIAL SERVICE SOCIAL SERVICE COMMUNITY HEALTH COMMUNITY SERVICE BUFFALO, MN 55313 N/A EDUCATION 3a	
BELIEVE IN MIRACLES FOUNDATION 1820 OLD HIGHWAY 8 NEW BRIGHTON, MN 55112 BOY SCOUT TROUP #56 3311 COMMONWEALTH AVE WOODBURY, MN 55125 BUFFALO ROBATICS 377 BISON BLVD. BUFFALO, MN 55313 N/A EDUCATION 3a	
1820 OLD HIGHWAY 8 NEW BRIGHTON, MN 55112 BOY SCOUT TROUP #56 3311 COMMONWEALTH AVE WOODBURY, MN 55125 BUFFALO ROBATICS 877 BISON BLVD. BUFFALO, MN 55313 N/A EDUCATION Total	17
NEW BRIGHTON, MN 55112 BOY SCOUT TROUP #56 3311 COMMONWEALTH AVE WOODBURY, MN 55125 BUFFALO ROBATICS 877 BISON BLVD. BUFFALO, MN 55313 N/A EDUCATION Total	
BOY SCOUT TROUP #56 3311 COMMONWEALTH AVE WOODBURY, MN 55125 BUFFALO ROBATICS 877 BISON BLVD. BUFFALO, MN 55313 N/A EDUCATION Total	2,500
3311 COMMONWEALTH AVE WOODBURY, MN 55125 BUFFALO ROBATICS 877 BISON BLVD. BUFFALO, MN 55313 N/A EDUCATION Total	2,300
WOODBURY, MN 55125 BUFFALO ROBATICS 877 BISON BLVD. BUFFALO, MN 55313 N/A EDUCATION Total	
BUFFALO ROBATICS 877 BISON BLVD. BUFFALO, MN 55313 N/A EDUCATION Total	3,420
BUFFALO, MN 55313 N/A EDUCATION Total	0,12
Total	
	1,000
b Approved for future payment	16,099
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Total	(

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	Furpose or grant or	Amount			
Name and address (home or business)	or substantial contributor	recipient	contribution				
a Paid during the year							
CAASA				1			
PO BOX 996							
SPENCER, IA	N/A	,	SOCIAL SERVICE	500			
CARLSON FOR COMMUNITY							
321 19TH AVE S							
MINNEAPOLIS, MN 55455	N/A		COMMUNITY SERVICE	2,500			
CARVER-SCOTT HUMANE SOCIETY				_,			
210 N CHESTNUT ST.							
CHASKA, MN 55318	N/A		COMMUNITY SERVICE	1,000			
CATHOLIC CHARITIES OF ST. PAUL							
1200 2ND AVE S							
MINNEAPOLIS, MN 55403	N/A		SOCIAL SERVICE	5,000			
CHURCH OF ST. MICHAEL							
11300 FRANKFORT PARKWAY NE				}			
ST. MICHAEL, MN 55376	N/A		SOCIAL SERVICE	2,500			
CITY OF MEDINA							
2052 COUNTY ROAD 24							
MEDINA, MN 55340	N/A		COMMUNITY SERVICE	500			
CYSTIC FIBROSIS FOUNDATION				Ì			
6931 ARLINGTON RD.							
BETHESDA, MD 20814	N/A	1	HEALTH	4,000			
DEFENDING THE BLUE LINE							
15211 RAVENNA TRAIL							
HASTINGS, MN 55033	N/A		SOCIAL SERVICE	4,546			
EDEN PRAIRIE HIGH SCHOOL							
17185 VALLEY VIEW RD							
EDEN PRAIRIE, MN 55346	N/A		EDUCATION	1,000			
Total	<u> </u>		▶ 3a	21,546.00			
b Approved for future payment							
Total	<u>- </u>		▶ 3b	0.00			

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Yea

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						
FAITH'S LODGE						
4080 W BROADWAY AVE						
MINNEAPOLIS, MN 55422	N/A		SOCIAL SERVICE	1,000		
FAMILY PATHWAYS						
935 LAKE ST S						
FOREST LAKE, MN 55025	N/A		SOCIAL SERVICE	1,000		
FEDERATED CHALLENGE						
121 EAST PARK SQUARE						
OWATONNA, MN 55060	N/A		SOCIAL SERVICE	25,000		
FIRST						
200 BEDFORD ST.						
MANCHESTER, NH 03101	N/A		EDUCATION	600		
FLOOD RUN, INC.						
PO BOX 832						
LAKELAND, MN 55043	N/A		SOCIAL SERVICE	5,000		
GARDEN OF HOPE MONTESSORI						
2446 COUNTY RD F EAST				1		
WHITE BEAR LAKE, MN 55110	N/A		SOCIAL SERVICE	300		
GMR ROBOTICS- ROSEAU						
509 3RD ST NE		ļ				
ROSEAU, MN 56751	N/A		EDUCATION	1,000		
GREATER MSP						
400 ROBERT STREET NORTH						
ST. PAUL, MN 55101	N/A		SOCIAL SERVICE	25,000		
HAMEL RODEO						
7205 CO RD						
HAMEL, MN 55340 Total	N/A		COMMUNITY SERVICE	2,500		
b Approved for future payment	· · · · · · · · · · · · · · · · · · ·			61,400.00		
b / pp/eved io/ idia/o payment						
Total				ļ		
Total	 		<u></u> ▶ 3b	0.00		

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Yea

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					
HISTORIC ARNOLDS PARK					
37 LAKE ST					
ARNOLDS PARK, IA 51331	N/A		COMMUNITY SERVICE	2,000	
HUMANE SOCIETY OF NW IOWA					
607 28TH ST					
MILFORD, IA 51351	N/A		COMMUNITY SERVICE	500	
IOCP					
1040 METROPOLITAN AVE					
BROOKLYN, NY 11211	N/A		SOCIAL SERVICE	25,000	
JDRF MINNDAKOTAS					
3001 METRO DRIVE					
BLOOMINGTON, MN 55426	N/A		HEALTH	1,000	
KIWI SNOWMOBILE CLUB			1		
22817 TYPO CREEK NE					
STACY, MN 55079	N/A		COMMUNITY SERVICE	5,000	
KNIGHTS FOR LIKE AT ST. NOBERT'S CO	LEGE				
100 GRANT STREET					
DE PERE, WI 54115	N/A		EDUCATION	250	
LAW ENFORCEMENT UNITED					
PO BOX 251114					
WOODBURY, MN 55124	N/A		SOCIAL SERVICE	500	
LEUKEMIA AND LYMPHOMA SOCIETY					
PO BOX 4072					
PITTSFIELD, MA 01202	N/A		HEALTH	1,000	
MADD					
511 E. JOHN CARPENTER FREEWAY					
Total	N/A		SOCIAL SERVICE	2,000	
b Approved for future payment	· · · · · · · · · · · · · · · · · · ·		<u> ▶ 3a</u>	37,250.00	
• Approved for fatare payment					
				-	
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]				
Total	· · · · · · · ·		▶ 31		

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year

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 or grant or	Amount	
Name and address (home or business)	or substantial contributor	recipient	contribution		
a Paid during the year					
MARY BIRD PERKINS CANCER CENTER					
15728 PAUL VEGA MEDICAL DRIVE					
HAMMOND, LA 70403	N/A		HEALTH	2,500	
MISSOURI VALLEY GROWTH				2,000	
116 MARKET ST					
VERMILLION, SD 57069	N/A		 SOCIAL SERVICE	10,000	
MN 4-H FOUNDATION	11,711		BENVIOL	10,000	
200 OAK STREET SE					
MINNEAPOLIS, MN 55455	N/A		PDUCATION	36 410	
NATIONAL FOOTBALL FOUNDATION	IN/A		EDUCATION	36,410	
433 E. LAS COLINAS BLVD.					
) / 7				
IRVING , TX 75039	N/A		COMMUNITY SERVICE	2,000	
NATIONAL MS SOCIETY					
200 12TH AVE S.					
MINNEAPOLIS, MN 55415	N/A		HEALTH	15,000	
NORTHERN LIGHTS ARCHERY CLUB					
114 3RD ST NW					
ROSEAU, MN	N/A		COMMUNITY SERVICE	6,100	
NORTHERN RANGE AND GUN CLUB					
701 MAIN AVE N					
ROSEAU, MN 56751	N/A		COMMUNITY SERVICE	12,000	
NORTHERN STAR COUNCIL - BOY SCOUTS O	F AMERICA				
393 MARSHALL AVE					
ST. PAUL, MN 55102	N/A		COMMUNITY SERVICE	500	
NORTHWEST COMMUNITY ACTION					
312 N MAIN STREET					
BADGER, MN	N/A		COMMUNITY SERVICE	2,000	
b Approved for future payment			<u> ► 3a</u>	86,510.00	
• Approved for fature payment					
Total			▶ 3b	0.00	

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During Recipient	If recipient is an individual,				
<u> </u>	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					
NORTHWEST MINNESOTA FOUNDATION		ļ			
201 3RD ST NW					
BEMIDJI, MN 56601	N/A		SOCIAL SERVICE	500	
OKOBOJI HIGH SCHOOL				İ	
901 H AVE					
MILFORD, IA 51351	N/A	ļ	EDUCATION	74,240	
OPEN CUPBOARD					
37 OLD HWY 22					
CLINTON, NJ 08809	N/A		COMMUNITY SERVICE	1,000	
OPTIONS FOR WOMEN- CORNERSTONE					
204 CENTRAL AVE E					
ST. MICHAEL, MN 55376	N/A		SOCIAL SERVICE	500	
OSCEOLA COMMUNITY HEALTH FOUNDATION					
2600 65TH AVE					
OSCEOLA, WI 54020	N/A		HEALTH	3,000	
PARENTING WITH A PURPOSE	, , , , , , , , , , , , , , , , , , ,	į		1	
7111 W BROADWAY AVE #206					
MINNEAPOLIS, MN 55428	N/A		SOCIAL SERVICE	2,500	
PATRON OF THE ARTS ACTIVITIES	","]	
7575 150TH STREET					
SAVAGE, MN 55378	N/A		ART	3,500	
PLYMOUTH CIVIC LEAGUE	11,71]	
3400 PLYMOUTH BLVD					
PLYMOUTH, MN 55447	N/A		COMMUNITY SERVICE	5,000	
PLYMOUTH PARKS AND RECREATION	IN/A		COPHONITI SERVICE	3,000	
3400 PLYMOUTH BLVD					
PLYMOUTH, MN 55447	N/A		COMMUNITY SERVICE	500	
Tatal				90,740.00	
b Approved for future payment				,	
		L	<u> </u>	<u> </u>	
Total			> 3 b	0.00	

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or

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	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				
RANGERS SUPPORTING RANGERS				
200 SW 4TH STREET				
FOREST LAKE, MN 55025	N/A		SOCIAL SERVICE	2,500
ROSEAU AREA FOOD SHELF				
108 THIRD AVE SW				
ROSEAU, MN 56751	N/A		SOCIAL SERVICE	2,000
ROSEAU COUNTY RELAY FOR LIFE				
PO BOX 307				
ROSEAU, MN	N/A		HEALTH	2,000
ROSEAU HOUSING				
201 10TH STREET SE				
ROSEAU, MN 56751	N/A		SOCIAL SERVICE	300,000
SOCIETY OF WOMEN ENGINEERS - MN				
203 N LA SALLE STREET		:		
CHICAGO, IL 60601	N/A		EDUCATION	200
SPECIAL OLYMICS MINNESOTA				
100 S WASHINGTON AVE				
MINNEAPOLIS, MN 55401	N/A		HEALTH	16,000
SPIRIT LAKE COMMUNITY SCHOOLS				
2701 HILL AVE				
SPIRIT LAKE, IA 51360	N/A		EDUCATION	3,779.87
SPIRIT LAKE ELEMENTARY PARTNERS IN	EDUCATION			
2701 HILL AVE				
SPIRIT LAKE, IA 51360	N/A		EDUCATION	2,500
SPRING FLOOD RUN				
PO BOX 832				
LAKELAND, MN 55043	N/A		COMMUNITY SERVICE	5,000
Total	 			3a 333,979.87
b Approved for future payment				
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				į
Total			·	3b 0.00

Part XV Supplementary Information (continued)

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

Name and address (home or business) a Paid during the year ST. JOHN THE EVANGELIST HOMELESS SHELTER ST. JOHN THE EVANGELIST HOMELESS SHELTER ST. JOHN THE EVANGELIST HOMELESS SHELTER SCIENDAY, WI 54301 N/A SCIAL SERVICE SCIAL SERVICE 250 MEMPHIS, TN 38105 N/A STAR PRAIRIE FISH AND GAME PO BOX 42 STAR PRAIRIE, WI 54026 STAR PRAIRIE, WI 54026 STAR PRAIRIE, WI 54026 STAR PRAIRIE, WI 55391 N/A SCOMMUNITY SERVICE SOUMANATARA, NN 55391 N/A SOCIAL SERVICE SOUMMUNITY SERVICE SOUMMUNITY SERVICE SOCIAL SERVICE 10,000 NAYZARA, NN 55337 N/A SOCIAL SERVICE SOCIAL SERVICE 10,000 N/A SOCIAL SERVICE 10,000 10,	3 Grants and Contributions Paid During the Year or Approved for Future Payment						
Name and address (home or Dusiness) or substantial contributor feedback a Paid during the year ST. JOHN THE EVANGELIST HOMELESS SHELTER 413 ST JOHN ST ST. JUDE'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105 STAR PRAIRIE FISH AND GAME PO BOX 42 STAR PRAIRIE, WI 54026 STOME ARCH BRIDGE FESTIVAL 900 WAYZATA, NN 55391 N/A COMMUNITY SERVICE 500 STOME ARCH BRIDGE FESTIVAL 900 WAYZATA, NN 55391 N/A COMMUNITY SERVICE 30,000 TEE IT UP FOR THE TROOPS 515 WEST TRAVELERS TRAIL BURNSVILLE, MN 55337 N/A SOCIAL SERVICE 5,000 THE SANNEH FOUNDARD 12550 W COLFAX AVE LAKENOOD, CO 80215 N/A SOCIAL SERVICE 1,000 THE SANNEH FOUNDATION 2090 CONWAY ST ST PAUL, NN 55119 THE WYOMING PTA 25701 FOREST BLVD WYOMING, MN 55092 N/A BDUCATION 500 Total D Approved for future payment					Amount		
### ST. JOHN THE EVANCELIST HOMELESS SHELTER #### 413 ST JOHN ST ### SCEIAL SERVICE ### S			recipient	Contribution			
### ### ### ### ### ### ### ### ### ##	a Paid during the year						
GREENBAY, WI 54301 ST. JUDE'S RESEARCH HOSPITAL 250 ZANNY THOMAS PLACE MEMPHIS, TN 38105 STAR PRAIRIE FISH AND GAME PO BOX 42 STAR PRAIRIE, WI 54026 STONE ARCH BRIDGE FESTIVAL 900 WAYZATA, WN 55331 N/A COMMUNITY SERVICE STONE ARCH BRIDGE FESTIVAL 900 WAYZATA, MN 55331 N/A COMMUNITY SERVICE 30,000 MAYZATA, MN 55337 N/A SOCIAL SERVICE 5,000 MAYZATA, MN 55337 N/A SOCIAL SERVICE 5,000 MAYZATA, MN 55337 N/A SOCIAL SERVICE 1,000 MAYZATA, MN 55337 N/A SOCIAL SERVICE 1,000 MAYZATA, MN 5519 N/A SOCIAL SERVICE 1,000 MAYZATA SOCIAL SERVICE 1,000 MAYZATA SOCIAL SERVICE 1,000 MAYZATA SOCIAL SERVICE 1,500 MAYZATA SOCIAL SERVICE 1,600 MAYZATA SOCIAL SERVICE 1,500 MAYZATA SOCIAL SERVICE 1,500 MAYZATA SOCIAL SERVICE 1,600 MAYZATA SOCIAL SERVICE 1	ST. JOHN THE EVANGELIST HOMELESS SHE	LTER					
ST. JUDE'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, IN 38105 STAR PRAIRIE FISH AND GAME PO BOX 42 STAR PRAIRIE, WI 54026 STONE ARCH BRIDGE FESTIVAL 900 WAYZATA BLUD WAYZATA BLUD WAYZATA BLUD BORNSVILLE, MN 55931 N/A SOCIAL SERVICE SOCIAL SERVICE SOCIAL SERVICE SOCIAL SERVICE 1,000 THE OPEN CUPBOARD 12550 W COLFAX AVE LAKEWOOD, CO 80215 N/A SOCIAL SERVICE 1,000 THE WYOMING PTA 25701 FOREST BLUD WYOMING, MN 55992 N/A WYOMING, MN 55992 N/A BOULGATION SOCIAL SERVICE 1,500 TOTAL 16,850 D Approved for future payment	413 ST JOHN ST						
262 DANNY THOMAS PLACE MEMPHIS, TN 38105 N/A STAR PRAIRIE FISH AND GAME PO BOX 42 STAR PRAIRIE, WI 54026 STOME ARCH BRIDGE FESTIVAL 900 WAYZATA BLVD WAYZATA BLVD WAYZATA, MN 55391 N/A TEE IT UP FOR THE TROOPS 515 WEST TRAVELERS TRAIL BURNSVILLE, NN 55337 N/A SOCIAL SERVICE 5,000 THE OPEN CUPBOARD 12550 W COLFAX AVE LAKEWOOD, CO 80215 N/A SOCIAL SERVICE 1,000 THE SANNEH FOUNDATION 2090 CONWAY ST ST FAUL, MN 55119 N/A SOCIAL SERVICE 1,500 TOTAL SOCIAL SERVICE GREENBAY, WI 54301	N/A		SOCIAL SERVICE	250			
MEMPHIS, TN 38105 STAR PRAIRIE FISH AND GAME PO BOX 42 STAR PRAIRIE, WI 54026 STONE ARCH BRIDGE FESTIVAL 900 WAYZATA BLVD WAYZATA BLVD WAYZATA, MN 55391 THE 1T UP FOR THE TROOPS 515 WEST TRAVELERS TRAIL BURNSVILLE, MN 55337 N/A SOCIAL SERVICE 5,000 THE SANNEH FOUNDATION 2090 CONNAY ST ST PAUL, MN 55119 N/A SOCIAL SERVICE 1,000 THE WYOMING PTA 25701 FOREST BLUD WYOMING, MN 55092 TXT TEAM 440 CR 270 MICO, TX 7805 Total D Approved for future payment	ST. JUDE'S RESEARCH HOSPITAL						
STAR PRAIRIE FISH AND GAME PO BOX 42 STAR PRAIRIE, WI 54026 STONE ARCH BRIDGE FESTIVAL 900 WAYZATA BLVD MAYZATA, MN 55391 TEE IT UP FOR THE TROOPS 515 WEST TRAVELERS TRAIL BURNSYLLLE, MN 55337 N/A SOCIAL SERVICE 5,000 12550 W COLFAX AVE LAKEWOOD, CO 80215 N/A SOCIAL SERVICE 1,000 THE SANNEH FOUNDATION 2090 CONNAY ST ST PAUL, MN 55119 N/A SOCIAL SERVICE 1,500 WYOMING, MN 55092 N/A MYOMING, MN 55092 N/A MYOMING, MN 55092 N/A MICO, TX 7805 Total Approved for future payment SOCIAL SERVICE 1,500 16,850 16,850 D Approved for future payment	262 DANNY THOMAS PLACE						
PO BOX 42 STAR PRAIRIE, WI 54026 STONE ARCH BRIDGE FESTIVAL 900 WAYZATA BLVD WAYZATA BLVD WAYZATA HON 55391 N/A SOCIAL SERVICE 30,000 THE I'L UP FOR THE TROOPS 515 WEST TRAVELERS TRAIL BURNSVILLE, MN 55337 N/A SOCIAL SERVICE 5,000 THE OPEN CUPBOARD 12550 W COLFAX AVE LAKEWOOD, CO 80215 N/A SOCIAL SERVICE 1,000 THE SANNEH FOUNDATION 2090 CONWAY ST ST PAUL, MN 55119 N/A SOCIAL SERVICE 1,500 WYOMING, MN 55092 N/A EDUCATION 500 TOTAL D Approved for future payment	MEMPHIS, TN 38105	N/A		HEALTH	3,000		
STAR PRAIRIE, WI 54026 STONE ARCH BRIDGE FESTIVAL 900 WAYZATA BLVD WAYZATA, MN 55391 TEE IT UP FOR THE TROOPS 515 WEST TRAVELERS TRAIL BURNSVILLE, MN 55337 THE OPEN CUPBOARD 12550 W COLFAX AVE LAKEWOOD, CO 80215 THE SANNEH FOUNDATION 2090 CONWAY ST ST PAUL, MN 55119 THE WYOMING PTA 25701 FOREST BLVD WYOMING, MN 55092 TIXT TEAM 440 CR 270 MICO, TX 7805 Total COMMUNITY SERVICE 500 COMMUNITY SERVICE 30,000 SOCIAL SERVICE 5,000 1,000 500 1,000 1,000	STAR PRAIRIE FISH AND GAME						
STONE ARCH BRIDGE FESTIVAL 900 WAYZATA BLUD WAYZATA, MN 55391 TEE IT UP FOR THE TROOPS 515 WEST TRAVELERS TRAIL BURNSVILLE, MN 55337 N/A SOCIAL SERVICE 5,000 THE OPEN CUPBOARD 12550 W COLFAX AVE LAKEWOOD, CO 80215 N/A SOCIAL SERVICE 1,000 THE SANNEH FOUNDATION 2090 CONWAY ST ST PAUL, MN 55119 N/A SOCIAL SERVICE 1,500 THE WYOMING PTA 225701 FOREST BLVD WYOMING, MN 55092 N/A EDUCATION 500 TXT TEAM 440 CR 270 MICO, TX 7805 Total Approved for future payment	PO BOX 42						
900 WAYZATA BLVD MAYZATA, MN 55391 N/A COMMUNITY SERIVCE 30,000 TEE IT UP FOR THE TROOPS 515 WEST TRAVELERS TRAIL BURNSVILLE, MN 55337 N/A SOCIAL SERVICE 5,000 THE OPEN CUPBOARD 12550 W COLFAX AVE LAKEWOOD, CO 80215 THE SANNEH FOUNDATION 2090 CONWAY ST ST PAUL, MN 55119 N/A SOCIAL SERVICE 1,000 THE WYOMING PTA 25701 FOREST BLVD WYOMING, MN 55092 N/A EDUCATION 500 TOTAL 16,850 Total D Approved for future payment	STAR PRAIRIE, WI 54026	N/A		COMMUNITY SERVICE	500		
WAYZATA, MN 55391 TEE IT UP FOR THE TROOPS 515 WEST TRAVELERS TRAIL BURNSVILLE, MN 55337 N/A SOCIAL SERVICE 5,000 THE OPEN CUPBOARD 12550 W COLFAX AVE LAKEWOOD, CO 80215 THE SANNEH FOUNDATION 2090 CONWAY ST ST PAUL, MN 55119 THE WYOMING PTA 25701 FOREST BLUD WYOMING, MN 55092 NYA HIGO, TX 7805 Total Approved for future payment N/A COMMUNITY SERIVCE 30,000 5,000	STONE ARCH BRIDGE FESTIVAL						
TEE IT UP FOR THE TROOPS 515 WEST TRAVELERS TRAIL BURNSVILLE, MN 55337 THE OPEN CUPBOARD 12550 W COLFAX AVE LAKEWOOD, CO 80215 THE SANNEH FOUNDATION 2090 CONWAY ST ST PAUL, MN 55119 THE WYOMING PTA 25701 FOREST BLVD MYOMING, MN 55092 TXT TEAM 440 CR 270 MICO, TX 7805 Total	900 WAYZATA BLVD						
515 WEST TRAVELERS TRAIL BURNSVILLE, MN 55337 THE OPEN CUPBOARD 12550 W COLFAX AVE LAKEWOOD, CO 80215 THE SANNEH FOUNDATION 2090 CONWAY ST ST PAUL, MN 55119 THE WYOMING PTA 25701 FOREST BLVD WYOMING, MN 55092 TXT TEAM 440 CR 270 MICO, TX 7805 Total D Approved for future payment SOCIAL SERVICE 5,000	WAYZATA, MN 55391	N/A		COMMUNITY SERIVCE	30,000		
BURNSVILLE, MN 55337 THE OPEN CUPBOARD 12550 W COLFAX AVE LAKEWOOD, CO 80215 THE SANNEH FOUNDATION 2090 CONWAY ST ST PAUL, MN 55119 THE WYOMING PTA 225701 FOREST BLVD WYOMING, MN 55092 TXT TEAM 440 CR 270 MICO, TX 7805 Total Approved for future payment N/A SOCIAL SERVICE 1,000 1,000	TEE IT UP FOR THE TROOPS						
THE OPEN CUPBOARD 12550 W COLFAX AVE LAKEWOOD, CO 80215 THE SANNEH FOUNDATION 2090 CORWAY ST ST PAUL, MN 55119 THE WYOMING PTA 25701 FOREST BLVD WYOMING, MN 55092 TXT TEAM 440 CR 270 MICO, TX 7805 Total b Approved for future payment TYN TEAM TOTAL TOTAL Approved for future payment TYN TOTAL T	515 WEST TRAVELERS TRAIL						
12550 W COLFAX AVE LAKEWOOD, CO 80215 THE SANNEH FOUNDATION 2090 CONWAY ST ST PAUL, MN 55119 N/A SOCIAL SERVICE 1,000 THE WYOMING PTA 25701 FOREST BLVD WYOMING, MN 55092 N/A EDUCATION 500 TXT TEAM 440 CR 270 MICCO, TX 7805 Total Total Approved for future payment	BURNSVILLE, MN 55337	N/A		SOCIAL SERVICE	5,000		
LAKEWOOD, CO 80215 THE SANNEH FOUNDATION 2090 CONWAY ST ST PAUL, MN 55119 N/A SOCIAL SERVICE 1,000 THE WYOMING PTA 25701 FOREST BLVD WYOMING, MN 55092 TXT TEAM 440 CR 270 MICO, TX 7805 Total Approved for future payment N/A SOCIAL SERVICE 1,500	THE OPEN CUPBOARD						
THE SANNEH FOUNDATION 2090 CONWAY ST ST PAUL, MN 55119 N/A SOCIAL SERVICE 1,500 THE WYOMING PTA 25701 FOREST BLVD WYOMING, MN 55092 N/A EDUCATION 500 TXT TEAM 440 CR 270 MICO, TX 7805 16,850 Total	12550 W COLFAX AVE						
2090 CONWAY ST ST PAUL, MN 55119 N/A SOCIAL SERVICE 1,500 THE WYOMING PTA 25701 FOREST BLVD WYOMING, MN 55092 N/A EDUCATION 500 TXT TEAM 440 CR 270 MICO, TX 7805 16,850 Total	LAKEWOOD, CO 80215	N/A		SOCIAL SERVICE	1,000		
ST PAUL, MN 55119 THE WYOMING PTA 25701 FOREST BLVD WYOMING, MN 55092 TXT TEAM 440 CR 270 MICO, TX 7805 Total	THE SANNEH FOUNDATION						
THE WYOMING PTA 25701 FOREST BLVD WYOMING, MN 55092 IXT TEAM 440 CR 270 MICO, TX 7805 Total Approved for future payment Total To	2090 CONWAY ST						
25701 FOREST BLVD WYOMING, MN 55092 TXT TEAM 440 CR 270 MICO, TX 7805 Total	ST PAUL, MN 55119	N/A		SOCIAL SERVICE	1,500		
WYOMING, MN 55092 TXT TEAM 440 CR 270 MICO, TX 7805 Total b Approved for future payment Total	THE WYOMING PTA						
TXT TEAM 440 CR 270 MICO, TX 7805 Total b Approved for future payment 16,850 58,600.00	25701 FOREST BLVD						
### 440 CR 270 MICO, TX 7805	WYOMING, MN 55092	N/A		EDUCATION	500		
Total	TXT TEAM						
Total	440 CR 270						
b Approved for future payment	MICO, TX 7805			<u> </u>	16,850		
	Total	<u> </u>		▶ 3a	58,600.00		
Total	b Approved for future payment						
Total							
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Total							
	Total	· · · · · · · · ·	<u> </u>	> 3b	0.00		

Part XV Supplementary Information (continued)

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	or substantial contributor			
UNION MEMORIAL CHURCH				
805 OKABOJI AVE				
MILFORD, IA 51351	N/A		SOCIAL SERVICE	50
UNITED WAY				
701 N FAIRFAX STREET		ļ		
ALEXANDRIA, VA 22314	N/A	1	SOCIAL SERVICE	1,667,86
UNIVERSITY OF MINNESOTA FOUNDATION				
200 SE OAK STREET				
MINNEAPOLIS, MN 55455	N/A	}	EDUCATION	20,00
WANNASKA COMMUNITY CENTER				
121 CENTER STREET EAST #202				
ROSEAU, MN 56751	N/A		COMMUNITY SERVICE	49
WARROAD ROBOTICS				
510 CEDAR AVE				
WARROAD, MN 56763	N/A		EDUCATION	1,00
WELCH CHARITIES INC.				
2967 HUSDON RD				
ST. PAUL, MN 55128	N/A		SOCIAL SERVICE	2,50
WILDERNESS INQUIRY				
808 14TH AVE SE				
MINNEAPOLIS, MN 55414	N/A		COMMUNITY SERVICE	2,80
WOUNDED WARRIOR PROJECT	1.,			
PO BOX 758517				
TOPEKA, KS 66675	N/A		SOCIAL SERVICE	72
NATIONAL CHILD SAFETY COUNCIL	14,71		BOOTHE BERVICE	'-
PO BOX 1368		1		
	N/A		COCINI CERVICE	25
JACKSON, MI 49204 Total		L	SOCIAL SERVICE	25 Ba 596, 127.0
b Approved for future payment	 			34 090,127.0
a personal contains payment		1		
			İ	
			}	
		1		
Total			<u> </u>	3b 0.0

	Analysis of Income-Producing Act	HAIRIES				
Ente	er gross amounts unless otherwise indicated.	(a)	(b)	(c)	(d)	(e) Related or exempt function income
1	Program service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions.)
•	a					
	b		··			
	C					
	d					
	e					
	f					
	g Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments			14	4	
4	Dividends and interest from securities					
5	Net rental income or (loss) from real estate:	7.85				#0 \$400.4° (#04.3)
	a Debt-financed property		Control of the Contro			
	b Not debt-financed property					
6						
7			-			
8	Gain or (loss) from sales of assets other than inventory		· · · · · ·			
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory .					
11		•				
	b					-
	С					
	d					
	e					
		40.4		es es es es es es		
12	Subtotal. Add columns (b), (d), and (e)		0		4	i 0
	Subtotal. Add columns (b), (d), and (e)			to see at 12 feet and and a see a see		4
13				to see at 12 feet and and a see a see	13	
13 See	Total. Add line 12, columns (b), (d), and (e)	 s.)		11) Sear-Sea of Section and Section Se		
13 See Pa	Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations	s.) ccomplishm	ent of Exemp	t Purposes	13	4
13 See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	4
13 See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	4
13 See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	4
13 See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	4
13 See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	4
13 See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	4
13 See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	4
13 See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	4
13 See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	4
13 See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	4
13 See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	4
13 See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	4
13 See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	4
13 See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	4
13 See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	4
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13 See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	4
13 See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	4
13 See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	4
13 See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	4
13 See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	4
13 See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	4
13 See Pa	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes	13	4

		Exempt	Organiz	zations	3														
1	in sec	ne organization otion 501(c) o nizations?															*	Yes	No
а	Trans	sfers from the	reporting	g found	ation to	a none	charitat	ole exer	npt org	anization	of:								into.
		ash															1a(1)		Х
		ther assets										_					1a(2)		X
ь		r transactions	:			- •						•	•		•				
-	-	ales of assets		charita	hle eve	mpt or	nanizati	ion									1b(1)		X
		urchases of a				-	_					•	• •		•		1b(2)		X
		ental of facilit						_				•	• •	• •	•		1b(2)		
												•		• •	•				<u>X</u>
		eimbursemen	_									•	• •		•	,	1b(4)		<u>X</u>
		oans or loan o	-											• •	•		1b(5)		_ <u>X</u> _
		erformance of													•		1b(6)		X_
		ng of facilities															1c		<u>X</u> _
d		answer to ar																	
		of the goods																	
		in any transa						_				_							
(a) ⊔ne	no ((b) Amount involve	ed	(c) Name	of nonch	antable (exempt o	rganizatio	n .	(d) Desc	ription of	transte	rs, tran	saction	is, an	d shar	ing arra	ıngeme	nts
																		_	
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						_													
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2a b	descr	e foundation or ribed in sections es," complete	on 501(c)	of the (Code (o	iliated ther th	with, o an sect	r related ion 501	d to, or (c)(3)) o	ne or mo or in secti	re tax-e on 527?	exem	pt org	janiza 	tion	s · 🗆	Yes	X I	No
		(a) Name of or	rganization				(b) Ty	pe of orga	ınızatıon				(c) Des	cnptio	of re	elation	ship		
																_			
																	-		
Sign	corre	er penalties of penulot, and complete (ury, I declare Declaration of	that I hav	e examiner r (other tha	d this retu in taxpaye	er) is base	d on all inf	ormation o	of which prep	parer has a	nts, and any kno	to the I wledge	best of	Мау	the IR	S discu	ss this	retum
lere		MILL	YK.	12 4	7~	\mathcal{L}_{-}		-2016	· —	SIDENT	<u> </u>				with (see	ine pr	eparer : tions)? [snown l ∐Yes[Jelow ∐No
	Sigh	ature of officer or		(/_		15	Date		Title		1 -								_
Paid Prepa	arer	Print/Type prép	arer's name			Prepai	rer's signa	ature 			Date			Check self-e		ıf	ΓIN 		_
Jse (Firm's name	>										Firm's	EIN >					
		l	_										Db						

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Schedule of Continuators

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

2015

OMB No 1545-0047

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

Name of the organization **Employer identification number** THE POLARIS FOUNDATION 41-1828276 Organization type (check one): Filers of: Section: Form 990 or 990-EZ ☐ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF ∑ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 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).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

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

Name	of	orga	njzati	on
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Employer identification number

HE PC	DLARIS FOUNDATION		-1828276
Part l	Contributors (see instructions). Use duplicate co	ppies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	POLARIS INDUSTRIES INC.		Person ⊠ Payroll ☐
	2100 HIGHWAY 55	\$ 2,469,341	Noncash (Complete Part II for
	MEDINA, MN 55340		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
		s	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 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)

Name of organization Employer identification number
THE POLARIS FOUNDATION 41-1828276

raitii	Noncash Property (see instructions). Ose dupilcate co	ples of Part II ii additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Name of organization **Employer identification number** THE POLARIS FOUNDATION 41-1828276 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or Part III (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) > \$ Use duplicate copies of Part III if additional space is needed (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

THE POLARIS FOUNDATION

2015 990-PF

LINE 23- OTHER EXPENSES DETAIL

PRINTING FEES 265
BANK CHARGES 903

TOTAL 1,168

THE POLÀRIS FOUNDATION 2015 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
Anne Richardson	Medina, MN 55340 2100 Highway 55	President/Treasurer	none	none	none
Jennifer Carbert	Medina, MN 55340 2100 Highway 55	Secretary	none	none	none
Dana Anderson	Medina, MN 55340 2100 Highway 55	Director	none	none	none
Scott W. Wine	Medina, MN 55340 2100 Highway 55	Director	none	none	none
Bennett J. Morgan	Medina, MN 55340 2100 Highway 55	Director	none	none	none
Michael T. Speetzen	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