SCANNED NOV 0 2 2021

	Ò	00 DE						f Private						OMB No 1545-0047	_
	-	90-PF						(1) Trust Treat y numbers on				public. 10	117	2019	
Depa Interi	rtmen nal Re	t of the Treasury venue Service	L				s.gov/Form9	90PF for insti			orm	ation.	11 4	Open to Public Inspection	二
For	calen	dar year 2019 o	r tax yea	r beginnir	ng F	FEB	26, 2	019	, and e	nding	1	`	2019		_
Na	me of	foundation									Α	Employer iden	tıfıcatior	n number	
	ΛĐ.	NERSTONI		א ד ד די א		יחדותי	יים איים דר א	λŢ				83-186	7223	1	
		nd street (or PO bo						N .		Room/suite	B	Telephone num		<u></u>	_
		MARYVII					,				ľ	314-39		200	,
_		own, state or pro					stal code			L	c			pending, check here	⋾
		N AND CO				017					ľ	оконирани врем			_
_		all that apply] Initial re			Initia	al return of a f	ormer public o	charity	٦	1. Foreign orga	inization	s, check here	
				Final ret	turn		Ame	nded return				0 -			
				Address	change	,	Nam	ie change			_	Z. Foreign organi check here and	zations me d attach co	eeting the 85% test, emputation]
H C	heck	type of organiza	ation:	X Sec	ction 501(c)	(3) exe	mpt private f	foundation		M	E	If private found	ation sta	atus was terminated	_,
1		ction 4947(a)(1)		•				private founda	ation	<u> </u>	4	under section 5	507(b)(1)(A), check here 🕨 🔽	┙
		rket value of all		end of yea	ar J Acc	_	g method:	X Cash	Accr	ual				60-month termination	_
•		art II, col. (c), lu		A 017	, L	Oth	ier (specify)	e on cash bas	ıc \			under section 5	07(b)(1)(B), check here	L
_	·\$ irt l	Analysis of Re				COIDIN					╁	(a) Ad	not	(d) Disbursements	_
٢٢٥	1	(The total of amor	unts ın colu	ımns (b), (c),	and (d) may n	not		enue and s per books	(b) Net in	vestment ome		(c) Adjusted income	net	for charitable purposes (cash basis only)	,
<u></u>	1	Contributions, (\dashv		0,000.			†	N/A		(oddir basis orny)	7
外	,	. —			red to attach Sch	_B F		_,			\dagger			r	Ť
	3	Interest on savings						117.		117.	T			STATEMENT 1	
	4	Dividends and i	nterest fro	om securi	ties	ſ					T				
	5a	Gross rents													
	b	Net rental income	or (loss)						-		$oldsymbol{\perp}$				_!
d)	6a	Net gain or (loss) fr		assets not o	on line 10						↓_				_ļ
evenue	Gross sales price for all assets on line 6a							+	 			_¦			
ě	7	Capital gain net inc	•		2)	-				0.	╀			ļ	-
	8	Net short-term		IIN		F					╁				
	9	Income modific Gross sales less re		1		⊦					╁			<u> </u>	\dashv
		and allowances									╁╴				닠.
		Gross profit or		L		 `	·_ ·		·		+-				<u>-i</u>
		Other income	(1000)			F					†-			1.	7
	12	Total. Add lines	s 1 throug	n 11		F	30	0,117.		117.	T			-	٦
	13	Compensation of o		•	ees, etc			0.		0.				0	-
	14	Other employee	salaries a	and wages	s						oxdot				
	15	Pension plans,	employee	benefits		L					┶				
Ses	16a	Legal fees			STMT 2	-		6,937.		<u>3,469.</u>				3,468	
Expenses	Ь	Accounting fees		;	STMT 3	3	· · · ·	1,015.		507.	_			508	<u>•</u>
Ä		Other professio	nal fees			}				RE	C	EIVED-		 	_
ative		Interest				}					┿		78		-
tra	18 19	Taxes	d donlatic			ŀ				₹ NO.	₩ 5	2 7 2020	18	 	7
i.	20	Depreciation an Occupancy	ia aepietia	JII		ŀ	_			3 110	1	• • <u> </u>	38-0		_'
Administr	21	Travel, conferer	nces and	meetings		ŀ					-	- <u> </u>	그=		_
nd A	22	Printing and pu				ŀ				<u> </u>	낟	EN, UT			_
<u>a</u>	23	Other expenses			STMT 4	4		175.		175.	İ			0	<u> </u>
atiņ	24	Total operating		ninistrativ	е	Ī									_
Opera		expenses. Add						8,127.		<u>4,151.</u>	\perp	· - · · · ·		3,976	
Ō	23	Contributions, g				ļ	30	0,000.			<u> </u>			300,000	<u>•</u>
	26	Total expenses		ursement	ts.		<u>.</u> -	0 40=						202 251	
	<u> </u>	Add lines 24 an				\rightarrow	<u> 30</u>	8,127.	_	<u>4,151.</u>	+			303,976	<u>.</u>
		Subtract line 26						0 010			;				
		Excess of revenue				}		8,010.	<u> </u>	0.	#			-	륵.
		Net investment				-				<u> </u>	+	N/A			-
		Adjusted net in				Natice	see instruc	tions	L		.l	74\1		Form 990-PF (20	

Fo	rm 99	00-PF (2019) CORNERSTONE CHARITABLE	HARITABLE FOUNDATION 83-18673		
[F	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing		24 017	24 017
	1	Savings and temporary cash investments		24,817.	24,817.
	3	Accounts receivable >			<u></u>
		Less: allowance for doubtful accounts	 		
	4	Pledges receivable >	- 	<u> </u>	<u></u>
		Less: allowance for doubtful accounts	 		
		Grants receivable			 ,
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable		_	
	l .	Less, allowance for doubtful accounts			
ssets	8	Inventories for sale or use			
SS	9	Prepaid expenses and deferred charges			
⋖	1	Investments - U.S. and state government obligations			
	I	Investments - corporate stock			
	I	Investments - corporate bonds	<u>-</u>		
	11	Investments - land, buildings, and equipment basis	- 		
		Less accumulated depreciation			
	i	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment; basis			
		Less accumulated depreciation			
	1	Other assets (describe			
	16	Total assets (to be completed by all filers - see the		24 017	24 017
_	 	instructions. Also, see page 1, item I)	0.	24,817.	24,817.
		Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable			-
La	21	Other liabilities (describe)			
		Other habilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	Į
		Foundations that follow FASB ASC 958, check here			
s		and complete lines 24, 25, 29, and 30.		•	l
ဗ	24	Net assets without donor restrictions			
alar	25	Net assets with donor restrictions			
ä		Foundations that do not follow FASB ASC 958, check here 🕨 🗓			ĺ
Ě		and complete lines 26 through 30.			ļ
F	26	Capital stock, trust principal, or current funds	0.	0.	
ts (27	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
SSE	28	Retained earnings, accumulated income, endowment, or other funds	0.	24,817.	
Net Assets or Fund Balan	29	Total net assets or fund balances	0.	24,817.	1
ž					1
_	30	Total liabilities and net assets/fund balances	0.	24,817.	
Ή	art	III Analysis of Changes in Net Assets or Fund B	alances		
_			n 20		
1		net assets or fund balances at beginning of year - Part II, column (a), line	t 29		0.
,	•	t agree with end-of-year figure reported on prior year's return) amount from Part I, line 27a		1 2	-8,010.
		r increases not included in line 2 (itemize) TRANSFER FF	2OM 1120	3	32,827.
		lines 1, 2, and 3	CH IIIU	4	24,817.
		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,	column (h), line 29	6	24,817.
<u>-</u>	. 0.01	not assert or form summers at one or your time a finite of in a fitting	to Lo		Form 990-PF (2019)

	990-PF (2019) CORNERSTONE CHARITABLE FOUNDAT	NOI	2424		83-18	<u> 367333</u>		Page 4
_	rt VI Excise Tax Based on Investment Income (Section 4940			940(e), or 49	948 - se	e instruc	ction	<u>s) </u>
1a	Exempt operating foundations described in section 4940(d)(2), check here and e	enter "N/	A" on line 1.	j	1			1
	Date of ruling or determination letter: (attach copy of letter if nee	cessary-	see instructi	ons)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	▶ 🔲	and enter 1%	, }	1			0.
	of Part I, line 27b							
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4%	6 of Part	t I, line 12, co	l. (b)				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, of			•	2			0.
3	Add lines 1 and 2	·	•		3			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; o	thers. er	nter -0-1		4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	, -	,		5			0.
6	Credits/Payments:				,			
	2019 estimated tax payments and 2018 overpayment credited to 2019	Ga	1	0.	1,			1
	Exempt foreign organizations - tax withheld at source	6b	_	0.				
	Tax paid with application for extension of time to file (Form 8868)	6c		0.	1			1
	Backup withholding erroneously withheld	6d		0.	 .			
	Total credits and payments. Add lines 6a through 6d	_ 50	<u></u>		7		*****	0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	ched			8			0.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	ICIICU		_	9			0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				10			
10	• •			Refunded	11			
11 (Pa	Enter the amount of line 10 to be: Credited to 2020 estimated tax rt VII-A Statements Regarding Activities			Retuilded				
	During the tax year, did the foundation attempt to influence any national, state, or local legis	lation of	did it partiou	nata or intervene	ın		Yes	No
18		iation oi	uiu it particij	Jale Of Milervelle	111	1a		X
	any political campaign?	O Co	. tha .matrat.	ana far tha dafin	ıtıan			X
0	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos				ILIOII	1b		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of	от апу п	ateriais puon	silea or				1 1
	distributed by the foundation in connection with the activities.							X
	Did the foundation file Form 1120-POL for this year?					1c		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the			0				
	(1) On the foundation. > \$ (2) On foundation managers			0.	•			1 1
е	Enter the reimbursement (if any) paid by the foundation during the year for political expendi	ture tax	imposed on t	oundation		['		
	managers ► \$0.							
2	Has the foundation engaged in any activities that have not previously been reported to the IF	RS7				2		X
	If "Yes," attach a detailed description of the activities.					ļ		ľ l
3	Has the foundation made any changes, not previously reported to the IRS, in its governing in	nstrume	nt, articles of	incorporation, oi	ſ		—	البيا
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes					3	 -	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year	ر)			37/3	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?				N/A		├	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?					5		X
	If "Yes," attach the statement required by General Instruction T						ľ	ļ.
6	Are the requirements of section 508(e) (relating to sections 1911 through 1915) satisfied er	ther.				'		
	By language in the governing instrument, or						ľ	
	 By state legislation that effectively amends the governing instrument so that no mandatory 	y directi	ons that confl	ict with the state	law			الــــا
	remain in the governing instrument?					6	<u> </u>	X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," comp	lete Par	t II, col. (c), a	nd Part XV		7_	Х	<u> </u>
						['	1	
8a	Enter the states to which the foundation reports or with which it is registered. See instructio	ns. 🕨				_ '		l
	MO					_	1	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	ttorney	General (or de	esignate)		<u> </u>		<u> </u>
	of each state as required by General Instruction G? If "No," attach explanation					8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of se	ction 49	42(j)(3) or 49	(42(j)(5) for cale	ıdaı		1	<u> </u>
	year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," com	plete Pa	rt XIV			9		χ
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedu			addresses		10		X
	· · · · · · · · · · · · · · · · · · ·					Form 990)-PF	/2019)

Form	990-PF (2019) CORNERSTONE CHARITABLE FOUNDATION 83-186	7333		Page 5
Pa	rt 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			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?		ł	
	If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ ANDREW LEONARD Telephone no. ▶ 314-39	2-5	200	
	Located at ▶825 MARYVILLE CENTRE DRIVE SUITE 300, TOWN AND CO ZIP+4 ▶6			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	-		$\overline{\Box}$
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	•		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	T	Yes	No
	During the year, did the foundation (either directly or indirectly):			ī
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			li
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	1		
	a disqualified person?	1		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(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			
	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			١
	termination of government service, if terminating within 90 days.) Yes X No			1
.	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			,
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here	''		1
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
G		1c		$\overline{\mathbf{x}}$
^	before the first day of the tax year beginning in 2019? Taxes on failure to distribute income (costing 4042) (does not enable for years the foundation was a private energing foundation.	-		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			ľ
	defined in section 4942(j)(3) or 4942(j)(5)): At the end of the user 2010, did the foundation have any undertubuted income (Part VIII, lines)			
	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? Yes X No			
	6d and 6e) for tax year(s) beginning before 2019? If "Yes," list the years			
	Are there any years listed in 2a for which the foundation is not applying the provisions of section 1912(a)(2) (relating to incorrect		144	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		'	· ·
	37/3	2b		
		20		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	'		1
٠.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
за				
	- -			
	If "Yes," did it have excess business holdings in 2019 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 Form 4720, Schedule C. to determine if the foundation had excess business holdings in 2019.) N/A			
	,	3b		х
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<u>4a</u>	<u> </u>	
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	<u></u>		$\frac{1}{x}$
	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		
	Fo	_{rm} 990	ノーアア	(2019)

Form 990-PF (2019)

Part VII-B' Statements Regarding Activities for Which Form 4720 May Be Required 5a During the year, did the foundation pay or incur any amount to. (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained N/A expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay promiume, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. 7a At any timo during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? 8 Is the foundation subject to the section 1960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (c) Compensation (b) Title, and average hours per week devoted to position (If not paid, enter -0-) (a) Name and address THOMAS FLEMING PRESIDENT 5 RESEARCH PARK DRIVE ST. CHARLES, MO 63304 0.20 GREG SCHMITTGENS TREASURER 5 RESEARCH PARK DRIVE ST. CHARLES, MO 63304 0.20 SECRETARY ANDREW LEONARD 825 MARYVILLE CENTRE DRIVE SUITE 300 TOWN AND COUNTRY, MO 63017 0.20 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Contributions to employee benefit plans and deferred compensation (b) Title, and average (e) Expense account, other (a) Name and address of each employee paid more than \$50,000 (c) Compensation hours per week devoted to position allowances NONE 1

923551 12-17-19

0

Form 990-PF (2019)

Total number of other employees paid over \$50,000

Form 990-PF (2019) CORNERSTONE CHARITABLE FOUNDATI		1867333 Page 7
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
NONE		
		
		
Total number of others recovered over CEA 000 for professional convers		▶ 0
Total number of others receiving over \$50,000 for professional services Part{IX-A} Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant state	tistical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers pro	oduced, etc.	Expenses
1 N/A		
2		
3		
Part X-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year of	in lines 1 and 2.	Amount
1 N/A		
2		
All other and an address to Consider the Consideration		
All other program-related investments. See instructions		
3		
Total Add lines 1 through 3		0.

Form **990-PF** (2019)

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

Form 990-PF (2019)

6

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see)	matractions)	· - · · · · · · · · · · · · · · · · · ·		
•	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
Distributable amount for 2019 from Part XI, line 7	_			2,567.
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only			0.	
ь Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2019				
a From 2014				
b From 2015				
c From 2016				
d From 2017				
e From 2018				
f Total of lines 3a through e	0.			· ·
4 Qualifying distributions for 2019 from				
Part XII, line 4: ►\$ 303,976.				
a Applied to 2018, 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			-	
•	0.			
(Election required - see instructions)				2,567.
d Applied to 2019 distributable amount	301,409.		· · · · · · · · · · · · · · · · · · ·	2,307.
e Remaining amount distributed out of corpus	301, 403.			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as				
indicated below.	201 400			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	301,409.		-	
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 2018. Subtract line				
4a from line 2a Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				•
be distributed in 2020				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 2014				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2020.				
Subtract lines 7 and 8 from line 6a	301,409.			
10 Analysis of line 9				
a Excess from 2015				
b Excess from 2016				
c Excess from 2017				
d Excess from 2018				
e Excess from 2019 301.409.				

Form **990-PF** (2019)

3 Grants and Contributions Paid During the	Year or Approved for Future	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	CONTRIBUTION	
a Paid during the year				
HE WIEGAND FOUNDATION, INC	NONE	PC	REACQUIRE PROPERTY	
о вох 3800		1	WIEGAND STUDIO/ ART	
HESTERFIELD, MO 63006			MUSEUM AT ONE WIEGAND	
		<u> </u>	DRIVE	300,000
		·		
,				
·				
Total			▶ 3a	300,000
b Approved for future payment				· ·
NONE				
Total	L		▶ 3b	(

D 130 1 A					
Part XVI-A	Anai	ysis ot	income-	-Producing	ACTIVITIES

Enter gross amounts unless otherwise indicated	Unrelated business income			ded by section 512, 513, or 514	(e)		
1 Program service revenue	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income		
							
a			 				
b			-				
<u> </u>							
d							
e			<u> </u>				
f			 	· · · · · · · · · · · · · · · · · · ·	<u></u> -		
 g Fees and contracts from government agencies 2 Membership dues and assessments 				<u>.</u>			
3 Interest on savings and temporary cash							
investments			14	117.			
4 Dividends and interest from securities			 	<u> </u>			
5 Net rental income or (loss) from real estate:			1				
a Debt-financed property			<u> </u>				
· · ·			 				
b Not debt-financed property6 Net rental income or (loss) from personal			 				
• • •							
property 7 Other investment income							
			 				
8 Gain or (loss) from sales of assets other							
than inventory 9 Net income or (loss) from special events		<u> </u>					
10 Gross profit or (loss) from sales of inventory							
11 Other revenue:							
				,			
a							
b							
c					. 8.		
e							
12 Subtotal. Add columns (b), (d), and (e)		0.		117.	0.		
13 Total. Add line 12, columns (b), (d), and (e)			1		117.		
(See worksheet in line 13 instructions to verify calculations)				_			
Part XVI-B Relationship of Activities to	the Acco	mplishment of Eve	mnt	Durnoces			
rait AVI-D helationship of Activities to	tile Acco	inplishment of Exe	mpt	r urposes			
Line No. Explain below how each activity for which incom			contrib	uted importantly to the accom	plishment of		
▼ the foundation's exempt purposes (other than b	y providing fui	nds for such purposes).					
				<u> </u>			
				-			
							
				· · · · · · · · · · · · · · · · · · ·			
							
T and the second se							

Paid

Preparer

Use Only

self- employed

P00970069

Form 990-PF (2019)

Firm's EIN ► 41-0746749

Phone no. (618) 233-1200

11/09/20

JEFF PARKER

Firm's name ► CLIFTONLARSONALLEN

BELLEVILLE, IL 62226

Firm's address ▶ 1 BRONZE POINTE

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

2019

Name of the organization

Employer identification number

(CORNERSTONE CHARITABLE FOUNDATION	83-1867333						
Organization type (check one)								
Filers of: Section:								
Form 990 or 990-EZ	501(c)() (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	X 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
Check if your organization	n is covered by the General Rule or a Special Rule.							
Note: Only a section 501	(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e See instructions						
Ormanal Bula								
General Rule								
	non filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling my one contributor Complete Parts I and II See instructions for determining a contributor's							
Special Rules								
sections 509(a)(any one contribu	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II							
year, total contri	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III							
year, contribution is checked, enter purpose Don't o	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.							
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to								

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Employer identification number

CORNE	RSTONE CHARITABLE FOUNDATION	83	3-1867333
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	il space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THOMAS FLEMING 5 RESEARCH PARK DRIVE ST. CHARLES , MO 63004	\$300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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 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)

Name of organization

Employer identification number

CORNERSTONE CHARITABLE FOUNDATION

83-1867333

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		- - - - \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		- - - - \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		- - - - - \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		- - - - - - - -	900 900 E7 or 900 PE1/2019)			

Employer identification number

C∪BNEI	RSTONE CHARITABLE FOUNDA	ΔΨΤ∩N		83-1867333			
Part III	Exclusively religious, charitable, etc., contribute from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	ons to organizations described in se	try For organizations	at total more than \$1,000 for the year			
	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) Desc	(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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		Helationship of trai	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
	(e) Transfer of gift						
}	Transferee's name, address, and ZIP + 4		Relationship of trai	nsferor to transferee			

FORM 990-PF INTEREST ON SAVI	INGS AND TEM	PORARY CASH I	NVESTMENTS	STATEMENT 1
SOURCE	REVE	(A) REVENUE NET IN PER BOOKS IN 117.		(C) ADJUSTED NET INCOME
BANK INTEREST				
TOTAL TO PART I, LINE 3				
FORM 990-PF	LEGAL	FEES		STATEMENT 2
DESCRIPTION		(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	
LEGAL FEES	6,937.	3,469.		3,468.
TO FM 990-PF, PG 1, LN 16A	6,937.	3,469.		3,468.
=)			
FORM 990-PF	ACCOUNTING FEES		STATEMENT 3	
DESCRIPTION	(A) EXPENSES PER BOOKS			
ACCOUNTING FEES	1,015.	507.		508.
TO FORM 990-PF, PG 1, LN 16B	1,015.	507.		508.
FORM 990-PF	OTHER EXPENSES		STATEMENT 4	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	
BANK CHARGES	175.	175.		0.
TO FORM 990-PF, PG 1, LN 23	175.	175.		0.
		· 	·	