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2016

OMB No 1545-0052

Return of Private Foundation

Form 990-PF Department of the Treasury

Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

		ndar year 2016, or tax year	beginning 01-01-20)16 , a	nd en	ding 12-31-		
		indation D MARY ELLEN STINSKI FOUNDATION					entification numbe	r
				Room/suite		27-1247050		
		I street (or P O box number if mail is no nt Road NE	ot delivered to street address;		B Telephone number (see instructions)			
City	or town	, state or province, country, and ZIP or	foreign nostal code			(319) 626-6477	,	
		y, IA 52317	roreign postar code			C If exemption	application is pendin	g, check here
G Ch	neck al	l that apply 🔲 Initial return	\square Initial return of a	former public charity	,	D 1. Foreign or	ganızatıons, check he	ere 🕨 🔲
		Final return	Amended return				ganizations meeting k here and attach co	
		Address chang				·	ındatıon status was t	· -
_	,		01(c)(3) exempt private				n 507(b)(1)(A), chec	
		1 4947(a)(1) nonexempt charitable						
of '		from Part II, col (c),	J Accounting method ☐ Other (specify) [Part I, column (d) must	be on cash basis)	uaı		ation is in a 60-montl n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and I	Expenses (The total	(a) Revenue and				(d) Disbursements
		of amounts in columns (b), (c), and (c equal the amounts in column (a) (see		expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc ,	received (attach	40,000				
		schedule)						
	2	Check ► ☐ If the foundation is I	not required to attach					
	3	Interest on savings and temporar	y cash investments	15,837	7	15,837	15,837	
	4	Dividends and interest from secur	rities					
	5a	Gross rents						
e	b	Net rental income or (loss) Net gain or (loss) from sale of ass	sats not an line 10	-				
E	6a ե	- ' '						
Revenue	р 7	Gross sales price for all assets on Capital gain net income (from Par	<u></u>					
ш	8	Net short-term capital gain	•					
	9	Income modifications						
	10a	Gross sales less returns and allow	vances					
	ь	Less Cost of goods sold						
	С	Gross profit or (loss) (attach sche	•					
	11	Other income (attach schedule)		55.00		45.007	45.007	
	12	Total. Add lines 1 through 11 .		55,837		15,837	15,837	
	13 14	Compensation of officers, director Other employee salaries and wag	,					
v.	15	Pension plans, employee benefits						
)Se	16a	Legal fees (attach schedule)		950		950		
<u>ē</u>	ь	Accounting fees (attach schedule))	_				
Operating and Administrative Expenses	С	Other professional fees (attach so	thedule)					
E K	17	Interest						
st ra	18	Taxes (attach schedule) (see inst	ructions)	200		200		
≣	19	Depreciation (attach schedule) an	nd depletion					
€	20	Occupancy						
ק פ	21	Travel, conferences, and meeting						
<u></u>	22	Printing and publications		20. 1	-	257		470
Ξ,	23	Other expenses (attach schedule)		836	1	357		479
era	24	Total operating and administration Add lines 13 through 23	<u>-</u>	1,986	5	1,507		479
o o	25	Contributions, gifts, grants paid		186,400	_	1,507		186,400
	26	Total expenses and disbursem	nents. Add lines 24 and			4 507		
	27	Subtract line 26 from line 12		188,386	7	1,507		186,879
	a	Excess of revenue over expens	ses and	-132,549				
	 h	disbursements Net investment income (if negative income)	ative enter -0-1			14,330		
	b c	Adjusted net income (if negative	•			14,530	15,837	
or		work Reduction Act Notice, see	· · · · · · · · · · · · · · · · · · ·	1	Ц	at No. 11289)		m 990-PF (2016)

1,285,428

1,285,428

1,285,428

1,285,428

1,152,379

1.152.379

1,152,379

1,152,379

2

3

4

5

1,285,428

-132,549

1,152,879

1,152,379

Form **990-PF** (2016)

500

Investments—U S and state government obligations (attach schedule)

Investments—land, buildings, and equipment basis ▶ _

Less accumulated depreciation (attach schedule) ▶ ___

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Accounts payable and accrued expenses

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow SFAS 117, check here 🕨 🗹

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

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

Analysis of Changes in Net Assets or Fund Balances

Land, buildings, and equipment basis ▶

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe ▶_

Temporarily restricted

Unrestricted

Permanently restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶ .

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

Assets

10a h

C

11

12

13 14

15 16

17 18

19

20

21

22

23

24

25

26

27

28

29

30

31

Part III

2

3

4

Liabilities

Fund Balances

ō

Net Assets

Form 990-PF (2016)		Page 7
Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly P	aid Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, ente	r "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		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include released organizations and other beneficiaries served, conferences convened, research papers produced to the conference of the conferen		er of Expenses
1		
2		
3		
3		
4		
Part IX-B Summary of Program-Related Investments (see	instructions)	
Describe the two largest program-related investments made by the foundation during the	ne tax year on lines 1 and 2	Amount
1		
2		
•		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		•
Total Add Inles I tillough 5		Form 990-PF (2016)
		FOITH 330-FF (2010)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

3a 3h

4

5

186.879

186.736

Form 990-PF (2016)

143

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

the section 4940(e) reduction of tax in those years

4

5

(d)

Page 9

62,365

62,365

Form **990-PF** (2016)

Form	990-PF	(201
Pa	rt XII	3

90-PF	(2	01	6)	
FYTT			П	

0-PF	(20	31	6)	
V II					_

Part XIII		Undistributed Income (see instruct				
1	Distributabl	e amount for 2016 from Part XI, line 7				
2	Undistribute	ed income, if any, as of the end of 2016				

b Total for prior years Excess distributions carryover, if any, to 2016 From 2011.

a Enter amount for 2015 only.

- **b** From 2012. . . . c From 2013. . . **d** From 2014. . . .
- 143.679 e From 2015.

- 4 Qualifying distributions for 2016 from Part
- 134.492 283,550 f Total of lines 3a through e. XII, line 4 🕨 \$

e Remaining amount distributed out of corpus

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2011 not

indicated below:

5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2017.

10 Analysis of line 9

a Excess from 2012. . .

c Excess from 2014. . . .

d Excess from 2015. . . e Excess from 2016. . .

b Excess from 2013. .

- a Applied to 2015, but not more than line 2a

93,360

85 833

93.360 85,833

134,492

283.550

124.514

(a)

Corpus

740.914

124.514

865,428

143.679

721,749

(b)

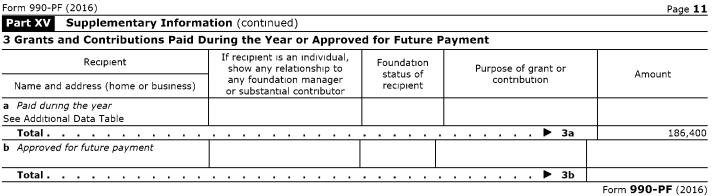
Years prior to 2015

(c)

2015

- **b** Applied to undistributed income of prior years (Election required—see instructions).
- c Treated as distributions out of corpus (Election required—see instructions). **d** Applied to 2016 distributable amount.

same amount must be shown in column (a))



Enter gross	amounts unless otherwise indicated	Unrelated bu	siness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
	<u> </u>					
2 Membe	and contracts from government agencies rship dues and assessments.					
ınvest	st on savings and temporary cash ments			14		15,837
5 Net ren	tal income or (loss) from real estate					
	financed property					
6 Net re	ebt-financed property ntal income or (loss) from personal property					
	r (loss) from sales of assets other than					
	ory					
	ome or (loss) from special events					
	profit or (loss) from sales of inventory evenue a					
	evenue a					
с						
		1				
12 Subtota	al Add columns (b), (d), and (e)			15	•	15,837 15,837
12 Subtota 13 Total. See worksl	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculatio	ns)			B	15,837 15,837
12 Subtota 13 Total. See worksl	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculatio Relationship of Activities to th	^{ns}) e Accomplish	ment of Exem	pt Purposes		15,837
12 Subtota 13 Total. See worksl	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculatio	ns) e Accomplish Income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	15,837
12 Subtota 13 Total. See works Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculatio B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplish Income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	15,837
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	Information Regarding Transfers To and Transactions and Relationships With Noncharitable
111	Exempt Organizations

Par	: XVII	Information Re Exempt Organiz		ansf	fers To a	and Transacti	ons a	nd Relation	nships With None	charitable		
		rganization directly or in Code (other than sectio	directly engag							n 501	Yes	No
a Tra	ansfers	from the reporting foun	dation to a no	oncha	rıtable ex	empt organizatio	n of					
(1) Cash	1								1a(1)		No
(2) Othe	er assets								. 1a(2)		No
b Ot	her tra	nsactions										
(1) Sale	s of assets to a nonchari	table exempt	orga	nization.					. 1ь(1)		No
(2) Purchases of assets from a noncharitable exempt organization										. 1b(2)		No
(3) Rent	tal of facilities, equipmen	it, or other as	sets.						. 1b(3)		No
(4) Reim	nbursement arrangemen	ts							1b(4)		No
(5) Loar	ns or loan guarantees.								. 1b(5)		No
(6) Perfo	rmance of services or m	embership or	fund	raising so	licitations				1b(6)		No
c Sh	arıng o	of facilities, equipment, m	nailing lists, o	ther a	assets, or	paid employees.				. 1c		No
of in	the goo any tra	wer to any of the above ods, other assets, or servinsaction or sharing arra	vices given by ngement, sho	the i	reporting column (d	foundation If the d) the value of th	e found e good	dation receive ds, other asse	d less than fair mark ts, or services receive	et value ed		
(a) Lin	e No	(b) Amount involved	(c) Name of I	noncha	arıtable exe	empt organization	(d)) Description of	transfers, transactions, a	and sharing arrai	ngemen	ts
	-											
	-+											
de	scribed	indation directly or indire I in section 501(c) of the complete the following so	Code (other		•	•				. 🗆 Yes	✓ N	0
		(a) Name of organization	n		(b) Type of organizat	tion		(c) Description of	of relationship		
Sign	of r	der penalties of perjury, ny knowledge and belief ch preparer has any kno	, it is true, co									
Here		*****				2017-05-10		*****		ay the IRS discus th the preparer s		
	•	Signature of officer or ti	rustee			Date		Title		ee instr)? 🗹 Y		
		Print/Type preparer's Patrick M Courtney		Prepa	arer's Sigi	nature	Dat	e	Check if self- employed ▶ □	TIN P00618	528	
Paid Prec	l parei											
-	Only	I II III S Hallic F Blaa	ley & Riley PO	-					Fi	rm's EIN ▶		
	•		07 Fırst Aven	ue SE	=							
		Ce	dar Rapıds, I	A 52	4062804				Pl	hone no (319)	363-0	0101

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total	al
contributions received by the foundation before the close of any tax year (but only if they have contributed more	
than \$5,000).	

Mark Stinski

Mary Ellen Stinski

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount			
, , ,	or substantial contributor						
a Paid during the year		<u> </u>					
AAAS 1200 NEW YORK AVENUE NW WASHINGTON, DC 20005	NA	NFP	GENERAL PURPOSES	600			
BIRTHRIGHT 341 E COLLEGE STREET IOWA CITY, IA 52240	NA	NFP	GENERAL PURPOSES	1,000			
CENTER FOR VICTIMS OF TORTURE BOX 6030 ALBERT LEA, MN 56007	NA	NFP	GENERAL PURPOSES	1,000			
CARTER CENTER 453 FREEDOM PARKWAY ATLANTA, GA 30307	NA	NFP	GENERAL PURPOSES	2,000			
DOCTORS WITHOUT BORDERS 333-7TH AVENUE 2ND FL NEW YORK, NY 10001	NA	NFP	GENERAL PURPOSES	25,000			
FINCA INTERNATIONAL BOX 98048 WASHINGTON, DC 20090	NA	NFP	GENERAL PURPOSES	1,000			
GUEST HOUSE 1601 JOSLYN ROAD BOX 36 LAKE ORION, MI 48361	NA	NFP	GENERAL PURPOSES	500			
HABITAT FOR HUMANITY 6554 FLORIDA BLVD STE 200 BATON ROUGE, LA 70806	NA	NFP	GENERAL PURPOSES	5,000			
HABITAT FOR HUMANITY IOWA VALLEY 2401 SCOTT BLVD SE IOWA CITY, IA 52240	NA	NFP	GENERAL PURPOSES	5,000			
HEIFER INTERNATIONAL BOX 6021 ALBERT LEA, MN 56007	NA	NFP	GENERAL PURPOSES	1,000			
IOWA NATL HERITAGE FOUNDATION 505 FIFTH AVE STE 444 DES MOINES, IA 50309	NA	NFP	GENERAL PURPOSES	1,000			
IOWA BICYCLE COALITION PO BOX 5562 CORALVILLE, IA 52241	NA	NFP	GENERAL PURPOSES	500			
IOWA PUBLIC TELEVISION 6450 CORPORATE DRIVE JOHNSTON, IA 50131	NA	NFP	GENERAL PURPOSES	500			
IOWA PUBLIC RADIO BOX 41700 DES MOINES, IA 50311	NA	NFP	GENERAL PURPOSES	500			
MEDICAL MISSIONS SISTERS 8400 PINE ROAD PHILADELPHIA, PA 19111	NA	NFP	GENERAL PURPOSES	1,000			
Total				186,400			

Total . 3а

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NORTH LIBERTY FIRE DEPT PO BOX 77 NΑ NFP GENERAL PURPOSES 500 NORTH LIBERTY, IA 52317 OXFAM AMERICA BOX 7011 NA NFP GENERAL PURPOSES 1,000 ALBERT LEA, MN 56007 PROJECT HOPE PO BOX 250 NA NFP GENERAL PURPOSES 500 MILLWOOD, VA 22646 RED CLOUD INDIAN SCHOOL NA NFP GENERAL PURPOSES 10,000 100 MISSION DR PINE RIDGE, SD 57770 SEARCH FOR COMMON GROUND NFP GENERAL PURPOSES 1,000 NΑ 1601 CONNECTICUT AVE NW SUITE 200 WASHINGTON, DC 20009 ST FELIX CHURCH 117 3RD ST W NFP **GENERAL PURPOSES** NA 500 WABASHA, MN 55981 GENERAL PURPOSES SIGMA XI THE SCIENTIFIC RESEARCH NA NFP 500 SO PO BOX 13975 RESEARCH TRIANGLE PK, NC 27709 SHELTER HOUSE FACILITY BOX 3146 NA NFP GENERAL PURPOSES 500 IOWA CITY, IA 52244 SIERRA CLUB BOX 421042 NA NFP GENERAL PURPOSES 500 PALM COAST, FL 32142 SOAR PO BOX 96409 NA NFP GENERAL PURPOSES 1,000 WASHINGTON, DC 20090 SOUTHERN POVERTY LAW CENTER NA NFP **GENERAL PURPOSES** 500 PO BOX 548 MONTGOMERY, AL 36177 NFP TUCSON SYMPHONY NA GENERAL PURPOSES 500 2175 N SIXTH AVENUE TUCSON, AZ 85705 VOICE OF THE FAITHFUL PO BOX 423 NA NFP GENERAL PURPOSES 500 NEWTON, MA 02464 WORLD WILDLIFE FUND BOX 97180 NA NFP 1,000 GENERAL PURPOSES WASHINGTON, DC 20090 NA NFP GENERAL PURPOSES CHALLENGED ATHLETES FOUNDATION 1,000 9591 WAPLES ST SAN DIEGO, CA 92121

Total . . .

3a

186,400

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual. Foundation Purpose of grant or Amount Recipient show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NEWMAN SINGERS MINISTRIES INC NA NFP **GENERAL PURPOSES** 10,000 104 EAST JEFFERSON IOWA CITY, IA 52245 PARTNERS IN HEALTH BOX 845578 NA NFP **GENERAL PURPOSES** 25,000 BOSTON, MA 02284 NΑ NFP PROJECT VOTE SMART GENERAL PURPOSES 500 ONE COMMON GROUND PHILIPSBURG, MT 59858 NFP INFORMED CHOICES MEDICAL CLINIC None GENERAL PURPOSES 500 BOX 2537 IOWA CITY, IA 52317 IOWA ORGANIC ASSOCIATION BOX 185 None NFP GENERAL PURPOSES 500 AMES, IA 50010 PREGNANCY RESOURCES NFP GENERAL PURPOSES None 500 2706 W CENTRAL PARK AVE DAVENPORT, IA 52804 RAILS TO TRAILS None NFP GENERAL PURPOSES 1,000 2121 WARD COURT NW 5TH FL WASHINGTON, DC 20037 RIVER RD AFRICAN AMERICAN MUSEUM None NFP GENERAL PURPOSES 1,000 406 CHARLES ST DONALDSVILE, LA 70346 SNAP BOX 6416 None NFP **GENERAL PURPOSES** 1,000 CHICAGO, IL 60680 WOMEN FOR WOMEN INTERNATIONAL NFP **GENERAL PURPOSES** 1,000 None BOX 9224 CENTRAL ISLIP, NY 11722 ARIZONA PUBLIC MEDIA NFP **GENERAL PURPOSES** 200 None PO BOX 210067 TUCSON, AZ 85721 COURAGE RIDE PO BOX 866 None NFP **GENERAL PURPOSE** 3,500 IOWA CITY, IA 52244 MICHIGAN STATE UNIVERSITY None NFP **GENERAL** 500 535 CHESTNUT ROAD ROOM 300 EAST LANSING, MI 48824 BUR OAK LAND TRUST PO BOX 2523 NA GENERAL PURPOSES 1,000 IOWA CITY, IA 52244 CATHOLIC TV PO BOX 9196 NA GENERAL PURPOSES 2,000 WATERTOWN, MA 02471

Total . . .

3a

186,400

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year **EOUAL JUSTICE INITIATIVE** NA GENERAL PURPOSES 1,000 122 COMMERCE STREET MONTGOMERY, AL 36104 THE LAND INSTITUTE NA GENERAL PURPOSES 500 2440 E WATER WELL ROAD SALINA, KS 67401 UNITED WAY OF EAST CENTRAL IOWA NA GENERAL PURPOSES 1,000 317 7TH AVENUE SE 401 CEDAR RAPIDS, IA 52401 ARIZONA OPERA COMPANY **GENERAL PURPOSES** 600 None 1636 N CENTRAL AVE PHOENIX, AZ 85004 1,500 NONE GENERAL PURPOSES ENVIRONMENTAL DEFENSE FUND BOX 5055 HAGERSTOWN, MD 21741 LAKOTA FUNDS PO BOX 340 NONE GENERAL PURPOSES 15,000 KYLE, SD 57752 NATURE CONSERVANCY IOWA CHAPTER NONE GENERAL PURPOSES 1,000 505 FIFTH AVE 930 DES MOINES, IA 50309 UNIVERSITY OF ARIZONA OLLI NONE GENERAL PURPOSES 500 1111 N CHERRY AVE PO BOX 210109 TUCSON, AZ 85721 GENERAL PURPOSES THUNDER VALLEY NONE 25,000 290 EMPOWERMENT DR PORCAPINE, SD 57772 AMNESTY INTERNATIONAL None GENERAL PURPOSES 1,000 5 PENN PLAZA NEW YORK, NY 10001 BALLET TUCSON 200 S TUCSON BLVD None GENERAL PURPOSES 500 TUCSON, AZ 85716 COMMON CAUSE EDUCATIONAL FUND None GENERAL PURPOSES 1,000 805 FIFTEENTH ST NW SUITE 800 WASHINGTON, DC 20005 **ESSENTIAL PARTNERS** GENERAL PURPOSES 500 None 186 ALEWIFE BROOK PKWY STE 212 CAMBRIDGE, MA 02138 INTERNATIONAL RESCUE None GENERAL PURPOSES 1,500 122 E 42ND STREET 12TH FLOOR NEW YORK, NY 10168 OSTPH INCORPORATED None GENERAL PURPOSES 20,000 PO BOX 3001 4 FRAGGLE ROCK PINE RIDGE, SD 57770

186,400

Total .

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

1,000

ST NORBERT COLLEGE None **GENERAL PURPOSES** 100 GRANT STREET DE PERE, WI 54115 VIIME TADANIECE CARDENC None CENERAL BURDOCEC

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YUME JAPANESE GARDENS 2130 ALVERNON WAY TUCSON, AZ 85712	None	GENERAL PURPOSES	1,000
PUBLIC CITIZEN	None	GENERAL PURPOSES	500

PUBLIC CITIZEN	None	GENERAL PURPOSES	500
1600 20TH STREET NW WASHINGTON, DC 20009			
<u>'</u>			

Total	l	-	186 400
1600 20TH STREET NW WASHINGTON, DC 20009			

efile GRAPHIC print - DO NOT PROCES	S As Filed Data	-	DLN	l: 93491130021967	
TY 2016 Legal Fees Schedu	le			_	
Nam	ne: MARK AND I	MARY ELLEN STINS	SKI FOUNDATION		
EI	N: 27-1247050				
Software I	Software ID: 16000303				
Software Version	Software Version: 2016v3.0				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
LEGAL EXPENSES	950	950	0	0	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 934911300	21967
TY 2016 Other Decreases School	edule			
Name:	MARK AND MA	ARY ELLEN STINSKI FOUNDAT	ION	
EIN:	27-1247050			
Software ID:	16000303			
Software Version:	2016v3.0			
De	escription		Amount	
Prior Period Contribution				500

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491130021967
TY 2016 Other Expenses Schedule				
Name: MARK AND MARY ELLEN STINSKI FOUNDATION				
EIN:	27-1247050			,
Software ID:	16000303			
Software Version:	2016v3.0			
Other Expenses Schedule		<u> </u>		
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Bank Charge	27	27	·	
Corporate Filing	75			75
Office Expense	648	324	-	324

POSTAGE

efile GRAPHIC print - DO NOT P	ROCESS	As Filed Data	-	DLI	N: 93491130021967
TY 2016 Taxes Schedu	Y 2016 Taxes Schedule				
	Name:	MARK AND N	MARY ELLEN STINS	SKI FOUNDATION	
	EIN:	27-1247050			
Softw	vare ID:	16000303			
Software \	Software Version: 2016v3.0				
Category	An	nount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Federal Tax		200	200		

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491130021967						
Schedule B (Form 990, 990-EZ,	Schedul	Schedule of Contributors				
or 990-PF) Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www irs gov/form990.						
Name of the organizat MARK AND MARY ELLEN			Employe	r identification number		
			27-12470	50		
Organization type (ch	eck one)					
Filers of:	Section:	Section:				
Form 990 or 990-EZ	☐ 501(c)() (enter number) org	ganization				
	4947(a)(1) nonexempt charita	able trust not treated as a	private foundation			
	☐ 527 political organization					
Form 990-PF	☑ 501(c)(3) exempt private four	ndation				
	4947(a)(1) nonexempt charita	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private four	ndation				
	ation filing Form 990, 990-EZ, or 990-PF r property) from any one contributor Cor					
Special Rules						
under sections received from a	tion described in section 501(c)(3) filing F 509(a)(1) and 170(b)(1)(A)(vi), that check ny one contributor, during the year, total ne 1h, or (ii) Form 990-EZ, line 1 Comple	ked Schedule A (Form 990 contributions of the greate) or 990-EZ), Part II, line 1	3, 16a, or 16b, and that		
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 lf 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 totaling \$5,000 or more during the year						
990-EZ, or 990-PF), bu	on that is not covered by the General Rul t it must answer "No" on Part IV, line 2, o Form 990PF, Part I, line 2, to certify that i	of its Form 990, or check t	he box on line H of its			
For Paperwork Reduction for Form 990, 990-EZ, or 9	Act Notice, see the Instructions 00-PF	Cat No 30613X	Schedule B (Form 9	990, 990-EZ, or 990-PF) (2016)		

Schedule B (Form	990, 990-EZ, or 990-PF) (2016)		Page 2	
Name of organiza MARK AND MARY EL	tion LLEN STINSKI FOUNDATION	Employer identification 27-1247050	number	
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional contributors (see instructions)	tional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	Mark Stinski 3590 Point Road NE North Liberty, IA52317	\$ 20,000	Person Payroll Noncash	
	,,		(Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2	Mary Ellen Stinski 3590 Point Road NE North Liberty, IA 52317	\$ 20,000	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions)	
	1		oonanbadono j	

Schedule B (Form 99	90, 990-EZ, or 990-PF) (2016)		Page 3	
Name of organization MARK AND MARY ELLEN STINSKI FOUNDATION		Employer identification number		
		27-12	247050	
Part II	Noncash Property			
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (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	
		Schedule B (Form 9	990, 990-EZ, or 990-PF) (2016)	

Schedule B (Form	990, 990-EZ, or 990-PF) (2016)		Page 4
Name of organizat MARK AND MARY EL	ion LEN STINSKI FOUNDATION		Employer identification number 27-1247050
than \$1, organiz the year	000 for the year from any one contributor	r. Complete columns (a) thro of exclusively religious, chari ctions.) ▶ \$	d in section 501(c)(7), (8), or (10) that total more ugh (e) and the following line entry. For table, etc., contributions of \$1,000 or less for
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 F	t Relationship of transferor to transferee
(a)	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No.from Part I		(0) 000 01 9111	(a) becomplied of new girls held
	Transferee's name, address, and	(e) Transfer of gift	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
	Transferee's name, address, and	(e) Transfer of gift	t 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
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 F	Relationship of transferor to transferee
			Schedule B (Form 990, 990-EZ, or 990-PF) (2016)