Fin		01	Return of Organi	zation Exempt	From I	ncome Tax	K	OMB No 1545-0047
\♥ :	Form	, Y!	Under section 501(c), 527, or 4947(a	n)(1) of the Internal Revenu	e Code (exc	ept private founda	rtions)	2017
		٠	the Treasury 281				Va	
;	Depar Interna	iment of d Revent	ne necembal CAT	orm990 for instructions a	=		\mathcal{M}	Open to Public Inspection
-	A F	or the			d ending J		18	
•		neck if	C Name of organization	<u> </u>		T		ion mumbor
•	ap ap	iblicaple:	C Name of Organization			D Employer ide	nuncau	lou unurbet
		Addres	CMAND MOCEMBED BOTHINAMI	ONT TRICE				
	<u> -</u>	change Name	STAND TOGETHER FOUNDATION	JIN, INC.			06.	0004
	늘	jchange	Doing business as					2774
	爲	leital return	Number and street (or P.O. box if mail is not deliv	ered to street address)	Room/suite	E Telephone nui		
	<u></u>	Final return/	320 N. BROADWAY STREET		260	92	0 - 43	32-0800
		termin- ated	City or town, state or province, country, and Z	P or foreign postal code		G Gross receipts \$		5,346,407.
	<u>_</u>	Amend return	GREEN DAI, WI 34303			H(a) Is this a grow	up retur	m
	<u></u>	Applica tron	I F Name and address of principal officer: 11104	as selk	_	for subordin	ates?	Yes X No
		pending	SAME AS C ABOVE			H(b) Are all subordina	ites includ	ted? Yes No
	LT	ах-өхө	mpt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1) or 527	11/		t. (see instructions)
	JΝ	/ebsite	»:▶N/A	2	C	Hic Group exem		•
				ociation Other	L Year			tate of legal domicite; WI
- 1	Pa		Summary					
	1		Briefly describe the organization's mission or most s	ignificant activities: TO	BENEFTT	AND SUPP	ORT.	ሳH R
	8		GREATER GREEN BAY COMMUNIT		INC.			
	틝	•		inued its operations or disp		then 250/ of the no		
	Governance			•	OSEC OF ITICIE	ulan 25% or its ne	1 1	_
	é		Number of voting members of the governing body (F		·····		3	
			Number of independent voting members of the gove	· · · / · · ·		••••••	4	
	ctivities &		Total number of individuals employed in calendar ye	ar 2017 (Part V. Ime 2a)		··· ·······	5	0
	뒬		Total number of volunteers (estimate if necessary)	f.Q.f	<u> </u>		6	6
	ğ		Total unrelated business revenue from Part VIII, colu	mn (0), line/12	1		7a	<u> </u>
	_	<u>b</u>	Net unrelated business taxable income from Form 9	90-T, ine 34	<u> </u>	,	7b	<u> </u>
				10/ 2	(X)	Prior Year		Current Year
		8 (Contributions and grants (Part VIII, line 1h)		2(2)	<u> </u>	_	5,204,134.
	Revenue	9 1	Program service revenue (Part VIII, line 2g)		20 L			0.
	9	10	nvestment income (Part VIII, column (A), lines 3, 4, a		/ 4 .			<u>121,826.</u>
	۳	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9 Total revenue - add lines 8 through 11 (must equal P Grants and similar amounts paid (Part IX, column (A)	9c, 10c, and 11e)			L	0.
		12	Total revenue - add lines 8 through 11 (must equal P	art VIII, column (A), line 12)	180			5,325,960.
		13 (Brants and similar amounts paid (Part IX, column (A)	, lines 1-3)				0.
	- 1	14	Benefits paid to or for members (Part IX, column (A),	line 4)	,			0.
	_		Salaries, other compensation, employee benefits (Pa)			0.
	8		Professional fundraising fees (Part IX, column (A), lin					0.
	pens		Total fundraising expenses (Part IX, column (D), line		0.	······································		
SCANNED	Ř		Other expenses (Part IX, column (A), lines 11a-11d,					25,441.
\mathcal{C}			Fotal expenses. Add lines 13-17 (must equal Part IX)					25,441.
Ź			Revenue less expenses. Subtract line 18 from line 1	• • • • • • • • • • • • • • • • • • • •				5,300,519.
Z	ō g	19	nevertue less expenses. Subtract line 10 mont line 1.	<u> </u>	В.	ginning of Current Y		End of Year
Ш		.	Catal assets (Dart V line 46)			Minning of Carrent 1	881	5,224,272.
	Assets Balan	20			·········			
H	# <u>P</u>				·····			0.
B	즑		Net assets or fund balances. Subtract line 21 from li	ne 20		···		5,224,272.
-		rt II	Signature Block					
			ties of perjury, I declare that I have examined this return, i				of my kn	nowledge and belief, it is
		COLLEC	, and complete. Declaration of preparer (other than officer	based on all information of	which preparer			
059			The XIII				<u> 19-</u>	2018
	Sigr	1	Signature of officer	`		Date		
	Her	e	THOMAS SELK, BOARD PRES	IDENT				
			Type or print name and title					
			Print/Type preparer's name	Preparer's signature		Date Che	ct _] PTIN
	Paid	İ		MANDA VANNATT	a b	L1/08/18 self	employed	P00948755
		arer	Firm's name WIPFLI LLP			Firm's Ell		39-0758449
	-	Only	Firm's address PO BOX 8700	****				· · · · · · · · · · · · · · · · · · ·
			MADISON, WI 53708	8-8700		Phone no	608	.274.1980
	Mar	the Ir	IS discuss this return with the preparer shown above			I Hone Ho		X Yes No
	ividy	nie II	Andrewens telephone on the preparet survey on the carrier on	e: (see manuchoris)				F 000 00470

Form 990 (2017)

v					2		A
Form 990 (2017)	STAND	TOGETHER	FOUNDATION,	INC'.	1	82-2642774	Page
Rartily Checklist of R	equired S	chedules			-		

	<u> </u>			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	11	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		}	
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		ł	
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		•	
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for		Ì	
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?		[
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
ч	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes, " complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ıza		12a		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?			
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization associated in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		х
	or more? If "Yes," complete Schedule F, Parts I and IV	170	 	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	15		X
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	_15_		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		X
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	_16		 ^ `
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47	l	X
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		 ^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		x
	1c and 8a? If "Yes," complete Schedule G, Part II	18_		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40	ļ	x
	complete Schedule G. Part III	19		$\Gamma \Lambda$

Form **990** (2017)

Part IV | Checklist of Required Schedules (continued)

			res	NO
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 if "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a			-	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		/	
	instructions for applicable filing thresholds, conditions, and exceptions)			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		Х
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29	-	X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31		31		х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
O.E.	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		L
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
			000	0047

Form 990 (2017) STAND TOGETHER FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					<u></u>	
					Yes	No	
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a					1
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	(<u>ן</u>			200
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming				7
	(gambling) winnings to prize winners?			1c		L	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						200
	filed for the calendar year ending with or within the year covered by this return	2a	(
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-tile (see instructions	s)					į
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X	
b	If "Yes," has it filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	4a		Х	
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (FBAR)		3		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X	_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions	ction?		5b		Х	
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c_			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e orga	nization solicit				
	any contributions that were not tax deductible as charitable contributions?			6a		Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or	gıfts				
	were not tax deductible?			6b			_
7	Organizations that may receive deductible contributions under section 170(c).				K.K		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ııred	ł			
	to file Form 8282?			7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					j
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		Х	
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	99 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file	e a Form 1098-C?	7h	47. (44.80.886.)	no sandon asce	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	•	(Florie	33553		1
	sponsoring organization have excess business holdings at any time during the year?			8	ar series in	~Q1/C3996/10/	
	Sponsoring organizations maintaining donor advised funds.			***			Š
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a			-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	25. Y . 190	21 ~6 000000	
0 .	Section 501(c)(7) organizations. Enter	1 1					
	Initiation fees and capital contributions included on Part VIII, line 12	10a		-			į
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
	Section 501(c)(12) organizations. Enter						3
	Gross income from members or shareholders	11a	<u> </u>	-			ŝ
b	Gross income from other sources (Do not net amounts due or paid to other sources against						West of
	amounts due or received from them)	11b		2000	\$\$725		5
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		•	12a	18 1. 3465	30XXX500 E	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			W. P.S.C.	PAC.	THE	2
а	is the organization licensed to issue qualified health plans in more than one state?			13a	50 - JOH #	15 36237	•
_	Note. See the instructions for additional information the organization must report on Schedule O						-
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ا .ـ. ا					-
	organization is licensed to issue qualified health plans	13b		-			200
	Enter the amount of reserves on hand	13c			132 % d	eright V	•
	Did the organization receive any payments for indoor tanning services during the tax year?	_		14a		X	-
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	2.O		14b	\Box		

Form 990 (2017) STAND TOGETHER FOUNDATION, INC. 82-2642774 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

4 1860	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	140 16	зропа							
	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
000	tion A. Governing body and management		Yes	No						
12	Enter the number of voting members of the governing body at the end of the tax year	4 345								
10	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0									
b	Enter the number of voting members included in line 1a, above, who are independent 1b									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
_	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
Ŭ	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
-	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a	X							
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b_	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Sacramente:	X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990									
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	_X_							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		٠,							
	ın Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13_	X							
14	Did the organization have a written document retention and destruction policy?	14	X	473.638						
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	30000		V V						
а	The organization's CEO, Executive Director, or top management official	15a		X						
b	Other officers or key employees of the organization	15b	282234							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			42.492.05						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	160	3.8586888	X						
	taxable entity during the year?	16a		KNOWANKE.						
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b	Selection of							
Sac	exempt status with respect to such arrangements?	IOD								
	27077									
17	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailable	,							
18	for public inspection. Indicate how you made these available. Check all that apply	·············	•							
	Own website Another's website X Upon request Other (explain in Schedule O)									
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financi	al							
19	statements available to the public during the tax year	aiio								
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
20	JONATHAN J. KUBICK, CPA - 920-432-0800									
	320 N. BROADWAY STREET, SUITE 260, GREEN BAY, WI 54303									

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organiza (A)	(B)		(C)			•		(D)	(E)	(F)
Name and Title	Average	,		Pos	itior			Reportable	Reportable	Estimated
	hours per	box	unle	ss pe	rson i	than o	an	compensation	compensation	amount of
	week	officer and a director/trustee)					tee)	from	from related	other
	(list any	rector			ľ			the	organizations	compensation
	hours for related	or d	<u> </u>			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	Individual trustee or director	Institutional trustee		ag.	Highest compensated employee		(***2/1033*****100)		and related
	below	dualt	utiona	<u></u>	Key employee	st co	<u>د</u>			organizations
	line)	Indiv		Officer	Key e	Highe	Former			
(1) EUGENE HIETPAS	0.25									
DIRECTOR		x						0.	0.	0.
(2) AMBER PALUCH	0.25									
DIRECTOR	40.00	X						0.	84,234.	0.
(3) THERESA WAGNER	0.25									
DIRECTOR		х						0.	0.	0.
(4) THOMAS SELK	0.25									
BOARD PRESIDENT		Х		х				0.	0.	0.
(5) LAURIE RIEDY TIMMERMAN	0.25					\Box				
BOARD VICE PRESIDENT		X		Х				0.	0.	0.
(6) DENNIS STEWART	0.25									
BOARD TREASURER		Х		Х				0.	0.	0.
(7) MICHAEL SKIFFINGTON	0.25									
BOARD SECRETARY		Х		Х				0.	0.	0.
		1								
		1								
										-
		1								
		ĺ								
		-								
		1			l					
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		1								

Rantivii Section A. Officers, Directors, Tru	stees, Key Em	oloy.	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)	
, (A)	(B)	ŀ		(0				(D)	(E)	(F)
Name and title	Average	,,,	Position (do not check more than on					Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	n amount of
	week	offe	cer an	d a d	recto	r/trus	tee)	from	from related	other
	(list any	clo			l			the	organizations	s compensation
	hours for	gig			ŀ	g		organization	(W·2/1099-MIS	SC) from the
	related	lee 0	ustee		ĺ	eusa		(W-2/1099-MISC)		organization
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				and related
	below	Ngn	otat	er	emp	nest (Former			organizations
	line)	宣	Inst	Officer	Key	High	Į.			
					ŀ					
					l					
		1			ŀ					
		l								
		1								,
		╁	\vdash		\vdash					
		ł								
		\vdash	\vdash		<u> </u>	-	_			
		ł						1		
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]								
								_		
]								
		1								
		┨								
	<u> </u>	<u> </u>			L	l	_	0.	84,23	34. 0
1b Sub-total								0.	04,23	0. 0
c Total from continuation sheets to Part \	/II, Section A							0.	0.4 0.2	
d Total (add lines 1b and 1c)							<u> </u>		84,23	
2 Total number of individuals (including but	not limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	
compensation from the organization										
										Yes No
3 Did the organization list any former office	r, director, or tru	ustee	e, ke	y en	nplo	yee,	or h	nighest compensated er	nployee on	
line 1a? If "Yes," complete Schedule J for	such individual									3 X
4 For any individual listed on line 1a, is the		e co	mpe	nsa	tion	and	oth	er compensation from t	ne organization	
and related organizations greater than \$15									J	4 X
5 Did any person listed on line 1a receive or	-								fual for services	
							iaco	organization or morne		5 X
rendered to the organization? If "Yes." co Section B. Independent Contractors	mbjete Scheaui	e <i>J 1</i> (or st	ich I	pers	on .		.		
				_	_				100 000 -1	
1 Complete this table for your five highest of										ensation from
the organization Report compensation fo	r the calendar ye	ear e	ndir	ig w	ith c	or wi	thin		ear	
(A)								(B)		(C)
Name and busines	s address	N	DNE	<u>: </u>			4	Description of s	ervices	Compensation
							- 1			
							\neg			
							十			 -
			_				\dashv			
							- [
							\perp			
2 Total number of independent contractors	(including but n	ot lin	nited	i to i	_		ted	above) who received mo	ore than	
\$100,000 of compensation from the organ	nization 🕨				C)			j	

Form 990 (2017) STAND T Part VIII Statement of Revenue

200	in the same	Check if Schedule O cont	ains a response i	or note to any lin	e in this Part VIII			
		Check If Schedule O Cont	ans a response	or note to any m	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Gifts, Grants lar Arrounts	t c	n Federated campaigns n Membership dues r Fundraising events d Related organizations	1a 1b 1c 1d		The second secon			
Contributions, Gifts, Grants and Other Similar Arrounts	f	 Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f 	ets, and ve 1f 5,	204,134.	5,204,134.			
OR		1 Total, Add lines Ta-11		Business Code	CERTIFICATION SOLVEN AND AND AND AND AND AND AND AND AND AN			
Program Service Revenue	2 a			Business Code		200 A. C.		99 PA (1902) (23-480) PB 18-28(4-7-10)
og.	e							
٩		All other program service reve	enue				o dan sakawa saka kata	
200003030	3	I Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of tax		•	142,273.			142,273.
	5 6 a	Royalties Gross rents	(ı) Real	(II) Personal				
Ì	c	Less rental expenses Rental income or (loss) Net rental income or (loss)		>			Definition of the same of the	
		a Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	(i) Securities 20 , 447 .	(II) Other	THE			Part of the second seco
	c	Gain or (loss) Net gain or (loss)	-20,447.		-20,447.			-20,447.
Other Revenue		Gross income from fundraising including \$ contributions reported on line Part IV, line 18	of 1c) See					
됩		Less direct expenses	. b	L				
		 Net income or (loss) from function Gross income from gaming action Part IV, line 19 						
	b	Less direct expenses	b					
		 Net income or (loss) from gam Gross sales of inventory, less and allowances 						
		Less cost of goods sold Net income or (loss) from sale	b	>	1000			D 100 A 100
ļ		Miscellaneous Revenu	e	Business Code				
	11 a							
	b	·						
	C							
		All other revenue Total. Add lines 11a-11d						
	12	Total revenue See instructions			5,325,960.	0.	0.	121,826.

Form 990 (2017) STAND TOGETHE
Part X Statement of Functional Expenses

<u>Sect</u>	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			mplete column (A)	
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				2.2
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign	•			
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)		-		
а	Management				
b	Legal				
C	Accounting				
_	Lobbying				
d	Professional fundraising services. See Part IV, line 17				
e	· · · · · · · · · · · · · · · · · · ·		CONTRACTOR WARRING STORES WEEK	AN STREET STANFOLD AND AND AND AND AND AND AND AND AND AN	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0)	2,559.		2,559.	
40		2,333.		2,333.	
12	Advertising and promotion				
13	Office expenses				-
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	9×492±8888800-8•4004 200448 4 889	X4477888888932284588333		
24	Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	ADMINISTRATIVE FEES	22,282.		22,282.	
b					
С					
d					
е	All other expenses	600.		600.	
25	Total functional expenses Add lines 1 through 24e	25,441.	0.	25,441.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)				

	1	Cash non-interest-bearing		-	
	. 2	Savings and temporary cash investments .		2	
٠, .	⁻ 3	Pledges and grants receivable, net		3	
,	' 4	Accounts receivable, net		4	'
	5	Loans and other receivables from current and former officers, directors,		N.	
•		trustees, key employees, and highest compensated employees. Complete			
•		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	1	employers and sponsoring organizations of section 501(c)(9) voluntary			
•	}		Front to continue of the part of Carlo Salar and Salar a	6	CONTRIBUTE NACTOR CONTRIBUTE STATES CONTRIBUTE CONTRIBU
ets	_	employees' beneficiary organizations (see instr) Complete Part II of Sch L		7	
Assets	7	Notes and loans receivable, net		-	
•	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D		800 (A)	
•	, b	Less accumulated depreciation 10b		10c	F 004 000
-	11	Investments - publicly traded securities	0.	11	5,224,272.
٠. ٔ	12	Investments - other securities See Part IV, line 11		12	•
	13	Investments - program related See Part IV, line 11		13	· · ·
	14	Intangible assets		14	<u> </u>
	.15	Other assets See Part IV, line 11	**	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	. 0.	16	5,224,272.
	17	Accounts payable and accrued expenses		17	
٠٠,	18	Grants payable ·	+	18	
	19	Deferred revenue ·		19	
•	20	Tax-exempt bond liabilities	<u>.</u>	20	<u>'</u>
	21 .	Escrow or custodial account liability Complete Part IV of Schedule D	•	21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities	'	key employees, highest compensated employees, and disqualified persons			and the second s
ВĎÍ		Complete Part II of Schedule L		22	
ڐ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	**
	25	Other liabilities (including federal income tax, payables to related third			
	==	parties, and other liabilities not included on lines 17-24) Complete Part X of	·		
,		Schedule D		25	, -
	26	Total liabilities. Add lines 17 through 25	. 0.	26	0.
	20	Organizations that follow SFAS 117 (ASC 958), check here X and		72-72-7	
		complete lines 27 through 29, and lines 33 and 34.		v	
ces	27	Unrestricted net assets	200000000000000000000000000000000000000	27	5,224,272.
an	28	Temporarily restricted net assets		28	. 1
Ба	29	Permanently restricted net assets		29	
nd	29	Organizations that do not follow SFAS 117 (ASC 958), check here		20	
Fu					
s or		and complete lines 30 through 34.	357 AC 387 CON 150 CON	30	CONTRACTOR SERVICE CONTRACTOR CONTRACTOR
, sets	30.	Capital stock or trust principal, or current funds	 	31	
- As	31	Paid-in or capital surplus, or land, building, or equipment fund		32	,
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds.	. 0.		5,224,272.
4	33	Total net assets or fund balances	0.	33	5,224,272.
	34	Total liabilities and net assets/fund balances		34	5,224,272

Form 990 (2017)

Form 990 (2017)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number Name of the organization 82-2642774 STAND TOGETHER FOUNDATION, Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed in your governing document? (III) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN (described on lines 1-10 support (see instructions) support (see instructions) organization Yes No above (see instructions)) GREATER GREEN BAY 0. 0. COMMUNITY FOUNDATIO 39-1699966 Х Ō. U Total

82-2642774 Page 2

INC

Schedule A (Form 990 or 990-EZ) 2017 STAND TOGETHER FOUNDATION,

	 (Complete only if you checked 	the box on line 10	of Part I or if the o	organizatjon failed	to qualify under Pa	art II If the organiza	ation fails to
	qualify under the tests listed be	elow, please comp	lete Part II)	!			
Sec	ction A. Public Support					· · · · · · · · · · · · · · · · · · ·	
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and	\		/			
	membership fees received (Do not	\		<i> </i>			
	include any "unusual grants ")						
2	Gross receipts from admissions,	\		1			
	merchandise sold or services per-	\		1 /			
	formed, or facilities furnished in any activity that is related to the	\		1			
	organization's tax-exempt purpose	\		/			
3	Gross receipts from activities that	\		V			
	are not an unrelated trade or bus-	\	<i>j</i>				
	iness under section 513	. _					
4	Tax revenues levied for the organ-	\	<i> </i>				
	ization's benefit and either paid to	\	<i> </i>				
	or expended on its behalf						
5	The value of services or facilities		\ /				
	furnished by a governmental unit to		\				
	the organization without charge					<u>.</u>	
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and		V				
	3 received from disqualified persons		<u> </u>		_		
b	Amounts included on lines 2 and 3 received		/ \				
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year		_/		<u> </u>		
c	: Add lines 7a and 7b		1				
. 8	Public support. (Subtract line 7c from line 6)		1	1		,	
Sec	ction B. Total Support			1	·		
Cale	ndar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(à) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,		<i> </i>	\			
	and income from similar sources		1				
b	Unrelated business taxable income		,	\			
	(less section 511 taxes) from businesses				X		
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is	1					
	regularly carried on				<u> </u>		
12	Other income Do not include gain	1					
	or loss from the sale of capital assets (Explain in Part VI)	1					
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	the organization's	s first, second, third	d, fourth, or fifth to	ax year as a section	501(c)(3) organiza	tion,
	check this box and stop here					\	>
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2017 (li	ne 8, column (f) di	vided by line 13, co	olumn (f))		15	%
16	Public support percentage from 2016	Schedule A, Part	III, line 15			16	<u>%</u>
Sec	ction D. Computation of Inves	tment/Income	Percentage				
17	Investment income percentage for 20	17 (line 10c, colur	nn (f) divided by lin	e 13, column (f))		17	<u>%</u>
18	Investment income percentage from 2	2016 Schedule A,	Part III, line 17			18	<u>%</u>
19a	33 1/3% support tests - 2017. If the	organization did n	ot check the box o	on line 14, and line	e 15 is more than 3	3 1/3%, and line 17	'is not
	more than 33 1/3%, check this box an					\	▶ □
b	33 1/3% support tests - 2016. If the					\	nd
	line 18 is not more than 33 1/3%, chec						\ ▶□
20	Private foundation. If the organizatio				nis box and see ins	tructions	
	23 10-06-17	1				edule A (Form 990	or 990-EZ) 2017

Part V Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	1	,
	Yes	No
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Scho	edule A (Form 990 or 990 EZ) 2017 STAND TOGETHER FOUNDATION, INC. 8	2-264277	4 p:	age 5
Ra	Supporting Organizations (continued)			<u>.go </u>
- 1 x x x x x x	, Continuedy		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
-	below, the governing body of a supported organization?	11a		Х
b	A family member of a person described in (a) above?	11b		Х
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		Х
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	被外袭		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			1.00
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities If the organization had more than one supported organization,			9133
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported			74
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		X
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		je j	
•	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			,
		a sometime.	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	essables e	~~~~~
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			2500
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	00 VF4-7-276	CAZAD ANYMO
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	96.55 (SZ)		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	uctions).		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity	(see instructions)		
2	Activities Test Answer (a) and (b) below.	12.225.250.045	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	1945 A.S.	MA.	多强的
	that these activities constituted substantially all of its activities	2a	1508555-ex-	COSHDOS
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			2333
	activities but for the organization's involvement	2b	23.44. v	176-2 FEB
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			355
	trustees of each of the supported organizations? Provide details in Part VI.	3a		

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Sche	edule A (Form 990 or 990-EZ) 2017 STAND TOGETHER FOUNDATION	ON,_	INC. 8	2-2642774 Page 6
	Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov 20, 1970 (explain in Pa	art VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must con	mplete S	ections A through E	<u> </u>
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7_		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	25		
	instructions for short tax year or assets held for part of year)	\$ 36 X		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)	\$2.55 A		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	_		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions)

Schedule A (Form 990 or 990-EZ) 2017

than zero, explain in Part VI. See instructions

7 Excess distributions carryover to 2018. Add lines 3

Part VI See instructions

and 4c

8 Breakdown of line 7

a Excess from 2013

b Excess from 2014

Excess from 2015

d Excess from 2016

e Excess from 2017

Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Schedule A	(Form 990 or 990 EZ) 2017 STAND TOGETHER FOUNDATION, INC.	82-2642774 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addit (See instructions.)	1 and 2, Part IV, Section C, t V, Section B, line 1e, Part V,
		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

STAND TOGETHER FOUNDATION TNC. Employer identification number 82-2642774

Par	Organizations Maintaining Donor Advised		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advis	sed funds
3	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor as	_	
U	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	donor advisor, or for any other purpose	Yes No
Pai	TILE Conservation Easements. Complete if the org	panization answered "Yes" on Form 990.	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or el		torically important land area
	Protection of natural habitat	· —	tified historic structure
	Preservation of open space	1 reservation or a con	tilled Historia attackera
•	Complete lines 2a through 2d if the organization held a qualifi	and consequentian contribution in the form	of a consequation easement on the last
2		led conservation contribution in the form	Held at the End of the Tax Year
	day of the tax year		2a
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements	at a saladad a fa	2b
С	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a	ifter //25/06, and not on a historic struction	1 1
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year ▶	_	
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the per	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	ition easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		└── Yes └── No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organization's accounting for
	conservation easements		
[P ai	tilli Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furthera	ince of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	oes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		S

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Pai	t III Organizations Maintaining C									
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of tho	following that	t are a sign	ificant u	se of its o	collection it	ems
	(check all that apply)									
а										
b	b Scholarly research e Other									
С	c Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how th	ney further th	ne organizatio	on's exemp	t purpo	se in Part	XIII	
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	sures, or othe	er sımılar as	ssets		- -	
	to be sold to raise funds rather than to be ma								Yes	No_
Pai	t IV Escrow and Custodial Arrang		ete if the	e organizatio	on answered	"Yes" on F	orm 990), Part IV,	line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	s or other ass	sets not inc	cluded	_	٦	<u></u>
	on Form 990, Part X?							L	_ Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing t	table						
	_						\vdash		Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
Ť	Ending balance	000 Dart V I	01 6			ويغايطونا خورد	_ <u>1f</u>		Yes	No
	Did the organization include an amount on Fo						,	<u> </u>	_ res	
Pai	If "Yes," explain the arrangement in Part XIII. TV Endowment Funds. Complete if									
	Eridowniert ando: Complete	(a) Current year	T	Prior year	(c) Two yea			ears back	(a) Four v	ears back
10	Beginning of year balance	(a) Current year	(b) '	noi yeai	(C) TWO yea	13 Dack (C	n mice	rears back	(e) rour y	cars buck
1a	Contributions									
D	Net investment earnings, gains, and losses			···		-				
4	Grants or scholarships		1						1	•
u	Other expenditures for facilities				<u> </u>					
C	and programs									
f	Administrative expenses									
ď	End of year balance		_							
2	Provide the estimated percentage of the curre	ent vear end balanc	e (line 1	a. column (a)) held as				·	
a	Board designated or quasi-endowment	,	%	, ,	"					
b	Permanent endowment	%								
	Temporarily restricted endowment	 %								
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%								
За	Are there endowment funds not in the posses		ation tha	it are held ai	nd administer	red for the	organiza	ation		
	by	_							<u></u>	es No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(II)	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	red on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment f	funds	·					
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	"Yes" on Form 990	0, Part I	/, line 11a S	See Form 990	, Part X, Iir	ne 10			
	Description of property	(a) Cost or o			t or other		umulate	ed	(d) Book	value
		basis (investr	ment)	basis	(other)	depr	eciation			
1a	Land				_					
b	Buildings									
С	Leasehold improvements									
d	Equipment									
	Other				_					
<u>Total</u>	. Add lines 1a through 1e (Column (d) must ed	oual Form 990. Part	X. colun	nn (B). line 1	0c.)					0.
								Schedule	D (Form !	990) 2017

Schedule D (Form 990) 2017 STAND TOGETI	HER FOUNDATIO	N, INC.	82-2642774 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	*		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost	or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			<u> </u>
(3) Other			
(A)			
(B)			<u></u>
(C)			
(D)			
(E)	<u> </u>		
(F)	<u> </u>		
(G)			
(H)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d See Form 990, Part X, line 15	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)		-	
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		•
Port Y Other Liabilities		·	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.)	>	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2017 STAND TOGETHER FOUND.	
Part XI Reconciliation of Revenue per Audited Financial	Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part	t IV, line 12a
1 Total revenue, gains, and other support per audited financial statement	ts 1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains (losses) on investments	2a
b Donated services and use of facilities	2b
c Recoveries of prior year grants	2c
d Other (Describe in Part XIII)	2d
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b
b Other (Describe in Part XIII)	40
c Add lines 4a and 4b	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XII Reconciliation of Expenses per Audited Financia	116 12.1
Complete if the organization answered "Yes" on Form 990, Part	
Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	2a
b Prior year adjustments	2b
c Other losses	2c
d Other (Describe in Part XIII)	2d
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a
b Other (Describe in Part XIII)	4b
c Add lines 4a and 4b	4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I.	line 18.) 5
Part XIII Supplemental Information.	
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI,
lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to prov	vide any additional information
PART X, LINE 2:	
mun normanamatora ann nnormann mo aganga	LULEBUIED TO TO MODE LIVELY MUNN NOW
THE FOUNDATIONS ARE REQUIRED TO ASSESS	WHETHER IT IS MORE LIKELY THAN NOT
THAT A TAX POSITION WILL BE SUSTAINED U	IDON EVANTNAMION OF MUE MECUNICAI
THAT A TAX POSITION WILL BE SUSTAINED (JPON EXAMINATION OF THE TECHNICAL
MERITS OF THE POSITION, ASSUMING THE TA	AYING AUTHORITY HAS FULL KNOWLEDGE
MERITS OF THE POSITION, ASSOMING THE TR	ANTING ACTION ITT HAD TOOL KNOWLDOOL
OF ALL INFORMATION. IF THE TAX POSITION	N DOES NOT MEET THE
OF ADD INFORMATION: IF THE TAX TOUTION	V BOBO NOT MBBT THE
MORE-LIKELY-THAN-NOT RECOGNITION THRESP	HOLD. THE BENEFIT OF THAT POSITION
HORD BIRDET TIME NOT RECOGNITION TIMES.	1020 / 1111 221121 11 01 11111 1 021 1 1 1 1
IS NOT RECOGNIZED IN THE CONSOLIDATED F	FINANCIAL STATEMENTS. THE
10 1101 112000112120 111 1112 0011002201120	
FOUNDATIONS HAVE DETERMINED THERE ARE N	NO AMOUNTS TO RECORD AS ASSETS OR
LIABILITIES RELATED TO UNCERTAIN TAX PO	OSITIONS.

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Schedule D (Form 990) 2017

Schedule D	(Form 990) 2017 Supplemental Infor	STAND	TOGETHER	FOUNDATION,	INC.	82-2642774	Page 5
Part XIII	Supplemental Infor	mation _{(co}	ontinued)				
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SCHEDULE 0

.(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ➤ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization				
	STAND	TOGETHER	FOUNDATION,	INC

Employer identification number 82-2642774

FORM 990, PART VI, SECTION A, LINE 7A:

GREATER GREEN BAY COMMUNITY FOUNDATION, INC. HAS THE RIGHT TO DESIGNATE AT ALL TIMES A MAJORITY OF THE STAND TOGETHER FOUNDATION, INC. BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE CHIEF FINANCIAL OFFICER OF GREATER GREEN BAY COMMUNITY FOUNDATION, INC. AND PRESIDENT OF THE BOARD REVIEW THE FORM 990 BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

STAND TOGETHER FOUNDATION, INC. PRESENTS ITS CONFLICT OF INTEREST POLICY TO ALL BOARD OF DIRECTORS ANNUALLY AND REQUIRES EACH DIRECTOR TO DISCLOSE ALL RELATIONSHIPS WITH BOTH FOR-PROFIT AND NOT-FOR-PROFIT ORGANIZATIONS THAT THE FOUNDATION MAY CONDUCT BUSINESS WITH OR ISSUE GRANTS TO. IN ADDITION, DIRECTORS DISCLOSE THEIR ROLE WITH FINANCIAL INSTITUTIONS IN WHICH THE FOUNDATION HAS INVESTED ASSETS. DIRECTORS ARE REQUIRED TO ABSTAIN FROM VOTING ON ALL BUSINESS MATTERS IN WHICH A POTENTIAL CONFLICT OF INTEREST MAY EXIST. IF A DIRECTOR HAS TO ABSTAIN FROM A VOTE DUE TO A CONFLICT OF INTEREST, THIS IS NOTED IN THE MINUTES. ALL CONFLICT OF INTEREST DISCLOSURE FORMS ARE KEPT BY THE FOUNDATION AS A PERMANENT RECORD. AT THE BEGINNING OF EACH BOARD MEETING, THE BOARD PRESIDENT REMINDS ALL DIRECTORS OF THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION C, LINE 19:

CONDENSED VERSION OF THE GREATER GREEN BAY FOUNDATION, INC.'S ("THE

Name of the organization STAND TOGETHER FOUNDATION, INC.	Employer identification number 82-2642774
FOUNDATION") FINANCIAL STATEMENTS ARE AVAILABLE ON THE FOU	NDATION'S WEBSITE
AS PART OF THE ANNUAL REPORT. THE ACTIVITY OF STAND TOGET	HER FOUNDATION,
INC. IS INCLUDED AS PART OF THE CONDENSED FINANCIAL STATME	NTS. THE
GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE	NOT MADE
AVAILABLE TO THE PUBLIC.	
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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

Open to Public Inspection, 2017

OMB No 1545-0047

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

Employer identification number 82-2642774

> Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Partl

INC

STAND TOGETHER FOUNDATION,

Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year End-of-year assets Total income Ē Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity PartII

(g) Section 512(b)(13) ŝ × controlled entity? Direct controlling entity N/A status (if section Public charity 501(c)(3)) LINE 7 Exempt Code section 501(C)(3) Legal domicile (state or foreign country) WISCONSIN INTERESTS IN THE GREATER TO SERVE PHILANTHROPIC Primary activity GREEN BAY AREA GREATER GREEN BAY COMMUNITY FOUNDATION, INC. 39-1699966, 320 N. BROADWAY STREET, SUITE Name, address, and EIN of related organization 54303 GREEN BAY, WI 260,

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

82-2642774

Page 2

Schedule R (Form 990) 2017 STAND TOGETHER FOUNDATION, INC.

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year Part III

<u>\$</u>	General or Percentage managing ownership partner?												
3	neral or naging irtner?	Yes									_	 	
	SI Ge	65) Z	_		 -	_			_	 			
Ξ	Code V-UBI amount in box	K-1 (Form 10											
Ē	Disproportionate allocations?	ŝ											
	Dispr	Yes			_			_		 			
(a)	Share of end-of-year	สรรสเร											
(J)	Share of total income												
(e)	Predominant income (related, unrelated, excluded from tax index	sections 512-514)											
(p)	Direct controlling entity												
(၁)	Legal domicile (state or	country)		-						•			
(g)	Primary activity												
(e)	Name, address, and EIN of related organization												

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year Part IV

	Ξ	Section 512(b)(13) controlled entity?		•		<u></u>	_		 _			
		contro										
	Ξ	Percentage ownership										
		Share of end-of-year assets										
	£)	Share of total income						-				
1	(e)	Type of entity (C corp, S corp, or trust)										
	(Đ	Direct controlling Type of entity (C corp, S corp, or trust)			-							
	(၁)	Legal domicile (state or foreign country)										
	(q)	Primary activity										
	(a)	Name, address, and EIN of related organization									•	

Schedule R (Form 990) 2017

Page 3

Yes

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Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Part

any entity is listed in Parts II, III, or IV of this schedule	, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
iny entity is	did the org
ne 1 ıfa	x year, (
Complete In	uring the tay
Note:	

- Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
 - Gift, grant, or capital contribution to related organization(s)
- Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
 - e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
 - m Performance of services or membership or fundraising solicitations by related organization(s)

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- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)
- s Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

elationships and transaction thresholds	(p)	Method of determining amount involved
his line, including covered r	(၁)	Amount involved
no must complete th	(q)	Transaction
2 If the answer to any of the above is "Yes," see the instructions for information on when	(a)	Name of related organization

	type (a-s)	
(1)		
(2)		
(3)		
(4)		
* , (5)		
(9)		

STAND TOGETHER FOUNDATION, INC.

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Schedule R (Form 990) 2017

Part

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue). that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

that was not a related organization. See instructions regarding exclusion for certain investment partnerships	structions regarding exclus	sion for certain inve	stment partnerships							
(a)	(q)		(q)	(e)	(c)	(6)	Ξ	(3	Æ
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	(related, unrelated, 501	5 pariners sec 501(c)(3)	Share of total	Share of end-of-year	Oispropor tionale allocations?	Ospropor Code V-UBI General or Percentage tonale amount in box 20 managing ownership	General or managing partner?	Percentage ownership
		country)	sections 512-514) Yes	Yes No	income	assets	Yes No	(Form 1065)	Yes No	
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Schedule F	R (Form 990) 2017	STAND	TOGETHER	FOUNDATION,	INC.	82-2642774 Page 5
Part VII	R (Form 990) 2017 Supplemental Infor	rmation.	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
•	Provide additional inform	ation for respon	onses to question	s on Schedule R See	instructions	
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