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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.

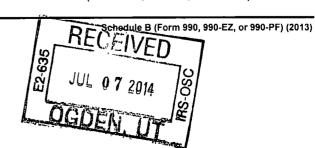
OMB No 1545-0047

Employer identification number

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Wisconsin Eastern Star Fo	bundation 39-6059144			
Organization type (check	one).			
Filers of:	Section:			
Form 990 or 990-EZ	501(c)() (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	X 501(c)(3) taxable private foundation			
· -	is covered by the General Rule or a Special Rule .			
General Rule				
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or one contributor. Complete Parts I and II			
Special Rules				
sections 509(a)(1)	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and			
the year, total con	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during tributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or ses, or the prevention of cruelty to children or animals. Complete Parts I, II, and III			
the year, contribut total to more than year for an exclus	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during ions for use exclusively for religious, charitable, etc., purposes, but these contributions did not \$1,000. If this box is checked, enter here the total contributions that were received during the ively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule anization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more			
990-EZ, or 990-PF), but it	that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).			

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF HTA



Name of organization

Employer identification number 39-6059144

Wisconsin	Eastern Star Foundation		39-6059144	
Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is n	eeded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	Mary Jane Kimber Administrative Trust 111 East Kilbourn Ave Suite 200 Milwaukee Wi 53202 Foreign State or Province Foreign Country	\$ 39,526	Person X Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	Foreign State or Province Foreign Country	\$	Person Payroll Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	Foreign State or Province Foreign Country	\$	Person Payroll Oncash Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	Foreign State or Province. Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)	

Name of organization Employer identification number
Wisconsin Eastern Star Foundation 39-6059144

Part II	Noncash Property (see instructions). Use duplicate co	pies of Part II if additional space	ce 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
		\$	

Name of or				Employer identification number				
	Eastern Star Foundation		-4-:I4:	39-6059144				
Part III	Exclusively religious, charitable, etc., i							
	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 <i>exclusively</i> religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) > \$							
				structions.) > \$0				
	Use duplicate copies of Part III if additiona	al space is nee	eded.					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	(b) Fulpose of gift	(0)	, use or gire	(u) bescription of now gift is neid				
		(e) T	ransfer of gift					
		(c) Handlet of Site						
	Transferoe's name address and	7IP + 1	Relationsh	ip of transferor to transferee				
	Transferee s name, address, and	Transferee's name, address, and ZIP + 4 Relationsl						
	For Prov Country							
(a) No.	For Prov Country							
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	Relationsh	ip of transferor to transferee				
	For Prov Country							
(a) No.				(1) 5				
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I								
	(e) Transfer of gift							
	(e) Translet of grit							
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
	Transferee's name, address, and	ZIP + 4	Relations	iip of transferor to transferee				
/=\ NI =	For Prov Country		<u> </u>	<u> </u>				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	(5) 1 415000 01 9111			(-,				
	(e) Transfer of gift							
	Transferee's name, address, and	ZIP + 4	Relationsh	nip of transferor to transferee				
		· · · · · · · · · · · · · · · · · · ·						
	For Dray							