

2019

Open to Public Inspection

Form **990-PF**Department of the Treasury  
Internal Revenue Service**Return of Private Foundation**  
or Section 4947(a)(1) Trust Treated as Private Foundation

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

For calendar year 2019 or tax year beginning , and ending

|                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                |                                                       |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--|
| Name of foundation<br><b>THE POLARIS FOUNDATION</b>                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                | A Employer identification number<br><b>41-1828276</b> |  |
| Number and street (or P O box number if mail is not delivered to street address)<br><b>2100 HIGHWAY 55</b>                                                                                                                                                                                                     |  | Room/suite                                                                                                                                                                                     |                                                       |  |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>MEDINA MN 55340</b>                                                                                                                                                                                                             |  | B Telephone number (see instructions)<br><b>(763) 478-5731</b>                                                                                                                                 |                                                       |  |
| Foreign country name Foreign province/state/county Foreign postal code                                                                                                                                                                                                                                         |  | C If exemption application is pending, check here <input type="checkbox"/>                                                                                                                     |                                                       |  |
| G Check all that apply<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Name change |  | D 1. Foreign organizations, check here <input type="checkbox"/><br>2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>                   |                                                       |  |
| H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation                                                               |  | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>                                                                                  |                                                       |  |
| I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <b>903,616</b>                                                                                                                                                                                                          |  | J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br>(Part I, column (d), must be on cash basis) |                                                       |  |
| F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>                                                                                                                                                                                               |  |                                                                                                                                                                                                |                                                       |  |

| 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)                    | 1,875,000                          |                           |                         |                                                             |
|                                                                                                                                                                     | 2 Check <input type="checkbox"/> 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                                         |                                    |                           |                         |                                                             |
| 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                                                                                                                                    | 1,875,000                                                                           | 0                                  | 0                         |                         |                                                             |
| Operating and Administrative Expenses                                                                                                                               | 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)                                                 | 248                                |                           |                         |                                                             |
|                                                                                                                                                                     | 24 Total operating and administrative expenses. Add lines 13 through 23             | 248                                | 0                         | 0                       | 0                                                           |
|                                                                                                                                                                     | 25 Contributions, gifts, grants paid                                                | 1,149,786                          |                           |                         | 1,149,786                                                   |
| 26 Total expenses and disbursements. Add lines 24 and 25                                                                                                            | 1,150,034                                                                           | 0                                  | 0                         | 1,149,786               |                                                             |
| 27 Subtract line 26 from line 12                                                                                                                                    |                                                                                     |                                    |                           |                         |                                                             |
| a Excess of revenue over expenses and disbursements                                                                                                                 | 724,966                                                                             |                                    |                           |                         |                                                             |
| 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

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| <b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions ) |                                                                                                                                       | Beginning of year | End of year    |                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------|-----------------------|
|                                                                                                                                                   |                                                                                                                                       | (a) Book Value    | (b) Book Value | (c) Fair Market Value |
| <b>Assets</b>                                                                                                                                     | <b>1</b> Cash—non-interest-bearing                                                                                                    | 178,650           | 903,616        | 903,616               |
|                                                                                                                                                   | <b>2</b> Savings and temporary cash investments                                                                                       |                   |                |                       |
|                                                                                                                                                   | <b>3</b> Accounts receivable ▶                                                                                                        |                   |                |                       |
|                                                                                                                                                   | Less allowance for doubtful accounts ▶                                                                                                |                   |                |                       |
|                                                                                                                                                   | <b>4</b> Pledges receivable ▶                                                                                                         |                   |                |                       |
|                                                                                                                                                   | Less allowance for doubtful accounts ▶                                                                                                |                   |                |                       |
|                                                                                                                                                   | <b>5</b> Grants receivable                                                                                                            |                   |                |                       |
|                                                                                                                                                   | <b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)      |                   |                |                       |
|                                                                                                                                                   | <b>7</b> Other notes and loans receivable (attach schedule) ▶                                                                         |                   |                |                       |
|                                                                                                                                                   | Less allowance for doubtful accounts ▶                                                                                                |                   |                |                       |
|                                                                                                                                                   | <b>8</b> Inventories for sale or use                                                                                                  |                   |                |                       |
|                                                                                                                                                   | <b>9</b> Prepaid expenses and deferred charges                                                                                        |                   |                |                       |
|                                                                                                                                                   | <b>10a</b> Investments—U S and state government obligations (attach schedule)                                                         |                   |                |                       |
|                                                                                                                                                   | <b>b</b> Investments—corporate stock (attach schedule)                                                                                |                   |                |                       |
|                                                                                                                                                   | <b>c</b> Investments—corporate bonds (attach schedule)                                                                                |                   |                |                       |
| <b>Liabilities</b>                                                                                                                                | <b>11</b> Investments—land, buildings, and equipment basis ▶                                                                          |                   |                |                       |
|                                                                                                                                                   | Less accumulated depreciation (attach schedule) ▶                                                                                     |                   |                |                       |
|                                                                                                                                                   | <b>12</b> Investments—mortgage loans                                                                                                  |                   |                |                       |
|                                                                                                                                                   | <b>13</b> Investments—other (attach schedule)                                                                                         |                   |                |                       |
|                                                                                                                                                   | <b>14</b> Land, buildings, and equipment basis ▶                                                                                      |                   |                |                       |
|                                                                                                                                                   | Less accumulated depreciation (attach schedule) ▶                                                                                     |                   |                |                       |
|                                                                                                                                                   | <b>15</b> Other assets (describe ▶ )                                                                                                  |                   |                |                       |
|                                                                                                                                                   | <b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)                           | 178,650           | 903,616        | 903,616               |
|                                                                                                                                                   | <b>17</b> Accounts payable and accrued expenses                                                                                       |                   |                |                       |
|                                                                                                                                                   | <b>18</b> Grants payable                                                                                                              |                   |                |                       |
| <b>Net Assets or Fund Balances</b>                                                                                                                | <b>19</b> Deferred revenue                                                                                                            |                   |                |                       |
|                                                                                                                                                   | <b>20</b> Loans from officers, directors, trustees, and other disqualified persons                                                    |                   |                |                       |
|                                                                                                                                                   | <b>21</b> Mortgages and other notes payable (attach schedule)                                                                         |                   |                |                       |
|                                                                                                                                                   | <b>22</b> Other liabilities (describe ▶ )                                                                                             |                   |                |                       |
|                                                                                                                                                   | <b>23</b> <b>Total liabilities</b> (add lines 17 through 22)                                                                          | 0                 | 0              |                       |
|                                                                                                                                                   | <b>Foundations that follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/><br><b>and complete lines 24, 25, 29, and 30.</b>   |                   |                |                       |
|                                                                                                                                                   | <b>24</b> Net assets without donor restrictions                                                                                       |                   |                |                       |
|                                                                                                                                                   | <b>25</b> Net assets with donor restrictions                                                                                          |                   |                |                       |
|                                                                                                                                                   | <b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/><br><b>and complete lines 26 through 30.</b> |                   |                |                       |
|                                                                                                                                                   | <b>26</b> Capital stock, trust principal, or current funds                                                                            |                   |                |                       |
|                                                                                                                                                   | <b>27</b> Paid-in or capital surplus, or land, bldg , and equipment fund                                                              | 178,650           | 903,616        |                       |
|                                                                                                                                                   | <b>28</b> Retained earnings, accumulated income, endowment, or other funds                                                            |                   |                |                       |
|                                                                                                                                                   | <b>29</b> <b>Total net assets or fund balances</b> (see instructions)                                                                 | 178,650           | 903,616        |                       |
|                                                                                                                                                   | <b>30</b> <b>Total liabilities and net assets/fund balances</b> (see instructions)                                                    | 178,650           | 903,616        |                       |

**Part III Analysis of Changes in Net Assets or Fund Balances**

|                                                                                                                                                                   |          |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------|
| <b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) | <b>1</b> | 178,650 |
| <b>2</b> Enter amount from Part I, line 27a                                                                                                                       | <b>2</b> | 724,966 |
| <b>3</b> Other increases not included in line 2 (itemize) ▶                                                                                                       | <b>3</b> |         |
| <b>4</b> Add lines 1, 2, and 3                                                                                                                                    | <b>4</b> | 903,616 |
| <b>5</b> Decreases not included in line 2 (itemize) ▶                                                                                                             | <b>5</b> |         |
| <b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29                                                      | <b>6</b> | 903,616 |

**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<br>P—Purchase<br>D—Donation | (c) Date acquired<br>(mo, day, yr) | (d) Date sold<br>(mo, day, yr) |
|-----------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|------------------------------------|--------------------------------|
| <b>1a</b>                                                                                                                               |  |                                              |                                    |                                |
| <b>b</b>                                                                                                                                |  |                                              |                                    |                                |
| <b>c</b>                                                                                                                                |  |                                              |                                    |                                |
| <b>d</b>                                                                                                                                |  |                                              |                                    |                                |
| <b>e</b>                                                                                                                                |  |                                              |                                    |                                |

  

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

  

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                      |                                               | (l) Gains (Col (h) gain minus<br>col (k), but not less than -0-) or<br>Losses (from col (h)) |
|---------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------|
| (i) FMV as of 12/31/69                                                                      | (j) Adjusted basis<br>as of 12/31/69 | (k) Excess of col (i)<br>over col (j), if any |                                                                                              |
| <b>a</b>                                                                                    |                                      |                                               |                                                                                              |
| <b>b</b>                                                                                    |                                      |                                               |                                                                                              |
| <b>c</b>                                                                                    |                                      |                                               |                                                                                              |
| <b>d</b>                                                                                    |                                      |                                               |                                                                                              |
| <b>e</b>                                                                                    |                                      |                                               |                                                                                              |

  

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

| <b>1</b> Enter the appropriate amount in each column for each year, see the instructions before making any entries |                                          |                                              |                                                           |
|--------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-----------------------------------------------------------|
| (a)<br>Base period years<br>Calendar year (or tax year beginning in)                                               | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col (b) divided by col (c)) |
| 2018                                                                                                               | 1,958,495                                | 154,410                                      | 12 683732                                                 |
| 2017                                                                                                               | 2,086,846                                | 117,964                                      | 17 690533                                                 |
| 2016                                                                                                               | 1,274,860                                | 165,955                                      | 7 681962                                                  |
| 2015                                                                                                               | 2,403,420                                | 269,826                                      | 8 907296                                                  |
| 2014                                                                                                               | 493,901                                  | 198,092                                      | 2 493291                                                  |

  

|                                                                                                                                                                                                                              |          |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|
| <b>2</b> Total of line 1, column (d)                                                                                                                                                                                         | <b>2</b> | 49 456814 |
| <b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by<br>the number of years the foundation has been in existence if less than 5 years                                     | <b>3</b> | 9 891363  |
| <b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5                                                                                                                                        | <b>4</b> | 180,478   |
| <b>5</b> Multiply line 4 by line 3                                                                                                                                                                                           | <b>5</b> | 1,785,173 |
| <b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)                                                                                                                                                          | <b>6</b> | 0         |
| <b>7</b> Add lines 5 and 6                                                                                                                                                                                                   | <b>7</b> | 1,785,173 |
| <b>8</b> Enter qualifying distributions from Part XII, line 4<br>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<br>Part VI instructions | <b>8</b> | 1,149,786 |

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

|           |                                                                                                                                                                                                                                   |           |   |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>1a</b> | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1<br>Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions) |           |   |
| <b>b</b>  | Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b                                                                                   | <b>1</b>  |   |
| <b>c</b>  | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col (b)                                                                                                           |           |   |
| <b>2</b>  | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)                                                                                                                        | <b>2</b>  | 0 |
| <b>3</b>  | Add lines 1 and 2                                                                                                                                                                                                                 | <b>3</b>  | 0 |
| <b>4</b>  | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)                                                                                                                      | <b>4</b>  |   |
| <b>5</b>  | <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-                                                                                                                                    | <b>5</b>  | 0 |
| <b>6</b>  | <b>Credits/Payments</b>                                                                                                                                                                                                           |           |   |
| <b>a</b>  | 2019 estimated tax payments and 2018 overpayment credited to 2019                                                                                                                                                                 | <b>6a</b> |   |
| <b>b</b>  | Exempt foreign organizations—tax withheld at source                                                                                                                                                                               | <b>6b</b> |   |
| <b>c</b>  | Tax paid with application for extension of time to file (Form 8868)                                                                                                                                                               | <b>6c</b> |   |
| <b>d</b>  | Backup withholding erroneously withheld                                                                                                                                                                                           | <b>6d</b> |   |
| <b>7</b>  | Total credits and payments. Add lines 6a through 6d                                                                                                                                                                               | <b>7</b>  | 0 |
| <b>8</b>  | Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached                                                                                                          | <b>8</b>  |   |
| <b>9</b>  | <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>                                                                                                                                       | <b>9</b>  | 0 |
| <b>10</b> | <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>                                                                                                                           | <b>10</b> | 0 |
| <b>11</b> | Enter the amount of line 10 to be <b>Credited to 2020 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>                                                                                         | <b>11</b> | 0 |

**Part VII-A Statements Regarding Activities**

|                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> 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>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition.<br>If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities |     | X  |
| <b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?                                                                                                                                                                                                                                                                                                  |     | X  |
| <b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:<br>(1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____                                                                                                                                   |     |    |
| <b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____                                                                                                                                                                                       |     |    |
| <b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS?<br>If "Yes," attach a detailed description of the activities                                                                                                                                                                                                 |     | X  |
| <b>3</b> 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  |
| <b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                                                                                                 |     | X  |
| <b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?                                                                                                                                                                                                                                                                                      |     | X  |
| <b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year?<br>If "Yes," attach the statement required by <i>General Instruction T</i>                                                                                                                                                                                    |     | X  |
| <b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:<br>• By language in the governing instrument, or<br>• 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   |    |
| <b>7</b> 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   |    |
| <b>8a</b> Enter the states to which the foundation reports or with which it is registered. See instructions <input type="checkbox"/>                                                                                                                                                                                                                                  |     |    |
| <b>b</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   |    |
| <b>9</b> 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 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV                                                                                                          |     | X  |
| <b>10</b> 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                                                                                                                                        |     | 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                                                                                                                                       |     | X  |
| 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?<br>Website address <b>www.polaris.com/en-us/company/polaris-foundation</b>                                                                                                                               | X   |    |
| 14 The books are in care of <b>John Springer</b> Telephone no <b>763-478-5731</b><br>Located at <b>2100 Highway 55 Medina, MN</b> ZIP+4 <b>55340</b>                                                                                                                                                                            |     |    |
| 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 <b>15</b>                                                                                                                                  |     |    |
| 16 At any time during calendar year 2019, 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?<br>See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of the foreign country |     | 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                       |     |     |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                               |     |     |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                   |     |     |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <input type="checkbox"/>                                                                                                                                                                | 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 2019?                                                                                                                                                                                                                                                                                                        | 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 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "Yes," list the years <b>20</b> , <b>20</b> , <b>20</b> , <b>20</b>                                                                                                                                                                                                           |     |     |
| 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 <b>20</b> , <b>20</b> , <b>20</b> , <b>20</b>                                                                                                                                                                                                                                                                                                                                  |     |     |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                           |     |     |
| b If "Yes," did it have excess business holdings in 2019 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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019) | 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 2019?                                                                                                                                                                                                                                                              | 4b  | X   |

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

|           |                                                                                                                                                                                                                       |                                                                     |           |     |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------|-----|
| <b>5a</b> | During the year, did the foundation pay or incur any amount to                                                                                                                                                        |                                                                     | Yes       | No  |
|           | (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?                                                                                                                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |     |
|           | (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?                                                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |     |
|           | (3) Provide a grant to an individual for travel, study, or other similar purposes?                                                                                                                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |     |
|           | (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions                                                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |     |
|           | (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?                                                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |     |
| <b>b</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 |                                                                     | <b>5b</b> | N/A |
|           | Organizations relying on a current notice regarding disaster assistance, check here                                                                                                                                   | <input checked="" type="checkbox"/>                                 |           |     |
| <b>c</b>  | 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?                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No            |           |     |
|           | If "Yes," attach the statement required by Regulations section 53.4945–5(d)                                                                                                                                           |                                                                     |           |     |
| <b>6a</b> | Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |     |
| <b>b</b>  | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                            |                                                                     | <b>6b</b> |     |
|           | If "Yes" to 6b, file Form 8870                                                                                                                                                                                        |                                                                     |           |     |
| <b>7a</b> | At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?                                                                                                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |     |
| <b>b</b>  | If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?                                                                                                             |                                                                     | <b>7b</b> | N/A |
| <b>8</b>  | Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?                                                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |     |

**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         |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |

**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 |        |
| 3                                                      |        |

Total. Add lines 1 through 3



0

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

|          |                                                                                                             |           |         |
|----------|-------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes  |           |         |
| <b>a</b> | Average monthly fair market value of securities                                                             | <b>1a</b> | 0       |
| <b>b</b> | Average of monthly cash balances                                                                            | <b>1b</b> | 183,226 |
| <b>c</b> | Fair market value of all other assets (see instructions)                                                    | <b>1c</b> |         |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c)                                                                       | <b>1d</b> | 183,226 |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)   | <b>1e</b> |         |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets                                                        | <b>2</b>  |         |
| <b>3</b> | Subtract line 2 from line 1d                                                                                | <b>3</b>  | 183,226 |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see instructions)     | <b>4</b>  | 2,748   |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 | <b>5</b>  | 180,478 |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5                                                        | <b>6</b>  | 9,024   |

**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.)

|           |                                                                                                           |           |       |
|-----------|-----------------------------------------------------------------------------------------------------------|-----------|-------|
| <b>1</b>  | Minimum investment return from Part X, line 6                                                             | <b>1</b>  | 9,024 |
| <b>2a</b> | Tax on investment income for 2019 from Part VI, line 5                                                    | <b>2a</b> |       |
| <b>b</b>  | Income tax for 2019 (This does not include the tax from Part VI.)                                         | <b>2b</b> |       |
| <b>c</b>  | Add lines 2a and 2b                                                                                       | <b>2c</b> |       |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1                                     | <b>3</b>  | 9,024 |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions                                                 | <b>4</b>  |       |
| <b>5</b>  | Add lines 3 and 4                                                                                         | <b>5</b>  | 9,024 |
| <b>6</b>  | Deduction from distributable amount (see instructions)                                                    | <b>6</b>  |       |
| <b>7</b>  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | <b>7</b>  | 9,024 |

**Part XII Qualifying Distributions** (see instructions)

|          |                                                                                                                                                      |           |           |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes                                                            |           |           |
| <b>a</b> | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26                                                                          | <b>1a</b> | 1,149,786 |
| <b>b</b> | Program-related investments—total from Part IX-B                                                                                                     | <b>1b</b> |           |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes                                            | <b>2</b>  |           |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the                                                                                  |           |           |
| <b>a</b> | Suitability test (prior IRS approval required)                                                                                                       | <b>3a</b> |           |
| <b>b</b> | Cash distribution test (attach the required schedule)                                                                                                | <b>3b</b> |           |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4                                    | <b>4</b>  | 1,149,786 |
| <b>5</b> | 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. | <b>5</b>  |           |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4                                                                                | <b>6</b>  | 1,149,786 |

**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)<br>Corpus | (b)<br>Years prior to 2018 | (c)<br>2018 | (d)<br>2019 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2019 from Part XI, line 7                                                                                                                       |               |                            |             | 9,024       |
| <b>2</b> Undistributed income, if any, as of the end of 2019                                                                                                                      |               |                            |             |             |
| <b>a</b> Enter amount for 2018 only                                                                                                                                               |               |                            | 7,721       |             |
| <b>b</b> Total for prior years 20____, 20____, 20____                                                                                                                             |               |                            |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2019                                                                                                                          |               |                            |             |             |
| <b>a</b> From 2014                                                                                                                                                                | 483,996       |                            |             |             |
| <b>b</b> From 2015                                                                                                                                                                | 2,389,929     |                            |             |             |
| <b>c</b> From 2016                                                                                                                                                                | 1,325,266     |                            |             |             |
| <b>d</b> From 2017                                                                                                                                                                | 2,080,449     |                            |             |             |
| <b>e</b> From 2018                                                                                                                                                                | 1,950,477     |                            |             |             |
| <b>f</b> Total of lines 3a through e                                                                                                                                              | 8,230,117     |                            |             |             |
| <b>4</b> Qualifying distributions for 2019 from Part XII, line 4 ▶ \$ 1,149,786                                                                                                   |               |                            |             |             |
| <b>a</b> Applied to 2018, but not more than line 2a                                                                                                                               |               |                            | 7,721       |             |
| <b>b</b> Applied to undistributed income of prior years (Election required—see instructions)                                                                                      |               |                            |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required—see instructions)                                                                                              |               |                            |             |             |
| <b>d</b> Applied to 2019 distributable amount                                                                                                                                     |               |                            |             | 9,024       |
| <b>e</b> Remaining amount distributed out of corpus                                                                                                                               | 1,133,041     |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a) )                                        |               |                            |             |             |
| <b>6</b> Enter the net total of each column as indicated below:                                                                                                                   |               |                            |             |             |
| <b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5                                                                                                                          | 9,363,158     |                            |             |             |
| <b>b</b> Prior years' undistributed income Subtract line 4b from line 2b                                                                                                          |               | 0                          |             |             |
| <b>c</b> 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 |               |                            |             |             |
| <b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions                                                                                                            |               |                            |             |             |
| <b>e</b> Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount—see instructions                                                                              |               |                            | 0           |             |
| <b>f</b> Undistributed income for 2019 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2020                                                                |               |                            |             | 0           |
| <b>7</b> 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)         |               |                            |             |             |
| <b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions)                                                                              | 483,996       |                            |             |             |
| <b>9</b> Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a                                                                                              | 8,879,162     |                            |             |             |
| <b>10</b> Analysis of line 9                                                                                                                                                      |               |                            |             |             |
| <b>a</b> Excess from 2015                                                                                                                                                         | 2,389,929     |                            |             |             |
| <b>b</b> Excess from 2016                                                                                                                                                         | 1,325,266     |                            |             |             |
| <b>c</b> Excess from 2017                                                                                                                                                         | 2,080,449     |                            |             |             |
| <b>d</b> Excess from 2018                                                                                                                                                         | 1,950,477     |                            |             |             |
| <b>e</b> Excess from 2019                                                                                                                                                         | 1,133,041     |                            |             |             |



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

| Recipient<br>Name and address (home or business)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                                                                                                                                                                                                          | Amount                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| <b>a Paid during the year</b><br>ALS Fundraiser<br>1275 K Street NW<br>Washington, WA 20005<br>National Child Safety Council<br>P O Box 1368 Jackson<br>Jackson, MI 49204<br>Bedell Family YMCA<br>1900 41st St<br>Spirit Lake, IA 51360<br>Coco's Heart Dog Rescue<br>126 2nd Street<br>Hudson, WI 54016<br>Mill Pond Learning Foundation<br>213 N Cascade St<br>Osceola, WI 54020<br>Open Cupboard<br>406 2nd Ave<br>Osceola, WI 54020<br>Wild River Habitat for Humanity<br>2201 US-8<br>St Croix Falls, MN 54024<br>Interfaith Caregivers of Polk County<br>PO Box 65 133 Eider St<br>Milltown, WI 54858<br>DeMolay Minnesota<br>PO Box 54<br>Rosemount, MN 55068<br>Northwoods Humane Society<br>7153 Lake Blvd<br>Wyoming, MN 55092<br>Minnesota Children's Museum<br>10 7th St W<br>St Paul, MN 55102 |                                                                                                                    |                                      | Health<br><br>Social Service<br><br>Community Service<br><br>Social Service<br><br>Education<br><br>Community Service<br><br>Community Service<br><br>Social Service<br><br>Community Service<br><br>Social Service<br><br>Community Service | 5,000<br><br>250<br><br>2,500<br><br>1,000<br><br>20,000<br><br>1,500<br><br>500<br><br>500<br><br>1,500<br><br>1,500<br><br>5,000 |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | See Attached Statement                                                                                             |                                      | ▶ <b>3a</b>                                                                                                                                                                                                                                  | 1,149,786                                                                                                                          |
| <b>b Approved for future payment</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                    |                                      |                                                                                                                                                                                                                                              |                                                                                                                                    |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                    |                                      | ▶ <b>3b</b>                                                                                                                                                                                                                                  | 0                                                                                                                                  |



|   |                                                                                                                                                                                                                                                                                                                                                                                             |   |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| 1 | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?                                                                                                                                                     |   |
| a | Transfers from the reporting foundation to a noncharitable exempt organization of                                                                                                                                                                                                                                                                                                           |   |
|   | (1) Cash                                                                                                                                                                                                                                                                                                                                                                                    | 1 |
|   | (2) Other assets                                                                                                                                                                                                                                                                                                                                                                            | 1 |
| b | Other transactions                                                                                                                                                                                                                                                                                                                                                                          |   |
|   | (1) Sales of assets to a noncharitable exempt organization                                                                                                                                                                                                                                                                                                                                  | 1 |
|   | (2) Purchases of assets from a noncharitable exempt organization                                                                                                                                                                                                                                                                                                                            | 1 |
|   | (3) Rental of facilities, equipment, or other assets                                                                                                                                                                                                                                                                                                                                        | 1 |
|   | (4) Reimbursement arrangements                                                                                                                                                                                                                                                                                                                                                              | 1 |
|   | (5) Loans or loan guarantees                                                                                                                                                                                                                                                                                                                                                                | 1 |
|   | (6) Performance of services or membership or fundraising solicitations                                                                                                                                                                                                                                                                                                                      | 1 |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees                                                                                                                                                                                                                                                                                                            |   |
| d | 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 |   |

Form **990-PF** (2019)

**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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

Name of the organization

THE POLARIS FOUNDATION

Employer identification number

41-1828276

Organization type (check one)

Filers of:

Section:

RECEIVED IN CORRESPONDENCE

IRS - OSC -554

DEC 17 2020

OGDEN, UTAH

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

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                            | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                               |
|------------|--------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          | POLARIS INDUSTRIES INC<br>2100 HIGHWAY 55<br>MEDINA MN 55340<br>Foreign State or Province<br>Foreign Country | \$ 1,875,000               | Person <input checked="checked" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions) |
|            |                                                                                                              | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)                   |
|            |                                                                                                              | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)                   |
|            |                                                                                                              | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)                   |
|            |                                                                                                              | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)                   |
|            |                                                                                                              | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)                   |
|            |                                                                                                              | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)                   |
|            |                                                                                                              | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)                   |
|            |                                                                                                              | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions)                   |



Name of organization

THE POLARIS FOUNDATION

Employer identification number

41-1828276

**Part III**

**Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (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.) ► \$ \_\_\_\_\_ 0

Use duplicate copies of Part III if additional space is needed

| (a) No.<br>from<br>Part I               | (b) Purpose of gift     | (c) Use of gift                          | (d) Description of how gift is held |
|-----------------------------------------|-------------------------|------------------------------------------|-------------------------------------|
| -----                                   | -----<br>-----<br>----- | -----<br>-----<br>-----                  | -----<br>-----<br>-----             |
| (e) Transfer of gift                    |                         |                                          |                                     |
| Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |                                     |
| -----<br>-----<br>-----                 |                         | -----<br>-----<br>-----                  |                                     |
| For Prov _____ Country _____            |                         |                                          |                                     |
| (a) No.<br>from<br>Part I               | (b) Purpose of gift     | (c) Use of gift                          | (d) Description of how gift is held |
| -----                                   | -----<br>-----<br>----- | -----<br>-----<br>-----                  | -----<br>-----<br>-----             |
| (e) Transfer of gift                    |                         |                                          |                                     |
| Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |                                     |
| -----<br>-----<br>-----                 |                         | -----<br>-----<br>-----                  |                                     |
| For Prov _____ Country _____            |                         |                                          |                                     |
| (a) No.<br>from<br>Part I               | (b) Purpose of gift     | (c) Use of gift                          | (d) Description of how gift is held |
| -----                                   | -----<br>-----<br>----- | -----<br>-----<br>-----                  | -----<br>-----<br>-----             |
| (e) Transfer of gift                    |                         |                                          |                                     |
| Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |                                     |
| -----<br>-----<br>-----                 |                         | -----<br>-----<br>-----                  |                                     |
| For Prov _____ Country _____            |                         |                                          |                                     |
| (a) No.<br>from<br>Part I               | (b) Purpose of gift     | (c) Use of gift                          | (d) Description of how gift is held |
| -----                                   | -----<br>-----<br>----- | -----<br>-----<br>-----                  | -----<br>-----<br>-----             |
| (e) Transfer of gift                    |                         |                                          |                                     |
| Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |                                     |
| -----<br>-----<br>-----                 |                         | -----<br>-----<br>-----                  |                                     |
| For Prov _____ Country _____            |                         |                                          |                                     |

**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

**RECEIVED IN CORRES**

Any restrictions or limitations on awards

**IRS - OSC -554****DEC 1 7 2020**

Name

Street

**OGDEN, UTAH**

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**

AUSA Vessey Chapter

**Street**

3459 Washington Dr #208

**City**

Eagan

**State**

MN

**Zip Code**

55122

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

Health

**Amount**

2,500

**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**

Education

**Amount**

1,000

**Name**

Boy Scouts of America

**Street**

15659 Saint Fransis Blvd

**City**

Ramsey

**State**

MN

**Zip Code**

55303

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

Community Service

**Amount**

1,900

**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**

1,000

**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

**Name**

Ann Bancroft Foundation

**Street**

211 N 1st St #480

**City**

Minneapolis

**State**

MN

**Zip Code**

55401

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

Social Service

**Amount**

5,000

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

Recipient(s) paid during the year

**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**

16,813

**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**

5,000

**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**

2,500

**Name**

Alzheimer's Association

**Street**

7900 W 78th St #100

**City**

Edina

**State**

MN

**Zip Code**

55439

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

Health

**Amount**

7,500

**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**

43,000

**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**

13,460

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

Recipient(s) paid during the year

**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**

200,000

**Name**

American Cancer Society

**Street**

P O Box 22478

**City**

Oklahoma City

**State**

OK

**Zip Code**

73123

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

Health

**Amount**

22,880

**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**

Community Service

**Amount**

1,000

**Name**

CFF MN/SD Chapter

**Street**

100 North St

**City**

Minneapolis

**State**

MN

**Zip Code**

55403

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

Health

**Amount**

2,500

**Name**

Cherish Center

**Street**

1004 22nd St

**City**

Milford

**State**

IA

**Zip Code**

51351

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

Social 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

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

Recipient(s) paid during the year

**Name**

Make a Wish - Wish Ball 2019

**Street**

1400 West 17th Street

**City**

Sioux Falls

**State**

SD

**Zip Code**

57104

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

Social Service

**Amount**

5,000

**Name**

Animal Humane Society

**Street**

1411 Main St NW

**City**

Coon Rapids

**State**

MN

**Zip Code**

55448

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

Community Service

**Amount**

1,000

**Name**

United Heroes League

**Street**

15211 Ravenna Trail

**City**

Hastings

**State**

MN

**Zip Code**

55033

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

Community Service

**Amount**

1,470

**Name**

Leukemia and Lymphoma Foundation

**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**

Kinship of Polk County

**Street**

200 County Rd I #100

**City**

Balsam Lake

**State**

WI

**Zip Code**

54810

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

Social Service

**Amount**

1,000

**Name**

Kinship of Polk County

**Street**

200 County Rd I #100

**City**

Balsam Lake

**State**

WI

**Zip Code**

54810

**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**

University of MN Foundation

**Street**

200 SE Oak St

**City**

Minneapolis

**State**

MN

**Zip Code**

55455

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

Education

**Amount**

490,000

**Name**

Medina Celebration Days

**Street**

2052 County Road 24

**City**

Medina

**State**

MN

**Zip Code**

55340

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

Community Service

**Amount**

2,500

**Name**

Congressional Football Game for Charity

**Street**

217 Third Street SE

**City**

Washington

**State**

WA

**Zip Code**

20003

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

Community Service

**Amount**

10,000

**Name**

Wyoming Elementary PTA

**Street**

25701 Forest Blvd

**City**

Wyoming

**State**

MN

**Zip Code**

55092

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

Education

**Amount**

500

**Name**

Osceola Community Health Foundation

**Street**

2600 65th Ave

**City**

Osceola

**State**

WI

**Zip Code**

54020

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

Health

**Amount**

500

**Name**

Western Hills Humane Society

**Street**

324 Industrial Dr

**City**

Spearfish

**State**

IA

**Zip Code**

57783

**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**

My Very Own Bed

**Street**

34 13th Ave NE B002A

**City**

Minneapolis

**State**

MN

**Zip Code**

55413

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

Social Service

**Amount**

7,200

**Name**

The Emily Program Foundation

**Street**

5354 Parkdale Dr

**City**

St Louis Park

**State**

MN

**Zip Code**

55416

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

Health

**Amount**

6,000

**Name**

Chad Greenway's Lead the Way Foundation

**Street**

574 Prairie Center Drive #287

**City**

Eden Prairie

**State**

MN

**Zip Code**

55344

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

Social Service

**Amount**

5,500

**Name**

Humane Society of Northwest Iowa

**Street**

607 28th St

**City**

Milford

**State**

IA

**Zip Code**

51351

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

Community Service

**Amount**

500

**Name**

Junior Achievement

**Street**

One Education Way

**City**

Colorado Springs

**State**

CO

**Zip Code**

80906

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

Education

**Amount**

5,960

**Name**

Michael J. Fox Foundation

**Street**

P.O. Box 5014

**City**

Hagerstown

**State**

MD

**Zip Code**

21741

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

Health

**Amount**

6,000

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

Recipient(s) paid during the year

**Name**

United Way of Vermillion

**Street**

PO Box 216

**City**

Vermillion

**State**

SD

**Zip Code**

57069

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

Social Service

**Amount**

22,383

**Name**

Mental Health Task Force of Polk County

**Street**

PO Box 432

**City**

St Croix Falls

**State**

WI

**Zip Code**

54024

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

Health

**Amount**

2,000

**Name**

National Football Foundation - MN Chapter

**Street**

PO BOX 490284

**City**

Minneapolis

**State**

MN

**Zip Code**

55449

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

Community Service

**Amount**

5,000

**Name**

100 Men Who Care in Clark County

**Street**

7801 NE Greenwood Dr

**City**

Vancouver

**State**

WA

**Zip Code**

98662

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

Community Service

**Amount**

500

**Name**

AFA Parents Club Donation

**Street**

2304 Cadet Drive

**City**

USAF Academy

**State**

CO

**Zip Code**

80840

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

Community Service

**Amount**

500

**Name**

American Legion Post 164

**Street**

700 N Pennsylvania St

**City**

Indianapolis

**State**

IN

**Zip Code**

46206

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

Community Service

**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**

ARC of Madison County Inc

**Street**

1825 K Street NW

**City**

Washington

**State**

DC

**Zip Code**

20006

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

Social Service

**Amount**

5,000

**Name**

Autism Society of MN

**Street**

2380 Wycliff St

**City**

St Paul

**State**

MN

**Zip Code**

55114

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

Health

**Amount**

500

**Name**

Baudette Food Shelf

**Street**

106 2nd St NE

**City**

Baudette

**State**

MN

**Zip Code**

56623

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

Community

**Amount**

1,160

**Name**

Belle Tourche School District Foundation

**Street**

2305 13th Ave

**City**

Belle Fourche

**State**

SD

**Zip Code**

57717

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

Education

**Amount**

500

**Name**

Best Prep

**Street**

7100 Northland Cir N

**City**

Minneapolis

**State**

MN

**Zip Code**

55428

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

Education

**Amount**

10,000

**Name**

Blake Bearbotics

**Street**

511 Kenwood Pkwy

**City**

Minneapolis

**State**

MN

**Zip Code**

55428

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

Education

**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**

Bulldog Backers Association

**Street**

110 E 3rd St

**City**

Janesville

**State**

MN

**Zip Code**

56048

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

Education

**Amount**

100

**Name**

Children's Cancer Research Fund

**Street**

7301 Ohms Lane

**City**

Minneapolis

**State**

MN

**Zip Code**

55439

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

Health

**Amount**

5,000

**Name**

Children's Theater Co

**Street**

2400 3rd Ave S

**City**

Minneapolis

**State**

MN

**Zip Code**

55404

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

Community

**Amount**

11,000

**Name**

Crescent Cove

**Street**

3440 Belt Line Blvd

**City**

St Louis Park

**State**

MN

**Zip Code**

55416

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

Health

**Amount**

5,000

**Name**

Decatur Morgan Hospital Foundation

**Street**

1201 7th Ave SE

**City**

Decatur

**State**

AL

**Zip Code**

35601

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

Health

**Amount**

2,114

**Name**

Friends of the Boundary Waters Wilderness

**Street**

401 N 3rd

**City**

Minneapolis

**State**

MN

**Zip Code**

55401

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

Community

**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**

Friends of the Trails

**Street**

1660 Laurel Ave

**City**

St Paul

**State**

MN

**Zip Code**

55104

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

Community

**Amount**

500

**Name**

Hope Haven

**Street**

1800 19th Street

**City**

Rock Valley

**State**

IA

**Zip Code**

51247

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

Health

**Amount**

500

**Name**

Hopkins Education Foundation

**Street**

1001 MN-7

**City**

Hopkins

**State**

MN

**Zip Code**

55305

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

Education

**Amount**

1,000

**Name**

Horsepower Therapy Inc

**Street**

26659 Blue Sage Ln

**City**

Sioux Falls

**State**

SD

**Zip Code**

57106

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

Social Service

**Amount**

903

**Name**

Hunger Solutions MN

**Street**

555 Park St

**City**

St Paul

**State**

MN

**Zip Code**

55103

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

Community Service

**Amount**

5,000

**Name**

Iowa Great Lakes Fishing Club

**Street**

512 4th Ave SE

**City**

Spencer

**State**

IA

**Zip Code**

51301

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

Community Service

**Amount**

100

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

Recipient(s) paid during the year

**Name**

JDRF

**Street**

200 Vesey Street

**City**

New York

**State**

NY

**Zip Code**

10281

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

Health

**Amount**

5,000

**Name**

Kamryn Kares

**Street**

PO Box 5465

**City**

Lincoln

**State**

NE

**Zip Code**

68505

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

Social Service

**Amount**

1,000

**Name**

Kings and Queens Local

**Street**

1010 Julia St

**City**

Okaboji

**State**

IA

**Zip Code**

51355

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

Social Service

**Amount**

500

**Name**

Lacamas Lake Elementary PALS

**Street**

4825 N Shore Blvd

**City**

Camas

**State**

WA

**Zip Code**

98607

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

Education

**Amount**

300

**Name**

Meals on Wheels - Spearfish Nutrition Site

**Street**

430 Oriole Dr

**City**

Spearfish

**State**

SD

**Zip Code**

57783

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

Community Service

**Amount**

500

**Name**

Mended Hearts Black Hills Chapter 208

**Street**

3212 330th St

**City**

Ellsworth

**State**

IA

**Zip Code**

50075

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

Health

**Amount**

500

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

Recipient(s) paid during the year

**Name**

Naja Shriners

**Street**

4091 Strugis Rd

**City**

Rapid City

**State**

SD

**Zip Code**

57702

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

Social Service

**Amount**

500

**Name**

Northland Shooting Sports Inc

**Street**

307 4th St NE

**City**

Roseau

**State**

MN

**Zip Code**

56751

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

Community Service

**Amount**

11,500

**Name**

Northwest Community Action

**Street**

312 N Main St

**City**

Badger

**State**

MN

**Zip Code**

56714

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

Community Service

**Amount**

3,145

**Name**

Ordway Center for Performing Arts

**Street**

345 Washington St

**City**

St Paul

**State**

MN

**Zip Code**

55102

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

Community Service

**Amount**

5,000

**Name**

Rangers Supporting Rangers

**Street**

8661 North Shore Trail N

**City**

Forest Lake

**State**

MN

**Zip Code**

55025

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

Community Service

**Amount**

1,000

**Name**

Redwater 4-H Council

**Street**

830 6th Ave

**City**

Belle Fourche

**State**

SD

**Zip Code**

57717

**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**

Roseau Ducks Unlimited

**Street**

2223 County Road 21

**City**

Roseau

**State**

MN

**Zip Code**

56751

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

Community Service

**Amount**

500

**Name**

Roseau Food Shelf

**Street**

108 3rd Ave SW

**City**

Roseau

**State**

MN

**Zip Code**

56751

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

Community Service

**Amount**

3,581

**Name**

Science Museum of MN

**Street**

120 W Kellogg Blvd

**City**

St Paul

**State**

MN

**Zip Code**

55102

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

Education

**Amount**

10,000

**Name**

Sky Tavern (outdoor recreation)

**Street**

21130 Mt Rose Hwy

**City**

Reno

**State**

NV

**Zip Code**

89511

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

Community Service

**Amount**

500

**Name**

Spearfish Community Food Pantry

**Street**

131 Yankee St

**City**

Spearfish

**State**

SD

**Zip Code**

57783

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

Community Service

**Amount**

500

**Name**

Spearfish School District Teammates Mentoring

**Street**

315 Seaton Circle

**City**

Spearfish

**State**

SD

**Zip Code**

57783

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

Education

**Amount**

500

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

Recipient(s) paid during the year

**Name**

Spearfish Veterans Memorial

**Street**

603 N Main Street

**City**

Spearfish

**State**

SD

**Zip Code**

57783

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

Community Service

**Amount**

500

**Name**

Spirit Lake Elementary Partners in Education

**Street**

2701 Hill Ave

**City**

Spirit Lake

**State**

IA

**Zip Code**

51360

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

Education

**Amount**

2,500

**Name**

Star Education Foundation

**Street**

PO Box 2

**City**

Saint Croix Falls

**State**

WI

**Zip Code**

54024

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

Education

**Amount**

500

**Name**

Suicide Awareness Voices of Education (SAVE)

**Street**

7900 Xerxes Ave S

**City**

Minneapolis

**State**

MN

**Zip Code**

55431

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

Social Service

**Amount**

3,000

**Name**

The Fern 45

**Street**

465 Country Drive

**City**

Fernley

**State**

NV

**Zip Code**

89408

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

Community Service

**Amount**

5,000

**Name**

The Mike Zimmer Foundation

**Street**

2600 Vikings Circle

**City**

Eagan

**State**

MN

**Zip Code**

55121

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

Social Service

**Amount**

4,000

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

Recipient(s) paid during the year

**Name**

The Sannah 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**

10,000

**Name**

Vermillion Food Pantry

**Street**

9 Court Street

**City**

Vermillion

**State**

SD

**Zip Code**

57069

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

Community Service

**Amount**

8,067

**Name**

WVU Foundation, Inc

**Street**

PO Box 1650

**City**

Morgantown

**State**

WV

**Zip Code**

26507

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

Health

**Amount**

50,000

**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****Foundation Status****Purpose of grant/contribution****Amount**

**Continuation of Part XV, Line 3b (990-PF) - Grants and Contributions Approved for Future Payment**

Recipient(s) approved for future payments

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

Foundation Status

Purpose of grant/contribution

Amount

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Street

City

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Zip Code

Foreign Country

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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

Foundation Status

Purpose of grant/contribution

Amount

**THE POLARIS FOUNDATION**

**2019**

**990-PF**

**LINE 23- OTHER EXPENSES DETAIL**

BANK CHARGES 248

**TOTAL** 248

**RECEIVED IN CORRES**  
**IRS - OSC -554**

DEC 17 2020

**OGDEN, UTAH**

THE POLARIS FOUNDATION  
2019  
990-PF

PART VIII- LINE 1, INFORMATION ABOUT OFFICERS & DIRECTORS

| Name                 | Address                             | Title                       | Compensation | Compensation to<br>employee benefit<br>plans and deferred<br>compensation | Expense<br>Account, other<br>allowances |
|----------------------|-------------------------------------|-----------------------------|--------------|---------------------------------------------------------------------------|-----------------------------------------|
| Lucy Clark Dougherty | 2100 Highway 55<br>Medina, MN 55340 | President/Director          | none         | none                                                                      | none                                    |
| Scott Sender         | 2100 Highway 55<br>Medina, MN 55340 | Vice<br>President/Treasurer | none         | none                                                                      | none                                    |
| Jennifer Carbert     | 2100 Highway 55<br>Medina, MN 55340 | Secretary                   | none         | none                                                                      | none                                    |
| Michael T Speetzen   | 2100 Highway 55<br>Medina, MN 55340 | Director                    | none         | none                                                                      | none                                    |
| Scott W Wine         | 2100 Highway 55<br>Medina, MN 55340 | Director                    | none         | none                                                                      | none                                    |
| Robert P Mack        | 2100 Highway 55<br>Medina, MN 55340 | Director                    | none         | none                                                                      | none                                    |
| James P Williams     | 2100 Highway 55<br>Medina, MN 55340 | Director                    | none         | none                                                                      | none                                    |
| Jan Rintamaki        | 2100 Highway 55<br>Medina, MN 55340 | Director                    | none         | none                                                                      | none                                    |
| Kenneth J Pucel      | 2100 Highway 55<br>Medina, MN 55340 | Director                    | none         | none                                                                      | none                                    |

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IRS - OSC -554

DEC 17 2020

OGDEN, UTAH