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Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation OMB No 1545-0052

2010

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

| | N | | | | | 0, and ending | | , | |
|----------------------------|----------|---|---------------------------------|-----------------------|------------------------------------|---|--------------|---|----------------------------------|
| G | nec | k all that apply | Initial retur | n Init | ial Return of a former | public charity | | Fina | al return |
| | | | Amended r | eturn | Address | change | Name | change | |
| | | | | | | | Α | Employer identification nur | mber |
| | | AND MARY ELL | | KI FOUN | IDATION | | | 27-1247050 | |
| | | Point Road N | | | | | В | Telephone number (see the | instructions) |
| NOI | LII | Liberty, IA | 52317 | | | | | | |
| | | | | | | | C | If exemption application is | · |
| | O. | | - তি | 50 | 17.272 | f | ⊣ ¤ | 1 Foreign organizations, chec | |
| Н | | eck type of organization (1) | | | 1(c)(3) exempt private | | | 2 Foreign organizations meet here and attach computation | |
| | Fair | market value of all asse | | | counting method X | private foundation Cash Accrus | | If private foundation status | was terminated |
| • | | m Part II, column (c), lin | | | Other (specify) | CasiiAcciu | | under section 507(b)(1)(A) | L |
| • | \$ | 924 | ,014. | (Part I | column (d) must be | on cash basis.) | - ∤ F | If the foundation is in a 60 under section 507(b)(1)(B) | |
| Par | ŧŤ | Analysis of Re | | | | | | | |
| | | Expenses (The | total of amou | ınts ın | (a) Revenue and expenses per books | (b) Net invest | ment | (c) Adjusted net income | (d) Disbursements for charitable |
| | | columns (b), (c), sarily equal the ai | and (d) may n mounts in coli | iot neces- imn (a) | | | | | purposes |
| | | (see the instruction | | | | | | | (cash basis only) |
| | T | 1 Contributions, gifts, | - | | 1,000,000 | | | | |
| 2011 | - | | oundn is not req to | | | | | ļ | |
| 2 | | 3 Interest on sav cash investme | | porary | 439 | | 439. | 439. | |
| 60 | - | 4 Dividends and inte | | es | | | | | |
| | - | 5a Gross rents | | | | | | | |
| NN R | | Net rental income or (loss) | | | | | | <u> </u> | |
| R E V | | 6a Net gain/(loss) from b Gross sales price for | | on line 10 | | | | | |
| | - | assets on line 6a 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications . | | | | | | | |
| E N | İ | | | | | | | | |
| SCANNED | - | | | | | | | · | |
| ₩ E | | 10 a Gross sales less returns and | 1 | | - | | | | |
| Q 2 | | allowances h Less Cost of | | | | | | | |
| (A) | | goods sold | L | | | <u> </u> | | <u></u> | |
| | | c Gross profit/(loss) | | لمار | | | | ļ | |
| | | 11 Other income | (allacii scriedi | ile) | | | | | |
| | | 12 Total. Add line | s 1 through 1 | 1 | 1,000,439 | | 439. | 439. | |
| | | 13 Compensation of of | ficers, directors, tr | ustees, etc | 0 | | | | |
| | | 14 Other employee sa | laries and wages | | | | | | |
| | | 15 Pension plans | | nefits | | | | - | <u> </u> |
| | â | 16a Legal fees (attach | | , | | -\ | | | |
| | M | b Accounting fees (a | | R | ECEIVED - | | | | <u> </u> |
| o | N | c Other prof fees (at17 Interest | itacii scrij | | 0 | ₹ | | ļ | |
| O P E R A T | N I STR | 18 Taxes (attach schedule) | see instr) | § ₩ | AY 2 3 2011 C | 5 | | | |
| R A | R | 19 Depreciation (a | attach | (2) IN | U | | | | |
| - 1 | ? | sch) and deple | etion | عصدا | α | | | | |
| N G | Ě | 20 Occupancy21 Travel, conference | ances and me | | dden, yt - | | | | |
| A | E | 22 Printing and p | | (oring & wa | | <u> </u> | | · - · · · · · · · · · · · · · · · · · · | <u>-</u> |
| A N D | X | 23 Other expense | | edule) | | | | | |
| | E | | | | | | | <u> </u> | |
| | EXPERSES | 24 Total operatin expenses. Add | g and adminis | strative | | | | | |
| | ١, | 25 Contributions, gifts | | | 126, 425 | | | | 126,425. |
| | | 26 Total expense | | | | | | | |
| | | Add lines 24 a | nd 25 | | 126,425 | · | <u> </u> | 0. | 126,425. |
| | | 27 Subtract line 2 | | | | | | } | |
| | | a Excess of reve and disbursen | enue over exp nents | enses | 874,014 | . | | | |
| | | b Net investment inc | | enter -0-) | | | 439. | | |
| | \perp | C Adjusted net incon | ne (if negative, ent | er -0-) | | | | 439. | |

| Form | 990- | PF (2010) MARK AND MARY ELLEN STINSKI FOUND | | 27-124 | |
|-----------------------|------|---|-----------------------------|----------------|-----------------------|
| Par | | Balance Sheets Attached schedules and amounts in the description column should be for end-of year amounts only | Beginning of year | | f year |
| | | (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash – non-interest-bearing | 50,000. | 924,014. | 924,014. |
| | 2 | Savings and temporary cash investments | | | |
| | 3 | Accounts receivable | | | |
| | ļ | Less allowance for doubtful accounts | | | |
| | 4 | Pledges receivable | | | j |
| | _ | Less allowance for doubtful accounts | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions) | | | |
| Δ | 7 | | · · · - · · · | | |
| A S S E T | | Less allowance for doubtful accounts | | | |
| S | 8 | Inventories for sale or use | <u>-</u> | | |
| | 9 | Prepaid expenses and deferred charges | | · | |
| S | | Investments — U.S. and state government obligations (attach schedule) | | | |
| | · | nivestments — corporate stock (attach schedule) | | | |
| | | : Investments — corporate bonds (attach schedule) | | | |
| | 11 | Investments — land, buildings, and equipment, basis. | | | |
| | | Less. accumulated depreciation (attach schedule) | | | |
| | | Investments – mortgage loans. | | | |
| | 13 | Investments – other (attach schedule) | | | |
| | 14 | Land, buildings, and equipment basis | | | |
| | | Less. accumulated depreciation (attach schedule) | | | |
| | | Other assets (describe Total assets (to be completed by all filers — | | | |
| | 10 | see instructions Also, see page 1, item I) | 50,000. | 924,014. | 924,014. |
| Ļ | 17 | Accounts payable and accrued expenses | | | |
| Ä | 18 | Grants payable | | | |
| В | 19 | Deferred revenue | | | |
| Ľ | 20 | Loans from officers, directors, trustees, & other disqualified persons | | | |
| ļ | 21 | Mortgages and other notes payable (attach schedule) | | | |
| i | 22 | Other liabilities (describe | | | |
| E S | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | |
| | | Foundations that follow SFAS 117, check here | | | |
| | | and complete lines 24 through 26 and lines 30 and 31. | | I | |
| N F E U T N | 24 | Unrestricted | <u> </u> | | |
| T N | 25 | Temporarily restricted Permanently restricted | | | |
| | 26 | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. | | | |
| A B A L T A | 27 | Capital stock, trust principal, or current funds | 50,000. | 924,014. | |
| SN | 28 | Paid-in or capital surplus, or land, building, and equipment fund | | | |
| OE | 29 | Retained earnings, accumulated income, endowment, or other funds | | | |
| ŔŠ | 30 | Total net assets or fund balances (see the instructions) | 50,000. | 924,014. | |
| | 31 | Total liabilities and net assets/fund balances (see the instructions) | 50,000. | 924,014. | |
| Par | | Analysis of Changes in Net Assets or Fund Balance | | 724,014. | |
| | | | | | |
| 7 | otal | I net assets or fund balances at beginning of year – Part II, colu of-year figure reported on prior year's return) | mir (a), line 30 (must agre | e with 1 | _ 50,000. |
| 2 | | r amount from Part I, line 27a | | 2 | 874,014. |
| 3 | | increases not included in line 2 (itemize) | | 3 | |
| 4 | Add | lines 1, 2, and 3 | | 4 | 924,014. |

5 Decreases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

924,014.

5

6

| (a) List and describe | e the kind(s) of property sold (e.g , r se, or common stock, 200 shares ML | eal estate, | (b) How acq P — Purch D — Donat | ase | (C) Date acquired (month, day, year) | (d) Date sold (month, day, year) |
|--|---|---|---------------------------------------|-------|--|-------------------------------------|
| 1a N/A | | | | | | |
| b | | | | | - | |
| С | | | | | | |
| d | | | | | | |
| e | | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other bas plus expense of sal | | | (h) Gain or (e) plus (f) m | |
| a | | | | | · | |
| b | | | | | | |
| c | | | | | | |
| d | | | | _ | | |
| <u>e</u> | <u> </u> | | | | | <u> </u> |
| | ring gain in column (h) and owned by | | | • | (I) Gains (Colu ain minus column (k | |
| (i) Fair Market Value as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of column over column (j), if a | | | in -0-) or Losses (fr | |
| a | | | | | | |
| b | | | | | | |
| | | | | | | |
| d | | | | | | |
| <u>e</u> | <u> </u> | | - | | | |
| 2 Capital gain net income or (ne | If (loss), en | enter in Part I, line 7 er -0- in Part I, line 7 | · | 2 | | |
| 3 Net short-term capital gain or i | (loss) as defined in sections 1222(5) | and (6) | | | | |
| If gain, also enter in Part I, line in Part I, line | e 8, column (c) (see the instructions) | . If (loss), enter -0- | . | 3 | | |
| Part V Qualification Unde | | | | | | |
| (For optional use by domestic private | e foundations subject to the section 4 | 1940(a) tax on net investme | ent income |) | N/A | |
| If section 4940(d)(2) applies, leave t | his nart hlank | | | | | |
| | · | | | | | _ |
| Was the foundation liable for the sec | | | se period? | | ∐ Yes | ∐ No |
| If 'Yes,' the foundation does not qua | | | | | | |
| | in each column for each year, see th | | g any entri | es | | |
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | Net value of noncharitable-use as: | sets | (colu | (d) Distribution umn (b) divided | ratio by column (c)) |
| 2009 | | | | | | |
| 2008 | | | | | | |
| 2007 | | | | | | |
| 2006 | <u> </u> | | | | · | |
| 2005 | | | | | | |
| 2 Total of line 1, column (d) | | | | 2 | | |
| 3 Average distribution ratio for the | ne 5-year base period — divide the to n has been in existence if less than 5 | ital on line 2 by 5, or by the | | 3 | | |
| • | | | } | | | |
| 4 Enter the net value of nonchar | itable-use assets for 2010 from Part | X, line 5 | } | _4_ | | |
| 5 Multiply line 4 by line 3 | | | - | _5_ | | |
| 6 Enter 1% of net investment inc | come (1% of Part I, line 27b) | | | 6 | <u> </u> | |
| 7 Add lines 5 and 6 | | | ļ | 7 | | |
| 8 Enter qualifying distributions fr | rom Part XII, line 4 | | | 8 | | |
| If line 8 is equal to or greater t Part VI instructions. | than line 7, check the box in Part VI, | line 1b, and complete that | part using | a 1% | tax rate. See ti | ne |

| | 990-PF (2010) MARK AND MARY ELLEN STINSKI FOUNDATION 27-1247050 | | F | age 4 |
|-----|---|--------------|------|----------------|
| Par | t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see the instruc | tions) | | |
| Ìа | Exempt operating foundations described in section 4940(d)(2), check here | | | |
| | Date of ruling or determination letter: (attach copy of letter if necessary — see instr.) | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, | | | 9. |
| | check here ☐ and enter 1% of Part I, line 27b | | | 1 |
| С | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b) | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable | | | |
| | foundations only Others enter -0-). | | | 0. |
| 3 | Add lines 1 and 2 | | | <u>9.</u> |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | | <u>9.</u> |
| 6 | Credits/Payments: | | | |
| | 2010 estimated tax pmts and 2009 overpayment credited to 2010 | | | |
| | Exempt foreign organizations – tax withheld at source | | | } |
| | Tax paid with application for extension of time to file (Form 8868) | | | |
| | Backup withholding erroneously withheld This is a second of the second | | | |
| _ | Total credits and payments Add lines 6a through 6d | | | <u>0.</u> |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | <u>9.</u> |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | | |
| 11 | Enter the amount of line 10 to be: Credited to 2011 estimated tax | | | |
| | t VII-A Statements Regarding Activities | rr | Yes | No |
| 1 a | 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? | 1a | 165 | X |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? | 1 b | _ | X |
| | If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities | | | |
| c | Did the foundation file Form 1120-POL for this year? | 1c | | X |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | | |
| | (1) On the foundation $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$ | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers • \$ 0. | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | | X |
| 2 | If 'Yes,' attach a detailed description of the activities | - | | <u> </u> |
| 9 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles | <u> </u> | | |
| 3 | of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes | 3 | | Х |
| 4 a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | | X |
| ь | olf 'Yes,' has it filed a tax return on Form 990-T for this year? | 4b | N | /A |
| | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | X |
| | If 'Yes,' attach the statement required by General Instruction T | | |] |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | | | |
| | ● By language in the governing instrument, or | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? | 6 | X | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV | 7 | X | |
| - | Enter the states to which the foundation reports or with which it is registered (see the instructions) | | | $\vdash \lnot$ |
| | IA | | | |
| 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> ? <i>If 'No,' attach explanation</i> . | 8b | X | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part XIV | 9 | | X_ |
| 10 | Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses | 10 | | x |
| BAA | | rm 99 | 0-PF | (2010) |

TEEA0304L 02/16/11

| | 1990-PF (2010) MARK AND MARY ELLEN STINSKI FOUNDATION | <u> 27-1247</u> | 050 | F | age 5 |
|------------|--|--------------------|-----------------|-----|--------------|
| Par | t VII-A Statements Regarding Activities (Continued) | | | | |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions) | | 11 | | х |
| 12 | Did the foundation 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 Website address . • N/A | application? | 13 | X | |
| 14 | The books are in care of ► Mark and Mary Ellen Stinski Telephone | | | | |
| | Located at ► 3590 Point Road NE North Liberty IA ZIP + 4 ► | 52317 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here | | \bar{N}/A | | T |
| | and enter the amount of tax-exempt interest received or accrued during the year . | ▶ 15 | | | N/A |
| 16 | At any time during calendar year 2010, did the foundation have an interest in or a signature or other aubank, securities, or other financial account in a foreign country? | ithority over a | 16 | Yes | No X |
| _ | See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If 'Yes,' enter the na foreign country ▶ | me of the | | | |
| Parl | t 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. | | <u> </u> | 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? | Yes X No | • | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | Yes X No | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | Yes X No | , | |) |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | Yes X No |) | | į |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? | Yes X No | , | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) | Yes XN | , | | |
| b | o 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 the instructio | ns) [?] | 1b | N | /A |
| | Organizations relying on a current notice regarding disaster assistance check here | ▶ 🗌 | | | |
| 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 2010? | | 1 <u>c</u> | | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | | | |
| а | At the end of tax year 2010, did the foundation have any undistributed income (lines 6d | Yes X No | | | |
| | and 6e, Part XIII) for tax year(s) beginning before 2010 ⁵ If 'Yes,' list the years ► 20, 20, 20 | les Viu | ' | | |
| | | | | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a all years listed, answer 'No' and attach statement — see the instructions) | (a)(2) a)(2) to | 2b | N | /A |
| | of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years h | ere | \ <u></u> | | |
| | ► 20, 20, 20 | | | | |
| 3 <i>a</i> | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? | Yes X N | 0 | ! | |
| Ł | o If '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 | ı | | | |
| | (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.) | | 36 | | /A |
| 4 a | Did the foundation invest during the year any amount in a manner that would jeopardize its | | | | |
| | charitable purposes? | | 4 a | | X |
| t | 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 triangle of the first day of the f | | | | |
| BAA | the tax year beginning in 2010? | | Form 9 9 | | |
| _~~ | | | | | () |

| Port VII P Ctotomonto Poneudino Activit | | | | 4 / 050 | | Page 6 |
|--|--|---|--|--------------|---------------------|-------------|
| Part VII-B Statements Regarding Activit | | n 4/20 May Be Req | uired (continuea) | | | |
| '5a During the year did the foundation pay or inci (1) Carry on propaganda, or otherwise attem | • | on (section 4945(e))? | Yes X | No | | |
| (2) Influence the outcome of any specific put | olic election (see section | | | | | |
| on, directly or indirectly, any voter registr (3) Provide a grant to an individual for travel | ation drive? | | Yes X | No No | | |
| (4) Provide a grant to an organization other t | - | | Lies W | 140 | | |
| in section 509(a)(1), (2), or (3), or section | n 4940(d)(2)? (see instr | uctions) | Yes X |] No | | |
| (5) Provide for any purpose other than religion educational purposes, or for the prevention | on of cruelty to children | or animals? | |] No | | |
| b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or ii (see instructions)? | the transactions fail to a current notice regar | qualify under the excep ding disaster assistance | tions | | b N | I/A |
| Organizations relying on a current notice rega | arding disaster assistan | ce check here | ▶ [|] | ļ | |
| c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon | isibility for the grant? | | N/A Yes |] No | | |
| If 'Yes,' attach the statement required by Reg | iulations section 53 494 | 5-5(d) | | | | |
| 6a Did the foundation, during the year, receive a on a personal benefit contract? | • | | . Yes X | No | | |
| b Did the foundation, during the year, pay prem If 'Yes' to 6b, file Form 8870. | nums, directly or indirec | ctly, on a personal bene | fit contract? | -6 | 5b | X |
| 7a At any time during the tax year, was the foun | | | | No | | ļ |
| b If yes, did the foundation receive any proceed | | | | | /b | |
| Part VIII Information About Officers, D and Contractors | irectors, Trustees, | Foundation Manaç | gers, Highly Paid i | -mproye | :es, | |
| 1 List all officers, directors, trustees, foundation | | | | T | | |
| (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) Expe | ense acc allowan | |
| Mark Stinski | President | 0. | 0. | | | 0 |
| 3590 Point Road NE |] 1.00 | | | | | |
| North Liberty, IA 52317 | | | | | | |
| _Mary Ellen Stinski | Treasurer | 0. | 0. | | | 0 |
| 3590 Point Road NE | 1.00 | | | | | |
| North Liberty, IA 52317 | - | | | | | |
| | - | | | | | |
| 2 Compensation of five highest-paid employe | es (other than those in | cluded on line 1— see ir | nstructions). If none, e | nter 'NON | E.' | |
| (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) Expe | ense acc allowan | |
| None | - | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | <u> </u> | | | | |
| Total number of other employees paid over \$50,00 BAA | Q TEEA0306L | 07/23/10 | | | 990-PF | (2010) |

| Form 990-PF (2010) MARK AND MARY ELLEN STINSKI FOUNDATION 27-124 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E 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 | (c) compensation |
| | |
| | |
| | |
| | |
| Total number of others receiving over \$50,000 for professional services | 0 |
| 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 <u>N/A</u> | |
| 2 | |
| All other program-related investments See instructions 3 | |
| Total Add lines 1 through 3 | 0. |
| Total. Add lines 1 through 3 BAA | Form 990-PF (2010) |

TEEA0307L 02/16/11

Form **990-PF** (2010)

| . · · Form 990-PF (2010) MARK AND MARY ELLEN STINSKI FOUNDATION | 27-1247050 |) Page 8 |
|---|------------|----------|
| Part Minimum Investment Return (All domestic foundations must complete this part, see instructions.) | | |
| 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes a Average monthly fair market value of securities. | 1 a | |
| b Average of monthly cash balances . | 1 b | 122,835. |
| c Fair market value of all other assets (see instructions) | 1 c | |
| d Total (add lines 1a, b, and c) | 1 d | 122,835. |
| e Reduction claimed for blockage or other factors reported on lines 1a and 1c | | |
| (attach detailed explanation) | 0. | |
| 2 Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 Subtract line 2 from line 1d . | _3 | 122,835. |
| 4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | 1,843. |
| 5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 120,992. |
| 6 Minimum investment return. Enter 5% of line 5 | 6 | 6,050. |
| Pārt×XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operand certain foreign organizations check here ► and do not complete this | | dations |
| 1 Minimum investment return from Part X, line 6 . | 1 | 6,050. |
| 2a Tax on investment income for 2010 from Part VI, line 5 | 9. | |
| b Income tax for 2010 (This does not include the tax from Part VI) | | |
| c Add lines 2a and 2b | 2 c | <u> </u> |
| 3 Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 6,041. |
| 4 Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 Add lines 3 and 4 | 5 | 6,041. |
| 6 Deduction from distributable amount (see instructions) | . 6 | |
| 7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 | 7 | 6,041. |
| Part XIII Qualifying Distributions (see instructions) | | |
| 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes a Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26 | 1 a | 126,425. |
| b Program-related investments — total from Part IX-B | 1 b | |
| 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes. | 2 | |
| 3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) | 3 a | |
| b Cash distribution test (attach the required schedule) | 3 b | |
| 4 Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 126,425. |

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

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)

6 Adjusted qualifying distributions. Subtract line 5 from line 4

BAA Form 990-PF (2010)

5

6

126,425

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 | | | | 6,041. |
| 2 Undistributed income, if any, as of the end of 2010: | | | | 0,041. |
| a Enter amount for 2009 only | | | 410. | |
| b Total for prior years 20, 20, 20 | | 0. | | |
| 3 Excess distributions carryover, if any, to 2010. | | | | |
| a From 2005 | | | | |
| b From 2006 | | | | |
| c From 2007 | | | | |
| d From 2008 | | | | |
| e From 2009 | | | | ! |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2010 from Part | | | | |
| XII, line 4 \$ 126, 425. | | | 410. | |
| a Applied to 2009, but not more than line 2a | _ | | 410. | |
| b Applied to undistributed income of prior years (Election required — see instructions) | | 0. | | |
| c Treated as distributions out of corpus (Election required – see instructions) | 0. | | | |
| d Applied to 2010 distributable amount | | | | 6,041. |
| e Remaining amount distributed out of corpus | 119,974. | | | |
| 5 Excess distributions carryover applied to 2010 | 0. | | | 0. |
| (If an amount appears in column (d), the | | | | - |
| same amount must be shown in column (a)) | | | | |
| 6 Enter the net total of each column as | | | | ; |
| indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | _119,974. | | | |
| b Prior years' undistributed income Subtract line 4b from line 2b | _ | 0. | | |
| c Enter the amount of prior years' undistribut- | | | | |
| ed 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 | | 0.1 | | · |
| e Undistributed income for 2009 Subtract line 4a from | | | | |
| line 2a Taxable amount — see instructions | | <u></u> - | 0. | |
| f Hadistributed income for 2010. Subtract lines | | | | |
| 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 | | | | |
| corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) | | | | |
| (see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions) | 0. | | | |
| 9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a | 119,974. | | | |
| 10 Analysis of line 9 | • | | | |
| a Excess from 2006 | | | | |
| b Excess from 2007 | | | : | |
| c Excess from 2008 | | | | |
| d Excess from 2009 | | | | |
| e Excess from 2010 119, 974. | <u> </u> | | | |

| Part XIV Private Operating Foundation | | | VII.A guestion 9 | 27-1247050 | N/A |
|---|-----------------------|--|---|-------------------------|-------------------|
| 1a If the foundation has received a ruling or one is effective for 2010, enter the date of the | determination letter | | | | N/ A |
| b Check box to indicate whether the foundate | ion is a private ope | rating foundation o | described in section | 4942(j)(3) or | 4942(j)(5) |
| 2a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| income from Part I or the minimum investment return from Part X for each year listed | (a) 2010 | (b) 2009 | (c) 2008 | (d) 2007 | (e) Total |
| b 85% of line 2a | | - | | | <u></u> |
| c Qualifying distributions from Part XII, line 4 for each year listed | | | | | |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | ··· | | | | |
| Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c | | | | | |
| 3 Complete 3a, b, or c for the alternative test relied upon: | | <u>!</u> | | | |
| a 'Assets' alternative test — enter | | | | | |
| (1) Value of all assets | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | · | | | | |
| b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | |
| c 'Support' alternative test — enter | | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | |
| • | | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from an exempt organization | | | | | |
| (4) Gross investment income | (C -1 - 4 4 - | | overniestien be | d \$5 000 or mor | |
| Part XV Supplementary Information assets at any time during the | e year — see in: | structions.) | organization na | a \$5,000 or mor | e III |
| 1 Information Regarding Foundation Mana a List any managers of the foundation who close of any tax year (but only if they have See Statement 2 | have contributed mo | ore than 2% of the than \$5,000) (See | total contributions research 507(d)(2)) | eceived by the found | lation before the |
| b List any managers of the foundation who a partnership or other entity) of which the | own 10% or more o | f the stock of a cor | rporation (or an equa | ally large portion of t | he ownership of |
| None | Touridation has a fi | 5% of greater linter | CSI | | |
| 2 Information Regarding Contribution, Gra | nt, Gift, Loan. Scho | larship, etc. Progr | ams: | | |
| Check here X If the foundation only requests for funds If the foundation make complete items 2a, b, c, and d | nakes contributions | to preselected cha | arıtable organizations | | |
| a The name, address, and telephone number | er of the person to v | vhom applications | should be addressed | 1 | |
| | | | | | |
| b The form in which applications should be | submitted and infor | mation and materia | als they should inclu | de | |
| c Any submission deadlines: | | | | | |
| | | | | | |
| d Any restrictions or limitations on awards, | such as by geograp | hical areas, charita | able fields, kinds of i | nstitutions, or other | factors |
| | | | | | |

Form 990-PF (2010) MARK AND MARY ELLEN STINSKI FOUNDATION 27-1247050 Page 11 Part XV | Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation Recipient Purpose of grant or contribution status of Amount recipient Name and address (home or business) a Paid during the year За **b** Approved for future payment 3b Total

| Part XVI-A | Analysis of | Income-Producing | Activities |
|------------|-------------|------------------|-------------------|
| | | | |

| Fite | r gross amounts unless otherwise indicated. | Unrelated | business income | Evaluded by | section 512, 513, or 514 | |
|--------------------------|--|-------------------------|-----------------|--------------------------|--------------------------|--|
| | Program service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | (e) Related or exempt function income (see the instructions) |
| а | l | | | | | |
| b |) | | | | | |
| C | | | | | | |
| d | | | | | | |
| e | · | | | | <u> </u> | |
| f | | | | | | |
| g | Fees and contracts from government agencies | | | | | |
| 2 | Membership dues and assessments | | | <u> </u> | | |
| 3 | Interest on savings and temporary cash investments | | | 14 | 439. | |
| 4 | Dividends and interest from securities | ļ | | | | |
| 5 | Net rental income or (loss) from real estate | | | | | |
| а | Debt-financed property | | | | | |
| ь | Not debt-financed property | <u> </u> | | | | , |
| 6 | Net rental income or (loss) from personal property | | | <u> </u> | | |
| 7 | Other investment income | <u> </u> | | | | |
| 8 | Gain or (loss) from sales of assets other than inventory | | | | | |
| 9 | Net income or (loss) from special events. | | | | | |
| 10 | Gross profit or (loss) from sales of inventory | | | | | |
| 11 | Other revenue. | | | | | |
| а | l | | | | | |
| b | | | | | | |
| c | ; <u></u> | | | | | |
| d | | | | ↓ | | |
| е | | | | | | |
| 12 | Subtotal. Add columns (b), (d), and (e) | | | | 439. | |
| | | | | | | |
| | Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 439. |
| 13 | Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated | tions) | | | 13 | 439. |
| 13 (See | worksheet in line 13 instructions to verify calculate | | hment of Exemp | ot Purpose | | 439. |
| 13 (See | worksheet in line 13 instructions to verify calculated XVI-B Relationship of Activities to the | e Accomplis | | | es . | |
| 13 (See Par | worksheet in line 13 instructions to verify calculated XVI-B Relationship of Activities to the | e Accomplis | | | es . | |
| 13 (See Par Lin | t XVI-B Relationship of Activities to the Relationship of Activities to the Relationship of Activities to the Relationship of Activity for which accomplishment of the foundation's exemption. | e Accomplis | | | es . | |
| 13 (See Par Lin | worksheet in line 13 instructions to verify calculated XVI-B Relationship of Activities to the | e Accomplis | | | es | |
| 13 (See Par Lin | t XVI-B Relationship of Activities to the Relationship of Activities to the Relationship of Activities to the Relationship of Activity for which accomplishment of the foundation's exemption. | e Accomplis | | | es | |
| 13 (See Par Lin | t XVI-B Relationship of Activities to the Relationship of Activities to the Relationship of Activities to the Relationship of Activity for which accomplishment of the foundation's exemption. | e Accomplis | | | es | |
| 13 (See Par Lin | t XVI-B Relationship of Activities to the Relationship of Activities to the Relationship of Activities to the Relationship of Activity for which accomplishment of the foundation's exemption. | e Accomplis | | | es | |
| 13 (See Par Lin | t XVI-B Relationship of Activities to the Relationship of Activities to the Relationship of Activities to the Relationship of Activity for which accomplishment of the foundation's exemption. | e Accomplis | | | es | |
| 13 (See Par Lin | t XVI-B Relationship of Activities to the Relationship of Activities to the Relationship of Activities to the Relationship of Activity for which accomplishment of the foundation's exemption. | e Accomplis | | | es | |
| 13 (See Par Lin | t XVI-B Relationship of Activities to the Relationship of Activities to the Relationship of Activities to the Relationship of Activity for which accomplishment of the foundation's exemption. | e Accomplis | | | es | |
| 13 (See Par Lin | t XVI-B Relationship of Activities to the Relationship of Activities to the Relationship of Activities to the Relationship of Activity for which accomplishment of the foundation's exemption. | e Accomplis | | | es | |
| 13 (See Par Lin | t XVI-B Relationship of Activities to the Relationship of Activities to the Relationship of Activities to the Relationship of Activity for which accomplishment of the foundation's exemption. | e Accomplis | | | es | |
| 13 (See Par Lin | t XVI-B Relationship of Activities to the Relationship of Activities to the Relationship of Activities to the Relationship of Activity for which accomplishment of the foundation's exemption. | e Accomplis | | | es | |
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| 13 (See Par Lin | t XVI-B Relationship of Activities to the Relationship of Activities to the Relationship of Activities to the Relationship of Activity for which accomplishment of the foundation's exemption. | e Accomplis | | | es . | |
| 13 (See Par Lin | t XVI-B Relationship of Activities to the Relationship of Activities to the Relationship of Activities to the Relationship of Activity for which accomplishment of the foundation's exemption. | e Accomplis | | | es . | |
| 13 (See Par Lin | t XVI-B Relationship of Activities to the Relationship of Activities to the Relationship of Activities to the Relationship of Activity for which accomplishment of the foundation's exemption. | e Accomplis | | | es . | |
| 13 (See Par Lin | t XVI-B Relationship of Activities to the Relationship of Activities to the Relationship of Activities to the Relationship of Activity for which accomplishment of the foundation's exemption. | e Accomplis | | | es . | |
| 13 (See Par Lin | t XVI-B Relationship of Activities to the Relationship of Activities to the Relationship of Activities to the Relationship of Activity for which accomplishment of the foundation's exemption. | e Accomplis | | | es . | |
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| 13 (See Par Lin | t XVI-B Relationship of Activities to the Relationship of Activities to the Relationship of Activities to the Relationship of Activity for which accomplishment of the foundation's exemption. | e Accomplis | | | es . | |
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| 13 (See Par Lin | t XVI-B Relationship of Activities to the Relationship of Activities to the Relationship of Activities to the Relationship of Activity for which accomplishment of the foundation's exemption. | e Accomplis | | | es . | |
| 13 (See Par Lin | t XVI-B Relationship of Activities to the Relationship of Activities to the Relationship of Activities to the Relationship of Activity for which accomplishment of the foundation's exemption. | e Accomplis | | | es . | |
| 13 (See Par Lin | t XVI-B Relationship of Activities to the Relationship of Activities to the Relationship of Activities to the Relationship of Activity for which accomplishment of the foundation's exemption. | e Accomplis | | | es . | |

Form 990-PF (2010) MARK AND MARY ELLEN STINSKI FOUNDATION 27-1247050

Part-XVII | Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

| | | | | | | 治論整 Yes No |
|--------------------|--------------------------------|---------------------|---|--------------------|--|-------------------------|
| 1 Did the describe | organization directly | or indirectly e | ngage in any of the following | with any o | ther organization | 724 31 |
| relating | to political organizat | tions? | her than section 501(c)(3) or | ,unineations |) or 117 decition 527, | |
| a Transfer | s from the reporting | foundation to | a noncharitable exempt orga | nization of | : | |
| (1) Casi | h | | | | | 1a(1) X |
| (2) Othe | er assets | | | | | 1a (2) X |
| b Other tra | ansactions: | | | | | 建筑 |
| (1) Sale | s of assets to a non | charitable exe | mpt organization | | • | |
| | | | , - | | | 1 b (2) X |
| | | | , , | | | 1 b (3) X |
| | | = | , , | | | 1 b (4) X |
| | | | | | | 16 (5) X |
| | • | | p or fundraising solicitations. | | | 1b (6) X |
| , , | | | • | | | |
| Containing | or racinties, equipm | ent, mailing ns | is, other assets, or paid emp | oyees | | I IC I I |
| d If the an | swer to any of the a | bove is 'Yes.' | complete the following schedu | ule. Colum | n (b) should always show the fair r | narket value of |
| the good | ls, other assets, or s | services given | by the reporting foundation. I | the found | n (b) should always show the fair r lation received less than fair marke s, other assets, or services receive | t value in |
| | | | | | | |
| (a) Line no. | (b) Amount involved | (c) Name o | f noncharitable exempt organization | (<u>o</u>) | Description of transfers, transactions, and | snaring arrangements_ |
| N/A | | ļ ———— | | | | |
| | | ļ | | | | |
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| | | - | | | | |
| | | | | | | |
| 2a is the for | undation directly or | indirectly affilia | ated with, or related to, one o | r more tax | -exempt organizations | Yes XNo |
| | | | ner than section 501(c)(5)) or | in section | 152/ ? | Lies VIVO |
| | complete the follows | | 45.7 | | [| t a section |
| | Name of organizati | on | (b) Type of organizati | on | (c) Description of rela | itionship |
| N/A | | | | | ļ | |
| | _ | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | <u> </u> | |
| Under po | enalties of perjury, I declare | e that I have exami | ned this return, including accompanying | schedules an | nd statements, and to the best of my knowledge of which preparer has any knowledge. | and belief, it is true, |
| - 1 | and complete, carcaration | or present and | Tan Jaxpayer of Huddlady) is based on a | ili ililoitiigioji | - | |
| Sign / | Mar | RAX | Les Marie | 15 | -12-// Neresident | |
| lere | 0000 | | man. | $\gamma \succeq$ | | |
| Sign | nature of officer or trustee | <u> </u> | 104 | Date | Tools Tools | DTIN |
| | Print/Type preparer's nam | | Preparers signature | .+ | Date // Check if If | PTIN |
| Paid | | ourtney | | czney | 5 40 self-employed | N/A |
| Preparer | | radley & | | | Firm's EIN ► N/A | |
| Jse Only | Firm's address | 007 First | | | | |
| | C C | edar Rapi | ds, IA 52406-2804 | | Phone no. (319 |) 363-0101 |
| BAA | | | | | | Form 990-PF (2010) |
| | | | | | | . \+/ |

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

Department of the Treasury 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 | | | |
|--|--|--|--|--|--|
| MARK AND MARY ELLEN STINS | SKI FOUNDATION | 27-1247050 | | | |
| Organization type (check one) | | | | | |
| Filers of: | Section: | | | | |
| Form 990 or 990-EZ | 501(c)() (enter number) orga | | | | |
| | | rust not treated as a private foundation | | | |
| | 527 political organization | | | | |
| Form 990-PF | X 501(c)(3) exempt private foundation | n | | | |
| | 4947(a)(1) nonexempt charitable tr | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | |
| | 501(c)(3) taxable private foundation | n | | | |
| Check if your organization is covered by | the General Rule or a Special Rule | General Rule and a Special Rule See instructions. | | | |
| Note: Only a section 301(c)(7), (6), or (| To organization can check boxes for both the c | deficial Note and a opecial Note occ instructions. | | | |
| General Rule | | | | | |
| X For an organization filing Form 990, contributor. (Complete Parts I and II | 990-EZ, or 990-PF that received, during the year) | ear, \$5,000 or more (in money or property) from any one | | | |
| Special Rules | | | | | |
| $509(a)(1)$ and $170(b)(1)(A)(y_1)$ and y_2 | filing Form 990 or 990-EZ, that met the 33-1/3 received from any one contributor, during the yillow, Part VIII, line 1h or (ii) Form 990-EZ, line 1 | % support test of the regulations under sections ear, a contribution of the greater of (1) \$5,000 or Complete Parts I and II | | | |
| aggregate contributions of more that | organization filing Form 990 or 990-EZ, that red n \$1,000 for use <i>exclusively</i> for religious, charit or animals Complete Parts I, II, and III | ceived from any one contributor, during the year, table, scientific, literary, or educational purposes, or | | | |
| contributions for use <i>exclusively</i> for | religious, charitable, etc, purposes, but these c e total contributions that were received during t | ceived from any one contributor, during the year, contributions did not aggregate to more than \$1,000 the year for an exclusively religious, charitable, etc, organization because it received nonexclusively | | | |
| religious, charitable, etc, contributio | ns of \$5,000 or more during the year | ▶ \$ | | | |
| 990-PF) but it must answer 'No' on Pari | vered by the General Rule and/or the Special Ri t IV, line 2 of their Form 990, or check the box the filing requirements of Schedule B (Form 99 | ules does not file Schedule B (Form 990, 990-EZ, or on line H of its Form 990-EZ, or on line 2 of its Form 10, 990-EZ, or 990-PF). | | | |
| BAA For Paperwork Reduction Act No 990EZ, or 990-PF. | otice, see the Instructions for Form 990, | Schedule B (Form 990, 990-EZ, or 990-PF) (2010) | | | |

| Schedule Name of org | B (Form 990, 990-EZ, or 990-PF) (2010) | | of 1 of Part I |
|-------------------------|--|-----------------------------------|---|
| _ | AND MARY ELLEN STINSKI FOUNDATION | | 247050 |
| Part 14 | Contributors (see instructions) | | |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 1 | Mark Stinski | | Person X Payroll |
| | 3590 Point Road NE | \$500,000. | Noncash |
| | North Liberty, IA 52317 | | (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 2 | Mary Ellen Stinski | | Person X Payroll |
| | 3590 Point Road NE | \$500,000. | |
| | North Liberty, IA 52317 | | is a noncash contribution) |
| (a) Number | (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) Number | (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) Number | (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) Number | (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.) |

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

Page

of 1

of Part II

MARK AND MARY ELLEN STINSKI FOUNDATION

Employer identification number 27-1247050

Partil Noncash Property (see instructions)

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|--|--|---|
| | N/A | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| | | | · - · · · · · · · · · · · · · · · · · · |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | | |
| | | \$\$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | | |
| | | \$ | |

Employer identification number

of Part III

Name of organization

MARK AND MARY ELLEN STINSKI FOUNDATION

27-1247050

| Păřtilli: | Exclusively religious, charitable, e organizations aggregating more the | tc, individual contribution \$1.000 for the year.Co | ns to section | 501(c)(7), (8), or (10) | ag line entry |
|---------------------------|--|---|--|-------------------------------|---------------|
| | For organizations completing Part III, enter contributions of \$1,000 or less for the year | total of exclusively religious, ch | naritable, etc. | ► \$ | N/A |
| (a) No. from Part I | (b) Purpose of gift N/A | (b) (c) Purpose of gift Use of gift | | (d) Description of how gif | |
| | Transferee's name, addres | (e) Transfer of gift s, and ZIP + 4 | Relation | ship of transferor to tran | sferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gif | t is held |
| | (e) Transfer of gift Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gif | t is held |
| | (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | | | sferee |
| (a) No. from Part I | (b) (c) Purpose of gift Use of gift | | | (d) Description of how gif | t is held |
| | | (e) Transfer of gift | | | |
| | Transferee's name, addres | | Relation | ship of transferor to tran | sferee |

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Page 1

MARK AND MARY ELLEN STINSKI FOUNDATION

27-1247050

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| Statement 1 | |
|---------------------------|--------|
| Form 990-PF, Part I, Line | 25 |
| Contributions, Gifts, and | Grants |

Cash Grants and Allocations

Class of Activity: Donee's Name: Donee's Address:

Relationship of Donee: Organizational Status of Donee: NOT FOR PROFIT

Amount Given:

Class of Activity: Donee's Name: Donee's Address:

Relationship of Donee: Organizational Status of Donee: NOT FOR PROFIT

Amount Given:

Class of Activity: Donee's Name: Donee's Address:

Relationship of Donee: Organizational Status of Donee:

Amount Given:

Class of Activity:

Donee's Name: Donee's Address:

Relationship of Donee:

Organizational Status of Donee: Amount Given:

Class of Activity: Donee's Name:

Donee's Address:

Relationship of Donee:

Organizational Status of Donee: NOT FOR PROFIT Amount Given:

Class of Activity:

Donee's Name: Donee's Address:

Relationship of Donee: Organizational Status of Donee: NOT FOR PROFIT

Amount Given:

Donee's Name:

Donee's Address:

Class of Activity:

Relationship of Donee: Organizational Status of Donee: NOT FOR PROFIT Amount Given:

GENERAL PURPOSES

AAAS 1200 NEW YORK AVENUE NW WASHINGTON, DC 20005

NA

GENERAL PURPOSES ARTS A LA CARTE 700 S DUBUQUE STREET IOWA CITY, IA 52240

NA

GENERAL PURPOSES

BIRTHRIGHT 310 EAST BURLINGTON STREET, STE. 1

IOWA CITY, IA 52240

NA

NOT FOR PROFIT

GENERAL PURPOSES

CATHOLIC RELIEF SERVICES PO BOX 17090

BALTIMORE, MD 21203

NA

NOT FOR PROFIT

GENERAL PURPOSES CENTER FOR VICTIMS

5916 PENN AVENUE PITTSBURGH, PA 15206

NA

GENERAL PURPOSES

CARTER CENTER 453 FREEDOM PARKWAY ATLANTA, GA 30307

GENERAL PURPOSES CHOICES MEDICAL 29-28 41ST AVENUE

LONG ISLAND CITY, NY 11110

1,000.

Federal Statements

Page 2

MARK AND MARY ELLEN STINSKI FOUNDATION

27-1247050

2,000.

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Statement 1 (continued) Form 990-PF, Part I, Line 25 **Contributions, Gifts, and Grants**

Class of Activity:

Donee's Name:

Donee's Address:

Relationship of Donee: Organizational Status of Donee:

Amount Given:

Class of Activity: Donee's Name: Donee's Address:

Relationship of Donee: Organizational Status of Donee:

Amount Given:

Class of Activity: Donee's Name: Donee's Address:

Relationship of Donee:

Organizational Status of Donee: NOT FOR PROFIT Amount Given:

Class of Activity: Donee's Name: Donee's Address:

Relationship of Donee:

Organizational Status of Donee:

Amount Given:

Class of Activity:

Donee's Name: Donee's Address:

Relationship of Donee: Organizational Status of Donee:

Amount Given:

Class of Activity:

Donee's Name: Donee's Address:

Relationship of Donee:

Organizational Status of Donee: Amount Given:

Class of Activity: Donee's Name:

Donee's Address:

Relationship of Donee: Organizational Status of Donee: NOT FOR PROFIT

Amount Given:

GENERAL PURPOSES COMM FOOD ARIZONA

3003 S COUNTRY CLUB ROAD

TUCSON, AZ 85713

NA

NOT FOR PROFIT

GENERAL PURPOSES

COMMON CAUSE 1133 - 19TH ST NW, 9TH FL

WASHINGTON, DC 20036

NA

NOT FOR PROFIT

GENERAL PURPOSES DOCTORS WITHOUT BORDERS 3330-7TH AVENUE, 2ND FL

NEW YORK, NY 10001

NA

GENERAL PURPOSES

DRCCM 229 N PINE STREET LANSING, MI 48933

NA

NOT FOR PROFIT

GENERAL PURPOSES FEEDING AMERICA 35 EAST WACKER DR, STE 2000

CHICAGO, IL 60601

NOT FOR PROFIT

GENERAL PURPOSES FINCA INTERNATIONAL 1101-14TH STREET NW WASHINGTON, DC 20005

NOT FOR PROFIT

GENERAL PURPOSES GUEST HOUSE 1601 JOSLYN ROAD LAKE ORION, MI 48360

NA

GENERAL PURPOSES

1,000.

Class of Activity:

Federal Statements

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MARK AND MARY ELLEN STINSKI FOUNDATION

27-1247050

10,000.

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Statement 1 (continued) Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grants

Donee's Name:

Donee's Address:

Relationship of Donee:

Organizational Status of Donee:

Amount Given:

Class of Activity:

Donee's Name: Donee's Address:

Relationship of Donee: Organizational Status of Donee:

Amount Given:

Class of Activity:

Donee's Name: Donee's Address:

Relationship of Donee:

Organizational Status of Donee: NOT FOR PROFIT

Amount Given:

Class of Activity:

Donee's Name: Donee's Address:

Relationship of Donee:

Organizational Status of Donee: NOT FOR PROFIT

Amount Given:

Class of Activity:

Donee's Name: Donee's Address:

Relationship of Donee:

Organizational Status of Donee: Amount Given:

Class of Activity: Donee's Name: Donee's Address:

Relationship of Donee:

Organizational Status of Donee:

Amount Given:

Class of Activity: Donee's Name: Donee's Address:

Relationship of Donee: NA Organizational Status of Donee: NOT FOR PROFIT Amount Given:

Class of Activity:

HABITAT FOR HUMANITY

4962 FLORIDA BLVD, STE 409 BATON ROUGE, LA 70806

NA

NOT FOR PROFIT

GENERAL PURPOSES HABITAT FOR HUMANITY 2401 SCOTT BLVD SE IOWA CITY, IA 52240

NA

NOT FOR PROFIT

10,000.

GENERAL PURPOSES HEART TO HEART

401 S CLAIBORNE RD, STE 302

OLATHE, KS 66062

NA

GENERAL PURPOSES HEIFER INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202

NA

GENERAL PURPOSES

IOWA NATURAL HERITAGE FOUNDATION 505 FIFTH AVE, STE 444 DES MOINES, IA 50309

NΑ

NOT FOR PROFIT

GENERAL PURPOSES IOWA BICYCLE COALITION PO BOX 5562, 913 - 2ND ST CORALVILLE, IA 52241

NA

NOT FOR PROFIT

GENERAL PURPOSES INTERNATIONAL RESCUE

OFFICE 2B, 2 KERSE ROAD, GRANGEMOUT STIRLINGSHIRE, SCOTLAND FK3 8HW

United Kingdom

GENERAL PURPOSES

500.

1,000.

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MARK AND MARY ELLEN STINSKI FOUNDATION

27-1247050

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Statement 1 (continued) Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grants

Donee's Name: Donee's Address: IOWA PUBLIC TELEVISION 6450 CORPORATE DRIVE JOHNSTON, IA 50131 NA

Relationship of Donee:

Organizational Status of Donee:

Amount Given:

NOT FOR PROFIT

GENERAL PURPOSES Class of Activity: Donee's Name: IOWA PUBLIC RADIO Donee's Address:

2111 GRAND AVENUE, STE 100 DES MOINES, IA 50312

Relationship of Donee: NA

Organizational Status of Donee:

Amount Given:

NOT FOR PROFIT 500.

Class of Activity: Donee's Name: Donee's Address: GENERAL PURPOSES

Relationship of Donee:

JOHNSON COUNTY HERITAGE FOUNDATION 325 E WASHINGTON STREET IOWA CITY, IA 52240

NA NOT'

Organizational Status of Donee: Amount Given:

Class of Activity:

Donee's Name: Donee's Address:

Relationship of Donee:

Amount Given:

Organizational Status of Donee: NOT FOR PROFIT

Class of Activity: Donee's Name: Donee's Address:

Relationship of Donee:

Organizational Status of Donee: Amount Given:

Class of Activity: Donee's Name: Donee's Address:

Relationship of Donee:

Organizational Status of Donee: Amount Given:

Class of Activity: Donee's Name:

Donee's Address:

Amount Given:

Relationship of Donee: Organizational Status of Donee:

Class of Activity: Donee's Name:

GENERAL PURPOSES JUSTICE PROJECT 740-15TH STREET NW WASHINGTON, DC 20005 NA

GENERAL PURPOSES MEDICAL MISSIONS 2655 NORTHWINDS PKWY ALPHARETTA, GA 30009 NA

NOT FOR PROFIT

GENERAL PURPOSES IOWA NATURE CONSERVANCY

303 LOCUST ST, STE 402 DES MOINES, IA 50309 NA

NOT FOR PROFIT

GENERAL PURPOSES NORTH LIBERTY FIREMEN 25 E CHERRY STREET NORTH LIBERTY, IA 52317

NA NOT FOR PROFIT

GENERAL PURPOSES NORTH LIBERTY JAYCEES 1,000.

500.

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MARK AND MARY ELLEN STINSKI FOUNDATION

27-1247050

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Statement 1 (continued) Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grants

Donee's Address:

PO BOX 306

IOWA CITY, IA 52244

Relationship of Donee:

Organizational Status of Donee: NOT FOR PROFIT

Amount Given:

GENERAL PURPOSES

OXFAM INTERNATIONAL 226 CAUSEWAY ST, 5TH FL BOSTON, MA 02114

Class of Activity:

Donee's Name:

Donee's Address:

Relationship of Donee:

Organizational Status of Donee:

Amount Given:

NOT FOR PROFIT

NA

NA

GENERAL PURPOSES

255 CARTER HALL LANE MILLWOOD, VA 22646

PROJECT HOPE

Class of Activity:

Donee's Name:

Donee's Address:

Relationship of Donee:

Organizational Status of Donee: NOT FOR PROFIT

Amount Given:

GENERAL PURPOSES

Class of Activity: Donee's Name: PUBLIC CITIZEN 1600-20TH STREET NW Donee's Address:

WASHINGTON, DC 20009

Relationship of Donee: NA

Organizational Status of Donee: NOT FOR PROFIT

Amount Given:

GENERAL PURPOSES

Class of Activity: PUBLIC CONVERSATIONS PROJECT Donee's Name:

Donee's Address: 46 KONDAZIAN ST WATERTOWN, MA 02472

Relationship of Donee:

Organizational Status of Donee:

Amount Given:

NOT FOR PROFIT

NA

Class of Activity: Donee's Name: Donee's Address:

Donee's Address:

Relationship of Donee:

Organizational Status of Donee: Amount Given:

GENERAL PURPOSES

RAILS-TO-TRAILS CONSERVANCY

2121 WARD CT NW WASHINGTON, DC 20037

NA

NOT FOR PROFIT

GENERAL PURPOSES Class of Activity:

Donee's Name: RED CLOUD INDIAN SCHOOL

100 MISSION DR

PINE RIDGE, SD 57770

Relationship of Donee:

Organizational Status of Donee: NOT FOR PROFIT

Amount Given:

NA

Class of Activity: GENERAL PURPOSES COMMON GROUND Donee's Name:

Donee's Address: 505 EIGHTH AVE, 15TH FL 1,000.

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MARK AND MARY ELLEN STINSKI FOUNDATION

27-1247050

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Statement 1 (continued) Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grants

Relationship of Donee:

Class of Activity: Donee's Name:

Donee's Address:

Organizational Status of Donee: NOT FOR PROFIT

Amount Given:

NA

GENERAL PURPOSES ST. FELIX SCHOOL 130 EAST THIRD ST

Relationship of Donee:

Organizational Status of Donee: Amount Given:

Class of Activity: Donee's Name: GENERAL PURPOSES ST. NORBERT COLLEGE 100 GRANT STREET Donee's Address: DE PERE, WI 54115

Relationship of Donee: Organizational Status of Donee:

Amount Given:

Class of Activity: Donee's Name: Donee's Address:

Relationship of Donee:

Organizational Status of Donee: NOT FOR PROFIT

Amount Given:

Class of Activity:

Donee's Name: Donee's Address:

Relationship of Donee: Organizational Status of Donee: NOT FOR PROFIT

Amount Given:

Class of Activity:

Donee's Name: Donee's Address:

Relationship of Donee:

Organizational Status of Donee:

Amount Given:

Class of Activity:

Donee's Name:
Donee's Address:

Relationship of Donee:

Organizational Status of Donee: NOT FOR PROFIT

Amount Given:

NEW YORK, NY 10018

WABASHA, MN 55981

NA

NOT FOR PROFIT

NA

NOT FOR PROFIT

3,000.

GENERAL PURPOSES

SAVE THE REDWOODS LEAGUE

114 SANSOME ST, STE 1200 SAN FRANCISCO, CA 94104

NA

GENERAL PURPOSES

SIGMA XI

PO BOX 13975

RESEARCH TRIANGLE PK, NC 27709

GENERAL PURPOSES

SHELTER HOUSE FACILITY 429 SOUTHGATE AVENUE

IOWA CITY, IA 52240

NOT FOR PROFIT

GENERAL PURPOSES SCA

689 RIVER ROAD

CHARLESTOWN, NH 03603

500.

Class of Activity:

Donee's Name: Donee's Address: GENERAL PURPOSES SIERRA CLUB

85 SECOND ST, 2ND FL SAN FRANCISCO, CA 94105

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MARK AND MARY ELLEN STINSKI FOUNDATION

27-1247050

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Statement 1 (continued) Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grants

Relationship of Donee:

Organizational Status of Donee: NOT FOR PROFIT

Amount Given:

Class of Activity:

Donee's Name: Donee's Address:

Relationship of Donee:

Organizational Status of Donee:

Amount Given:

Class of Activity: Donee's Name: Donee's Address:

Relationship of Donee:

Organizational Status of Donee:

Amount Given:

Class of Activity: Donee's Name:

Donee's Address:

Relationship of Donee:

Organizational Status of Donee:

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Relationship of Donee:

Organizational Status of Donee:

Amount Given:

Class of Activity:

Donee's Name:

Donee's Address:

Relationship of Donee:

Organizational Status of Donee: Amount Given:

Class of Activity: Donee's Name:

Donee's Address:

Relationship of Donee:

GENERAL PURPOSES

SOAR

PO BOX 388

BALSAM, NC 28707

NA

NOT FOR PROFIT

GENERAL PURPOSES

SOUTHERN POVERTY LAW CENTER

400 WASHINGTON AVE MONTGOMERY, AL 36104

NA

NOT FOR PROFIT

GENERAL PURPOSES TABLE TO TABLE

PO BOX 1051

ENGLEWOOD CLIFS, NJ 07632

NA

NOT FOR PROFIT

GENERAL PURPOSES

TUCSON SYMPHONY 2175 N SIXTH AVENUE TUCSON, AZ 85705

NOT FOR PROFIT

GENERAL PURPOSES

UNITED WAY OF NORTH CENTRAL IOWA

PO BOX 1465

MASON CITY, IA 50401

NA

NOT FOR PROFIT

GENERAL PURPOSES

UNIVERSITY OF IOWA COLLEGE OF MEDICINE 200 CMAB

IOWA CITY, IA 52242

NA

NOT FOR PROFIT

GENERAL PURPOSES

VOICE OF THE FAITHFUL PO BOX 423

NEWTON UPPER FALLS, MA 02464

NA

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MARK AND MARY ELLEN STINSKI FOUNDATION

27-1247050

500.

10,000.

Statement 1 (continued) Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grants

Organizational Status of Donee: NOT FOR PROFIT

Amount Given:

GENERAL PURPOSES Class of Activity:

Donee's Name: WABASHA COUNTY HISTORICAL SOCIETY

Donee's Address: PO BOX 255

LAKE CITY, MN 55041

Relationship of Donee: NA

Organizational Status of Donee:

NOT FOR PROFIT

Amount Given: 1,000.

GENERAL PURPOSES Class of Activity: Donee's Name: Donee's Address: WORLD WILDLIFE FUND 1250-24TH STREET NW WASHINGTON, DC 20090

Relationship of Donee: NA

Organizational Status of Donee: NOT FOR PROFIT

2,000. Amount Given:

GENERAL PURPOSES Class of Activity: Donee's Name: YELLOWSTONE Donee's Address: PO BOX 168

YELLOWSTONE NATL PK, WY 82190

NA Relationship of Donee:

Organizational Status of Donee: NOT FOR PROFIT

1,500. Amount Given:

Class of Activity: Donee's Name: Donee's Address: GENERAL PURPOSES WOMEN FOR WOMEN

4455 CONNECTICUT AVENUE NW STE 200

WASHINGTON, DC 20008

Relationship of Donee:

Organizational Status of Donee: NOT FOR PROFIT

2,000. Amount Given:

Class of Activity: GENERAL PURPOSES

Donee's Name: HABITAT FOR HUMANITY TUCSON

TAT FOR HUMANITY
621 W LESTER STREET
TUCSON, AZ 85705
NA Donee's Address:

Relationship of Donee:

Organizational Status of Donee: NOT FOR PROFIT

Amount Given:

Total \$ 126,425.

Statement 2 Form 990-PF, Part XV, Line 1a Foundation Managers - 2% or More Contributors

Mark Stinski Mary Ellen Stinski