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## **Return of Private Foundation**

or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0052

Note: The foundation   The foundation may be able to use a copy of this feturn to satisfy state reporting requirements.	ated e
Name of foundation  STELLA MARIS FOUNDATION  Number and street (or P.O. box number if mail is not delivered to street address)  111 N. WASHINGTON ST., P.O. BOX 23900  City or town, state, and ZIP code  GREEN BAY, WI 54305-3900  H Check type of organization: X Section 501(c)(3) exempt private foundation  Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundation  Fair market value of all assets at end of year (from Part II, col. (c), line 16)  State (Part I, column (d) must be on cash basis.)  1 Contributions, grifts, grants, etc., received  2 Check Interest on savings and temporary cash interest from securities  1 Contributions, grifts, grants, etc., received  2 Check Interest on savings and temporary  4 Dividends and interest from securities  5 a Gross rents  Name change  A Employer identification number  01-0972846  B Telephone number  920-430-7345  C revempt organizations pending, check here 920-430-7345  C revempt organizations, check here 2 Foreign organizations, check here 2 Foreign organizations pending, check here 2 Foreign organizations pending, check here 2 Foreign organizations pending, check here 3 Filt the foundation is a following the 85% technic here 4 Contributions, grifts, grants, etc., received 3 Contributions, grifts, grants, etc., received 4 Dividends and interest from securities 5 a Gross rents 4 Dividends and interest from securities 5 a Gross rents  D Not rental income or (loss)	ated e
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b Gross sales price for all assets not on line as before the control of the contr	C W W
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14 Other employee salaries and wages	
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24 Total operating and administrative	
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25 Contributions, gifts, grants paid 756.	9,000.
26 Total expenses and disbursements.	9,000. 756.
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27 Subtract line 26 from line 12:	
a Excess of revenue over expenses and disbursements  7,044.  Net investment income (if negative, enter -0-)	756.
b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	756.
023501 12-07-10 LHA For Paperwork Reduction Act Notice, see the instructions. Form 990	756.

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17 Accounts payable and accrued expenses   18 Grants payable   19 Deterred revenue   20 Learns from officers, directors, funities, and other disquishfed persons   21 Mortgages and other notes payable   22 Other liabilities (describe ▶ )   23 Total liabilities (add lines 17 through 22)   0 • 0 • 0 •   0 •   1		١.,			7 044	7 044
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31 Total liabilities and net assets/fund balances 0. 7,044.  Part III Analysis of Changes in Net Assets or Fund Balances  1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 1 0.  2 Enter amount from Part I, line 27a 2 7,044.  3 Other increases not included in line 2 (itemize) ▶ 3 0.  4 Add lines 1, 2, and 3 4 7,044.  5 Decreases not included in line 2 (itemize) ▶ 5 0.  6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 7,044.	se	28			I	
31 Total liabilities and net assets/fund balances 0. 7,044.  Part III Analysis of Changes in Net Assets or Fund Balances  1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 1 0.  2 Enter amount from Part I, line 27a 2 7,044.  3 Other increases not included in line 2 (itemize) ▶ 3 0.  4 Add lines 1, 2, and 3 4 7,044.  5 Decreases not included in line 2 (itemize) ▶ 5 0.  6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 7,044.	Ž	29	- · · · · · · · · · · · · · · · · · · ·			
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				·		
	6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, o	column (b), line 30	6	

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(a) List and descr	be the kind	ses for Tax on In I(s) of property sold (e.g. common stock, 200 shs	, real estate,	Income	ΙP	How acquired - Purchase - Donation		Date acquired mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a									
b NO	NE			<del></del>	<u> </u>			·	
<u>c</u>									
e e		<u> </u>			$\vdash$		+	· · · · · · · · · · · · · · · · · · ·	
(e) Gross sales price		preciation allowed (or allowable)		t or other basis xpense of sale	1.		(	(h) Gain or (loss e) plus (f) minus	
a									
b		T-2" T-37							
C									
d									
Complete only for assets showing	a gain in co	dump (b) and owned by	the foundation	on 12/21/60			(I) C	ning (Cal. (b) sain	
(i) F.M.V. as of 12/31/69	(j)	Adjusted basis	(k) Ex	cess of col. (ı)	-		col. (k	ains (CoL (h) gain ), but not less tha osses (from coL (	n -0-) <b>or</b>
(1)1.111.1.1.10.100	a	s of 12/31/69	over	col. (j), rf any					··· <i>n</i>
<u>a</u>									
b			<u> </u>						· · · · · · · · · · · · · · · · · · ·
C .									<del></del>
<u>d</u>			<u> </u>						
<u>e</u>		C. W	·		$\neg$				····
2 Capital gain net income or (net ca	•	If gain, also enter	- ın Part I, line		þ	2			
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8, if (loss), enter -0- in Part I, line 8			nd (6):		}	3			
Part V Qualification U	nder Se	ection 4940(e) for	Reduced	Tax on Net	t Inv	estment	Inco	me	
(For optional use by domestic private if section 4940(d)(2) applies, leave the Was the foundation liable for the sect if "Yes," the foundation does not qual	is part blar ion 4942 ta fy under se	ik. ix on the distributable an ection 4940(e). Do not co	nount of any ye	ear in the base pe	riod?	·			N/A  Yes No
1 Enter the appropriate amount in (a)	ach colum		uctions before	making any entri			-		(4)
Base period years Calendar year (or tax year beginnir	ıg ın)	(b) Adjusted qualifying dis	tributions	Net value of no	(c) oncha		sets	Dıstrı (col. (b) dı	(d) bution ratio vided by col. (c))
2009			_						
2008									
2007									
2006						<del></del>			
2005							-	<u> </u>	
2 Total of line 1, column (d)								2	
3 Average distribution ratio for the 5			on line 2 by 5.	or by the number	r of ve	ars	-		
the foundation has been in exister	-							3	
4 Enter the net value of noncharitab	le-use asse	ts for 2010 from Part X,	line 5					4	<u>.</u>
5 Multiply line 4 by line 3								5	
6 Enter 1% of net investment incom	e (1% of P	art I, line 27b)			_			6	
7 Add lines 5 and 6								7	
8 Enter qualifying distributions from	Part XII, li	ne 4				•		8	
If line 8 is equal to or greater than See the Part VI instructions.	line 7, che	ck the box in Part VI, line	t 1b, and comp	lete that part usi	ng a 1	% tax rate.			

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<u>PartiVII</u> Excise Tax Based on Investment Income (Section 494)		<del>948 -</del>	see inst	ruction	ns)
Ta Exempt operating foundations described in section 4940(d)(2), check here  and er	nter "N/A" on line 1.				
Date of ruling or determination letter: (attach copy of letter if nec	essary-see instructions)		7	20	
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	1			0.
of Part I, line 27b			*		
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	of Part I, line 12, col. (b).				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Ot	thers enter -0-)	2			0.
3 Add lines 1 and 2		3			0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Of	thers enter -0-)	4			_0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5			0.
6 Credits/Payments:		-4 S	A Second		1
a 2010 estimated tax payments and 2009 overpayment credited to 2010	6a				
<b>b</b> Exempt foreign organizations - tax withheld at source	6b			5	1
c Tax paid with application for extension of time to file (Form 8868)	6c				
d Backup withholding erroneously withheld	6d				
7 Total credits and payments. Add lines 6a through 6d		7			0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attack.	ched	8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9			0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<b>&gt;</b>	10			
11 Enter the amount of line 10 to be: Credited to 2011 estimated tax	Refunded >	11			
Partivil-Al Statements Regarding Activities			Terris	ests.	
1a During the tax year, did the foundation attempt to influence any national, state, or local legis	station or did it participate or interveni	e in		Yes	
any political campaign?			. <u>1</u> 8		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purpos		-	11	Da contracting	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	d copies of any matenals publish	ed or			
distributed by the foundation in connection with the activities.				2 3	
c Did the foundation file Form 1120-POL for this year?			10	er was	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the					
(1) On the foundation. > \$ 0 • (2) On foundation managers		<u>-</u>			
e Enter the reimbursement (if any) paid by the foundation during the year for political expendi	rure tax imposed on toundation				
managers. > \$ 0.	nca			X mag	X
2 Has the foundation engaged in any activities that have not previously been reported to the If	жэ:		2		A 2865
If "Yes," attach a detailed description of the activities.	matrument articles of meannerston				
3 Has the foundation made any changes, not previously reported to the IRS, in its governing i		UI	3		X
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year			3		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N	/A 41		<del>  ^</del>
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		. 14	5	_	X
If "Yes," attach the statement required by General Instruction T.			40		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	ither				
By language in the governing instrument, or	101012			3.0	
By state legislation that effectively amends the governing instrument so that no mandator	ry directions that conflict with the state	e law			
ramon to the accounting instrument	y anothers that commet with the state		6		X
7 Did the foundation have at least \$5,000 in assets at any time during the year?	•	•	7		<del>                                     </del>
If "Yes," complete Part II, col. (c), and Part XV.	-			(A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	
8a Enter the states to which the foundation reports or with which it is registered (see instruction	ons) ►				
IL, WI			—		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attorney General (or designate)				
of each state as required by General Instruction G? If "No," attach explanation	in annual for engineers)		81	X	-
9 Is the foundation claiming status as a private operating foundation within the meaning of se	ection 4942(i)(3) or 4942(i)(5) for cal	endar	72.5		1
year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," or			9		X
10 Did any persons become substantial contributors during the tax year? if "Yes," attach a schedu		TMT	1 1		<b>†</b>
			Form 9	90-PF	(2010)

P	int VIIFA Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► ROBERT ATWELL  Telephone no. ►920-43	0-1	400	
	Located at ▶111 N. WASHINGTON AVE., GREEN BAY, WI ZIP+4 ▶54			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			П
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
-	securities, or other financial account in a foreign country?	16		X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of	100	37.	
	the foreign country		3	
Pa	Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>		A 4000000
* ***	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	1	Yes	No
1:	a 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?	35.7		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		2.4	
	a disqualified person? Yes X No	, Y		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?			
	(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.)			
	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 page 22 of the instructions)?  N/A	15	**************************************	
	Organizations relying on a current notice regarding disaster assistance check here			144
(	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 2010?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	6200	Mark C	1.10
	defined in section 4942(j)(3) or 4942(j)(5)):			
	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			22
	before 2010? Yes X No			
	If "Yes," list the years $\blacktriangleright$			200
ı	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		
(	the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	34		
	<b>&gt;</b>			
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			4.5
	during the year? Yes X No			
I	of "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2010.)	3b	<u> </u>	
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
I	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			200 m
_	had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b		X

_		7	1		l
2	Compensation of five highest-paid employees (other than those in	_l cluded on line 1). If none	, enter "NONE."		<del></del>
	(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, othe allowances
_	NONE			,	
_					
_					
_					
_		-			
_					
			ı	1	ı

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

Information About Officers, Directors, Trustees, Foundation Manage Paid Employees, and Contractors (continued)	rs, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	•	<del></del>
	Type of service	(c) Compensation
NONE	-	
		İ
	. <del>.</del>	
Total number of others receiving over \$50,000 for professional services		▶ 0
Rartix   Summary of Direct Charitable Activities	·	<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information su	ch as the	
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	511 45 4116	Expenses
1 N/A		
2		
	-	
3		
4		
Part IX-B Summary of Program-Related Investments	I	
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	<u></u>	
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	▶	0.
		Form <b>990-PF</b> (2010)

Minimum Investment Return (All domestic foundations must complete this part. Foreign found	lations, see instructions.)
Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	
Average monthly fair market value of securities	1a 0.
Average of monthly cash balances	1b 1,004.
Fair market value of all other assets	1c
Total (add lines 1a, b, and c)	1d 1,004.
Reduction claimed for blockage or other factors reported on lines 1a and	
1c (attach detailed explanation) 1e 0.	
Acquisition indebtedness applicable to line 1 assets	2 0.
Subtract line 2 from line 1d	3 1,004.
Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4 15.
Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5 989.
Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6 24.
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.)	
Minimum investment return from Part X, line 6	1 24.
Tax on investment income for 2010 from Part VI, line 5	
Income tax for 2010. (This does not include the tax from Part VI.)	
	2c 0.
Distributable amount before adjustments. Subtract line 2c from line 1	3 24.
Recoveries of amounts treated as qualifying distributions	4 0.
Add lines 3 and 4	5 24.
Deduction from distributable amount (see instructions)	6 0.
Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7 24.
artiXIII Qualifying Distributions (see instructions)	
Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	
l <del></del>	9,756.
	1b 0.
Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2
Custohilibi toot (arias IDC approval required)	3a
	3b
Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	9,756.
Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	7 7 7,730.
Income. Enter 1% of Part I, line 27b	5 0.
Adjusted qualifying distributions. Subtract line 5 from line 4	6 9,756.
Autuateu uuantyinu viautuuuolla. Oudulatti iilik 3 ktoin liilk 4	U   J,/JU:
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qu	alifies for the section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,				
line 7			- 3	24.
2 Undistributed income, if any, as of the end of 2010			,	The state of the
a Enter amount for 2009 only			0.	
<b>b</b> Total for prior years:	ì,	0.		
3 Excess distributions carryover, if any, to 2010:	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
a From 2005	ζ.			
b From 2006	* * * * * * * * * * * * * * * * * * *			
c From 2007	The state of the s			
dFrom 2008				
e From 2009				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2010 from	* **,	Star of the State	A) 1-3	
Part XII, line 4: ►\$ 9,756.				
a Applied to 2009, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)	1.7:43	0.		
c Treated as distributions out of corpus		Jan to a first state of	14-37-13 <b>3</b> 7	
(Election required - see instructions)	0.	* 5		
d Applied to 2010 distributable amount		\$ 320 G	is it is a six	24.
e Remaining amount distributed out of corpus	9,732.	13.5 · 编档 (13)图	第五 <b>第</b> 3万年,文章(5	JANG KARANGAN
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e Subtract line 5	9,732.			
b Prior years' undistributed income. Subtract			The same of the sa	
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions	Called Street of Est.	0.		29/30 A A A A A A A A A A A A A A A A A A A
e Undistributed income for 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.		15 15 15 15 15 15 15 15 15 15 15 15 15 1	0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must be distributed in 2011				0.
7 Amounts treated as distributions out of	1,37°4 - 11 390 % 1			1 (3 (SEX))   A (20 (SEX)   1 \ 7 \ 7
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005				28 X V48 BBBBBB
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011.				## 100 m
Subtract lines 7 and 8 from line 6a	9,732.			
10 Analysis of line 9:	and go to the second to		A. D. J.	
a Excess from 2006				
<b>b</b> Excess from 2007				
c Excess from 2008				
d Excess from 2009				Spirit Barrier
e Excess from 2010 9,732.			R. J. K. KANALAN A. S.	Form <b>990-PF</b> (2010)

023581 12-07-10

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year RENE O'NEILL 4208 VANS LANE GREEN BAY, WI 54311	NONE	recipient	TO PROVIDE ASSISTANCE DUE TO FINANICAL HARDSHIP	756.
Total		<u> </u>	Ja	756
NONE				
Total				0.
023611 12-07-10			For	rm <b>990-PF</b> (2010

Part XVI-A	Analysis	of Income-	-Producing	Activitie
Part XVI-A	Analysis	of Income-	-Producing	Activitie

Enter gross amounts unless otherwise indicated.	Unrelat	ed business income		ded by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	Exctu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		COGE		TOTAL CONTROL
a		<del>                                     </del>	┡	· · · · · · · · · · · · · · · · · · ·	<del> </del>
b			┢		
<u> </u>			╁	<u> </u>	
<u> </u>			<del> </del>		
<u>-</u>			┢	··-	
g Fees and contracts from government agencies			├	<u> </u>	
2 Membership dues and assessments			<del>                                     </del>		
3 Interest on savings and temporary cash			┢		
investments	1				
4 Dividends and interest from securities	<del></del>				
5 Net rental income or (loss) from real estate:	94.4.35% c	201. 1820 - 1822 INS	1 29. C	Marie Colonia Colonia	
a Daht Saassad assault.	10 4 10 10 10 10 10 10 10 10 10 10 10 10 10		-5.345	CAN PARTY FOR COMPANY	CONTRACTOR TO SERVICE AND A PER
b Not debt-financed property					
			├		
6 Net rental income or (loss) from personal					
property			-		
7 Other investment income		<del></del>	<del>                                     </del>		<u> </u>
8 Gain or (loss) from sales of assets other	ŀ				
than inventory			-		
9 Net income or (loss) from special events	<u> </u>		-		
10 Gross profit or (loss) from sales of inventory			1-		
11 Other revenue:				İ	
a			ļ		
b					
<b>c</b>			_	<u></u>	
d			ļ		
e			- sentes		
12 Subtotal. Add columns (b), (d), and (e)	<b>海</b> 蒙如 [1]	:			0.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)	•				0.
Part XVI-B  Relationship of Activities to the No. Explain below how each activity for which incomplete the foundation's exempt purposes (other than	me is reported	in column (e) of Part XVI-A			mplishment of
		<del></del>			
			-		
		<del> </del>			<u> </u>
	<del></del>	<del></del>			
				<u> </u>	
		<del></del>	-		
				· · · · · · · · · · · · · · · · · · ·	
		<del></del>	_		
					·-·
023621 12-07-10					Form <b>990-PF</b> (2010)
					FIGUR <b>YS 16 PP (70) 111</b>

# Form 990-PF (2010) STELLA MARIS FOUNDATION 01-0972846 | Rank XVIII | Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

	he organization directly or indi					on 501(c) of		Yes	NO
	Code (other than section 501(c)				izations?		,		
a Tran	sfers from the reporting found:	ation to a noncharita	ible exempt org	ganization of:				3.5	
	Cash						1a(1	)	X
(2)	Other assets						. 1a(2	)	X
<b>b</b> Othe	r transactions;								
· · · · · · · · · · · · · · · · · · ·							1b(1	)	X
(2)	Purchases of assets from a no	ncharitable exempt (	organization .				1b(2	<u>)                                    </u>	Х
(3)	Rental of facilities, equipment,	or other assets					1b(3	0	X
(4)	Reimbursement arrangements						1b(4	)	X
(5)	Loans or loan guarantees						1b(5	5	X
	Performance of services or me						16(6	أز	X
c Shar	ing of facilities, equipment, ma	uling lists, other assi	ets, or paid emi	plovees			10		Х
	answer to any of the above is						oods, other a	ssets.	
	ervices given by the reporting for		_						
	mn (d) the value of the goods,				,				
(a)Line no				exempt organization	(d) Description	of transfers, transaction	ns. and sharing	апалоет	ents
<del>(=)====</del>	(5)	(0)/1000	N/A	- Grompt or games and	(5) 5000 (500)	0. 120.000			
			11/12	· ·					
	,,,	<del></del>			<del>-</del>				
	<del> </del>	<del> </del>			<del> </del>				
		<u> </u>			-				
	ļ								
2a Is th	e foundation directly or indirec	tly affiliated with, or	related to, one	or more tax-exempt organ	zations described				
	ction 501(c) of the Code (other						☐ Ye	s 🛛	No Z
	es," complete the following sch		,,						
	(a) Name of org			(b) Type of organization		(c) Description of rel	lationship		
	N/A			,,,,,			<u> </u>		
					<u> </u>				
						<del></del>			
					<del> </del>				
	Under penalties of perjury, I declare	e that I have examined t	this return, include	l ing accompanying schedules an	I d statements, and to the	best of my knowledge	and belief. it is	true, com	rect.
Sign	and complete Declaration of prepa		•		•	, ,			
Sign Here	Mari	13 N	_	- 1 11-4	DT	TO TENTON			
Here	Consture of officer or to	inton				RESIDENT			<del></del>
	Signature of officer or tru		Dennerale -	Date		itle	DTIM		
	Print/Type preparer's na	anne	Preparer's s	ignature 🔨 🖊	Date		PTIN		
			L	M	اء ، ؞ ؞ ۔ ا	self- employed			
Paid	DANIEL J.		DANIEL	J. YOUNG	11/08/12				
Preparer Firm's name ► SCHENCK SC Firm's EIN ►									
Use O						<u> </u>			
	Firm's address ▶ P .	O. BOX 23	3819						
	GR	EEN BAY,	WI 543	05-3819		Phone no. ( S	920)43	<u>6-</u> 78	300
							Form 99	0-PF	(2010)

023622 04-26-11

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

Department of the Treasur Internal Revenue Service

#### **Schedule of Contributors**

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

OMB No 1545-0047

2010

Name of the organization **Employer identification number** STELLA MARIS FOUNDATION 01-0972846 Organization type (check one): Filers of: Section: Form 990 or 990-EZ ا (501(c) ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, chantable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. . . .

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-FF), 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 line 2 of its Form 990-PF, to certify

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number

# STELLA MARIS FOUNDATION

01-0972846

Parall	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ROBERT ATWELL  3486 SOLITUDE RD  DEPERE, WI 54115	\$11,500.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	NICOLET NATIONAL BANK FOUNDATION  111 N. WASHINGTON STREET  GREEN BAY, WI 54301	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
023452 12-2	2.10	\$Schedule B (Form	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2010)

Page of of Employer identification number

### STELLA MARIS FOUNDATION

01-0972846

argn	Noncash Property (see instructions)		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a)	<del></del>	(c)	
No. from Part I	(b)  Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
		<u></u>	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I			
		\$	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
———			
		\$	990, 990-EZ, or 990-PF) (

(e) Transfer of gift					
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
	-				

023454 12-23-10

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10

STATEMENT 1

NAME OF CONTRIBUTOR

**ADDRESS** 

ROBERT ATWELL

3486 SOLITUDE ROAD DE PERE, WI 54115

NICOLET NATIONAL BANK FOUNDATION 111 N. WASHINGTON STREET GREEN BAY, WI 54301

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

2

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MINDY EVERARD

111 N. WASHINGTON STREET, P.O. BOX 23900 GREEN BAY, WI 54305-3900

TELEPHONE NUMBER NAME OF GRANT PROGRAM

920-430-7345

STELLA MARIS FOUNDATION'S INDIVIDUAL GRANT PROGRAM

#### FORM AND CONTENT OF APPLICATIONS

AN APPLICATION CAN BE REQUESTED FROM MINDY EVERARD AT NICOLET BANK IN GREEN BAY, WI. THE ELIGIBILITY REQUIREMENTS ARE LISTED WITH THE APPLICATION. A BRIEF PERSONAL ESSAY, INCOME VERIFICATION, AND OUTSTANDING DEBT OR BILLS ARE ALSO REQUIRED TO BE SUBMITTED WITH THE APPLICATION.

ANY SUBMISSION DEADLINES

N/A

RESTRICTIONS AND LIMITATIONS ON AWARDS

THERE IS AN INCOME ELIGIBILITY REQUIREMENT WHICH IS SET FORTH IN THE US FEDERAL GUIDELINES AT 2.5 TIMES THE FEDERAL POVERTY LEVEL.

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