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Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0052

Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements. For calendar year 2011 or tax year beginning , and ending A Employer identification number Name of foundation STELLA MARIS FOUNDATION 01-0972846 Number and street (or P O box number if mail is not delivered to street address) B Telephone number 111 N. WASHINGTON ST., P.O. BOX 23900 920-430-7345 City or town, state, and ZIP code C If exemption application is pending, check here 54305-3900 GREEN BAY, WI 6 Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test 2. check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: X Cash Accrual If the foundation is in a 60-month termination ☐ Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here ▶\$ 5,944. (Part I, column (d) must be on cash basis.) Analysis of Revenue and Expenses (d) Disbursements for charitable purpose (cash basis only) Part I (b) Net investment (c) Adjusted net (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) expenses per books income income 11,550 N/A Contributions, gifts, grants, etc., received ... 2 Check rf the foundation is not required to attach Sch B Interest on savings and temporary cash investments 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances b Less Cost of goods c Gross profit or (loss) è MASAGLESA Total Add lines 1 through 1 11,550 Ω. 0 0. Compensation of officers dire Other employee salaries and wa Reasion plans, employed benef b Accounting tees c Other professional fees 17 Interest 18 Taxes .. 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 850. 0. 850. 24 Total operating and administrative 850 850. expenses. Add lines 13 through 23 11,800. 11,800. 5 /kg - 5/9 /kg 25 Contributions, gifts, grants paid 23-22 26 Total expenses and disbursements. 12,650. 12,650 Add lines 24 and 25 27 Subtract line 26 from line 12: 12 . C. 11 . P. 2.

-1,100

2 Excess of revenue over expenses and disbursements

C Adjusted net income (if negative, enter -0-)

b Net investment income (if negative, enter -0-)

LHA For Paperwork Reduction Act Notice, see instructions.

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1 1 6 6 6 C

N/A

Б	<u> </u>	Balance Sheets Attached schedules and amounts in the description column should be for end-of-ward amounts only	Beginning of year	End o	
	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	7,044.	5,944.	5,944.
	2	Savings and temporary cash investments			
	3	Accounts receivable ►			
		Less; allowance for doubtful accounts ▶			
	4	Pledges receivable ▶	But Som Buch		14 / 121 @ 18 9
		Less; allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts	C. E. SERVENING AND CONTRACT OF CONTRACT		
w	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ą	_	Investments - U.S. and state government obligations			
		Investments - corporate stock	<u> </u>		
		Investments - corporate bonds			
			VEENWEEREENS AND ALCONOMY		
		Investments - land, buildings, and equipment basis	<u> </u>		
	4.0	Less accumulated depreciation			
		Investments - mortgage loans			
	13	Investments - other	Gross state maken a special and a second	V V V V V V V V V V V V V V V V V V V	. A. C
	14	5.7			
		Less accumulated depreciation			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers)	7,044.	5,944.	5,944.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
68	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable			
	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
	Г	Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
ances	24	Unrestricted			
ă	25	Temporarily restricted			
Bal	26	Permanently restricted			
Net Assets or Fund Bai		Foundations that do not follow SFAS 117, check here			
显		and complete lines 27 through 31.			
ò	27	Capital stock, trust principal, or current funds	0.	0.	
eta	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
188	29	Retained earnings, accumulated income, endowment, or other funds	7,044.	5,944.	
et/	30	Total net assets or fund balances	7,044.	5,944.	
Z	30	Total liet assess of fully parametes	7,011.	3,344.	
	١,,	Total lightilities and not assets found heleness	7,044.	5,944.	
_	31	Total liabilities and net assets/fund balances	.	3,344.	` `
P	art	Analysis of Changes in Net Assets or Fund E	Balances		
_			.00	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
1		I net assets or fund balances at beginning of year - Part II, column (a), line	30		7 044
_	•	st agree with end-of-year figure reported on prior year's return)		<u> 1</u>	7,044.
		r amount from Part I, line 27a			-1,100.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	5,944.
		reases not included in line 2 (itemize)		5	0.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, o	column (b), line 30	6	5,944.
					Form 990-PF (2011)

	rehouse; or common stock, 200's	.g., real estate, ths. MLC Co.)		ן ישרין D	low acqui - Purchase - Donation	e (c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
a								
NO:	NR			 				
<u> </u>		<u> </u>		-				
<u>. </u>	<u>.</u>			1				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				(h) Gain or (loss (e) plus (f) minus	
a								
)								
)		_						<u>. </u>
<u> </u>								
Complete only for accets chown	g gain in column (h) and owned b	u the foundation	2 00 12/21/60			(1) (2 (0-1 (1-)	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (i)			col. (Gains (CoL (h) gain k), but not less tha Losses (from coL (n -0-) or
			(),,,					
)		+		\dashv				
<u>с</u>								·
d		•		\dashv				
Capital gain net income or (net ca		ter in Part I, line -0- in Part I, line		}	2			
Net short-term capital gain or (los	s) as defined in sections 1222(5)		•					
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8 Part V Qualification U		or Reduced	Tay on No) Uny	3 estme	nt Inco	me	
<u></u> , ,		or ricaucce						
	e foundations subject to the section his part blank.	n 4940(a) tax on						
section 4940(d)(2) applies, leave the section 4940(d)(2) applies, leave the section for the section for the foundation does not qualenter the appropriate amount in	nis part blank. tion 4942 tax on the distributable a ify under section 4940(e). Do not	amount of any yo	n net investment ii ear in the base pe art.	riod?				
section 4940(d)(2) applies, leave the sec section 4940(d)(2) applies, leave the sec "Yes," the foundation does not qualtiful the section of the section does not qualtiful the section doe	tion 4942 tax on the distributable a lify under section 4940(e). Do not each column for each year, see ins	amount of any yo complete this pa structions before distributions	n net investment ii ear in the base pe art.	riod? es. (c)	.)	assets	Distri (col. (b) di	(d) bution ratio vided by col. (c))
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Total number of other employees paid over \$50,000

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ente	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers produced.	tical information such as the fuced, etc.	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		L
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.

P	ArtX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ındations, s	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	3877	<u> </u>
a	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	2,932.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,932.
е	Reduction claimed for blockage or other factors reported on lines 1a and	336	
	1c (attach detailed explanation) 1e 0		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	2,932.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	44.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,888.
6	Minimum investment return. Enter 5% of line 5	6	144.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	144.
2a	Tax on investment income for 2011 from Part VI, line 5	27	
b	Income tax for 2011. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	144.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	144.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	144.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	3224 	
а		1a	12,650.
þ	Program-related investments - total from Part IX-B	1b	0.
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:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	12,650.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	12,650.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies for t	the section

Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
4 Posts 141 47 00447 P 179	Corpus	Years prior to 2010	2010	2011
1 Distributable amount for 2011 from Part XI, line 7				144.
2 Undistributed income, if any, as of the end of 2011	7 % T			
a Enter amount for 2010 only			0.	
b Total for prior years:	(1) 1977 (1) 1888 (1) 18 18 18 18 18 18 18 18 18 18 18 18 18	**************************************		
		0.		
3 Excess distributions carryover, if any, to 2011:				
a From 2006				
b From 2007				
c From 2008				
d From 2009				
eFrom 2010 9,732.				
f Total of lines 3a through e	9,732.			
4 Qualifying distributions for 2011 from				
Part XII, line 4: ►\$ 12,650.				
a Applied to 2010, but not more than line 2a			0.	
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 2011 distributable amount			\$\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	144.
e Remaining amount distributed out of corpus	12,506.	· * * * * * * * * * * * * * * * * * * *		
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount	0.	2000 200		0.
must be shown in column (a).)				
6 Enter the net total of each column as				
indicated below:	32 320			
2 Corpus Add lines 31, 4c, and 4e Subtract line 5	22,238.	Control of the second		
b Prior years' undistributed income. Subtract		0.		
line 4b from line 2b c Enter the amount of prior years'	5 (k)			
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		0.		
e Undistributed income for 2010. Subtract line			2 700 81 1 400	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2011. Subtract	205後継続がなら			
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012.	22 220			
Subtract lines 7 and 8 from line 6a	22,238.	18 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	20 75 10 10 10 10 10 10 10 10 10 10 10 10 10	10 3 4 6 5 5 4 4 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
10 Analysis of line 9:				人工主题的基础的
a Excess from 2007			1 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
b Excess from 2008	[1] 经经营营业			
d Excess from 2009 d Excess from 2010 9,732.			第22年的第二人	
dExcess from 2010 9,732. eExcess from 2011 12,506.				
ELAUGOS HUHI ZUTT IZ, 300.	1.555555 1777 x 2017 21 1	1. 1. 2. 4 to 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	ALTER WITH LEVEL ACTOR	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1

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<u> </u>	MARIS FOUND				-0972846 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VII-	A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	t it is a private operating			
foundation, and the ruling is effective fo	r 2011, enter the date of t	the ruling	▶		
b Check box to indicate whether the found	lation is a private operatii	ng foundation described i	section	4942(j)(3) or	4942(<u>j)(</u> 5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
investment return from Part X for					
each year listed				Ì	
b 85% of line 2a					
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					
•		ļ		-	
exempt activities				- 	
e Qualifying distributions made directly					
for active conduct of exempt activities.					1
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the					
3 Complete 3a, b, or c for the alternative test relied upon;				1	
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:				<u> </u>	
(1) Total support other than gross				•	
investment income (interest,				1	
dividends, rents, payments on		1			
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 Part XV Supplementary Info	rmetion (Comple	to this part only	if the foundation	had \$5,000 a	r moro in cocoto
at any time during t			ii tile loulluatioi	11 11au \$5,000 0	i illore ili assets
	<u>-</u>		· · · · · · · · · · · · · · · · · · ·		
 Information Regarding Foundation List any managers of the foundation wh 	-	than 20/ of the total contr	shutiana ragginad by the	a foundation hafara th	an along of any tay
year (but only if they have contributed n			ibudons received by an	e ioungation betore u	ie close of any tax
ROBERT ATWELL	40,000/- (000 0				
	a aug 100/ ar mara of th	a atack of a corporation /	or on equally large port	on of the oursership	of a partnership or
b List any managers of the foundation wh other entity) of which the foundation ha			or an equally large port	ion of the ownership	or a partnership or
NONE	ou to to or ground into	-			
	i 0: 0:4 l	O-1-1			
2 Information Regarding Contribut					d someonto for friendo 16
Check here if the foundation of the foundation makes gifts, grants, etc.					
_ 	` 			ompiete items za, b,	c, and u.
a The name, address, and telephone num	per of the person to who	m applications should be	addressed:		
SEE STATEMENT 3 b The form in which applications should be	ne submitted and informa	tion and materials they sh	nould include:		
			TOTAL INVIDUA		
c Any submission deadlines:				<u> </u>	
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kınds of institutions, or	other factors:	

Total

Part XVI-A Analysis of Income-Producing Activities

Enter group amounts uplace athenuise indicated	Unrelat	ed business income	Exchi	ided by section 512, 513, or 514	(a)
Enter gross amounts unless otherwise indicated.	(a) Business code	(b) Amount	(C) Exctu- sion code	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code		1 2000		
a	-		\vdash		
	 		 		
d			╁╾╌		
			 		
1			\vdash	·	
g Fees and contracts from government agencies			 		
2 Membership dues and assessments			t		
3 Interest on savings and temporary cash					
investments			ŀ		
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:		KANANG PERM	113/3		
a Debt-financed property		38 7 7 8 10 And 278 (474 1923 3 to 5 1		2 7 1000 700 V 77 V V 77 W X 2 2	
b Not debt-financed property			1		
6 Net rental income or (loss) from personal			1		
property					
7 Other investment income			1		
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				<u> </u>	
11 Other revenue:					
a	1				
b		1			
c	•				
d					
e					
12 Subtotal. Add columns (b), (d), and (e)	1. 14. 1. S	0.	KA.	0.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13_	0.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Acc	omplishment of Ex	kemr	ot Purposes	
V 1998 V 10 1000		-	-		
Line No. Explain below how each activity for which inco			\ contri	buted importantly to the accor	nplishment of
the foundation's exempt purposes (other than	by providing 1	unas tor such purposes).			
					
				·	
					
					
					
					
					
				•	

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

	rganization directly or indir					on 501(c) of	Yes No
	(other than section 501(c)				nizations?		
	s from the reporting founda	ation to a noncharit	able exempt org	ganization of:			
(1) Cash							1a(1) X 1a(2) X
• •	er assets			•			
b Other train							
• •	s of assets to a noncharital						1b(1) X 1b(2) X
• •	chases of assets from a nor	•	•				•
	tal of facilities, equipment, o						1b(3) X 1b(4) X
• •	nbursement arrangements	-	-				···· -
	= ==						1b(5) X 1b(6) X
• •	ormance of services or me	•	ū	• •			· ` '
	of facilities, equipment, mai						•
	swer to any of the above is		_		-	_	
	es given by the reporting fo			ed less than fair market val	ue in any transaction	or snaring arrangeme	ent, snow in
(a)Line no	(d) the value of the goods, ((b) Amount involved			exempt organization	/d\ p		
(a)Line no	(b) Amount myored	(c) Name o		exempt organization	(u) Description	of transfers, transactions	, and sharing arrangements
			N/A				
					—		
							
				<u>.</u>			
Ī							
						•	
	,						
2a Is the fou	undation directly or indirect	tly affiliated with, or	related to, one	or more tax-exempt organ	izations described		
	n 501(c) of the Code (other	-		· -			Yes X No
	complete the following sche	•	<i></i>		••••	** ** ** ** ***	·
	(a) Name of org			(b) Type of organization	1	(c) Description of rela-	tionship
	N/A	<u> </u>			1		
					-		
			-				
					 		
			-	· · · · · · · · · · · · · · · · · · ·			
Unde	er penalties of perjury, I declare	that I have examined th	nis return, includin	I ig accompanying schedules and	d statements, and to the	best of my knowledge	
	belief, it is true, correct, and con						May the IRS discuss this return with the preparer
Here	Mana	1-	\leq	1 11/6/2	PRESII) E'NTT	shown below (see instr)?
P	mature of officer or trustee			Date Date	Title) LINI	L∡ Yes
	Print/Type preparer's na		Preparer's s		N Date	Check if IP	TIN
	Time Type preparer 5 lia		i ichaici 2 2	Maria M		self- employed	1111
Daid	DANTET T	VOINIC	DANTE	T VOIDION	11/00/11	· · · I	D0002E00E
Paid	DANIEL J.		PANTEP	J. YOUNG '	11/08/12		P00035095
Preparer		ENCK SC				Firm's EIN ► 39	-11/2131
Use Only		<u> </u>	2010				
	Firm's address P.			05 2042			00\406 5000
	l GR	EEN BAY,	WI 543	U5-3819		Phone no. (9	20)436-7800
							Form 990-PF (2011)

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

Employer identification number

2011

01-0972846 STELLA MARIS FOUNDATION Organization type (check one): Filers of: Section: ___ 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 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 X 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. total 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 total 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. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

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) (2011)

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 Part II, 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).

Name of organization Employer identification number 01-0972846 STELLA MARIS FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT ATWELL 3486 SOLITUDE RD DEPERE, WI 54115	s5,050.	Person X Payroll
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
2	KENNEY BANK 502 E JORDAN ST KENNEY, IL 61749	\$5,000.	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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) Total 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) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occash Complete Part II if there is a noncash contribution.)

Employer identification number

STELLA MARIS FOUNDATION

01-0972846

Partill.	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(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
123453 01-23		 \$	90, 990-EZ, or 990-PF) (2011

Employer identification number STELLA MARIS FOUNDATION 01-0972846 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) Part III Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift 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 gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF	OTHER E	XPENSES	STATEMENT 1			
DESCRIPTION		(B) NET INVEST- MENT INCOME		CHARITABLE		
IRS USER FEE	850.	0.		850.		
TO FORM 990-PF, PG 1, LN 23	850.	0.		850.		
	F SUBSTANTIA PART VII-A,	L CONTRIBUTORS	S S'	ratement 2		
NAME OF CONTRIBUTOR	ADDR	ESS				
ROBERT ATWELL		3486 SOLITUDE ROAD DE PERE, WI 54115				
KENNEY BANK		E. JORDAN STRI EY, IL 61749	EET			

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

3

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.

Form 88	68 (Rev. 1·2012)					Page 2
	are filing for an Additional (Not Automatic) 3-Month Ex	tension. c	complete only Part II and check this	s box	• •	▶ X
-	nly complete Part II if you have already been granted an a				8868	-
	are filing for an Automatic 3-Month Extension, complete					
Part I			· · · · -	nal (no c	opies need	led).
<u> </u>					 	ee instructions
Type or	Name of exempt organization or other filer, see instru	ctions				number (EIN) or
print						,,
File by the	STELLA MARIS FOUNDATION			X	01-097	72846
due date fo	Number, street, and room or suite no. If a P.O. box, so	ee instruc	tions.	Social se	curity numbe	r (SSN)
filing your return See	111 N. WASHINGTON ST., P.O.				,	()
instructions	City, town or post office, state, and ZIP code. For a fo					
	GREEN BAY, WI 54305-3900					
Enter the	e Return code for the return that this application is for (file	a separa	te application for each return)			04
Applicat	ion	Return	Application			Return
Is For		Code	Is For			Code
Form 99	0	01				
Form 99		02	Form 1041-A			08
Form 99	0-EZ	01	Form 4720			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	0-T (trust other than above)	06	Form 8870			12
STOP! D	o not complete Part II if you were not already granted	an autor	natic 3-month extension on a prev	riously file	d Form 8868	3.
	ROBERT ATWELL		•			_
• The b	ooks are in the care of > 111 N. WASHING	'A NOT	VE. – GREEN BAY, W	I 543	01	
Telep	hone No. ► 920-430-1400		FAX No. ►			
• If the	organization does not have an office or place of business	s in the Ur	nited States, check this box			▶ □
If this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	f this is fo	r the whole gi	roup, check this
box 🕨	. If it is for part of the group, check this box		ach a list with the names and EINs o	f all memb	ers the exten	sion is for.
	_	NOVEM	BER 15, 2012.			
5 Fo	ir calendar year 2011 , or other tax year beginning $_$, and endin	g		·
6 If 1	the tax year entered in line 5 is for less than 12 months, c	heck reas	on: Linitial return L	Final r	etum	
L	Change in accounting period					
	ate in detail why you need the extension					
A	DDITIONAL TIME IS NEEDED TO 1	FILE A	A COMPLETE AND ACC	URATE	RETURN	1.
_						
8a If t	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			
	nrefundable credits. See instructions.			8a	\$	0.
b If	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated			
ta	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid					•
	reviously with Form 8868.	8b	\$	0.		
	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using					•
EF	TPS (Electronic Federal Tax Payment System). See instru			8c	\$	0.
Hades -	•		st be completed for Part II	-	f mu i km = l = -l =	a and haliaf
	nalties of perjury, I declare that I have examined this form, includ correct, and complete, and that I am authorized to prepare this fo		oanying scriedules and statements, and t	o uie dest d	i my knowiedgi	e and Deliei,
Signature	Tritle 🕨	PRESI	DENT	Date		
					_	

Form 8868 (Rev. 1-2012)