Form **990-PF** 

# EXTENDED TO NOVEMBER 15, 2019

**Return of Private Foundation** 

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

Go to www irs gov/Form990PF for instructions and the latest information

Department of the Treasury Internal Revenue Service  Department of the Treasury Internal Revenue Service  Go to www irs gov/Form990PF for instructions and the latest information  Open to Public Inspection  Open to Public Inspection					
For calendar year 2018 or tax year beginning , and ending					
Name of foundation			A Employer identification	number	
CORNERSTONE FOUNDATION OF	NORTHEASTERN				
WISCONSIN, INC.			36-2761910	<u> </u>	
Number and street (or P O box number if mail is not delivered to street a	·	Room/suite	B Telephone number		
111 N. WASHINGTON STREET;	<del></del>		920-490-82	190	
City or town, state or province, country, and ZIP or foreign p GREEN BAY, WI 54301	ostal code		C If exemption application is p	conding, check here	
G Check all that apply Initial return	Initial return of a fo	ormer public charity	D 1 Foreign organization	s, check here	
Final return	Amended return		2	nature the RSM tool	
Address change	Name change	<del></del>	2 Foreign organizations me check here and attach co	omputation	
H Check type of organization X Section 501(c)(3) e: Section 4947(a)(1) nonexempt charitable trust	xempt private foundation Other taxable private founda	ution W	E If private foundation sta under section 507(b)(1	. —	
I Fair market value of all assets at end of year J Account	ng method X Cash	Accrual	F If the foundation is in a	60-month termination	
, , , , , ,	ther (specify)		under section 507(b)(1	. —	
▶\$ 26,081,834. (Part I, colur	nn (d) must be on cash basi	s )		·	
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	
1 Contributions, gifts, grants, etc., received	895,397.		N/A	3	
2 Check I if the foundation is not required to attach ach B				ę <u> </u>	
3 cash uncestments 11000 4 Dividends audinterest from securifies				;	
4 Dividends and interest from securities	576,343.	576,343.		STATEMENT 1	
5a GIOSSEPTIS				1	
p Not de Gylcome & Bas I S VON 18				,'	
6a Net gain (loss) from sale of assets not of the fire for all	1,147,142.			/	
b assets brine of TA 388 998		1 1 4 5 1 4 0		1	
b Gross of the Brice for all assets of the Brice for all assets of the Brice for all assets of the Brice for all and assets of the Brice for all assets of the Brice for a		1,147,142.		<u> </u>	
8 Net Short-term capital gain					
9 Income modifications Gross sales less returns					
10a and allowances		-		7	
b Less Cost of goods sold c. Gross profit or (loss)			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
11 Other income	8,064.	8,064.		STATEMENT 2	
12 Total Add lines 1 through 11	2,626,946.	1,731,549.			
13 Compensation of officers, directors, trustees etc	121,500.	37,250.		84,250.	
14 Other employee salaries and wages	21,475.	5,681.		15,794.	
15 Pension plans, employee benefits	11,256.	2,814.		8,442.	
16a Legal fees					
b Accounting fees STMT 3	6,969.	3,485.		3,484.	
c Other professional fees STMT 4	155,094.	155,094.		0.	
<b>9</b> [ 17 Interest	11 000			4 644	
18 Taxes STMT 5	41,383.	21,742.		4,641.	
19 Depreciation and depletion	12,686.	0.		21 477	
20 Occupancy 21 Travel, conferences, and meetings	42,955.	21,478.		21,477. 2,764.	
	5,528.	2,764.		2,704.	
22 Printing and publications 23 Other expenses STMT 6	28,008.	13,991.		13,991.	
23 Other expenses STMT 6 24 Total operating and administrative expenses Add lines 13 through 23	20,000.	<u> </u>		13,771.	
expenses Add lines 13 through 23	446,854.	264,299.		154,843.	
25 Contributions, gifts, grants paid	1,197,364.			1,197,364.	
26 Total expenses and disbursements					
Add lines 24 and 25	1,644,218.	264,299.		1,352,207.	
27 Subtract line 26 from line 12		•		1	
a Excess of revenue over expenses and disbursements	982,728:			<u> </u>	
b Net investment income (if negative, enter -0-)		1,467,250.			
C Adjusted net income (if negative, enter -0-)			N/A		

823501 12-11-18 LHA For Paperwork Reduction Act Notice, see instructions

CORNERSTONE FOUNDATION OF NORTHEASTERN WISCONSIN, INC.

Foi	m 99	00-PF (2018) WISCONSIN, INC.		36-	2761910 Page 2	
	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of year		
드	arı	Column Should be for end drygen amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash - non-interest-bearing	0 000 606	1 251 112	1 251 112	
	2	Savings and temporary cash investments	2,009,696.	1,351,113.	1,351,113.	
	3	Accounts receivable				
		Less allowance for doubtful accounts				
	4	Pledges receivable -		······································	J	
		Less allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons				
	7	Other notes and loans receivable				
		Less allowance for doubtful accounts				
ţ	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
ď	10a	Investments - U S and state government obligations				
	b	Investments - corporate stock				
	C	Investments - corporate bonds				
	11	Investments land buildings, and equipment basis				
		Less accumulated depreciation				
	12	Investments - mortgage loans				
	13	Investments - other STMT 7	22,776,005.	24,310,932.	24,612,881.	
	14	Land, buildings, and equipment basis ► 141,450.				
		Less accumulated depreciation STMT 8 ► 71,300.	11,456.	70,150.	70,150.	
		Other assets (describe ► DONATED ARTWORK )	0.	47,690.	47,690.	
	16	Total assets (to be completed by all filers - see the	04 505 455	05 880 005	0.5 0.01 0.01	
_	<u> </u>	instructions. Also, see page 1, item l)	24,797,157.	25,779,885.	26,081,834.	
		Accounts payable and accrued expenses	-			
	18	Grants payable				
es	19	Deferred revenue			1	
Ę	20	Loans from officers, directors, bustees, and other disqualified persons			<u> </u>	
Liabilities	21	Mortgages and other notes payable			1	
_	22	Other liabilities (describe			]	
	22	Total habilities (add lines 17 through 22)	0.	0.		
_	23	Foundations that follow SFAS 117, check here				
		and complete lines 24 through 26, and lines 30 and 31			ı J	
S	24	Unrestricted			l I	
nces		Temporarily restricted			١	
3ala		Permanently restricted				
Fund Bala		Foundations that do not follow SFAS 117, check here				
F		and complete lines 27 through 31				
ŏ	27	Capital stock, trust principal, or current funds	0.	0.	1	
ets	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.		
Ass	29	Retained earnings, accumulated income, endowment, or other funds	24,797,157.	25,779,885.	1	
Net Assets	30	Total net assets or fund balances	24,797,157.	25,779,885.	l	
_					F	
_	31	Total liabilities and net assets/fund balances	24,797,157.	25,779,885.		
P	art	Analysis of Changes in Net Assets or Fund Ba	lances			
		net assets or fund balances at beginning of year - Part II, column (a), line 3				
		net assets of fund balances at beginning of year - Part II, column (a), line 3 it agree with end-of-year figure reported on prior year's return)	U	1	24,797,157.	
	•	amount from Part I, line 27a		2	982,728.	
		r increases not included in line 2 (itemize)		3	0.	
		lines 1, 2, and 3		4	25,779,885.	
		eases not included in line 2 (itemize)		5	0.	
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (b), line 30	6	25,779,885.	
					Form <b>990-PF</b> (2018)	

WISCONSIN, INC. 36-2761910 Page 3 Form 990-PF (2018) Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired (a) List and describe the kind(s) of property sold (for example, real estate, (c) Date acquired (d) Date sold P - Purchase D - Donation (mo, day, yr) (mo, day, yr) 2-story brick warehouse, or common stock, 200 shs MLC Co ) 1a PUBLICLY TRADED SECURITIES b S/T CAP GAIN - CARLYLE SCH K1 P c CAPITAL GAINS DIVIDENDS d (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price plus expense of sale ((e) plus (f) minus (g)) (or allowable) 10,322,788. 9,241,856. 1,080,932. 3,726. 3,726. Ь 62,484. 62,484. ď Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col (h) gain minus col (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col (i) Losses (from col. (h)) (i) FMV as of 12/31/69 as of 12/31/69 over col (j), if any 1,080,932. 3,726. 62,484. If gain, also enter in Part I, line 7 1,147,142. 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8 N/A Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income) If section 4940(d)(2) applies, leave this part blank Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part Enter the appropriate amount in each column for each year, see the instructions before making any entries. (a) Base period years (d) Distribution ratio (b) (c) Net value of noncharitable-use assets Adjusted qualifying distributions (col (b) divided by col (c)) Calendar year (or tax year beginning in) 1,362,337 26,830,475 050776 2017 389,718 25,403, 520 .054706 2016 1,343,742 26,756,754 .050221 2015 ,338,548. 27,417,845 .048820 2014 1,533,378 26,058,343 .058844 2013 .263367 2 Total of line 1, column (d) Average distribution ratio for the 5-year base period - divide the total on line 2 by 5 0, or by the number of years .052673 the foundation has been in existence if less than 5 years 27,888,042. 4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5 1,468,947. Multiply line 4 by line 3 14,673. Enter 1% of net investment income (1% of Part I, line 27b) 1,483,620. Add lines 5 and 6 1,352,207. Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions Form 990-PF (2018) 823521 12-11-18

_	990-PF (2018) WISCONSIN, INC.	(-) 4040(I-) 4040(-)		<u> 2761</u>			Page 4
	t VI Excise Tax Based on Investment Income (Section 4940	<del>'''</del>	4948 -	see in	struc	tion	5)
1a	xempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and er	ter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if nec	essary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	1		2	9,3	<u>45.</u>
,	of Part I, line 27b						
c .	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4%	of Part I, line 12, col (b)				_	
2	ax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, oth	ers, enter -0-)	2			_	0.
	Add lines 1 and 2		3		2	9,3	<del>45.</del>
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, of	ners, enter -0-)	4		•		0.
	ax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	,	5		2	9,3	45.
	Credits/Payments					- , -	
	2018 estimated tax payments and 2017 overpayment credited to 2018	6a 42,792	.				
	xempt foreign organizations - tax withheld at source	··-	<del>:</del>				
	Fax paid with application for extension of time to file (Form 8868)	**	<u>' •                                     </u>				
	Backup withholding erroneously withheld	6d (			1	2 7	ດລໍ້
	otal credits and payments Add lines 6a through 6d		7		4	2,7	
	nter any penalty for underpayment of estimated tax. Check here 🗓 if Form 2220 is attac	ched	8				0.
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	)	<b>▶</b> <u>9</u>	ļ			4 🗔
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10 445	► <u>10</u>		1	3,4	
	inter the amount of line 10 to be Credited to 2019 estimated tax	13,447. Refunded	<u>► 11</u>				<u>0.</u>
ar	t VII-A Statements Regarding Activities				1		
a	During the tax year, did the foundation attempt to influence any national, state, or local legisl	ation or did it participate or intervi	ene in			Yes	
i	iny political campaign?				1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos	es? See the instructions for the di	efinition		1b		X
	f the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies o	f any materials published or					
1	fistributed by the foundation in connection with the activities						
c	Did the foundation file Form 1120-POL for this year?				1 c		X
d I	inter the amount (if any) of tax on political expenditures (section 4955) imposed during the	vear					_
	1) On the foundation $\blacktriangleright$ \$ (2) On foundation managers	_	١.		İ		
	inter the reimbursement (if any) paid by the foundation during the year for political expendit		_				•
	nanagers ► \$ 0 .						•
	las the foundation engaged in any activities that have not previously been reported to the IR	\$?			2	-	x .
	f "Yes," attach a detailed description of the activities	<b>0</b> ·			<del></del>		
	las the foundation made any changes, not previously reported to the IRS, in its governing in	strument articles of incorporation	or				1
		strument, articles of incorporation	, 01				X_7
	lylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	2			3		<u>X</u>
	Old the foundation have unrelated business gross income of \$1,000 or more during the year	,	NT.	/A	4a		
	f "Yes," has it filed a tax return on Form 990-T for this year?		IN	/ A	4b		
	Vas there a liquidation, termination, dissolution, or substantial contraction during the year?				5		<u>X</u>
	f "Yes," attach the statement required by General Instruction T						!
	are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eit	ner					
	By language in the governing instrument, or						
•	ullet By state legislation that effectively amends the governing instrument so that no mandatory	directions that conflict with the st	ate law				
ı	emain in the governing instrument?				6	Х	
۱ ا	old the foundation have at least \$5,000 in assets at any time during the year? If "Yes," compl	ete Part II, col (c), and Part XV			7	Х	
Ba F	inter the states to which the foundation reports or with which it is registered. See instruction	is <b>&gt;</b>					
	WI						٠
ь і	the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At	torney General (or designate)	_				
	of each state as required by General Instruction G2 If "No," attach explanation				8b	Х	
	s the foundation claiming status as a private operating foundation within the meaning of sec	tion 4942(i)(3) or 4942(i)(5) for c	alendar				
	ear 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," comp				9		X
_	old any persons become substantial contributors during the tax year? If the static has schedule				10		<u>x</u>
	no any paraona badonia addatamiai dominadiara duminy tila tan yedi <u>na resillatta schedu</u>				m 990		

36-2761910 Form 990-PF (2018) WISCONSIN, INC. Page 5 Part VII-A Statements Regarding Activities (continued) Yes No 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of X section 512(b)(13)? If "Yes," attach schedule. See instructions 11 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? Х If "Yes" attach statement. See instructions. 12 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address NONE 14 The books are in care of ► SHERI PROSSER Telephone no  $\triangleright 920-490-8290$ Located at ▶ 111 N. WASHINGTON STREET SUITE 450, GREEN BAY, WI ZIP+4 ▶54301 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here N/A and enter the amount of tax-exempt interest received or acciued during the year Yes No 16 At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, Х securities, or other financial account in a foreign country? 16 See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies 1a During the year, did the foundation (either directly or indirectly) Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (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? (5) Transfer any income or assets to a disqualified person (or make any of either available X Yes No 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 Yes X No termination of government service, if terminating within 90 days ) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations Х section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions 1b Organizations relying on a current notice regarding disaster assistance, check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected X before the first day of the tax year beginning in 2018? 1c 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)) a At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? If "Yes," list the years b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (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 N/A statement - see instructions ) 2b c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? b If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, N/A Form 4720, to determine if the foundation had excess business holdings in 2018 ) 3b Х 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a 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 2018? Form 990-PF (2018)

Form 990-PF (2018) WISCONSIN, INC.			36-276193	L <b>0</b>	Page 6
Part, VII-B   Statements Regarding Activities for Which F	orm 4720 May Be R	equired (contin	ued)		
5a During the year, did the foundation pay or incur any amount to				Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	es X No		
(2) Influence the outcome of any specific public election (see section 4955), of	r to carry on, directly or indire	ectly,	]		
any voter registration drive?		Ye	es X No		1
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section				
4945(d)(4)(A)? See instructions			es X No		1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				į
the prevention of cruelty to children or animals?			es X No		1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the excentions described i				
section 53 4945 or in a current notice regarding disaster assistance? See instr		·······································	N/A	b	
Organizations relying on a current notice regarding disaster assistance, check l			▶	_	<u> </u>
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		ned			(
expenditure responsibility for the grant?		- / -	es No		1
If "Yes," attach the statement required by Regulations section 53 4945-5(d)	•	./ 11	29   140		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	nav promume on				]
, , , , , , , , , , , , , , , , , , , ,	pay premiums on		es X No		
a personal benefit contract?		Y6	· · ·		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		<u> </u>	b	
If "Yes" to 6b, file Form 8870		r—1.,	चि		
7a At any time during the tax year, was the foundation a party to a prohibited tax		Ye	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	b	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	51,000,000 in remuneration or		(T)		
excess parachute payment(s) during the year?	E 1.11 14		es X No		!
Part VIII Information About Officers, Directors, Truston Paid Employees, and Contractors	ees, Foundation Mar	nagers, Highly			
1 List all officers, directors, trustees, and foundation managers and to	1	(c) Compensation	(d) Contributions to	1-1 Fun	
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Exp account,	ense other
	to position	enter -0-)	compensation	allowa	nces
			_		_
SEE STATEMENT 9		121,500.	0.		0.
		,			
			]		
		İ			
			L		
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none, (	enter "NONE."			
(-) Name and address of each ampleyee and may then CEO 000	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Exp account,	ense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account,	nces
NONE					
•					
		_			
	1				
	1				
<del></del>					
	1				
T-A-I number of other employees and ever CCO 000	<u>L</u>	1			0
Total number of other employees paid over \$50,000			5	990-PF	

Form 990-PF (2018) WISCONSIN, INC.	36-2	761910 Page 7
Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ent	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
MORGAN STANLEY	INVESTMENT AND	
111 N WASHINGTON ST, GREEN BAY, WI 54301	ADVISORY FEES	133,632.
	_	
	_	
Total number of others receiving over \$50,000 for professional services		<u>▶</u> 0
Part IX-A Summary of Direct Charitable Activities	· · · · · · · · · · · · · · · · · · ·	
List the foundation's four largest direct charitable activities during the tax year. Include relevant sta		Expenses
number of organizations and other beneficiaries served, conferences convened, research papers pri	oduced, etc	
1 N/A		
2		
2		
3		
4		
	-	
<del></del>		
Part IX-B   Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year of	on lines 1 and 2	Amount
1 N/A		
2		
All other program-related investments. See instructions		
3		
Total Add lines 1 through 3		

823561 12-11-18

WISCONSIN, INC. Form 990-PF (2018)

36-2761910 Page 8

Part X Minimum Investment Return (All domestic foundations must complete this part Foreign	foundations, s	see instructions)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a Average monthly fair market value of securities	1a	27,724,125.
b Average of monthly cash balances	1b	540,918.
c Fair market value of all other assets	1c	47,690.
d Total (add lines 1a, b, and c)	1d	28,312,733.
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	28,312,733.
4 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	424,691.
5 Net value of noncharitable-use assets Subtract line 4 from line 3 Enter here and on Part V, line 4	5	27,888,042.
6 Minimum investment return Enter 5% of line 5	6	1,394,402.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation	ns and certain	
foreign organizations, check here 🕨 🔛 and do not complete this part )		
1 Minimum investment return from Part X, line 6	1	1,394,402.
2a Tax on investment income for 2018 from Part VI, line 5	5.	
b Income tax for 2018 (This does not include the tax from Part VI )		
c Add lines 2a and 2b	2c	29,345.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	1,365,057.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	1,365,057.
6 Deduction from distributable amount (see instructions)	6	0.
7 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	1,365,057.
Part XII Qualifying Distributions (see instructions)		
Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	I · · I	
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1 <sub>a</sub>	1,352,207.
b Program-related investments - total from Part IX-B	1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the		
a 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	1,352,207.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
income Enter 1% of Part i, line 27b	5	0.
6 Adjusted qualifying distributions Subtract line 5 from line 4	6	1,352,207.
Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	ion qualifies for	
4940(e) reduction of tax in those years	,	

# Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI,			-	
line 7				1,365,057.
2 Undistributed income, if any, as of the end of 2018			_	
a Enter amount for 2017 only			0.	
b Total for prior years		0		
		0.		
3 Excess distributions carryover, if any, to 2018				
a From 2013 283,953.				
b From 2014 21, 987.				
c From 2015 30,504.		;		
d From 2016 135, 406.				
e From 2017 54,607.				
f Total of lines 3a through e	526,457.			
4 Qualifying distributions for 2018 from				
Part XII, line 4 $\triangleright$ \$ 1,352,207.				
a Applied to 2017, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2018 distributable amount			-	1,352,207.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2018	12,850.			12,850.
(If an amount appears in column (d), the same amount must be shown in column (a) )	11,70301			
6 Enter the net total of each column as indicated below				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	513 <u>,</u> 607.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b Taxable	-		-	
amount - see instructions		0.		
e Undistributed income for 2017 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2018 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2019				0.
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)	0.			
8 Excess distributions carryover from 2013		, , , , , , , , , , , , , , , , , , ,		
-	271,103.			
not applied on line 5 or line 7	2/1,103.	<del></del>		
9 Excess distributions carryover to 2019	242,504.			
Subtract lines 7 and 8 from line 6a	242,304.	<del></del>		
0 Analysis of line 9				
a Excess from 2014 21,987.				
b Excess from 2015 30,504.				
c Excess from 2016 135, 406.				
d Excess from 2017 54,607.				
e Excess from 2018				5 000 DE

823581 12-11-18

Form 990-PF (2018) WISCONS		TION OF NOR	THEASTERN	36-27	761910 Page 10
PartiXIV Private Operating Fo		structions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling or	determination letter tha	t it is a private operating			
foundation, and the ruling is effective for	2018, enter the date of	the ruling	▶ ∟		
b Check box to indicate whether the foundary	ition is a private operati	ng foundation_described		4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
investment return from Part X for			•		
each year listed		ļ			
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					· · · · · · · ·
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the					
alternative test relied upon					
a "Assets" alternative test - enter					
(1) Value of all assets					<del></del>
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed			-		
c "Support" alternative test - enter					
(1) Total support other than gross investment income (interest,					
dividends, rents, payments on				-	
securities loans section					
512(a)(5)), op foyalties)					
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)					ļ
(3) Largest amount of support from				1	
an exempt organization	<del> </del>	<del></del>		<b> </b>	
(4) Gross investment income   Part XV   Supplementary Infor	mation (Comple	te this part only	if the foundation	had \$5,000 or mo	re in assets
at any time during th			ii tile loulidation	11au \$5,000 01 1110	16 111 055615
				<del></del>	<del></del>
<ol> <li>Information Regarding Foundation         <ul> <li>List any managers of the foundation who</li> </ul> </li> </ol>	<del>-</del>	than 2% of the total cont	tributions received by the	foundation before the clos	se of any tay
year (but only if they have contributed me			inbullons received by the	Toditation before the clos	oc or any tax
NONE					
b List any managers of the foundation who	own 10% or more of th	e stock of a corporation	(or an equally large porti-	on of the ownership of a pa	artnership oi
other entity) of which the foundation has	a 10% or greater intere	st			
NONE					
2 Information Regarding Contribution	n, Grant, Gıft, Loan,	Scholarship, etc., Pi	ograms.		
Check here 🕨 🔙 if the foundation on	ly makes contributions	to preselected charitable	organizations and does i	not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc., t	o individuals or organiza	ations under other condi-	tions, complete items 2a,	b, c, and d	
a The name, address, and telephone number		ne person to whom applic	cations should be address	sed	
SHERI PROSSER, 920-49					
111 NORTH WASHINGTON	STREET SU	ITE 450, GR	EEN BAY, WI	<u> 54301 </u>	
b The form in which applications should be APPLICANTS ARE ENCOUR				AN APPLICAT	'TON.
c Any submission deadlines					
APPLICATIONS MAY BE S				·	
d Any restrictions or limitations on awards, GRANTS ARE MADE TO OR					VOTMADV
FOCUS IN BROWN COUNTY		O IN NORTHE	POIDVM MIDC	OMPTM MITH E	VILLUI I
823601 12-11-18	•				Form 990-PF (2018)

Form 990-PF (2018) WISCONSIN, INC.

[Part XV] Supplementary Information (con

36-2761910 Page 11

3 Grants and Contributions Paid During the Ye	ar or Approved for Future F	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
		_		
SEE ATTACHED				
				1,197,364.
1				
<del></del>				
1				
1				
11				
Total SEE CON	TINUATION SHEE	II T(S)	<b>▶</b> 3a	1,197,364.
b Approved for future payment				
NONE				
				· :
				<u> </u>
Total			<u>▶ 3b</u>	0 0 m <b>990-PF</b> (2018)

Page 12

r gross amounts unless otherwise indicated	Unrelated			ed by section 512, 513, or 514	(e)	
9,000 0,000 0,000 0,000 0,000	(a) Business	(b)	(c) Exclu- sion	(d)	Related or exemp	
Program service revenue	code	Amount	code	Amount	function income	
	_					
	_     _					
	_					
Fees and contracts from government agencies						
embership dues and assessments						
terest on savings and temporary cash		•				
vestments						
ividends and interest from securities			14	576,343.		
et rental income or (loss) from real estate				, ,		
Debt-financed property						
Not debt-financed property						
et rental income or (loss) from personal					•	
roperty						
ther investment income			01	8,064.		
ain or (loss) from sales of assets other			<del>  *                                   </del>			
an inventory			18	1,147,142.		
et income or (loss) from special events			+			
ross profit or (loss) from sales of inventory			+ +			
ther revenue			1 1		<del></del>	
			+			
			+ +			
	1 1					
	_		+ +			
ubtotal Add columns (b), (d), and (e)	_	0		1,731,549.		
otal Add line 12, columns (b), (d), and (e)	<u> </u>			13	1,731,5	
worksheet in line 13 instructions to verify calculations	١			13	1,751,5	
	to the Accom	plishment of Ex	kempt F	Purposes		
rt XVI-B Relationship of Activities		and way (a) of Davi VVI	^	ted importantly to the accomp	lichment of	
	come is reported in		A CONTRINII			
No Explain below how each activity for which in			A contribu	tee importantly to the accomp		
No Explain below how each activity for which in			A contribu	to importantly to the accomp		
No Explain below how each activity for which in			A contribu			
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823621 12-11-18

CORNERSTONE FOUNDATION OF NORTHEASTERN WISCONSIN, INC. 36-2761910 Form 990-PF (2018) Page 13 Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations** No Yes Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (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 Х (1) Cash 1a(1 X (2) Other assets 1a(2) **b** Other transactions (1) Sales of assets to a noncharitable exempt organization 1b(1) Х (2) Purchases of assets from a noncharitable exempt organization 1b(2) Х (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) X (6) Performance of services or membership or fundraising solicitations 1b(6) Х c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c d 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 N/AIs the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No Yes in section 501(c) (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury. It declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge May the IRS discuss this return with the preparer shown below? See instr on all information of which preparer has any knowledge VICE PRESIDENT Sign Here & SECRETARY X Yes Signature of officer or trustee Title Print/Type preparer's name Check [ \_\_\_\_lf Preparer's signature Date

> Phone no 920-436-7800 Form 990-PF (2018)

P00035071

Firm's EIN ► 39-1173131

Paid

Preparer

Use Only

JIM OLSON

GREEN BAY, WI 54305-3819

JIM OLSON

Firm's name ► SCHENCK SC

Firm's address ▶ P.O. BOX 23819

self- employed

11/12/19

# Schedule B

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

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

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

➤ Go to www irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Name of the organization

CORNERSTONE FOUNDATION OF NORTHEASTERN

WISCONSIN, INC.

Employer identification number

36-2761910

Organization type (check i	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	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	is covered by the General Rule or a Special Rule (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions					
General Rule						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1) any one contribute	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 or, 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, I, 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III						
year, contributions is checked, enter l purpose Don t co	n described in section 501(c)(7), (8) or (10) filing Form 990 or 990-EZ that received from any one contributor, during the seclusively for religious, charitable, etc., purposes but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., implete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year.					
•	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF)					

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of drganization
CORNERSTONE FOUNDATION OF NORTHEASTERN
WISCONSIN, INC.

Employer identification number

36-2761910

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PAUL J. SCHIERL TRUST  111 N WASHINGTON STREET, STE 450  GREEN BAY, WI 54301	\$71,380.	Person Payroll Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PAUL J. SCHIERL TRUST  111 N WASHINGTON STREET, STE 450  GREEN BAY, WI 54301	\$ 776,327.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occash (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 )

Name of organization
CORNERSTONE FOUNDATION OF NORTHEASTERN
WISCONSIN, INC.

Employer identification number

36-2761910

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions )	(d) Date received
1	OFFICE FURNITURE, PAINTINGS, PRINTS, AND PERSIAN RUG	-	
		\$	01/01/18
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	17.37% PARTNERSHIP INTEREST IN REVIVAL II LIMITED PARTNERSHIP	-	
		\$\$	01/01/18
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions )	(d) Date received
		- - - - - - - - -	
4.		_   "	
(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	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions )	(d) Date received
Part I		_	
		-	

Name of organization Employer identification number CORNERSTONE FOUNDATION OF NORTHEASTERN WISCONSIN, INC. 36-2761910 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable etc., contributions of \$1,000 or less for the year (Enter this info ence) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF DIVIDEN	DS AND INTE	REST FROM SEC	URITIES S	TATEMENT 1
GROSS SOURCE AMOUNT	CAPITA GAINS DIVIDEN	REVENUE		
MORGAN STANLEY 638,82	7. 62,4	84. 576,34	3. 576,343.	
TO PART I, LINE 4 638,82	7. 62,4	84. 576,34	576,343.	
FORM 990-PF	OTHER	INCOME	s	TATEMENT 2
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
OTHER INVESTMENT INCOME	_	8,064.	8,064.	
			0.064	· <del>-</del>
TOTAL TO FORM 990-PF, PART I	, LINE 11 =	8,064.	8,064.	
TOTAL TO FORM 990-PF, PART I  FORM 990-PF	ACCOUNT	ING FEES	S	TATEMENT 3
	<del>-</del>	ING FEES  (B)  NET INVEST-	(C) ADJUSTED	TATEMENT 3  (D)  CHARITABLE  PURPOSES
FORM 990-PF	ACCOUNT  (A)  EXPENSES	ING FEES  (B)  NET INVEST-  MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE
FORM 990-PF  DESCRIPTION	ACCOUNT  (A)  EXPENSES PER BOOKS	ING FEES  (B)  NET INVEST- MENT INCOME  . 3,485	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FORM 990-PF  DESCRIPTION  AUDIT & ACCOUNTING FEES  TO FORM 990-PF, PG 1, LN 16B	ACCOUNT  (A)  EXPENSES PER BOOKS  6,969  6,969	ING FEES  (B)  NET INVEST- MENT INCOME  3,485	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES  3,484.
FORM 990-PF  DESCRIPTION  AUDIT & ACCOUNTING FEES  TO FORM 990-PF, PG 1, LN 16B	ACCOUNT  (A)  EXPENSES PER BOOKS  6,969  6,969	ING FEES  (B)  NET INVEST- MENT INCOME  . 3,485	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES 3,484.
FORM 990-PF  DESCRIPTION  AUDIT & ACCOUNTING FEES  TO FORM 990-PF, PG 1, LN 16B	ACCOUNT  (A)  EXPENSES PER BOOKS  6,969  6,969	ING FEES  (B)  NET INVEST- MENT INCOME  3,485  3,485  SSIONAL FEES  (B)  NET INVEST-	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES  3,484.
FORM 990-PF  DESCRIPTION  AUDIT & ACCOUNTING FEES  TO FORM 990-PF, PG 1, LN 16B	ACCOUNT  (A) EXPENSES PER BOOKS 6,969 6,969 .  OTHER PROFE  (A) EXPENSES	ING FEES  (B)  NET INVEST- MENT INCOME  3,485  3,485  SSIONAL FEES  (B)  NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME  (C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES  3,484.  3,484.  TATEMENT 4  (D) CHARITABLE

FORM 990-PF	TAX	ES 	S	TATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAXES EXCISE TAX FOREIGN TAX	9,281. 15,000. 17,102.	15,000.		4,641.
TO FORM 990-PF, PG 1, LN 18	41,383.	21,742.		4,641.
FORM 990-PF	OTHER E	XPENSES	S'	TATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DESCRIPTION  INSURANCE OTHER OFFICE SUPPLIES AND EXPENSE TELEPHONE & INTERNET	EXPENSES	MENT INVEST- MENT INCOME 4,961. 4,651.	ADJUSTED	CHARITABLE

FORM 990-PF OTH	IER INVESTMENTS		STATEMENT 7
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MORGAN STANLEY PANGORA LARGE CAP	COST		
#4183 - SEE ATTACHED		3,683,333.	3,836,485
MASTERS V OFFSHORE	COST	286,575.	258,522
MORGAN STANLEY FIDUCIARY MGMT LARG	E COST	·	•
CAP #5183 - SEE ATTACHED		3,001,589.	3,608,669
MORGAN STANLEY FIDUCIARY MGMT SM	COST		
CAP #2183 - SEE ATTACHED		2,047,221.	2,190,366
MORGAN STANLEY ASSOCIATED FIXED	COST		
#6183 - SEE ATTACHED		3,472,878.	3,452,711
METROPOLITAN WEST TOTAL RET BD	COST	1,731,618.	1,655,795
OPPENHEIMER DEVELOPING MARKETS	COST	920,208.	997,212
MORGAN STANLEY DELAWARE INTL #8183			
- SEE ATTACHED		1,656,532.	1,546,246
LOOMIS SAYLES BOND INST	COST	958,384.	824,596
TEMPLETON GLOBAL BD FD	COST	783,186.	687,864
CARLYLE STRUCTURED CREDIT	COST	280,169.	269,882
AMERICAN EUROPACIFIC GRW FD	COST	1,422,197.	1,224,850
GATEWAY FUND	COST	242,259.	257,834
INVESCO BALANCED-RISK ALLOC	COST	405,544.	346,227
NEWLIGHT TECHNOLOGIES	COST	246,723.	250,000
BLACKSTONE REIT	COST	800,000.	836,292
INVESCO CONSERVATIVE INC.	COST	1,596,189.	1,593,003
REVIVAL II LIMITED PARTNERSHIP	COST	776,327.	776,327
TOTAL TO FORM 990-PF, PART II, LIN	IE 13	24,310,932.	24,612,881
FORM 990-PF DEPRECIATION OF ASSE	THE NOT UELD FOR	O TANJECOMENO	STATEMENT 8
DEPRECIATION OF ASSE	.15 NOT HELD FOR		
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
EQUIPMENT	65,945.	56,977.	8,968
LEASEHOLD IMPROVEMENTS	4,125.	4,125.	0
OFFICE FURNITURE	71,380.	10,197.	61,183
TOTAL TO FM 990-PF, PART II, LN 14	141,450.	71,299.	70,151

FORM 990-PF	PART VIII TRUSTEE	- LIST S AND	OF OFFICERS, D FOUNDATION MANA	IRECTORS GERS	STAT	емент 9
NAME AND ADDRESS			TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOHN W. HICKEY 111 N. WASHINGTON GREEN BAY, WI 5430	STREET, ST		VICE PRESIDENT	& DIRECTOR		
CAROL A. SCHIERL 111 N. WASHINGTON GREEN BAY, WI 5430	STREET, ST	E <b>4</b> 50	VICE PRES, ASS	T SECR & DIF 0.	0.	0.
MICHAEL J. SCHIERL 111 N. WASHINGTON GREEN BAY, WI 5430	STREET, ST	E <b>4</b> 50	VICE PRESIDENT	& DIRECTOR 5,500.	0.	0.
THOMAS L. OLSON 111 N. WASHINGTON GREEN BAY, WI 5430	STREET, ST	E 450	PRESIDENT, ASS	T TREAS & DI 5,500.	0.	0.
SUSAN WATTS 111 N. WASHINGTON GREEN BAY, WI 5430	STREET, ST	E 450	ASST SECRETARY 10.00	& DIRECTOR 0.	0.	0.
MARK MCMULLEN 111 N. WASHINGTON GREEN BAY, WI 5430	STREET, ST 1	£ 450	VICE PRESIDENT	& DIRECTOR 0.	0.	0.
SHERI R. PROSSER 111 N. WASHINGTON GREEN BAY, WI 5430	STREET, ST	E 450	SECRETARY & DI	RECTOR 5,500.	0.	0.
SHERI R. PROSSER 111 N. WASHINGTON GREEN BAY, WI 5430	STREET, STI 1	£ 450	VICE PRESIDENT 40.00	& SECRETARY 94,000.		0.
MARY SCHAUPP 111 N. WASHINGTON GREEN BAY, WI 5430			ASST SECRETARY 10.00	& DIRECTOR 5,500.	0.	0.
TIM DAY 111 N. WASHINGTON S GREEN BAY, WI 5430		£ 450	VICE PRESIDENT 5.00	& DIRECTOR 0.	0.	0.

CORNERSTONE	FOUNDATION	OF	NORTHEASTERN	W

36-2761910

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

121,500.

0.

0.

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM	FORM 990-PF PAGE 1						990-PF							•	•
Asset	Description	Date Acquired	Method	Life	C Line	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation	
	EQUIPMENT	10/18/01		000.	HX16	65,945	-	-		65,945.	54,488.	# # 1	2,489.	56,977	
	2 LEASEHOLD IMPROVEMENTS	10/01/06		000	HY 1 6	4,125.	,		* *	4,125.	4,125.	ı	0 .	4,125.	
	3 OFFICE FURNITURE	01/01/18		000	HY16	71,380.	:	1	;	71,380.			10,197	10,197	
	* TOTAL 990-PF PG 1 DEPR	; ; ;	í	1	t	141,450.		t t		141,450.	58,613,	1	12,686,	71,299.	
		1 , ,		) F	,		-	-		1		1			•
<u> </u>	CURRENT YEAR ACTIVITY			-	1		† !		,			the say redirections		***************************************	•
1	BEGINNING BALANCE	1 2 2 2			<u>1</u>	70,070.			0.	70,070.	58,613.			61,102.	
;	ACQUISITIONS		ļ		]	71,380.			0.	71,380.	0.			10,197.	
1	DISPOSITIONS	] i				0.			0.	0.	0.		-	0	
1	ENDING BALANCE		ļ		. !	141,450.			0.	141,450.	58,613.			71,299.	
; 1	ENDING ACCUM DEPR	-			1				}		71,299.				
1	ENDING BOOK VALUE		}		<u> </u>		ļ			,	70,151.			ļ	
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		 			i i										
1		,   	† †	; 	<u> </u>										
828111	828111 04-01-18					(D) - Asset disposed	posed		•	ITC Salvage	Bonus, Comm	nercial Revital	· ITC Salvage Bonus Commercial Revitalization Deduction GO Zone	ion GO Zone	,

(D) - Asset disposed

\*ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone