

Form **990-PF****Return of Private Foundation**
or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

For calendar year 2017 or tax year beginning

, and ending

Name of foundation

THE POLARIS FOUNDATION

Number and street (or P.O. box number if mail is not delivered to street address)

2100 HIGHWAY 55

City or town, state or province, country, and ZIP or foreign postal code

MEDINA

MN

55340

Foreign country name

Foreign province/state/county

Foreign postal code

A Employer identification number

41-1828276

B Telephone number (see instructions)

(763) 478-5731

C If exemption application is pending, check here ☐ **6**D 1. Foreign organizations, check here ☐2. Foreign organizations meeting the 85% test,
check here and attach computation ☐E If private foundation status was terminated under
section 507(b)(1)(A), check here ☐F If the foundation is in a 60-month termination
under section 507(b)(1)(B), check here ☐

G Check all that apply

☐ Initial return☐ Initial return of a former public charity☐ Final return☐ Amended return☐ Address change☐ Name changeH Check type of organization ☒ Section 501(c)(3) exempt private foundation **04**☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundationI Fair market value of all assets at
end of year (from Part II, col (c),
line 16) ▶ \$

37,144

J Accounting method ☒ Cash ☐ Accrual☐ Other (specify) _____

(Part I, column (d) must be on cash basis)

Part I Analysis of Revenue and Expenses (The total of
amounts in columns (b), (c), and (d) may not necessarily
equal the amounts in column (a) (see instructions))(a) Revenue and
expenses per
books(b) Net investment
income(c) Adjusted net
income(d) Disbursements
for charitable
purposes
(cash basis only)

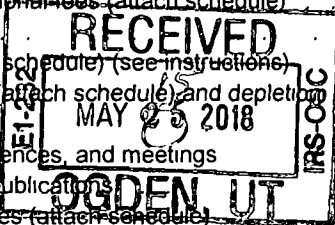
Revenue	1	Contributions, gifts, grants, etc., received (attach schedule)	2,005,000			
	2	Check ☐ if the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities				
	5a	Gross rents				
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10				
	b	Gross sales price for all assets on line 6a				
	7	Capital gain net income (from Part IV, line 2)				
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
Operating and Administrative Expenses	b	Less: Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	Total. Add lines 1 through 11	2,005,000	0	0	
	13	Compensation of officers, directors, trustees, etc.				
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)				
	c	Other professional fees (attach schedule)				
	17	Interest				
	18	Taxes (attach schedule) (see instructions)				
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)	499			
	24	Total operating and administrative expenses. Add lines 13 through 23	499	0	0	0
	25	Contributions, gifts, grants paid	2,086,347			2,086,347
	26	Total expenses and disbursements. Add lines 24 and 25	2,086,846	0	0	2,086,347
	27	Subtract line 26 from line 12				
	a	Excess of revenue over expenses and disbursements	-81,846			
	b	Net investment income (if negative, enter -0-)		0		
	c	Adjusted net income (if negative, enter -0-)			0	

For Paperwork Reduction Act Notice, see instructions.

HTA

Form **990-PF** (2017)

SCANNED JUL 16 2018



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Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value	
Assets	1 Cash—non-interest-bearing	118,990	37,144	37,144
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ Less allowance for doubtful accounts ▶			
	4 Pledges receivable ▶ Less allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule) ▶			
15 Other assets (describe ▶)				
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	118,990	37,144	37,144	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here 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	118,990	37,144	
	28 Paid-in or capital surplus, or land, bldg, and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
30 Total net assets or fund balances (see instructions)	118,990	37,144		
31 Total liabilities and net assets/fund balances (see instructions)	118,990	37,144		

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)	1	118,990
2 Enter amount from Part I, line 27a	2	-81,846
3 Other increases not included in line 2 (itemize) ▶	3	
4 Add lines 1, 2, and 3	4	37,144
5 Decreases not included in line 2 (itemize) ▶	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	37,144

Part IV Capital Gains and Losses for Tax on Investment Income

a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a				
b				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) FM V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a			
b			
c			
d			
e			

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	0
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) See instructions If (loss), enter -0- in Part I, line 8 }	3	0

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation doesn't qualify under section 4940(e) Do not complete this part

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	1,274,860	165,955	7.681962
2015	2,403,420	269,826	8.907296
2014	493,901	198,092	2.493291
2013	880,463	329,718	2.670352
2012	442,031	425,246	1.039471

2	Total of line 1, column (d)	2	22.792372
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	4.558474
4	Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	117,964
5	Multiply line 4 by line 3	5	537,736
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	0
7	Add lines 5 and 6	7	537,736
8	Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions	8	2,086,347

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

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 here ☒ and enter 1% of Part I, line 27b	1	
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2	0
3	Add lines 1 and 2	3	0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	0
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments Add lines 6a through 6d	7	0
8	Enter any penalty for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	0
11	Enter the amount of line 10 to be Credited to 2018 estimated tax Refunded	11	0

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 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		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ► \$ (2) On foundation managers ► \$		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		X
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i>		X
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?	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	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 <i>General Instruction G</i> ? If "No," attach explanation	X	
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 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Part VII-A Statements Regarding Activities (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11	X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement See instructions	12	X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>www.polaris.com/en-us/company/polaris-foundation</u>	13	X
14 The books are in care of ► <u>JOHN SPRINGER</u> Telephone no ► <u>763-478-5731</u> Located at ► <u>2100 HIGHWAY 55 MEDINA, MN</u> ZIP+4 ► <u>55340</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here and enter the amount of tax-exempt interest received or accrued during the year ► 15		
16 At any time during calendar year 2017, 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? See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of the foreign country ►	16	X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

	Yes	No
1a During the year, did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ 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) ☐ Yes ☒ No		
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 Organizations relying on a current notice regarding disaster assistance, check here ► ☐	1b	N/A
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017?	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))		
a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? ☐ Yes ☒ No If "Yes," list the years ► 20____, 20____, 20____, 20____		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions)	2b	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No		
b If "Yes," did it have excess business holdings in 2017 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 2017.)	3b	N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b	X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year, did the foundation pay or incur any amount to (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here ▶ ☐ c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☐ No ☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒ No	5b N/A 6b 7b N/A
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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE ATTACHED		0		

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of 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	
2	
All other program-related investments. See instructions.	

Total. Add lines 1 through 3



0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	119,760
b	Average of monthly cash balances	1b	0
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	119,760
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	119,760
4	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see instructions)	4	1,796
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	117,964
6	Minimum investment return. Enter 5% of line 5	6	5,898

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	5,898
2a	Tax on investment income for 2017 from Part VI, line 5	2a	
b	Income tax for 2017 (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	5,898
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	5,898
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	5,898

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	2,086,347
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		
a	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	2,086,347
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	2,086,347

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				5,898
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			0	
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2017				
a From 2012	420,769			
b From 2013	863,977			
c From 2014	483,996			
d From 2015	2,389,929			
e From 2016	1,325,266			
f Total of lines 3a through e	5,483,937			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 2,086,347				
a Applied to 2016, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions)				
c Treated as distributions out of corpus (Election required—see instructions)				
d Applied to 2017 distributable amount				5,898
e <i>Remaining amount distributed out of corpus</i>	2,080,449			
5 Excess distributions carryover applied to 2017 (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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	7,564,386			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				5,898
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions)	420,769			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	7,143,617			
10 Analysis of line 9				
a Excess from 2013	863,977			
b Excess from 2014	483,996			
c Excess from 2015	2,389,929			
d Excess from 2016	1,325,266			
e Excess from 2017	2,080,449			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

N/A

- 1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling
- b** Check box to indicate whether the foundation is a private operating foundation described in section

4942(j)(3)-ór 4942(j)(5)

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i> ACES 1115 E Hennepin Ave Minneapolis, MN 55414 ALS Fundraising Team 1275 K Street NW Washington, DC 20005 Alzheimer's Association - Memory Mixer 7900 W 78th St Edina, MN 55439 Alzheimer's Association - Purple Gala 7900 W 78th St Edina, MN 55439 American Cancer Society P O Box 22478 Oklahoma City, OK 73123 American Red Cross PO Box 37839 Broome, IA 50037 Ann Bancroft Foundation 211 N 1st St #480 Minneapolis, MN 55401 AUSA Vessey Chapter 3459 Washington Dr #208 Eagan, MN 55122 Backing the Blue Line 15211 Ravenna Trail Hastings, MN 55033 Bearded Warrior Huntsville, AL 35810 Bedell Family YMCA 1900 41st St Spirit Lake, IA 51360			Health Health Health Health Health Health Social Service Health Community Service Community Service Community Service	2,500 1,000 5,000 5,000 8,000 25,000 10,000 2,500 1,000 4,000 2,500
Total See Attached Statement			▶ 3a	2,086,347
b <i>Approved for future payment</i>				
Total			▶ 3b	0

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

- | | | |
|---|--|---|
| 1 | <p>Did the organization directly or indirectly engage in any of the following described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?</p> | |
| a | <p>Transfers from the reporting foundation to a noncharitable exempt organization of</p> | |
| | <p>(1) Cash</p> | 1 |
| | <p>(2) Other assets</p> | 1 |
| b | <p>Other transactions</p> | |
| | <p>(1) Sales of assets to a noncharitable exempt organization</p> | 1 |
| | <p>(2) Purchases of assets from a noncharitable exempt organization</p> | 1 |
| | <p>(3) Rental of facilities, equipment, or other assets</p> | 1 |
| | <p>(4) Reimbursement arrangements</p> | 1 |
| | <p>(5) Loans or loan guarantees</p> | 1 |
| | <p>(6) Performance of services or membership or fundraising solicitations</p> | 1 |
| c | <p>Sharing of facilities, equipment, mailing lists, other assets, or paid employees</p> | |
| d | <p>If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received</p> | |

	Yes	No
1a(1)		X
1a(2)		X
1b(1)		X
1b(2)		X
1b(3)		X
1b(4)		X
1b(5)		X
1b(6)		X
1c		X

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No
- b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Sign
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer or trustee

5/14/18
Date

TREASURER
Title

May the IRS discuss this return with the preparer shown below?
See instructions ☐ Yes ☐ No

**Paid
Preparer
Use Only**

Print/Type preparer's name

Preparer's signature

Date _____

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ►

Phone no

Continuation of Part XV, Line 2 (990-PF) - Information Regarding Contribution, Grant, etc.**Recipient(s)**

Name

Street

City

State

Zip Code

Foreign Country

Telephone

Form in which applications should be submitted and information and materials they should include

Any submission deadlines

Any restrictions or limitations on awards

Name

Street

City

State

Zip Code

Foreign Country

Telephone

Form in which applications should be submitted and information and materials they should include

Any submission deadlines

Any restrictions or limitations on awards

Name

Street

City

State

Zip Code

Foreign Country

Telephone

Form in which applications should be submitted and information and materials they should include

Any submission deadlines

Any restrictions or limitations on awards

Name

Street

City

State

Zip Code

Foreign Country

Telephone

Form in which applications should be submitted and information and materials they should include

Any submission deadlines

Any restrictions or limitations on awards

Name

Street

City

State

Zip Code

Foreign Country

Telephone

Form in which applications should be submitted and information and materials they should include

Any submission deadlines

Any restrictions or limitations on awards

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

Boy Scout Troop #9487 Forest Lake

Street

15659 Saint Francis Blvd

City

Ramsey

State

MN

Zip Code

55303

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Social Service

Amount

500

Name

Boy Scout Troop 91

Street

15659 Saint Francis Blvd

City

Ramsey

State

MN

Zip Code

55303

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Social Service

Amount

500

Name

Boy Scouts of America - Thunder Cloud District

Street

15659 Saint Francis Blvd

City

Ramsey

State

MN

Zip Code

55303

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Social Service

Amount

500

Name

BSA Troop 56

Street

15659 Saint Francis Blvd

City

Ramsey

State

MN

Zip Code

55303

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Social Service

Amount

400

Name

Buffalo Robotics Team

Street

877 Bison Blvd

City

Buffalo

State

MN

Zip Code

55313

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Education

Amount

2,000

Name

Cave Research Foundation

Street

6304 Kaybro Street

City

Laurel

State

MD

Zip Code

20707

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Community Service

Amount

500

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

Coco's Heart Dog Rescue

Street

126 2nd Street

City

Hudson

State

WI

Zip Code

54016

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Social Service

Amount

500

Name

Community Foundation of Greater Des Moines

Street

1915 Grand Ave

City

De Moines

State

IA

Zip Code

50309

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Social Service

Amount

2,500

Name

Corporate Volunteer Council

Street

1821 University Ave W # 256

City

St Paul

State

MN

Zip Code

55104

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Community Service

Amount

750

Name

Cub Scouts of America, Pack 152

Street

PO Box 152079

City

Irving

State

TX

Zip Code

75015

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Community Service

Amount

500

Name

Cystic Fibrosis Foundation

Street

100 N 6th St #604A

City

Minneapolis, MN 55403

State

MN

Zip Code

55403

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Health

Amount

3,000

Name

DAV of MN Foundation

Street

840 40th Ave NE

City

Columbia Heights

State

MN

Zip Code

55421

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Community Service

Amount

2,500

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

Delano Community Ed - Robotics

Street

140 Elm Ave E

City

Delano

State

MN

Zip Code

55328

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Community Service

Amount

500

Name

DeMolay Minnesota

Street

PO Box 54

City

Rosemount

State

MN

Zip Code

55068

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Community Service

Amount

500

Name

Federated Challenge

Street

121 East Park Square

City

Owatonna

State

MN

Zip Code

55060

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Community Service

Amount

25,000

Name

Greater MSP

Street

404 S 8th St

City

Minneapolis

State

MN

Zip Code

55404

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Social Service

Amount

25,000

Name

Greater Twin Cities United Way

Street

404 S 8th St

City

Minneapolis

State

MN

Zip Code

55404

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Social Service

Amount

832,856

Name

Greening Vermillion

Street

PO Box 146

City

Vermillion

State

SD

Zip Code

57069

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Community Service

Amount

1,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

Hamel Rodeo

Street

7205 Co Rd, Hamel

City

Hamel

State

MN

Zip Code

55340

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Community Service

Amount

2,500

Name

Hammer Residences

Street

1909 Wayzata Blvd E

City

Wayzata

State

MN

Zip Code

55391

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Community Service

Amount

650

Name

Humane Society

Street

1255 23rd Street NW

City

Washington

State

DC

Zip Code

20037

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Community Service

Amount

1,000

Name

Huntsville Hospital Foundation

Street

101 Sivley Road

City

Huntsville

State

AL

Zip Code

35801

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Health

Amount

800

Name

Independent School District # 885

Street

11343 50th St NE

City

Albertville

State

MN

Zip Code

55301

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Social Service

Amount

1,000

Name

Interfaith Caregivers of Polk County

Street

PO Box 65 133 Eider St

City

Milltown

State

WI

Zip Code

54858

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Social Service

Amount

500

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

IOCP

Street

1605 County Rd 101

City

Plymouth

State

MN

Zip Code

55447

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Community Service

Amount

30,300

Name

Jack's Basket

Street

2459 Snelling Ave N

City

Roseville

State

MN

Zip Code

55113

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Social Service

Amount

1,000

Name

Jacob Wetterling Resource Center

Street

2021 E Hennepin Ave

City

Minneapolis

State

MN

Zip Code

55413

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Community Service

Amount

11,000

Name

Junior Achievement

Street

One Education Way

City

Colorado Springs

State

CO

Zip Code

80906

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Social Service

Amount

25,000

Name

Karen's Klost Okoboji

Street

231 S Mattis Ave

City

Champaign

State

IL

Zip Code

61820

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Community Service

Amount

500

Name

Kinship of Polk County

Street

200 County Rd I

City

Balsam Lake

State

WI

Zip Code

54810

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Community Service

Amount

500

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

Kiwi Snowmobile ATV Club

Street

11037 117th Street

City

Finlayson

State

MN

Zip Code

55735

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Community Service

Amount

3,500

Name

Lake Effect Conservancy

Street

294 Grove Ln E

City

Wayzata

State

MN

Zip Code

55391

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Community Service

Amount

1,100

Name

Lead the Way 52

Street

574 Prairie Center Drive

City

Eden Prairie

State

MN

Zip Code

55344

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Community Service

Amount

5,000

Name

Leukemia and Lymphoma Society

Street

1711 Broadway St NE

City

Minneapolis

State

MN

Zip Code

55413

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Health

Amount

1,000

Name

Lifecare Roseau Manor

Street

715 Delmore Dr

City

Roseau

State

MN

Zip Code

56751

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Education

Amount

2,772

Name

LOW Food Shelf

Street

108 3rd Ave SW

City

Roseau

State

MN

Zip Code

56751

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Social Service

Amount

1,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

Mill Pond Learning Foundation

Street

213 N Cascade St

City

Osceola

State

WI

Zip Code

54020

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Education

Amount

20,000

Name

Minnesota Children's Museum

Street

10 7th St W

City

St Paul

State

MN

Zip Code

55102

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Education

Amount

5,000

Name

Missouri Valley Growth

Street

6 West Main Street

City

Vermillion

State

SD

Zip Code

57069

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Community Service

Amount

10,000

Name

Mounds Park Academic Robotics

Street

2051 Larpenteur Ave E

City

St Paul

State

MN

Zip Code

55109

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Education

Amount

1,500

Name

Mountain View Baptist Church

Street

4266 River Rd

City

Hickory

State

NC

Zip Code

28602

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Community Service

Amount

1,000

Name

MS Society

Street

200 12th Ave S

City

Minneapolis

State

MN

Zip Code

55415

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Community Service

Amount

1,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

National Alliance on Mental Health

Street

1919 University Ave W

City

St Paul

State

MN

Zip Code

55104

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Social Service

Amount

1,000

Name

National Child Safety Council

Street

P O Box 1368 Jackson

City

Jackson

State

MI

Zip Code

49204

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Social Service

Amount

250

Name

National Football Foundation

Street

PO Box 81

City

Forest Lake

State

MN

Zip Code

55025

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Social Service

Amount

5,000

Name

National Forest Foundation

Street

27 Fort Missoula Rd #3

City

Missoula

State

MT

Zip Code

59804

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Social Service

Amount

108,236

Name

Navy League of the United States

Street

2300 Wil

City**State****Zip Code****Foreign Country****Relationship****Foundation Status****Purpose of grant/contribution**

Community Service

Amount

2,500

Name

Northern Lights Archery Club

Street

114 3rd St NW, Ste D

City

Roseau

State

MN

Zip Code

56751

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Social Service

Amount

12,455

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

Northern Star Council

Street

393 Marshall Ave

City

St Paul

State

MN

Zip Code

55102

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Social Service

Amount

5,000

Name

Northern Star Council - Boy Scouts of America

Street

393 Marshall Ave

City

St Paul

State

MN

Zip Code

55102

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Education

Amount

500

Name

Northlands Range and Gun Club, Inc

Street

701 Main Ave North

City

Roseau

State

MN

Zip Code

56751

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Community Service

Amount

13,000

Name

Northwoods Homeless Shelter

Street

116 W Maple St

City

Amery

State

WI

Zip Code

54001

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Community Service

Amount

500

Name

Northwoods Humane Society

Street

7153 Lake Blvd

City

Wyoming

State

MN

Zip Code

55092

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Education

Amount

900

Name

NWCA Reach out for Warmth

Street

7th Street PO Box 159

City

Montevideo

State

MN

Zip Code

56265

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Health

Amount

2,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

Open Cupboard

Street

406 2nd Ave

City

Osceola

State

WI

Zip Code

54020

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Community Service

Amount

300

Name

Operation Christmas Child - Samaritan's Purse

Street

PO Box 3000

City

Boone

State

NC

Zip Code

28607

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Education

Amount

500

Name

Parenting with Purpose

Street

7111 W Broadway Ave

City

Minneapolis

State

MN

Zip Code

55428

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Community Service

Amount

3,000

Name

Patron of the Arts and Activities

Street

7575 150th St W

City

Savage

State

MN

Zip Code

55378

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Arts

Amount

2,500

Name

Roseau Boy Scout Troop #56

Street

15659 Saint Francis Blvd

City

Ramsey

State

MN

Zip Code

55303

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Education

Amount

1,400

Name

Second Hand Hounds

Street

10100 Viking Dr #100

City

Eden Prairie

State

MN

Zip Code

55344

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Community Service

Amount

500

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

Society of Women Engineers

Street

207 Church St SE

City

Minneapolis

State

MN

Zip Code

55455

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Education

Amount

22

Name

Special Olympics of MN

Street

900 2nd Ave S #300

City

Minneapolis

State

MN

Zip Code

55402

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Social Service

Amount

9,000

Name

Spring Lake Improvement Association

Street

PO Box 2521

City

Conroe

State

TX

Zip Code

77305

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Social Service

Amount

500

Name

Stout University Foundation

Street

320 N Broadway St

City

Menomonie

State

WI

Zip Code

54751

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Education

Amount

4,000

Name

Sun Prairie Fish and Game

Street

2598 W Main St.

City

Sun Prairie

State

WI

Zip Code

53590

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Community Service

Amount

450

Name

Super Bowl Legacy Fund

Street

200 S 6th St

City

Minneapolis

State

MN

Zip Code

55402

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Community Service

Amount

100,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

Tanner High School

Street

12060 Sommers Rd

City

Athens

State
AL**Zip Code**
35611**Foreign Country****Relationship****Foundation Status****Purpose of grant/contribution**

Education

Amount

500

Name

TC Area Chapter of the US Air Force Academy Association of Graduates

Street

3116 Academy Drive

City

USAF Academy

State
CO**Zip Code**
80840**Foreign Country****Relationship****Foundation Status****Purpose of grant/contribution**

Education

Amount

1,000

Name

Tee it Up for the Troops

Street

515 Travelers Trail W

City

Burnsville

State
MN**Zip Code**
55337**Foreign Country****Relationship****Foundation Status****Purpose of grant/contribution**

Social Service

Amount

5,000

Name

The Alzheimer's Association-A Walk to Remember

Street

7900 W 78th St #100

City

Edina

State
MN**Zip Code**
55439**Foreign Country****Relationship****Foundation Status****Purpose of grant/contribution**

Health

Amount

1,000

Name

The American Cancer Society

Street

2520 Pilot Knob Rd #150

City

Mendota Heights

State
MN**Zip Code**
55120**Foreign Country****Relationship****Foundation Status****Purpose of grant/contribution**

Health

Amount

10,000

Name

The National Park Foundation

Street

1110 Vermont Ave

City

Washington

State
DC**Zip Code**
20005**Foreign Country****Relationship****Foundation Status****Purpose of grant/contribution**

Community Service

Amount

75,900

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

The Open Cupboard

Street

406 2nd Ave

City

Osceola

State

WI

Zip Code

54020

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Community Service

Amount

1,500

Name

The Roseau Community Fund

Street

201 3rd Street NW

City

Bemidji

State

MN

Zip Code

56601

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Community Service

Amount

16,000

Name

The Salvation Army

Street

615 Slaters Lane

City

Alexandria

State

VA

Zip Code

22313

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Community Service

Amount

214,356

Name

The Sanneh Foundation

Street

2090 Conway St

City

St Paul

State

MN

Zip Code

55119

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Community Service

Amount

5,000

Name

U of M Foundation

Street

200 SE Oak St

City

Minneapolis

State

MN

Zip Code

55455

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Education

Amount

375,000

Name

Village of Osceola-Fire and Rescue

Street

657 Hwy 35 PO Box 217

City

Osceola

State

WI

Zip Code

54020

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Community Service

Amount

500

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

Warroad High School Robotics

Street

510 Cedar Ave NW

City

Warroad

State

MN

Zip Code

56763

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Education

Amount

1,500

Name

Wayzata Community Foundation

Street

603 E Lake Street

City

Wayzata

State

MN

Zip Code

55391

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Community Service

Amount

950

Name

Welch Charities Inc

Street

2967 Hudson Rd

City

St Paul

State

MN

Zip Code

55128

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Social Service

Amount

2,500

Name

Western Region of the National Speleological Society

Street

2813 Cave Ave

City

Huntsville

State

AL

Zip Code

35810

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Social Service

Amount

500

Name

Wild River Habitat for Humanity

Street

2201 US-8

City

St Croix Falls

State

WI

Zip Code

54024

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Community Service

Amount

500

Name

Wilderness Inquiry

Street

808 14th Ave SE

City

Minneapolis

State

MN

Zip Code

55414

Foreign Country**Relationship****Foundation Status****Purpose of grant/contribution**

Community Service

Amount

3,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

YMCA of the Okobojis

Street

1900 41st St

City

Spirit Lake

State

IA

Zip Code

51360

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Education

Amount

5,000

Name

Street

City

State

Zip Code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

Name

Street

City

State

Zip Code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

Name

Street

City

State

Zip Code

Foreign Country

Relationship

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City

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Zip Code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

THE POLARIS FOUNDATION
2017
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
Lucy Clark Dougherty	2100 Highway 55 Medina, MN 55340	President/Director	none	none	none
Scott Sender	2100 Highway 55 Medina, MN 55340	Vice President/Treasurer	none	none	none
Jennifer Carbert	2100 Highway 55 Medina, MN 55340	Secretary	none	none	none
Michael T. Speetzen	2100 Highway 55 Medina, MN 55340	Director	none	none	none
Scott W Wine	2100 Highway 55 Medina, MN 55340	Director	none	none	none
Dana Anderson	2100 Highway 55 Medina, MN 55340	Director	none	none	none
James P. Williams	2100 Highway 55 Medina, MN 55340	Director	none	none	none
Jan Rintamaki	2100 Highway 55 Medina, MN 55340	Director	none	none	none

THE POLARIS FOUNDATION

2017

990-PF

LINE 23- OTHER EXPENSES DETAIL

BANK CHARGES	<u>499</u>
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TOTAL	<u><u>499</u></u>
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Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Name of the organization

THE POLARIS FOUNDATION

Employer identification number

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 33 1/3 % 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. Don't 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: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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
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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
1	POLARIS INDUSTRIES INC 2100 HIGHWAY 55 MEDINA MN 55340 Foreign State or Province _____ Foreign Country _____	\$ 2,005,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

Name of organization
THE POLARIS FOUNDATION

Employer identification number
41-1828276

Part II **Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

