

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form **990-PF**

į

## **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

Department of the Treasury

Do not enter social security numbers on this form as it may be made public. Information about Form 990-PF and its separate instructions is at www.irs.gov/form990of

		ndar year 2014 or tax year beginning	<u></u>		nd ending		
	me of for	<del></del>				Identification number	•
Wi	sconsi	n Eastern Star Foundation					
		d street (or P O box number if mail is not delivered to street address)		Room/suite	,	39-6059144	
13	61 Mod	ckingbird Drive			B Telephone	number (see instruction	
	y or town		ZIP co	de			
Oc	onomo	owoc WI	5306	6-2381		262-567-646	8
Fo	reign cou	ntry name Foreign province/state/county	Foreigi	n postal cod	le C If exempti	on application is pendir	ig, check here ▶
G	Checl	call that apply  Initial return  Initial return	of a former pu	ıblic char	rity D 1. Foreign	n organizations, check h	nere ► 🗌
		☐ Final return ☐ Amended re	turn		2. Foreign	n organizations meeting	the 85% test
		☐ Address change ☐ Name change	je			here and attach comput	
H	Chec	type of organization: X Section 501(c)(3) exempt pi	rivate foundati	on		foundation status was te	erminated under
		on 4947(a)(1) nonexempt charitable trust  Other tax			section 50	7(b)(1)(A), check here	▶ 🗆
		narket value of all assets at J Accounting method				data	
•		f year (from Part II, col. (c),	. Es Caon [		1	dation is in a 60-month tion 507(b)(1)(B), check	
		6) ► \$ 367,285 (Part I, column (d) must be	e on cash basıs	)	"""	(IO) 00) (B)(1)(B); G100	
Р		Analysis of Revenue and Expenses (The total of				-24.	(d) Disbursements
·	are.	amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue a expenses pe	1 (0)	Net investment	(c) Adjusted net	for chantable
		equal the amounts in column (a) (see instructions) )	books	"	ıncome	ıncome	purposes
	1	Contributions, gifts, grants, etc., received (attach schedule)	27	,443			(cash basis only)
$\vec{\Sigma}$		Check ► I if the foundation is <b>not</b> required to attach Sch. B	21	,445		· · · · ·	8
2015	2	Interest on savings and temporary cash investments	····	2	2	****	
, Tame:	4	Dividends and interest from securities	12	,103	12,103		" Tarthing or or
· ·	5a			, 103	12,103	<del></del>	San Andrews
	b	Net rental income or (loss)	2.47	-p		·	****
SCANNED MAY Revenue		Net gain or (loss) from sale of assets not on line 10	10	,240	<del>(1887-1888)</del>	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	- ' ' '   1
ムとボロ M Revenue	b	Gross sales price for all assets on line 6a 115,596		,240	1.08 64 754	) 1 see	10/4
	7	Capital gain net income (from Part IV, line 2)	<del> </del>	***	12,187		***
₹ 3	8	Net short-term capital gain	, .	District A	12,107		ergy restric
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	9	Income modifications	₹ 1, 30 €	,			-> *
$\ddot{\circ}$	10a	Gross sales less returns and allowances	*3 'Jrby 0 '7			¢	
ഗ	Ь	Less: Cost of goods sold	n . n . es				, , , , , , , , , , , , , , , , , , ,
	C	Gross profit or (loss) (attach schedule)		<del>-   .</del>	, * * * ,		
	11	Other income (attach schedule)	<del></del>			···	
	12	Total. Add lines 1 through 11	40	,788	24,292	0	
	13	Compensation of officers, directors, trustees, etc.	7-3	,700	24,232		
Ses Ses	14	Other employee salaries and wages		<del>-  </del> -			
25	15	Pension plans, employee benefits					<del></del>
072 xpens	16a	Legal fees (attach schedule)	10				
	b	Accounting foos (attach schodule)		,175	1,650		525
MAY ve Ey	C	Other professional fees (attach schedule) 2015	<del></del>	,067	3,067		023
Rec in Batching/ MA Corres Ogden y and Administrative	17	Interest	13	,,,,,			
٩	18	Taxes (attach schedule) (see instructions)		169			
元型	19	Depreciation (attach schedule)-and-depletion :					
#QE	20	Occupancy					
<b>60</b> 85	21	Travel, conferences, and meetings	1	,396	698		698
F.ES	22	Printing and publications		,071			3,071
<b>888</b>	23	Other expenses (attach schedule)		,038	825		2,213
TE _ D	24	Total operating and administrative expenses.					
ŧ		Add lines 13 through 23	12	,916	6,240	.0	6,507
9	25	Contributions, gifts, grants paid		,893			7,893
F Operating	26	Total expenses and disbursements. Add lines 24 and 25.	[	,809	6,240	0	
<u></u>	27	Subtract line 26 from line 12.	1	·		<u>_</u>	.,,
	-' a	Excess of revenue over expenses and disbursements .	28	,979			-
	b	Net investment income (if negative, enter -0-)			18,052		
	C	Adjusted net income (if negative, enter -0-)				0	•

1

Part	Attached schedules and amounts in the description column should be for and of year amounts asky (See instructions)	Beginning of year	<u>En</u>	nd of year	
	should be for end-of-year amounts only (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Va	alue
1		27,973	29,3	360 29	,360
2	Savings and temporary cash investments				
3	3 Accounts receivable ► 142				
	Less: allowance for doubtful accounts	15	1	42	142
4	Pledges receivable ▶	•			
	Less: allowance for doubtful accounts				
5					
6	Receivables due from officers, directors, trustees, and other				
	disqualified persons (attach schedule) (see instructions).				
7	7 Other notes and loans receivable (attach schedule)	-			
	Less: allowance for doubtful accounts		<del></del>		
ध ह		<del>"</del>			
ומ	Prepaid expenses and deferred charges				
8 10	Da Investments—U.S. and state government obligations (attach schedule)			<del></del>	
` '`	b Investments—corporate stock (attach schedule)	208,061	315,2	43 311,	010
	c Investments—corporate bonds (attach schedule)	103,889	27,1		
144				37 23,	,965
11			· · · · · · · · · · · · · · · · · · ·		
14-	Less: accumulated depreciation (attach schedule)		<del></del>	<del></del>	
12		<del></del>	·		
13	· · · · · · · · · · · · · · · · · · ·				
14					
, .	Less. accumulated depreciation (attach schedule)				
15	/				
16	, , , , , , , , , , , , , , , , , , ,	,			
_	ınstructions Also, see page 1, item l)	339,938	371,9	02 367,	<u>,285</u>
17	• • • • • • • • • • • • • • • • • • • •		<del></del>		. *
ဖ္ဟု 18	1 7				-
,을   19					•
运   20			· · · · · · · · · · · · · · · · ·	, ,	
Liabilities 12 21 21 21 21 21 21 21 21 21 21 21 21			·	, , , , ,	
22			2,98	<u>85</u>	
23	3 Total liabilities (add lines 17 through 22)	0	2,98	85	
<b>6</b>	Foundations that follow SFAS 117, check here▶ 🗓	]		[	
alances 24	and complete lines 24 through 26 and lines 30 and 31.	ĺ			
E 24	Unrestricted	339,938	368,9	17	
	5 Temporarily restricted			, ,	
끟 26	Permanently restricted				
Net Assets or Fund B 22 30 31 31	Foundations that do not follow SFAS 117, check here ▶ □				•
Ψ̈́	and complete lines 27 through 31.				
Ö   27	Capital stock, trust principal, or current funds			1	
똜 28	Paid-in or capital surplus, or land, bldg., and equipment fund				
<u>ي</u> 29	· · · · · · · · · · · · · · · · · · ·			T S Waling	
30   ¥		339,938	368,9	17	
호 31	· · · · · · · · · · · · · · · · · · ·			Ħ	,
<b>z</b>   ``	instructions)	339,938	371,90	02	
Part		5,50,500	<u> </u>	<del></del> 1	
	otal net assets or fund balances at beginning of year—Part II, column (	a), line 30 (must agree	with		
	nd-of-year figure reported on prior year's return)	· · · · · · · · · · · · · · · · · · ·		339,	gas
	nter amount from Part I, line 27a		_		979
				3	<u> </u>
	dd lines 1, 2, and 3			4 368,	917
			<del></del>	5	<del></del>
6 To	ecreases not included in line 2 (itemize) ▶ otal net assets or fund balances at end of year (line 4 minus line 5)—Pa	art II. column (b) line ?	30	368,	917

;

ı aıı	Capital Callis all	u Losses for Tax off filvesui	Tent Incom	J			
		he kind(s) of property sold (e g , real estate buse, or common stock, 200 shs MLC Co )		(b) How acquired P—Purchase D—Donation		e acquired day, yr)	(d) Date sold (mo , day, yr )
<u>1a</u>	See Attached Statement						
b_	See Attached Statement				<u> </u>		
<u>c</u>	See Attached Statement						
<u>d</u>	See Attached Statement	······································					<del></del>
е	See Attached Statement						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis xpense of sale			or (loss) ) minus (g)
a							0
<u>b</u>						-	0
С							0
d_							0
е							0
	Complete only for assets sl	howing gain in column (h) and owned	by the founda	tion on 12/31/69			(h) gain minus
	(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (i) col (j), if any	co		less than -0-) or om col (h))
а						_	0
b							0
С							0
d							0
е							0
2	Capital gain net income o	r inet canital ineel 1 -	also enter in , enter -0- in	,	2		12,187
3	Net short-term capital gai	n or (loss) as defined in sections	-	•			12,101
•		I, line 8, column (c) (see instructi					
	•			,	3		1,947
Part		der Section 4940(e) for Redu		Net Investment		 }	
Was t		e section 4942 tax on the distribut qualify under section 4940(e). D			ase peri	od?	☐ Yes ☒ No
1		ount in each column for each yea			king any	entries	
	(a)		ar, see the ma		King any	entines.	(d)
	Base period years	(b) Adjusted qualifying distributions	Net vali	(c) ue of noncharitable-use as	ssets		ribution ratio
Cale	endar year (or tax year beginning in	V	7.084		1.754	(COI (D) 0	ivided by col (c))
	2013	<del></del>	3,997		7,326	<u> </u>	0 053096
	2012 2011		7,353		3,711		0 075623 0.081966
	2010		3,430		5,716		0.065683
	2009		5,436 5,236		5,032		0.054845
	2009		0,2301	290	5,032	$\neg$	0.034645
2	Total of line 1, column (d)	)			2	,	0 331213
3		for the 5-year base period—divid				•	0 331213
J		dation has been in existence if le					0 066243
	number of years the loun	dation has been in existence in le	ss than 5 yes		·   -	<u>'</u>	0 000243
4	Enter the net value of nor	ncharitable-use assets for 2014 for	rom Part X, III	те 5	4	<u> </u>	365,163
5	Multiply line 4 by line 3				5	;	24,189
6	Enter 1% of net investme	nt income (1% of Part I, line 27b)	)		6	<b>.</b>	181
7	Add lines 5 and 6				. 7	,	24,370
					8		14,400
8	Enter qualifying distribution of the second	ons from Part XII, line 4 ater than line 7, check the box in	Part VI, line				

:

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instruction	ns)					
1a							
b	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)  Domestic foundations that meet the section 4940(e) requirements in Part V, check	· · · · · · · · · · · · · · · · · · ·	361	نـــــا			
_	here ▶ ☐ and enter 1% of Part I, line 27b						
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of						
	Part I, line 12, col. (b).						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		0				
3	Add lines 1 and 2		361				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)						
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		361	L			
6	Credits/Payments						
a	2014 estimated tax payments and 2013 overpayment credited to 2014 6a			1			
b	Exempt foreign organizations—tax withheld at source						
d	Backup withholding erroneously withheld 6d			}			
7	Total credits and payments. Add lines 6a through 6d		0	لـــــا			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached						
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		361				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		0				
11	Enter the amount of line 10 to be Credited to 2015 estimated tax ► Refunded ► 11		0				
<sup>2</sup> art	VII-A Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No			
	participate or intervene in any political campaign?	1a		X			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			v			
	Instructions for the definition)?	1b		X			
	published or distributed by the foundation in connection with the activities.						
С	Did the foundation file Form 1120-POL for this year?	1c					
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	1.0					
	(1) On the foundation. ▶\$ (2) On foundation managers. ▶\$			1			
е	Enter the reimbursement (If any) paid by the foundation during the year for political expenditure tax imposed						
	on foundation managers. ▶\$			ار ا			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			-			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X			
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X			
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	N/A				
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X			
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 8a	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV Enter the states to which the foundation reports or with which it is registered (see instructions)	7	Х				
oa	Enter the states to which the foundation reports of with which it is registered (see instructions)						
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 General Instruction G? If "No," attach explanation	8b	Х	لحصم			
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 2014 or the taxable year beginning in 2014 (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		Х			

Form 9	990-PF (2014) Wisconsin Eastern Star Foundation 39-609	59144	F	Page <b>5</b>
Pai	rt 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 make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Χ	İ
14	The books are in care of ▶ Ruthann Watts Telephone no. ▶ (262) 56  Located at ▶ 1361 Mockingbird Drive Oconomowoc WI ZIP+4 ▶ 53066-2	7-646 381	8	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year	,		▶ [
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority	1	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	-	X
	"Yes," enter the name of the foreign country	J		L
Pal	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	$\overline{}$	Yes	No
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	``		110
1a	During the year did the foundation (either directly or indirectly)  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?			1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(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 (5) Transfer any income or constant and disqualified person (or make any of either available for	, -	*	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	, ,	, ,	,
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of qovernment service, if terminating within 90 days.)		۲.	
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here	1b	N/A	
С	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 2014?	1c	<u> </u>	×
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))			٠.
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?			١.
b	If "Yes," list the years   20, 20, 20, 20, 20, 20, 20, 20, 20, 20,			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement—see instructions.)	2b	N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
_	► 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			ļ
b				
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse			
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			<u> </u>
	foundation had excess business holdings in 2014 )	3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		X

:

Form 990-PF (2014)

Pari	VII-B	Statements Regarding Activities f	or Wh	ich Form 47	720 Ma	ay Be Req	uired (	<i>(continue</i>	ed)			
5a		he year did the foundation pay or incur ar y on propaganda, or otherwise attempt to			n (secti	on 4945(e)	)? .	Yes	X No	,	r	4
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?											
	(3) Provide a grant to an individual for travel, study, or other similar purposes?					1						
		ide a grant to an organization other than a on 4945(d)(4)(A)? (see instructions)	a charit	table, etc., or	_	tion describ	ed in	Yes	X No	:		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?							•				
b	•	nswer is "Yes" to 5a(1)–(5), did <b>any</b> of the ons section 53 4945 or in a current notice					•		ıbed ın	5b	N/A	
С	If the an	ations relying on a current notice regardir swer is "Yes" to question 5a(4), does the e it maintained expenditure responsibility	foundation the	ation claim ex grant?	emptio	n from the		Yes	► □ □ No			
6a	Did the	attach the statement required by Regular foundation, during the year, receive any fi sonal benefit contract?					niums	□Yes	X No			
b	=	foundation, during the year, pay premium	s, direc	tly or indirec	tly, on a	a personal l	benefit	_		6b		
		to 6b, file Form 8870.	,	•	•	•						
		ne during the tax year, was the foundation a pa did the foundation receive any proceeds						Yes			N/A	
		Information About Officers, Directo										
, cu		and Contractors	,,,,,,	201000, 1 0			, 0.0, .			p.oyo.	.,	
1	List all	officers, directors, trustees, foundation	mana	gers and the	eir con	npensation	ı (see i	nstructio	ns).			
(b) Title, and average (c) Compensation (d) Contributions to hours per week (if not paid employee benefit plans							(e) Expe	nse aco				
See A	ttached (	Statement		.00		0						
				.00.		0						
				.00		0	·					
				00		0						
2	"NONE.	nsation of five highest-paid employees	(other	than those	includ	ed on line	1—see ——	r <del> </del>		none,	ente	r 
	(a) Name a	nd address of each employee paid more than \$50,000	)	(b) Title, and a hours per v devoted to po	veek	(c) Comper	nsation	(d) Contribition employee plans and compens	benefit deferred	(e) Expe other a	nse aco	
NONE			· • • • • • • • • • • • • • • • • • • •							·		
									-			
·												
Total	number o	of other employees paid over \$50,000 .							<b>•</b>			

Pa	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emand Contractors (continued)	ployees,
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter "N	NONE."
	• (a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON	IE .	
Tota	Il number of others receiving over \$50,000 for professional services	
Pa	rt IX-A Summary of Direct Charitable Activities	
	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ganizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	Provide financial assistance to persons showing need	
2		7,893
3		
4		
Pa	Int IX-B Summary of Program-Related Investments (see instructions)	
	escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1		
2		
All	other program-related investments. See instructions	
3		
Tota	II. Add lines 1 through 3	0
		orm <b>990-PF</b> (2014)

Form 990-PF (2014)

Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreig	n foundation	ons,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	į. :	
	· purposes:		
а	Average monthly fair market value of securities	1a	342,292
b	Average of monthly cash balances	1b	28,408
C	Fair market value of all other assets (see instructions)	1c	24
d	Total (add lines 1a, b, and c)	1d	370,724
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	27.CM	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	370,724
4	Cash deemed held for charitable activities. Enter 1 ½ % of line 3 (for greater amount, see		
	instructions)	4	5,561
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	365,163
6	Minimum investment return. Enter 5% of line 5	6	18,258
Part			
	foundations and certain foreign organizations check here     and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	18,258
2a		1	
b	Income tax for 2014. (This does not include the tax from Part VI.) <b>2b</b>		
С	Add lines 2a and 2b	2c	361
3	Distributable amount before adjustments Subtract line 2c from line 1	3	17,897
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	17,897
6	Deduction from distributable amount (see instructions)	6	<del></del>
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	17,897
Part	XII Qualifying Distributions (see instructions)		
		الاحسيا	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	14,400
b	Program-related investments—total from Part IX-B	1b	
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	9.5	
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	14,400
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 (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	14,400
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating w	hether the	toundation
	qualifies for the section 4940(e) reduction of tax in those years.		

Form 990-PF (2014)

Part	XIII Undistributed Income (see instructions)				
1	Distributable amount for 2014 from Part XI,	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
_	Ine 7		· · · · · · · · · · · · · · · · · · ·		17,897
2	Undistributed income, if any, as of the end of 2014				
<b>a</b>	Enter amount for 2013 only	· · · · · · · · · · · · · · · · · · ·		0	
b	Total for prior years 20, 20, 20			<u> </u>	
3	Excess distributions carryover, if any, to 2014				
a	From 2009	1			
b	From 2010	1			
С	From 2011	1			j
d	From 2012 8,304				
е	From 2013				
f	Total of lines 3a through e	27,608			
4	Qualifying distributions for 2014 from Part XII,			•	
	line 4: ▶ \$ 14,400				
а	Applied to 2013, but not more than line 2a				
b	Applied to undistributed income of prior years				
•	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election				
	required—see instructions)				
d	Applied to 2014 distributable amount				14,400
е	Remaining amount distributed out of corpus .				
5	Excess distributions carryover applied to 2014.	3,497			3,497
	(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:				•
а	Corpus. Add lines 3f, 4c, and 4e Subtract line 5	24,111			i
b	Prior years' undistributed income. Subtract				,
	line 4b from line 2b		0		
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				(
d	Subtract line 6c from line 6b. Taxable				
	amount—see instructions				
е	Undistributed income for 2013. Subtract line				
	4a from line 2a. Taxable amount—see				
	ınstructions			0	
f	Undistributed income for 2014. Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2015				0
7	Amounts treated as distributions out of corpus				1
	to satisfy requirements imposed by section				Ì
	170(b)(1)(F) or 4942(g)(3) (Election may be				,
	required—see instructions)				
8	Excess distributions carryover from 2009 not				1
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2015.				
	Subtract lines 7 and 8 from line 6a	24,111			
10	Analysis of line 9:				
а	Excess from 2010			•	
b	Excess from 2011 10,854				,
С	Excess from 2012 8,304				
d	Excess from 2013				
е	Excess from 2014				

Form 99	0-PF (2014) Wisconsin Eastern Sta	r Foundation			39-605	9144 Page <b>10</b>
Part	XIV Private Operating Foundation	ns (see instruc	tions and Part V	II-A, question 9)		N/A
1a	If the foundation has received a ruling of	or determination I	etter that it is a pri	ivate operating		
	foundation, and the ruling is effective for	or 2014, enter the	date of the ruling	▶		
•		te whether the foundation is a private operating foundation described in section				3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(a) T-4-1
	income from Part I or the minimum investment return from Part X for	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
	each year listed					0
b	85% of line 2a					0
С	Qualifying distributions from Part XII,					
	line 4 for each year listed					0
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities	<u> </u>				0
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c .					0
3	Complete 3a, b, or c for the					
	alternative test relied upon:					
а	"Assets" alternative test—enter:					
	(1) Value of all assets					0
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed					0
С	"Support" alternative test—enter		1			
	(1) Total support other than gross					
	investment income (interest, dividends, rents, payments on					
	securities loans (section					•
	512(a)(5)), or royalties)					0
	(2) Support from general public and 5 or more exempt					
	organizations as provided in					
	section 4942(J)(3)(B)(III)					0
	(3) Largest amount of support from					
	an exempt organization	-				0
Part	(4) Gross investment income XV Supplementary Information	(Complete thi	s part only if th	e foundation has	1 \$5 000 or mor	0 in assets at
rait	any time during the year—			e loulidation ha	4 \$5,000 OF THOI	e III assets at
1	Information Regarding Foundation		s. <sub>)</sub>			
' a	List any managers of the foundation w	_	ed more than 2%	of the total contribu	tions received by t	he foundation
u	before the close of any tax year (but or					iio iodiidatioii
None	, ,	<b>,,</b>		, - , , .	,	
b	List any managers of the foundation wi	no own 10% or m	ore of the stock of	f a corporation (or a	n equally large po	rtion of the
~	ownership of a partnership or other ent					
None		,		<b>9</b>		
2	Information Regarding Contribution	Grant, Gift, Loa	n, Scholarship, e	etc., Programs:		
	Check here ▶ ☐ if the foundation or		•	_	nizations and does	not accept
	unsolicited requests for funds If the fo					
	under other conditions, complete items	2a, b, c, and d.				
а	The name, address, and telephone nu	mber or e-mail ad	dress of the perso	on to whom applica	tions should be ad	dressed:
	Carpenter 908 Hillpoint Ct Poynette, W					
b	The form in which applications should	be submitted and	information and n	naterials they shou	d include:	
_	ation form completed					
C	Any submission deadlines:					
None						
d	Any restrictions or limitations on award	s, such as by ged	ographical areas, o	charitable fields, kir	ids of institutions,	or other
_	factors:					
<u>Grant</u>	s are awarded to persons showing finar	icial need				

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution Name and address (home or business) recipient or substantial contributor Paid during the year **Bobbie Mueller** None Assistance 50 Compass Point 365 Sunset Dr Dousman, WI 53118 None Bonnie Walderson Assistance 50 Compass Point 365 Sunset Dr Dousman, WI 53118 None Assistance Bruce Christensen 50 Compass Point 365 Sunset Dr Dousman, WI 53118 Assistance Carl Decknagel None 50 Compass Point 365 Sunset Dr Dousman, WI 53118 Carla Badgley None Assistance 50 Compass Point 365 Sunset Dr Dousman, WI 53118 None Assistance Charlotte Roggenback 50 Compass Point 365 Sunset Dr Dousman, WI 53118 Assistance None 3.638 Colleen Haberl N4293 Cty Rd CC Shawano, WI 54166 Don Badgley None Assistance 50 Compass Point 365 Sunset Dr Dousman, WI 53118 None Assistance 50 **Donna Winters** Compass Point 365 Sunset Dr Dousman, WI 53118 Assistance None 50 Dorene Krueger Compass Point 365 Sunset Dr Dousman, WI 53118 **Doris Angelroth** None Assistance 50 Compass Point 365 Sunset Dr Dousman, WI 53118 . See Attached Statement 3a Total 7,893 b Approved for future payment

:

Рa	rt XVI	-A Analysis of Income-Producing Ac	tivities				
Ente	er gros	ss amounts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by sector	on 512, 513, or 514	(e)
			(2)	(b)	(6)	(d)	Related or exempt
	•		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income
1	Prog	ram service revenue					(See instructions)
	a _						
	Ь_					···	
	c _						· · · · · · · · · · · · · · · · · · ·
	d _						- <del> </del>
	е _						
	f _						
	_	ees and contracts from government agencies					-
2		bership dues and assessments					
3		est on savings and temporary cash investments .			14	2	
4		lends and interest from securities		1917	14	12,103	
5		ental income or (loss) from real estate	2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2	C. AP CAR CO. CO.	an hand the same to a right	A. milita	<u> </u>
		Debt-financed property					
		lot debt-financed property					
6		ental income or (loss) from personal property					
7		r investment income					
8		or (loss) from sales of assets other than inventory			18	10,240	
9		ncome or (loss) from special events	ļ	·			
10		s profit or (loss) from sales of inventory					
11	Othe	r revenue: a					
	b _						
	c _						
	d _						
	е		3 = = 2.		1° 14 % mag		
47	Subt	otal. Add columns (b), (d), and (e)	T-17	U	A MARK CHANGE	22,345	
12							~~ ~
13	Tota	I. Add line 12, columns (b), (d), and (e)				13	22,345
<b>13</b> (Se	<b>Tota</b> e work	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation			<del></del>	13	22,345
13 (Sec Pa	Tota work rt XV	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation  Relationship of Activities to the A	ns ) ccomplishme	ent of Exempt	Purposes		
13 (Sec Pa	Tota e work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation  B Relationship of Activities to the A Explain below how each activity for which income	ns ) ccomplishme	ent of Exempt	Purposes (VI-A contributed	importantly to the	
13 (Sec Pa	Tota work rt XV	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation  Relationship of Activities to the A  Explain below how each activity for which incom accomplishment of the foundation's exempt purpose.	ns ) ccomplishme	ent of Exempt	Purposes (VI-A contributed	importantly to the	
13 (Sec Pa	Tota e work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation  B Relationship of Activities to the A Explain below how each activity for which income	ns ) ccomplishme	ent of Exempt	Purposes (VI-A contributed	importantly to the	
13 (Sec Pa	Tota e work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation  Relationship of Activities to the A  Explain below how each activity for which incom accomplishment of the foundation's exempt purpose.	ns ) ccomplishme	ent of Exempt	Purposes (VI-A contributed	importantly to the	
13 (Sec Pa	Tota e work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation  Relationship of Activities to the A  Explain below how each activity for which incom accomplishment of the foundation's exempt purpose.	ns ) ccomplishme	ent of Exempt	Purposes (VI-A contributed	importantly to the	
13 (Sec Pa	Tota e work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation  Relationship of Activities to the A  Explain below how each activity for which incom accomplishment of the foundation's exempt purpose.	ns ) ccomplishme	ent of Exempt	Purposes (VI-A contributed	importantly to the	
13 (Sec Pa	Tota e work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation  Relationship of Activities to the A  Explain below how each activity for which incom accomplishment of the foundation's exempt purpose.	ns ) ccomplishme	ent of Exempt	Purposes (VI-A contributed	importantly to the	
13 (Sec Pa	Tota e work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation  Relationship of Activities to the A  Explain below how each activity for which incom accomplishment of the foundation's exempt purpose.	ns )  ccomplishme	ent of Exempt	Purposes (VI-A contributed	importantly to the	
13 (Sec Pa	Tota e work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation  Relationship of Activities to the A  Explain below how each activity for which incom accomplishment of the foundation's exempt purpose.	ns )  ccomplishme	ent of Exempt	Purposes (VI-A contributed	importantly to the	
13 (Sec Pa	Tota e work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation  Relationship of Activities to the A  Explain below how each activity for which incom accomplishment of the foundation's exempt purpose.	ns )  ccomplishme	ent of Exempt	Purposes (VI-A contributed	importantly to the	
13 (Sec Pa	Tota e work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation  Relationship of Activities to the A  Explain below how each activity for which incom accomplishment of the foundation's exempt purpose.	ns )  ccomplishme	ent of Exempt	Purposes (VI-A contributed	importantly to the	
13 (Sec Pa	Tota e work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation  Relationship of Activities to the A  Explain below how each activity for which incom accomplishment of the foundation's exempt purpose.	ns )  ccomplishme	ent of Exempt	Purposes (VI-A contributed	importantly to the	
13 (Sec Pa	Tota e work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation  Relationship of Activities to the A  Explain below how each activity for which incom accomplishment of the foundation's exempt purpose.	ns )  ccomplishme	ent of Exempt	Purposes (VI-A contributed	importantly to the	
13 (Sec Pa	Tota e work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation  Relationship of Activities to the A  Explain below how each activity for which incom accomplishment of the foundation's exempt purpose.	ns )  ccomplishme	ent of Exempt	Purposes (VI-A contributed	importantly to the	
13 (Sec Pa	Tota e work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation  Relationship of Activities to the A  Explain below how each activity for which incom accomplishment of the foundation's exempt purpose.	ns )  ccomplishme	ent of Exempt	Purposes (VI-A contributed	importantly to the	
13 (Sec Pa	Tota e work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation  Relationship of Activities to the A  Explain below how each activity for which incom accomplishment of the foundation's exempt purpose.	ns )  ccomplishme	ent of Exempt	Purposes (VI-A contributed	importantly to the	
13 (Sec Pa	Tota e work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation  Relationship of Activities to the A  Explain below how each activity for which incom accomplishment of the foundation's exempt purpose.	ns )  ccomplishme	ent of Exempt	Purposes (VI-A contributed	importantly to the	
13 (Sec Pa	Tota e work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation  Relationship of Activities to the A  Explain below how each activity for which incom accomplishment of the foundation's exempt purpose.	ns )  ccomplishme	ent of Exempt	Purposes (VI-A contributed	importantly to the	
13 (Sec Pa	Tota e work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation  Relationship of Activities to the A  Explain below how each activity for which incom accomplishment of the foundation's exempt purpose.	ns )  ccomplishme	ent of Exempt	Purposes (VI-A contributed	importantly to the	
13 (Sec Pa	Tota e work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation  Relationship of Activities to the A  Explain below how each activity for which incom accomplishment of the foundation's exempt purpose.	ns ) ccomplishme	ent of Exempt	Purposes (VI-A contributed	importantly to the	
13 (Sec Pa	Tota e work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation  Relationship of Activities to the A  Explain below how each activity for which incom accomplishment of the foundation's exempt purpose.	ns ) ccomplishme	ent of Exempt	Purposes (VI-A contributed	importantly to the	
13 (Sec Pa	Tota e work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation  Relationship of Activities to the A  Explain below how each activity for which incom accomplishment of the foundation's exempt purpose.	ns ) ccomplishme	ent of Exempt	Purposes (VI-A contributed	importantly to the	
13 (Sec Pa	Tota e work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation  Relationship of Activities to the A  Explain below how each activity for which incom accomplishment of the foundation's exempt purpose.	ns ) ccomplishme	ent of Exempt	Purposes (VI-A contributed	importantly to the	
13 (Sec Pa	Tota e work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation  Relationship of Activities to the A  Explain below how each activity for which incom accomplishment of the foundation's exempt purpose.	ns ) ccomplishme	ent of Exempt	Purposes (VI-A contributed	importantly to the	

Form 990-PF (2014) Wisconsin Eastern Star Foundation 39-6059144 Page 13 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described Yes No · in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (2) Other assets . . . 1a(2) Other transactions: 1b(1) 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) 1b(5) (6) Performance of services or membership or fundraising solicitations . . . 1b(6) Sharing of facilities, equipment, mailing lists, other assets, or paid employees . . . . . . . If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? X Yes No If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Grand Chapter Order of the Eastern Star of Wis 501(c)(10) Appoints Foundation Board Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Sign May the IRS discuss this return with the preparer shown below Here

⊣ere	11 1-3001-00000-	1/2///3	rans received	(see instructions)? X Yes No
	Signature of officer or trustee	Date Title	0	(100 ) Ites
Paid	Print/Type preparer's name	Preparer's signature	Date	Check I If PTIN
_	Barbra R Lasky	South R Joshy		self-employed P00090499
Prepa	I Firm's name ► Hather Lasky & Los	wen SC	Firm's	EIN ► 39-1172767
Use C	only Firm's address ► 11575 W Theo Tree	ker Way, Milwaukee, WI 532	14-1139 Phone	no (414) 258-1007

### Schedule B

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

Schedule of Contributors

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

OMB No 1545-0047

2014

**Employer identification number** 

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer is

39-6059144 Wisconsin Eastern Star Foundation 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 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions .▶ \$ 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), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of or	ganization Eastern Star Foundation		Employer identification number 39-6059144
Parţ I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Mark Nelson 590 Scott Street Oregon WI 53575 Foreign State or Province Foreign Country	\$ 17,279	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 Occupate 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 Occupate 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)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Page 3 Name of organization **Employer identification number** 39-6059144 Wisconsin Eastern Star Foundation Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (see instructions)

٦

		\$	
(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
		\$	

ι

Name of or					Employer identification number		
	Eastern Star Foundation				39-6059144		
Part III	Exclusively religious, charitable, etc.,						
	(10) that total more than \$1,000 for the	-	=	-	. , ,		
	the following line entry. For organizations						
	contributions of \$1,000 or less for the ye			struct	ions) ▶ \$10,164		
(a) No.	Use duplicate copies of Part III if addition	i <u>ai space is ne</u> T	eaea.	Ι			
from	(b) Purpose of gift	(c	) Use of gift	(d	) Description of how gift is held		
Part I				ļ			
4	Assist persons showing financial need	invested		Ma	arketable Securities		
1							
		(e) T	ransfer of gift	<b>L</b>	-		
		(0) .	ranoior or gint				
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of	transferor to transferee		
			1				
	For Prov Country	r					
(a) No. from	(b) Purpose of gift	10	) Use of gift	<sub>/d</sub>	) Description of how gift is held		
Part I	(b) Fulpose of gift		ose or girt	,α	bescription of now gift is field		
		(-) 7		1			
		(е) і	ransfer of gift				
	T	Polotionak		tunnafarar ta tuanafara			
	Transferee's name, address, and	ZIP T 4	Relationsh	iip oi	transferor to transferee		
	For Prov Country						
(a) No.							
from Part I	(b) Purpose of gift	(c	) Use of gift	(d	) Description of how gift is held		
					· · · · · · · · · · · · · · · · · · ·		
			<del>-</del>	l			
		(e) T	ransfer of gift				
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of t	transferor to transferee		
	For Prov Country						
(a) No.	For Prov Country			T			
from	(b) Purpose of gift	(c	) Use of gift	(d	) Description of how gift is held		
Part I				<u> </u>			
				ļ			
		(e) T	ransfer of gift				
		•					
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of	transferor to transferee		
	For Prov Country						

:

Continuation of Part XV, Li	ne 3a (990-PF) -	Gran	ts and Con	tributions Paid	During the	e Year
Recipient(s) paid during the year						
Name						
Dorothy Capen	·-···					
Street						
Compass Point 365 Sunset Dr	<del></del>	Ctoto	7:- Codo	Faraian Caus	4	
City Dousman		State   WI	Zip Code 53118	Foreign Coun	try	
Relationship	Foundation Status		100110	· · · · · · · · · · · · · · · · · · ·		
None						
Purpose of grant/contribution	•				Amount	
Assistance						50
Name						
Edwina Koth	· · · · · · · · · · · · · · · · · · ·	·				
Street						
114 Alpine Terrace		04.4.	17: 0: 4:	le : o		
City		State WI	Zip Code 54166	Foreign Coun	try	
Shawano Relationship	Foundation Status		104 100			
None						
Purpose of grant/contribution					Amount	
Assistance						1,820
Name						
Etta Richardson						
Street	·	•				
1100 Baker Ave Apt 121						
City	·		Zip Code	Foreign Coun	try	
Ladysmith	7=	WI	54848			
Relationship	Foundation Status					
None Purpose of grant/contribution					Amount	
Assistance					Amount	815
	···	-			•	<del></del>
Name Gerald Beier						
Street			<del></del>	<u> </u>	<del></del>	
Compass Point 365 Sunset Dr						
City		State	Zip Code	Foreign Count	try	
Dousman		WI	53118			<del></del>
Relationship	Foundation Status					
None	<u> </u>			· · · · · · · · · · · · · · · · · · ·	A	
Purpose of grant/contribution Assistance					Amount	50
					1	
Name						
Gini Brown Street						
Compass Point 365 Sunset Dr						
City		State	Zip Code	Foreign Count	try	
Dousman		WI	53118			
Relationship	Foundation Status					
None					14	
Purpose of grant/contribution					Amount	50
Assistance	<del></del>				1	50
Name						
Hazel Leque						
Street						
Compass Point 365 Sunset Dr City		State	Zip Code	Foreign Coun	trv	
Dousman		WI	53118	3.0.9/1 004/1	<b>,</b>	
Relationship	Foundation Status		<u> </u>			
None	<u> </u>				T-	
Purpose of grant/contribution					Amount	
Assistance					_1	50

Continuation of Part XV, Li	ne 3a (990-PF) -	Gran	ts and Con	tributions Paid	During the	Year
Recipient(s) paid during the year						
Name						
Jeri Fluke Street	<del></del>					<del></del>
Compass Point 365 Sunset Dr						
City		State	Zip Code	Foreign Count	trv	
Dousman		WI	53118	i oroigii oouiii	<b>y</b>	
Relationship	Foundation Status		100110	I		
None						
Purpose of grant/contribution					Amount	
Assistance					<u></u>	50
Name Keith Mueller						
Street						
Compass Point 365 Sunset Dr						
City			Zip Code	Foreign Count	try	
Dousman		WI	53118			
Relationship	Foundation Status					
None					Amount	
Purpose of grant/contribution					Amount	<b>E</b> 0
Assistance					L	50
Name						
Laverne Michels				<del> </del>		
Street						
Compass Point 365 Sunset Dr						
City			Zip Code	Foreign Count	try	
Dousman		WI	53118			
Relationship	Foundation Status					
None					1	
Purpose of grant/contribution					Amount	
Assistance				<del></del>	<u></u>	50
Name						
Mary Elizabeth Church						
Street						
Compass Point 365 Sunset Dr						
City		State	Zip Code	Foreign Count	try	
Dousman		WI	53118		•	
Relationship	Foundation Status					
None						
Purpose of grant/contribution					Amount	
Assistance						83
Name						
Mylo Dean						
Street				-		
Compass Point 365 Sunset Dr						
City		State	Zip Code	Foreign Count	rv	
Dousman		WI	53118		·· ,	
Relationship	Foundation Status		1007.10			
None						
Purpose of grant/contribution					Amount	
Assistance						50
					-	
Name						
Nina Rode						
Street						
Compass Point 365 Sunset Dr		Ctoto	Zin Code	Foreign Count	tm.	
City		State	Zip Code 53118	Foreign Count	и у	
Dousman Polationabia	Foundation Status		100110	<u> </u>	·	
Relationship	Foundation Status	1				
None Purpose of grant/contribution					Amount	
Assistance						50
Wasiarquice					<del></del>	

Continuation of Part XV, L	ine 3a (990-PF) -	Gran	its and Con	tributions Paid	d During the	<b>Year</b>
Recipient(s) paid during the year						
Name						
Rachael Hasterman						
Street					•	
Compass Point 365 Sunset Dr						
City		State	Zip Code	Foreign Coun	try	
Dousman		WI	53118			
Relationship	Foundation Status					
None					<del></del>	
Purpose of grant/contribution					Amount	
Assistance					<u> </u>	50
Name						
Richard Black						
Street						
Compass Point 365 Sunset Dr			<b>,</b>			
City			Zip Code	Foreign Coun	try	
Dousman		WI	53118			
Relationship	Foundation Status					
None					Ta	
Purpose of grant/contribution					Amount	-
Assistance					1	50
Name						
Robert Cervay						
Street						
Compass Point 365 Sunset Dr			·			
City			Zip Code	Foreign Coun	try	
Dousman		<u>WI</u>	53118			
Relationship	Foundation Status					
None					A	
Purpose of grant/contribution					Amount	EC
Assistance						50
Name						
Rosie Ruck						
Street						
Compass Point 365 Sunset Dr	<del> </del>	1	1			
City			Zip Code	Foreign Coun	try	
Dousman	Farmulation Ctatus	WI	53118	i		
Relationship	Foundation Status					
None Purpose of grant/contribution			<del>-</del>		Amount	
Assistance					Amount	50
				<del></del>	<del></del>	
Name						
Ruth Secosh	<del> </del>	<del></del>			· · · · · · · · · · · · · · · · · · ·	·
Street Compass Point 365 Sunset Dr						
City		State	Zip Code	Foreign Coun	try	
Dousman		WI	53118	l oreign coun	u. y	
Relationship	Foundation Status		100110		···	
None						
Purpose of grant/contribution					Amount	
Assistance						50
Name Sharen Sweetwood						
Sharon Sweetwood Street					<del></del>	
525 S Perry Pkwy #3						
City		State	Zip Code	Foreign Coun	itry	
Oregon		WI	53525		<u> </u>	
Relationship	Foundation Status	,				
None					<b>T</b>	
Purpose of grant/contribution					Amount	
Assistance			·			137

Continuation of Part XV, Li	ne 3a (990-PF) -	Gran	ts and Con	tributions Paic	During the	Year
Name						
Shirley Chatfield						
Street			<del></del>			
Compass Point 365 Sunset Dr						
City		State	Zip Code	Foreign Coun	try	
Dousman	<del>-</del>	WI	53118	<u> </u>		
Relationship	Foundation Status					
None						
Purpose of grant/contribution					Amount	
Assistance					<del>.l</del>	50
Name						
Steve Agne						
Street						
Compass Point 365 Sunset Dr		01.1.	T	F	4	
City			Zip Code	Foreign Coun	try	
Dousman Relationship	Foundation Status	WI	53118			
None	Foundation Status					
Purpose of grant/contribution		<del></del>		·	Amount	
Assistance						50
		•			•	
Name						
Tom Winters Street						
Compass Point 365 Sunset Dr						
City		State	Zip Code	Foreign Coun	trv	
Dousman		WI	53118	. o.o.g o o u	7	
Relationship	Foundation Status		100000			
None						
Purpose of grant/contribution	<del></del> -				Amount	
Assistance	****		· <del></del>		<u> </u>	50
Name						
Virginia Galloway						
Street						
Compass Point 365 Sunset Dr	·					
City			Zip Code	Foreign Coun	try	
Dousman	<del></del>	WI	53118		· <del> · - · · · · · · · · · · · · · · ·</del>	
Relationship	Foundation Status					
None					Amount	
Purpose of grant/contribution Assistance					Amount	50
					<u> </u>	<u> </u>
Name						
Norm Soergel				<del></del>		
Street						
Compass Point 365 Sunset Dr City		State	Zip Code	Foreign Coun	trv	
Dousman		WI	53118	oreign count	ci y	
Relationship	Foundation Status		100110	1		
None						
Purpose of grant/contribution	<u> </u>				Amount	·
Assistance						-50
Name						
Ruth Cervay						
Street						
Compass Point 365 Sunset Dr						
City			Zip Code	Foreign Coun	try	
Dousman	· ·	<u>WI</u>	53118			<u> </u>
Relationship	Foundation Status					
None					Amount	
Purpose of grant/contribution					Amount	50
Assistance						

Inventory
Than
Other
Assets
Sale of
from (
- Gain/Loss
(990-PF)
Line 6
Part

									Totals	Gross		Cost, Other	Other	Net Gain	aın
			Amount							Sales		Basis and	Basis and Expenses	or Loss	SS
		Long Term CG Distributions	8,293					Ö	Capital Gains/Losses		115,596		105,356		10,240
		Short Term CG Distributions							Other sales		0		0		:
	Check "X"	<b> </b>			Check "X" if Purchaser		•					Expense of Sale			
	to include					Date	Acquisition	Date	Gross Sales	Cost or	Valuation	and Cost of			Net Garn
	In Part IV	V Description	CUSIP#	Purchaser	Business	Acquired	Method	Sold	Price	Other Basis	Method	Improvements	Depreciation	Adjustments	or Loss
-	×	Russell Emerging Market 12 07				8/3/2012	Ь	6/27/2014	232	206					56
7	×	Russell Global Real Estate 1 02				8/3/2012	۵	3/27/2014	38	39					•
6	×	Russell Global Real Estate 5 06				8/3/2012	۵	6/27/2014	204	194					10
4	×	Russell Global Equity 18 125 Sh				8/3/2012	۵	6/27/2014	215	153					62
9	×	Russell Global Infra 58 504 Shs				8/3/2012	۵	3/27/2014	729	632					26
g	×	Russell Global Infra 17 765				8/3/2012	ď	6/27/2014	238	192					94
7	×	Russell Commodity Strat 225 76				8/3/2012	а.	1/3/2014	1,885	2,149					-564
∞	×	Russell Commodity Strat 44 096				8/3/2012	4	3/27/2014	387	420					క్ర
6	×	Russell Commodity Strat 24 68t				8/3/2012	۵	6/27/2014	221	235					-14
9	×	Russell Global Opport 25 118 S				8/2/2012	۵	3/27/2014	263	273					-10
÷	×	Russell Global Opport 17 126 S				8/2/2012	۵	6/27/2014	176	179					r?
7	×	Russell US Sm Cap Equity 6 32				8/3/2012	Ь	3/27/2014	194	147					47
5	×	Russell US Sm Cap Equity 6 80				8/3/2012	ď	6/27/2014	215	158					25
7	×	Russell Inti Developed Markets				8/3/2012	a.	1/3/2014	10,735	8,257					2,478
45	×	Russell Intl Developed Markets				8/3/2012	۵	6/27/2014	165	121					44
9	×	Russell Strategic Bond 805 609				8/3/2012	α.	1/3/2014	8,765	9,128					-363
7	×	Russell Strategic Bond 31 941	v			8/3/2012	Д	3/27/2014	353	362					o,
2	×	Russell Strategic Bond 27 062 5				8/3/2012	۵	6/27/2014	303	307					4
19	×	Russell Strategic Bond 10 028	97			8/3/2012	۵	9/26/2014	112	114					-5
2	×	Russell Multi-Str Alt 11 548 Shs				8/7/2012	۵	1/3/2014	119	115					4
77	×	Russell Multi-Str Alt 8 29 Shs				8/7/2012	O.	6/27/2014	26	83					-
22	×	Russell US Str Equity 59 038 St				8/7/2012	a	3/27/2014	736	290					146
2	×	Russell US Str Equity 49 301 St				8/7/2012	a.	6/27/2014	946	493					153
77	×	Russell US Str Equity 195 143 5	8			8/7/2012	Ф	9/26/2014	2,588	1,951					637
58	×	Russell US Str Equity 212 598 9	יט			8/7/2012	۵	12/26/2014	2,700	2,126					574
56	×	Telecom Italia Capital Note				8/15/2012	۵	6/18/2014	20,000	20,683					-683
27	×	Morgan Stanley Sub Global Not	-			8/17/2012	ď	4/1/2014	25,000	25,762					-762
88	×	Abbey Natl Treasury Ser Bank I	-			8/24/2012	۵	4/25/2014	30,000	30,287					-287

Part I, Line 16b (990-PF) - Accounting Fees

		2,175	1,650	0	525
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	Tax Preparation	2,175	1,650		525

Part I, Line 16c (990-PF) - Other Professional Fees

		3,067	3,067	C	0
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	Investment Advisor	3,067	3,067		

Part I, Line 18 (990-PF) - Taxes

art ij Eine ie (ees	169	0	0	0
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1 Excise Tax	169			

Part I, Line 23 (990-PF) - Other Expenses

		3,038	825	0	2,213
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Postage	1,478			1,478
2	Insurance	1,450	725		725
3	Bond	100	100		
4	Office Expense	10			10

# Part II, Line 10b (990-PF) - Investments - Corporate Stock

Part II, Line 10c (990-PF) - Investments - Corporate Bonds

Book Value         FMV           Beg. of Year         End of Year         Beg. of Year           27,157         27,157         26,861           20,683         0         20,424           25,762         0         25,245           30,287         0         30,207
57 End of Year Beg. of 27,157 83 0 62 0 83 0 83 0 62 0 0 62 0 0 63 0 0 64 0 0 0 65 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
57 27,157 83 0 62 0
000
00
U

ì

Part IV (990-PF) - Capital Gains and Losses for Tax on investment income	
Part IV (990-PF	

Long Term CG Distributions	8,293												
Short Term CG Distributions	0				214,608	0		210,714	3,894		0		3,894
		A commenter	į	į		Composition		Cost or Other		FMV se of	Adjusted Basis	Excess of EMV	Gains Minus Excess
Description of Property Sold	CHSIP	Method	Acruired	Sold	Sales Price	Allowed	Adiustments	Expense of Sale	Gain or Loss	12/31/69	12/31/69	Over Adj Basis	Basis or Losses
Russell Emerging Market 12 077 Shs		a	8/3/2012	6/27/2014	1				26	)	0		26
Russell Global Real Estate 1 026 Shs		۵	8/3/2012	3/27/2014	88			39			0		-1
Russell Global Real Estate 5 06 Shs		a.	8/3/2012	6/27/2014	204			194		)	0		10
Russell Global Equity 18 125 Shs		۵	8/3/2012	8/27/2014	215			153			0		62
Russell Global Infra 58 504 Shs		a.	8/3/2012	3/27/2014	729			632			0		26
6 Russell Global Infra 17 765		۵	8/3/2012	6/27/2014	238			192	94	)	0		46
Russell Commodity Strat 225 768 Shs		a	8/3/2012	1/3/2014	1,885			2,149			0		.264
Russell Commodity Strat 44 096 Shs		۵	8/3/2012	3/27/2014	387			420			0		-33
Russell Commodity Strat 24 686 Shs		_	8/3/2012	8/27/2014	122			235		, , , , ,	0		-14
10 Russell Global Opport 25 118 Shs		<u> </u>	8/2/2012	3/27/2014	563			273			0		-10
		۵	8/2/2012	8/27/2014	176			179			0		-3
12 Russell US Sm Cap Equity 6 327 Shs		۵	8/3/2012	3/27/2014	194			147			0		47
т-		۵	8/3/2012	6/27/2014	215			158	57		o		57
14 Russell (nd Developed Markets 293 950 Shs		a.	8/3/2012	1/3/2014	10,735			8,257			0		2,478
г		۵	8/3/2012	6/27/2014	165			121			0		44
16 Russell Strategic Bond 805 609 Shs		۵.	8/3/2012	1/3/2014	8,765			9,128	-363		0		-363
7 Russell Strategic Bond 31 941 Shs		۵	8/3/2012	3/27/2014	353			362	ę,		0		6-
18 Russell Strategic Bond 27 062 Shs		۵	8/3/2012	6/27/2014	303			307	4		0		4
19 Russell Strategic Bond 10 028 Shs		۵	8/3/2012	9/26/2014	112			41.	-2		0		-2
20 Russell Multi-Str Alt 11 548 Shs		O.	8/7/2012	1/3/2014	119			115	4		0		4
21 Russell Multi-Str Alt 8 29 Shs		۵	8/7/2012	6/27/2014	2			83	-		0		1
22 Russell US Str Equity 59 038 Shs		۵	8/7/2012	3/27/2014	736			290			0		148
23 Russell US Str Equity 49 301 Shs		α.	8/7/2012	6/27/2014	646			493	153		0		153
24 Russell US Str Equity 195 143 Shs		۵	8772012	9/26/2014	2,588			1,951			0		637
25 Russell US Str Equity 212 598 Shs		۵	8/7/2012	12/26/2014	2,700			2,126		,	0	)	574
28 Telecom Italia Capital Note		۵	8/15/2012	6/18/2014	20,000			20,683			0		-683
27 Morgan Stanley Sub Global Note		۵	8/17/2012	4/1/2014	25,000			25,762	-762		0		-762
90 Abber Mad Tracerry Cor Don't Made		0	C10010a	4050014	30 000			30.287			2		7AC.

	Check "X"							Avg Hrs			Expense	<del></del>
Name	if Business	Street	Cuty	State	Zip Code	Foreign Country	Title	Per Week	Compensation	Benefits	Account	_;
Kristin Schoville		409 Mountainview St	Cobb	×	53526		Past WGM	1 00	0	•	•	
Craig Wepprecht		3621 16th Ave	Kenosha	¥	53140		Past WGP	8	0	0	0	
Jane Blackwood		937 Euclid Ave	Beloit	\$	53511	And the state of t	WGM	100	0	0	0	10
Don Jensen		S63 W35554 Piper Rd	Eagle	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	53119		WGP	00 1	0	0	0	15
Joanne Freiman		1885 Smart Rd	Gordon	\$	54838		AGM	8	0	0	0	<del></del>
Doris Schultz		W63 N986 Holly Lane	Cedarburg	₹	53012		၁၅	00	0	0	0	10
John Dorsey		1324 School Ave	Sheboygan	\$	53083		AGP	9	0	0	0	
Karen Carpenter		908 Hillpoint Ct	Poynette	\$	53955		Secretary	2 00	0	0	0	10
Ruthann Watts		1361 Mockingbird Dr	Осопомомос	₹	53066		Treasurer	2 00	0	0	0	
Jim Sedall		2530 Branwood Dr	Wisconsin Rapids	× ×	54494		Board	8	0	0	0	10
Roberta Sindelar		PO Box 587	Friendship	\$	53934		Board	8	0	0	0	
Mark Nelson		590 Scott Street	Oregon	₹	53575		Board	18	0	0	0	10
Bob Barnett		1225 Lincoln Ave	Stoughton	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	53589		Board	1 00	0	0	0	-

Receivable	
- Accounts	
(990-PF)	
, Line 3	
Part	

		Accounts	Allowance for	Fair Market
		Receivable	Doubtful Accounts	Value
	Beginning	1 15		
	Ending	142		142
2	Beainning	2		
	Ending			
m	Beginning	۳ ا		
	Ending			
4	Beginning	4		
	Ending			
S	Beginning	2		
	Ending			
မှ	Beginning	9		
	Endina			
7	Beginning	7	!	
	Ending			
۵	Beginning	<b>~</b>		
	Ending			
6	Beginning	<b>o</b>		
	Ending			
10	Beginning	10		
	Ending			
11 Total beginning year amounts			0	
12 Total end of year amounts	•	12 142	0	
13 lotal fair market value				3 142