Extended to November 16, 2020

(Rev. January 2020)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

OMB No. 1545-0047

ΑF	or the	2019 calendar year, or tax year beginning ar	nd ending		
B C	heck if oplicable	C Name of organization		D Employer identific	cation number
	Addres	Cornerstone Community Outreach]	
	Name change	Doing business as		36-36709	92
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 4615 N. Clifton	Room/suite	E Telephone numbe 773-506-	
	⊐return/ termin ated			G Gross receipts \$	3,524,798.
X	Ameno			H(a) Is this a group re	
	Applic			for subordinates	
	pendir	same as C above		H(b) Are all subordinates in	—
	`0V 0V(empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	7 ' '	list. (see instructions)
		e: www.ccolife.org	1) 01 321	H(c) Group exemptio	
		organization: X Corporation Trust Association Other	I Vaar	 	M State of legal domicile: IL
	rt I	Summary	L 16a1	or formation. 1007	M State of legal doffliche, ±1
		Briefly describe the organization's mission or most significant activities: Imp	rove an	ality of lit	fe for
e		disadvantaged people in the Uptown neigh			
Governance		Check this box if the organization discontinued its operations or disp			
/er				1	7
છું		Number of voting members of the governing body (Fart VI, line Ta) Number of independent voting members of the governing body (Part VI, line 1b)			7
જ					80
ties		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			1720
Activities &		Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 39			0.
_	D	Net unrelated business taxable income nom Form 990-1, line 39		Prior Year	Current Year
Revenue		Contributions and grants (Part VIII line 1b)		3,599,046.	3,521,875.
		Contributions and grants (Part VIII, line 1h)		0.	0.
		Program service revenue (Part VIII, line 2g)		8,142.	1,884.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		436.	1,039.
				3,607,624.	3,524,798.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		77,667.	72,124.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		77,007.	72,124.
		Benefits paid to or for members (Part IX, column (A), line 4)		2,034,571.	2,321,385.
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		0.	0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	787	<u> </u>	0.
Ä				1,398,758.	1,472,944.
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,510,996.	3,866,453.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		96,628.	-341,655.
_ v		Revenue less expenses. Subtract line 18 from line 12			· · · · · · · · · · · · · · · · · · ·
ts o	00	Tatal assets (Dart V. line 10)	В	eginning of Current Year 2,696,053.	End of Year 2,492,215.
Assets or d Balances	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		3,082,752.	3,220,567.
Net /		, , , , , , , , , , , , , , , , , , , ,		-386,699.	-728,352.
	rt II	Net assets or fund balances. Subtract line 21 from line 20		300,033.	120,332
		Ities of perjury, I declare that I have examined this return, including accompanying schedu	iles and statem	ents, and to the hest of my	knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of			r knowledge and belief, it is
ti do,	001100	t, and complete. Becautation of property (ether than emost) is becode on an information of	willon proparor	nao any knowleago.	
Sigr		Signature of officer		Date	
Here		Chris Spicer, President			
Her	5	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		Paul Betlinski Paul Betlinski	lr	09/27/21 if self-employ	
Prep		Firm's name Desmond & Ahern, Ltd.			36-3321958
Use		Firm's address 10827 S. Western Ave.		THITSLIN	
	,	Chicago, IL 60643		Phone no. (7	73) 779-4720
May	the IE	IS discuss this return with the preparer shown above? (see instructions)		T HORO HO. (7	X Yes No
iviay	41 TO 11				03 110

Form	990 (2019) Cornerstone Community Outreach	36-3670992 Page 2
Pai	rt III Statement of Program Service Accomplishments	[1 77]
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	L. J L. L.
	Cornerstone Community Outreach was incorporated in 1989	
	quality of life for disadvantaged, displaced, & underpro	
	Chicagoans from all walks of life through various need-o	
	programs. We feed the hungry, house the homeless, & prov	vide needed
2	Did the organization undertake any significant program services during the year which were not listed on the	T. V.
	prior Form 990 or 990-EZ?	Yes X No
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	? Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$3,594,781. including grants of \$72,124.) (Revenue)	
4a	Interim Housing for families & single adults - These she	enue \$)
	approximately 120 days of housing, nutritious meals, clo	
	individual counseling, individualized case management, in	
	needed mental health assessments, life-skills training,	
	counseling, money management, job assessment, job reading	
	referral, computer training classes, housing relocation	
	afterschool programs for kids. These programs operate ye	
	include:	sai iodiid &
	Hannah Interim Housing - shelters 55 women with children	
	few couples with children. It is handicap accessible. As	
	Organization's longest running shelter, it has enabled h	
	families to move from homelessness to stable housing for	
4b		
TD	Other programs include Computer & Life Skills, Food Bag	
	Guest Program, Community Support Advisory Council, and Co	
	Program.	
4c	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$
	, (<u></u> ,), (,), (,

See Schedule O for Continuation(s)

Form **990** (2019)

09540927 402354 970231

4d Other program services (Describe on Schedule O.)

including grants of \$ 3 , 594 , 781 .

			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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			1
8	, ,			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3,7
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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	_X_	
b	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 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the approximation projection on office approximation of the Helbert Obstace	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		45		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
16		40		_ v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_V
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form	rt IV Checklist of Required Schedules _(continued)	0992	P	age 4
Га	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	INO
	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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	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		X
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?			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	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			7,7
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	000		X
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	. 26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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			
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		Х	
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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		X
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		Х	177
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. <u>35a</u>		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05.		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			X
27	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		 '`
30	Notes All Form 200 films are provided to complete Ocharlete O	. 38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	_ 30	1	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

Form 990 (2019) Cornerstone Community Outreach Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a 80 b If a least one is reported on line 2a, did the organization file all irequired federal employment tax returns? b If a least one is reported on line 2a, did the organization file all irequired federal employment tax returns? Note: If the sum of lines 1 and 2a is greater than 50, you may be required to e-ite (see instructions) 3b If Ves, 1 has 1 filed a Form 80-01 for this year? If 1/No 1 to line 3b, you may be required to e-ite (see instructions) 3d All any time during the calendary ear, did the organization fave an interest in, or a significant or other authority over a financial account in a foreign country feuril as a bank account, ecurtles account, or other financial account? 4a All any time the name of the foreign country feuril as a special to the comparison on Schedule O 5a Was the organization share in reforging country feuril as a special to the second of the second second of the second of t						Yes	No		
b If a least one is reported on line 2a, did the organization lie all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to a-fise (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a A at any time during the calendary and, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a A tary time the name of the foreign country. 5b If If Yes, 'indien the manned the foreign country (such as a bank account, securities account, or other financial account)? 5c If Yes's to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes's to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes's to line 5a or 5b, did the organization the Firm 888617. 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6d If Yes's did the organization include with every solicitation an express statement that such contributions orgifs were not tax deductible? 7 b Granizations that may receive deductible contributions under section 170(c). a Did the organization receive deductible contributions under section 170(c). b If Yes's, 'indicate the number of Forms 8282 filed during the year c Did the organization received a contribution or qualified intellectual property, did the organization file organization to the form 8282? 7c X 7d If the organization received a contribution or qualified intellectual property, did the organization line Form 8899 as required? 7b If the organization received a contribution of qualified intellectual property, did the organization line a Form 520 file organization make any t	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? (such as a bank account, securities account, or other financial account)? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? (such as a bank account, securities account, or other financial accounts; (FEAR), 5b If "Yes," interest the name of the foreign country [such as a shark account, securities account, or other financial accounts (FEAR), 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction? 5b If "Yes," to line Sa or Sb, did the organization file Form 8888-1? 5c Does the organization shark ere not tax deductibles as charitable contributions? 6c Does the organization shark ere not tax deductible as charitable contributions? 6c Does the organization shark may receive deductible contributions under section 170(c). 6c Does the organization shark may receive deductible contributions under section 170(c). 6c Does the organization shark may receive deductible contributions under section 170(c). 6c Does the organization shark may receive deductible contribution and party for goods and services provided to the payor? 7a Yes," indicate the number of Forms 8282 filed during the year 6 Did the organization received a contribution of understance of the payor of the year of		filed for the calendar year ending with or within the year covered by this return	2a	80					
3a Difference of the organization have unrelated business gross income of \$1,000 or more during the year? 4b If 1'Yes, 'has it filed a Form 990 Tro' this year? If "No' to line 3b, provide an explanation on Schedule O 4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, escurities account, or other financial account)? 5c If 'Yes' to the the name of the foreign country (such as a bank account, escurities account, or other financial account)? 5c If 'Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shetter transaction? 5c If 'Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shetter transaction? 5d If 'Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shetter transaction? 5d If 'Yes' to line 5a or 5b, did the organization the form 8889 1' any contributions that were not tax deductible as charitable contributions? 6a If Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shetter transaction? 6b If 'Yes', identified the organization that it was or is a party to a prohibited tax shetter transaction? 6c If If Yes' to line 5a or 5b, did the organization that were not tax deductible? 6c If If Yes' to line 5a or 5b, did the organization the long to the organization to she the organization to include with every solicitation an exposes statement that such contributions or gilts were not tax deductible? 6c If If Yes' to line the organization and the organization and party for goods and services provided to the payor? 6c If If Yes' to line the organization under section 170c). 6c If If Yes' to line the organization and the payor to the value of the goods or services provided? 6c If If Yes' to line the organization service and the value of the goods or services provided? 6c If If If Yes' to line the organization and the p	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b	X			
b if "Yes," has it filed a Form 990-T for this year? If "No" to fine 3b, provide an explanation on Schedule O 4a At any time during the calendar year, id the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry? 4a X 5 If "Yes," enter the name of the foreign country (such as a bank accounts, excurties account, or other financial accountry? 5ae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibitod tax shelter transaction at any time during the tax year? 5a Did any taxable party norify the organization that twas or is a party to a prohibited tax shelter transaction? 5b LX c If "Yes" to line Sa or Sb, did the organization file Form 88861? 6a Does the organization shell any receive deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8b If "Yes," did the organization notity the donor of the value of the goods or services provided? 7 Did the organization receive apparent in excess of \$5" ande party as a contribution and party for goods and services provided to the payor? 7 Did the organization receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received an contribution of undirectly, on a personal benefit contract? 7 Did the organization received an contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1088-07 8 Did of the organization have excess business holdings at any time during the year? 9 Did the sponsoring organization make a distribu		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)						
4a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization to a probable tax shelter transaction at any time during the tax year? 5b Us dury taxabile party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Uses the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c Uses the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c Uses the organization receive apprient in excess of \$75 made party as contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," indicate the number of Forms \$282 filed during the year 9 Life Form \$282? 9 Life Form \$282? 10 Life form \$282? 11 Foreign Bank and Financial Accounts? 7a Life Form \$282? 12 Life Form \$282? 12 Life Form \$282? 13 Life organization received an contribution of qualified intellectual property, did the organization file Form \$289 as required? 7b Life organization received an contribution of qualified intellectual property, did the organization file Form \$282 as a contribution of care, boots and the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization have excess business holdings at any time during the year? 10 Life organization file Fore 1080. 11 Life organization fi	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X		
financial account in a foreign country such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country Soe instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prichibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prichibited tax shelter transaction? 5c Unives' to line Sa or Sb, did the organization file Form 8886-17 6a Does the organization shall were not tax deductible in any contributions that were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that many receive deductible contributions under section 170(c). 6c Did the organization receive a payment in excess of \$76 made party as a contribution and partly for goods and services provided to the payor? 7 Did the organization receive apprent in excess of \$76 made party as a contribution and partly for goods and services provided to the payor? 7 Did the organization receive apprentin excess of \$76 made partly as a contribution of payment in the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 Did the organization received a contribution of qualified intellectual property, did the organization received a contribution of qualified intellectual property, did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organizations excess business holdings at any time during the year? 9 Sponsoring organization make any taxabile distributions under section 4966? 9 Did the sponsoring organization make any taxabile distributions under section 4966? 9 Section 501(c)(20) qualified nonprofit health insuranc	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b				
b If "Yes," enter the name of the foreign country Sea If "Yes," enter the name of time foreign country Sea	4a								
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 5c If Yes' to line 5a or 5b, did the organization file Form 888617 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If Yes' to life the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization relieve a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 If Yes, if did the organization notify the donor of the value of the goods or services provided? 7 If Yes, if did the organization notify the donor of the value of the goods or services provided? 7 If Yes, if indicate the number of Forms 8282 filled during the year 7 If Did the organization, during the year, pay premiums on a personal benefit contract? 7 If Did the organization, during the year, pay premiums on a personal benefit contract? 7 If Did the organization organization exceive any funds, directly or indirectly, on a personal benefit contract? 7 If Did the organization funding the year, pay premiums on a personal benefit contract? 8 Sponsoring organization make end contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organization make any studied intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organization make any studied distributions under section 4966? 9 Sponsoring organization make any studied distributions under section 4966?		financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		X		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c if "Yes" to line 5a or 5b, did the organization file Form 8886 17? 6a Does the organization have annual gross receipts that are normally greater than \$10,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). a Did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible contributions under section 170(c). b if "Yes," indicate the number of line of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization received a contribution of carly, to pay premiums on a personal benefit contract? 7 X g if the organization received a contribution of qualified intellectual property, did the organization file Form 8990 as required? If the organization received a contribution of carls, boats, arplanes, or other vehicles, did the organization file a Form 1098 Cr 2 Sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966 Section 501(c)(2) organizations. Enter: a first section 501(c)(2) organizations. E	b	If "Yes," enter the name of the foreign country							
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes" to line 5e or 5b, did the organization file Form 8886-T7 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a symment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 Did the organization notify the donor of the value of the goods or services provided? 7 Did the organization receive a symment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 8 Did the organization received a contribution of \$75 made party as a contribution and party for goods and services provided to the payor? 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 10 Did the organization, during the year, pay premiums on a personal benefit contract? 10 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 11 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 12 Did the organization received a contribution of cars, boats, antipanes, or other vehicles, did the organization file Form 1098-07 13 Sponsoring organization make a distribution to a donor advised fund maintained by the sponsoring organization make a distribution to a donor advised fund with the organization file form sponsory organization make a distribution to a donor advised fund with the organization sponsory organization make a distribution to a donor		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccour	its (FBAR).					
til "Yes" to line 5a or 5b, did the organization file Form 8886-T7 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization notity the donor of the value of the goods or services provided? 7 Did the organization notity the donor of the value of the goods or services provided? 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822? 6 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1088-C? 8 Sponsoring organization received a contribution of qualified intellectual property, did the organization file a Form 1088-C? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(12) organizations. Enter: a initiation fees and capital contributions included on Part VIII, line 12 10 Gross received from them.) 11 Section 501(c)(12) organizations. Enter: a Gross income from defense and capital contributions included on Part VIII, line 12 b Gross received from them.) 12 Section 501(c)(12) organizations. Enter: a Gross income from defense or shareholders b Gross received from them.) 12 Section 501(c)(12) organizations. Enter: a Gross income from other sources (0) not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 501(c)(12) organ	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X		
6a Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if "Yes," indicate the number of Forms 8282 filed during the year c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 E X d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 If X g If the organization melve a contribution of qualified intellectual property, did the organization file Form 8998 as required? h If the organization received a contribution of qualified intellectual property, did the organization file Form 8998 as required? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organizations maintaining donor advised funds. a Did the sponsoring organizations and a distribution to a donor, donor advisor, or related person? 9 Sponsoring organizations make any taxable distributions under section 4966? b Gross receipts, included on Form 990, Part VIII, line 12 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 501(c)(2)9 qualified nonprofit health insurance issuers. a Is the organiza	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X		
any contributions that were not tax deductible as charitable contributions? b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 If Did the organization received a contribution of qualified intellectual property, did the organization file form 8899 as required? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? Not Section 501(c)(T) organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. D drob the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised funds. D drob the sponsoring organization make a distribution to a donor, donor advised funds. D dross receipts, included on Form 990, Part VIII, line 12 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a 12b 12a 12b 12a 12b 12a 12b 12b 12a 12b 12b 12a 12b 12a 12b	С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с				
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 8 If "Yes," did the organization netive the donor of the value of the goods or services provided? 9 Did the organization sell, exchange, or otherwise dispose of tanglible personal property for which it was required to file Form 8282? 10 If "Yes," indicate the number of Forms 8282 filed during the year 10 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 10 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 11 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 12 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C? 13 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 13 Section 501(c)(7) organizations maintaining donor advised funds. 14 Did the sponsoring organization make a distribution to a donor, donor advised funds. 15 Section 501(c)(7) organizations. Enter: 16 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 17 Did	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit					
were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if "Yes," did the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year C Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7		any contributions that were not tax deductible as charitable contributions?			6a		X		
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," idd the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Ta X 7 Ta X 7 If Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 Ta X 7 If the organization received a contribution of qualified intellectual property, did the organization file Form 8293 a required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. D Sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. 9 Sponsoring organization make any taxable distributions under section 4966? 9 D Did the sponsoring organization make any taxable distributions under section 4966? 9 D Did the sponsoring organization make any taxable distributions under section 4966? 9 D Gross received on Form 990, Part VIII, line 12 D Gross received from them.) 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders D Gross income from there sources (D not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? D If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the org	b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons o	r gifts					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization experiments of the value of the goods or services provided? to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c		were not tax deductible?			6b				
b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7	7	Organizations that may receive deductible contributions under section 170(c).							
to file Form 8282? 7c X 8	а		vices _l	provided to the payor?	7a		X		
to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required? 7f X g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	b				7b		<u> </u>		
d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? f If the organization secived a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organization make any taxable distributions under section 4966? 9a 9b id the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 11'ves,* enter the amount of tax-exempt interest received or accrued during the year 12a If we organization ilicensed to issue qualified health plans in more than one state? 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13a If "Yes,* has if filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. If I	С						l		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required? g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Did 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from members or shareholders b Gross income from there sources (Do not net amounts due or paid to other sour			I		7c		X		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g	d			•					
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organization make any taxable distributions under section 4966? Bit the sponsoring organization make any taxable distributions under section 4966? Bit the sponsoring organization make any taxable distributions under section 4966? Bit the sponsoring organization make any taxable distributions under section 4966? Bit the sponsoring organization make any taxable distribution to a donor, donor advisor, or related person? Bit the sponsoring organization make any taxable distribution to a donor, donor advisor, or related person? Bit the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 bit cross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities bit cross income from members or shareholders bit cross income from embers or shareholders bit cross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) bit "es," enter the amount of tax-exempt interest received or accrued during the year bit "es," enter the amount of tax-exempt interest received or accrued during the year lib lit "es," enter the amount of tax-exempt interest received or accrued during the year lib lit be organization ilicensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. bit enter the amount of reserves on hand cream the amount of reserves on hand cream the amount of reserves on hand bit de organization is required to mai	е			:t?					
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 organization is licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves on hand 13a 14a 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 on Schedule O 15 Is the organization sub	f						X		
Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12. Gross receipts, included on Fart VIII, line 12, for public use of club facilities. Section 501(c)(72) organizations. Enter: Gross income from members or shareholders. Gross income from members or shareholders. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Section 50, "Form 720 to report these payments? If "No," provide an explanation on Schedule O If "Yes," see instructions and file Form 4720, Schedule N. If "Yes," see instructions and file Form 4720, Schedule N.									
sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Is bid if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?					7h				
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	8		-						
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	_								
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13b 13c 14a 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 on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N.					0-				
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N.									
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X					90				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		* ** * -	100						
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13a Isb organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N.	_								
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X			100	1					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Section 501(c)(29) qualified health plans in more than one state? 13a Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a Section 501(c)(c)(29) qualified nonprofit health plans in more than one state? 13a Section 501(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)('' a	(A) G	11a						
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	h								
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	_		11b						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 Is a Scetion 501(c)(29) qualified non provide health plans in more than one state? 18 Is a Scetion 501(c)(29) qualified nonprofit health plans in more than one state? 18 Is a Scetion 501(c)(29) qualified nonprofit health plans in more than one state? 18 Is a Scetion 501(c)(29) qualified nonprofit health plans in more than one state? 18 Is a Scetion 501(c)(29) qualified nealth plans in more than one state? 18 Is a Scetion 501(c)(29) qualified health plans in more than one state? 18 Is a Scetion 501(c)(29) qualified health plans in more than one state? 19 Is a Scetion 501(c)(29) qualified health plans in more than one state? 19 Is a Scetion 501(c)(20) qualified health plans in more than one state? 19 Is a Scetion 501(c)(20) qualified health plans in more than one state? 19 Is a Scetion 501(c)(20) qualified health plans in more than one state? 19 Is a Scetion 501(c)(20) qualified health plans in the organization number on schedule O.	12a	,		?	12a				
Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X			l						
a Is the organization licensed to issue qualified health plans in more than one state? 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X				•					
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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X					13a				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X		•							
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X	b								
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X		· · · · · · · · · · · · · · · · · · ·	13b						
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O14b15Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?15XIf "Yes," see instructions and file Form 4720, Schedule N.Is the organization an educational institution subject to the section 4968 excise tax on net investment income?16X	С								
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X	14a				14a		X		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	b				14b				
excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X									
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X					15		X		
If "Yes," complete Form 4720, Schedule O.	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	me?	16		X		
		If "Yes," complete Form 4720, Schedule O.							

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	7								
	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 on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b	7								
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		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	6 Did the organization have members or stockholders?									
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		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		Х						
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 on 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						
	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								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
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?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
b	Other officers or key employees of the organization	15b	X							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	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									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup$									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	3)s only)	availa	ble						
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website X Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	nd finan	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	Victor Williams - 773-562-4821									
	4615 N. Clifton, Chicago, IL 60640									

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.

See instructions for the order in which to list the persons above.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					200	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	an	compensation	compensation	amount of
	week	_	officer and a director			ctor/trustee)		from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	ubeus		(W-2/1099-MISC)		organization and related
	below	dual tr	tional	١.	nploy	st con	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizatione
(1) Chris Spicer	0.50		_	Ť						
President		Х		Х				0.	0.	0
(2) Victor Williams	0.50									
Treasurer		Х		Х				0.	0.	0
(3) Nathan Cameron	0.50									
Secretary		Х		Х				0.	0.	0
(4) Tiana Coleman	0.25									
Board member		Х						0.	0.	0
(5) Ted Jindrich	0.25									
Board member		Х						0.	0.	0
(6) Jiwon McCartney	0.25									
Board member		Х						0.	0.	0
(7) Thomas Lavin	0.25									
Board member		Х						0.	0.	0
(8) Sandra Ramsey	40.00									
Executive Director		Х						69,680.	0.	8,908
]								
		1								
		1								
	1	<u> </u>								
		4								
	-									
		4								
	-				_					
		4								
	1	<u> </u>								
		4								
	1	-	_			-				
		1								
	+	<u> </u>			\vdash					
	1	1	I	l		I	1	1	1	

Par	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	l Hi	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos		ነ than c	ne	Reportable	Reportable		Es	timate	ed
		hours per	box	, unles	ss per	rson i	is both or/trust	an	compensation	compensatio	- 1		ount	
		week (list any			u a u	l	I		from	from related			other	
		hours for	lirecto				_		the organization	organizations (W-2/1099-MIS			pensa om th	
		related	e or 0	stee			satec		(W-2/1099-MISC)	(***2/1099******	,0,		anizat	
		organizations	truste	al tru:		yee	эш ш		(** = /* *******************************			•	d relat	
		below	Individual trustee or director	Institutional trustee	er	sey employee	Highest compensated employee	Jer				orga	ınizati	ons
		line)	Indiv	Insti	Officer	Key	High	Former						
	Subtotal		<u> </u>			<u> </u>	_	_	69,680.		0.		3 9	08.
	Subtotal Total from continuation sheets to Part VI								0.		0.		<i>,</i> ,	0.
	Total (add lines 1b and 1c)								69,680.		0.		3,9	
2	Total number of individuals (including but n							o re	•	000 of reportable		`	, , ,	
_	compensation from the organization	ot miniou to th	000	11010	u u.	, O V C	, w	010	, conved more than \$100,	ooo or reportable				0
	•												Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	еу е	mpl	oye	e, or	hig	hest compensated empl	oyee on	ſ			
	line 1a? If "Yes," complete Schedule J for sa	uch individual									[3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150										[4		Х
5	Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om	any	unre	late	ed organization or individ	lual for services				
Sect	rendered to the organization? If "Yes," com	plete Schedule	J fo	or su	ıch <u>ı</u>	oers	on .					5		Х
1	Complete this table for your five highest con	mpensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	ensat	ion fro	m	
	the organization. Report compensation for	the calendar ye	ear e	ndin	ıg w	ith c	or wit	hin	the organization's tax y	ear.				
	(A) Name and business	address	NC	ONE	7.				(B) Description of s	ervices	С	(C omper		n
									· .					
								7						
2	Total number of independent contractors (in		ot lin	nited	to 1		_	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation)					Form !	990 (2019)

Cornerstone Community Outreach

09540927 402354 970231

		Check if Schedule O contains a response or	note to any lin	e in this Part VIII			
		<u> </u>	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							300010113 0 12 0 14
nts	1 6	a Federated campaigns 1a					
ira ou	ŀ	b Membership dues1b					
s, (Am	(c Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts	(d Related organizations1d					
s, (•	e Government grants (contributions) 1e 2 , 4	23,894.				
i Si	1	f All other contributions, gifts, grants, and					
but		similar amounts not included above 1f 1, 0	97,981.				
ÖĘ	9	g Noncash contributions included in lines 1a-1f 1g \$ 5	47,230.				
Sign	ì	h Total. Add lines 1a-1f		3,521,875.			
<u> </u>			Business Code				
	2 8						
Ş	2 0						
er ne	'	b					
n S	•	c					
jrai Re	(d					
Program Service Revenue	•	e					
		f All other program service revenue					
		g Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest	t, and				
		other similar amounts)		1,884.			1,884.
	4	Income from investment of tax-exempt bond pro	ceeds				
	5	Royalties	>				
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Not rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	, ,	assets other than inventory 7a	(, 0				
		-					
•		b Less: cost or other basis					
ž		and sales expenses					
š	(c Gain or (loss)					
her Revenue		d Net gain or (loss)	>				
je l	8 8	a Gross income from fundraising events (not					
ō		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	ŀ	b Less: direct expenses 8b					
	(c Net income or (loss) from fundraising events	>				
	9 a	a Gross income from gaming activities. See					
		Part IV, line 199a					
	ŀ	b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns	,				
		and allowances 10a					
		b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory					
	,		Business Code				
ns	44.	a Other	900099	1,039.	1,039.		
je ne	116		200033	1,000	1,000.		
llar (en	,	b					
Miscellaneous Revenue	(C					
ž	(d All other revenue		1,039.			
		e Total. Add lines 11a-11d		3,524,798.	1 020	0.	1 99/
	12	Total revenue. See instructions)	$D, D\Delta \Psi, IBO$	1,039.	<u> </u>	1,884.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons		this Part IX(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) 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	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	72,124.	72,124.		
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	78,588.	70,729.	7,859.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	45,308.	45,308.		
7	Other salaries and wages	1,714,646.	45,308. 1,609,044.	105,602.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	309,741.	283,198.	26,543.	
10	Payroll taxes	173,102.	158,604.	14,498.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	25,740.	25,740.		
d	Lobbying	-			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
Ŭ	column (A) amount, list line 11g expenses on Sch O.)	18,089.	14,044.	4,045.	
12	Advertising and promotion				
13	Office expenses	83,709.	19,983.	58,939.	4,787
14	Information technology	-		-	
15	Royalties				
16	Occupancy	177,806.	176,735.	1,071.	
17	Travel	38,158.	37,557.	601.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	790.	80.	710.	
20	Interest	146,467.	140,751.	5,716.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	137,572.	136,755.	817.	
23	Insurance	86,606.	85,925.	681.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	Food	570,688.	569,630.	1,058.	
b	Repairs and maintenance	84,305.	82,488.	1,817.	
С	Supplies and equipment	69,520.	64,700.	4,820.	
d	Miscellaneous	33,494.	1,386.	32,108.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,866,453.	3,594,781.	266,885.	4,787
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)				

	Check if Schedule O contains a response or note t	to any	line in this Part X			
		co arry	T T			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing				1	13,276
2					2	89,954
3					3	253,619
4			54,255.	4	51,007	
5						
	trustee, key employee, creator or founder, substan	ntial co	ntributor, or 35%			
	controlled entity or family member of any of these	persor	ns		5	
6	Loans and other receivables from other disqualifie	ons (as defined				
	under section 4958(f)(1)), and persons described in	on 4958(c)(3)(B)		6		
7	Notes and loans receivable, net			7		
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			27,721.	9	29,961
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	5,117,737.			
b	_			2,072,502.	10c	2,054,398
11				11		
12	Investments - other securities. See Part IV, line 11			12		
13	. •		13			
14			14			
15						
16		2,696,053.		2,492,215		
17		215,143.		381,706		
					21	
22						
				2 000 750		2 701 014
				2,809,750.		2,781,014
					24	
25						
	• •	7-24).	Complete Part X	57 950	٥- ا	57,847
00	=					3,220,567
20				3,002,732.	26	3,220,301
		nere				
27				-427 023	27	-768,676
						40,324
20				10,521.	20	40,324
	_	K flere				
20				20		
32	Total net assets or fund balances			-386,699.	32	-728,352
				J U U J J •	ا کد	, 20, 332
	2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or for trustee, key employee, creator or founder, substar controlled entity or family member of any of these 6 Loans and other receivables from other disqualifie under section 4958(f)(1)), and persons described in Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal Total assets. Add lines 1 through 15 (must equal Perred revenue 10 Tax-exempt bond liabilities 11 Escrow or custodial account liability. Complete Parturstee, key employee, creator or founder, substar controlled entity or family member of any of these 12 Secured mortgages and notes payable to unrelated to Unsecured notes and loans payable to unrelated to Unsecured notes and loans payable to unrelated to Unsecured notes and loans payable to unrelated to Other liabilities (including federal income tax, paya parties, and other liabilities not included on lines 1 of Schedule D 10 Total liabilities. Add lines 17 through 25 11 Organizations that follow FASB ASC 958, check and complete lines 27, 28, 32, and 33. 12 Net assets with donor restrictions 12 Organizations that do not follow FASB ASC 958, check and complete lines 29 through 33. 12 Capital stock or trust principal, or current funds 29 and complete lines 29 through 33. 12 Capital stock or trust principal, or current funds 29 and in or capital surplus, or land, building, or equi 31 Retained earnings, endowment, accumulated income 31 paid-in or capital surplus, or land, building, or equi	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former of trustee, key employee, creator or founder, substantial cocontrolled entity or family member of any of these persor under section 4958(f)(1)), and persons described in section 4958(f)(1), a	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(n)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 5,117,737. b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 27 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 28 And complete lines 27, 28, 32, and 33. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here 29 Capital stock or trust principal, or	Beginning of year Cash - non-interest-bearing 37, 216.	Cash - non-interest-bearing 37, 216. 1

Pai	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)		3,52		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,86		
3	Revenue less expenses. Subtract line 2 from line 1	3	-34		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-38	<u>6,6</u>	<u>99.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			2.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	-72	8,3	52.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2019)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

Open to Public Inspection

Name of the organization

Employer identification number

		Corn	erstone Cor	mmunity Outro	each			3	6-3670992
Pa	ırt I	Reason for Public (Charity Status 🖟	All organizations must co	omplete th	is part.) Se	e instructions.		
Γhe	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	d or operat	ed by a go	vernmental uni	t describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substar	ntial part of its support f	rom a gove	ernmental i	unit or from the	general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a la	and-grant	college
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the	name, city	, and state of th	ne college	e or
		university:							
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from o	ontributio	ns, membershi	o fees, ar	nd gross receipts from
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	n 33 1/3% of its	support 1	from gross investment
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the orga	nization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11	Ш	An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functior	ns of, or to carr	y out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section 50)9(a)(3). (Check the box in
	_	lines 12a through 12d that	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and 1	2g.	
а			· · · · · · · · · · · · · · · · · · ·	•	•	-			
		the supported organization			majority o	f the direc	tors or trustees	of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b			· ·				_	•	-
		control or management o			ame perso	ns that co	ntrol or manage	the sup	ported
		organization(s). You mus							
С							•	integrate	ed with,
		its supported organization		·					
d								-	* *
		that is not functionally int	-		•		-	an attentiv	veness
_		requirement (see instructi	•	-				Tuno III	
е	· L	Check this box if the orga functionally integrated, or					Type I, Type II,	туре п	
	Enta	er the number of supported o			ng organiz	ation.			
,		vide the following information	•	d organization(s)					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of r	nonetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ins	tructions)	support (see instructions)
				above (see instructions))					
F									
Γota	41						1		I .

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support		·	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and				• •	• •	
	membership fees received. (Do not						
	include any "unusual grants.")	2950885.	2968594.	2918371.	3599046.	3521875.	15958771 .
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			22122			
	Total. Add lines 1 through 3	2950885.	2968594.	2918371.	3599046.	3521875.	15958771.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						140 001
_	column (f)						148,001. 15810770.
	Public support. Subtract line 5 from line 4.						<u> тэети//и•</u>
		(-) 0015	(h) 0010	(-) 0017	(d) 0010	(=) 0010	(A) Tatal
	ndar year (or fiscal year beginning in)	(a) 2015 2950885.	(b) 2016 2968594.	(c) 2017 2918371.	(d) 2018 3599046.	(e) 2019 3521875	(f) Total 15958771.
		2730003.	2700374.	2710371.	3377040.	3321073.	133307711
0	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	1,136.	579.	1,763.	8,142.	1,884.	13,504.
۵	Net income from unrelated business	1,150.	373.	1,703.	0,142.	1,001.	13,301.
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						-
	or loss from the sale of capital						
	assets (Explain in Part VI.)	110,764.	40,937.	20,368.	436.	1,039.	173,544.
11	Total support. Add lines 7 through 10	-	-	-		-	16145819.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	78,263.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
	organization, check this box and stop						>
Sec	ction C. Computation of Public	c Support Per	centage				
	Public support percentage for 2019 (li					14	97.92 %
	Public support percentage from 2018					15	98.34 %
16a	33 1/3% support test - 2019. If the o						
	stop here. The organization qualifies a						
b	33 1/3% support test - 2018. If the o	-					
	and stop here. The organization qualifies as a publicly supported organization						
17a	10% -facts-and-circumstances test	ū					,
	and if the organization meets the "fact			=		-	
	meets the "facts-and-circumstances" t						
b	10% -facts-and-circumstances test	ū				•	
	more, and if the organization meets th						•
40	organization meets the "facts-and-circ			•			
18	Private foundation. If the organization	n aid not check a b	oox on line 13, 16a	a, 160, 1/a, or 17b	, cneck this box ar	na see instructions	<u> </u>

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Cornerstone Community Outreach Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	Ow, picase com	picto i ait ii.j				
alendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
alendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	(4) 2013	(6) 2010	(6) 2011	(4) 2010	(6) 2013	(i) Total
IOa Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses 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 regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for t	•			•	. , . ,	
check this box and stop here						>
Section C. Computation of Public						
15 Public support percentage for 2019 (lin					15	9/
Public support percentage from 2018 S					16	9
Section D. Computation of Invest					T .= T	
Investment income percentage for 201					17	9
18 Investment income percentage from 20					18	9
19a 33 1/3% support tests - 2019. If the o						
more than 33 1/3%, check this box and b 33 1/3% support tests - 2018. If the c	-	-		•		
line 18 is not more than 33 1/3%, checl	k this box and s	top here. The orga	nization qualifies	as a publicly suppo	orted organization	▶□
20 Private foundation. If the organization	did not check a	box on line 14 19	a or 19b check th	nis box and see ins	structions	▶

Part IV | 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 (as 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.)

	Yes	No
1		
2		
_		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9c		
10a		
iva		
10b		

Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
b	A family member of a person described in (a) above?	11b		
	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		
Sect	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			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	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,			
	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		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	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		
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			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion b. All Type in Supporting Organizations		V	N1 -
			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			
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	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 instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions).	
2	Activities Test. Answer (a) and (b) below.		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			
	that these activities constituted substantially all of its activities.	2a		
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			
	activities but for the organization's involvement.	2b		
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			
	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.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must of	omplete Sec	tions A through E.	
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			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
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		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	5		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	•	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
<u>a</u>	From 2014			
b	From 2015			
с	From 2016			
<u>d</u>	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
<u>_ i</u>	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
	Evenes from 2010			

Schedule A (Form 990 or 990-EZ) 2019

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

Cornerstone Community Outreach

Employer identification number 36-3670992

Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds of	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	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 w	riting that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's ea	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	onferring
Pai	t II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	
	Preservation of land for public use (for example, recreation)	. —	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
а			2a
b			
С	Number of conservation easements on a certified historic structure		
d	Number of conservation easements included in (c) acquired af	*	e
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the o	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing conse	ervation easements during the year
	—		
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conservati	on easements during the year
_	> \$		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statemen	nts that describes the
Pai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of A	Art Historical Treasures or Oth	ner Similar Assets
ı uı	Complete if the organization answered "Yes" on Form 9	•	ier einmar 7.000to.
12	If the organization elected, as permitted under FASB ASC 958		d balance shoot works
Ia	of art, historical treasures, or other similar assets held for publi	,	
	service, provide in Part XIII the text of the footnote to its finance	•	•
h	If the organization elected, as permitted under FASB ASC 958		
b		•	
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		
^		ourse or other similar coasts for financial	·
2	If the organization received or held works of art, historical treas		gain, provide
_	the following amounts required to be reported under FASB AS	_	•
a	Revenue included on Form 990, Part VIII, line 1		
D	Assets included in Form 990, Part X		Ψ Ψ

Schedule D (Form 990) 2019

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

Pai	t III Organizations Maintaining C	ollections of Ar	t, Historica	Treasures, c	r Other	Similar	Assets	Continue	ed)
3	Using the organization's acquisition, accession							(OOMMAC	<i></i>
	collection items (check all that apply):								
а	Public exhibition	C	l Loan o	or exchange progi	am				
b	Scholarly research	•							
c	Preservation for future generations	•							
4	Provide a description of the organization's co	ollections and explain	n how they furt	her the organizati	on's exemi	nt nurnose	in Part	XIII	
5	During the year, did the organization solicit o						, 	,	
_	to be sold to raise funds rather than to be ma							Yes	☐ No
Pai	t IV Escrow and Custodial Arran								
	reported an amount on Form 990, Pai		3"			,	,	, ,	
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contrib	utions or other as	sets not in	cluded			
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII							_	
	, ,	•	J					Amount	
С	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo					y?		Yes	No No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has	been provided on	Part XIII				
Pai	t V Endowment Funds. Complete i	f the organization ar	swered "Yes"	on Form 990, Par	t IV, line 10).			
		(a) Current year	(b) Prior ye				ars back	(e) Four ye	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, colu	mn (a)) held as:					
а	Board designated or quasi-endowment	•	%						
b	Permanent endowment	%							
С	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are h	eld and administe	red for the	organizati	ion		
	by:							Υ	es No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedul	e R?				3b	
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990), Part IV, line 1	1a. See Form 99	D, Part X, li	ne 10.			
	Description of property	(a) Cost or o basis (investr	, ,	Cost or other casis (other)		cumulated reciation		(d) Book v	/alue
1a	Land			232,947.				232	,947.
	Buildings		3	,825,280.	2,6	41,32	8.	1,183	,952.
С	Leasehold improvements			-		-			
	Equipment			42,939.		42,93			0.
	Other		1	,016,571.	3	79,07			,499.
Tota	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. column (B).	line 10c.)				2,054,	398.

Schedule D (Form 990) 2019

Complete if the organization answered "Yes" or (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			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" or		1d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
. (a) Description of liability			(b) Book value
(1) Federal income taxes			26.22
(2) Refundable advance	- 1		26,237
	owned by		
(4) related party)			31,610
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

57,847.

Sche	edule D (Form 990) 2019 Cornerstone Community	Outreach	36-3	670992 Page 4
Par	rt XI Reconciliation of Revenue per Audited Financial Sta	atements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	3,524,798.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	3,524,798.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1)	<u>2,) </u>	5	3,524,798.
Pa	rt XII Reconciliation of Expenses per Audited Financial S	tatements With Expens	ses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV,	ine 12a.		
1	Total expenses and losses per audited financial statements		1	3,866,453.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	3,866,453.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	3,866,453.
Pa	rt 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 provide any additional information.

Part X, Line 2:

FIN 48 Note from Audited Financial Statements

Cornerstone Community Outreach was granted an exemption from federal income taxes by the Internal Revenue Service pursuant to the provisions of Internal Revenue Code Section 501(c)(3). The Organization qualifies for the charitable contribution deduction under Section 170(b)(1)(A)(vi) and has been classified as an organization that is not a private foundation under Section 509(a)(1). The tax-exempt purpose of the Organization and the nature in which it operates is described above. The Organization continues to operate in compliance with its tax-exempt purpose. The Organization's annual information and income tax returns filed with the federal and state governments are subject to examination for the

Schedule D (Form 990) 2019

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

2019
Open to Public

Inspection

Schedule I (Form 990) (2019)

Employer identification number Name of the organization Cornerstone Community Outreach 36-3670992 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

932101 10-26-19

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

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
aundry cards/service	845	54,180.	0.		
ther client assistance	265	17,944.	0.		

Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

Client assistance requests are initiated by the caseworker working with the

client. An Request Form is filled out and documentation is attached to

support the request. The request is approved, and the payment is made

generally by check to a vendor, or a check written out to requester or

supervisor to bring to the bank to cash, as in with the laundry cards.

Schedule I, Part 1, #1

Records of client assistance are maintained by the accounting

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open To Public Inspection

Name of the	organization
-------------	--------------

Cornerstone Community Outreach

Employer identification number

36-3670992

Part I Excess Bene	fit Transaction	ons (section 50	1(c)(3)	, secti	on 501(c)(4), and sec	ction 501(c)(29) orga	nizatio	ns on	ly).			
Complete if the o	rganization ansv	vered "Yes" on Fo	orm 9	90, Pa	rt IV, line 25a or 25b	, or Form 990-EZ, Pa	art V, I	ine 40	b.			
1	(b) F	Relationship betw			ified	a) Decembries of twee	ocatio	_		(d)	Correc	ted?
(a) Name of disqualified p	erson	person and org	ganiza	tion	,(c) Description of tran	ISactio	11		Y	es	No
2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under												
section 4958								> \$				
3 Enter the amount of tax, i	f any, on line 2, a	above, reimburse	d by t	the org	anization			> \$				
Dowl II Lagrada and	/au Fuana Int	avested Dave										
Part II Loans to and												
Complete if the o	rganization ansv	vered "Yes" on Fo	orm 9	90-EZ,	Part V, line 38a or F	Form 990, Part IV, lin	e 26; d	or if th	e orga	nizatio	n	
reported an amou						Г			/I=\ An	provod		
(a) Name of	(b) Relationship	(c) i dipose	(d) Loa from	an to or the	(e) Original	(f) Balance due	(g)	ln	(h) Ap by bo	ard or	(1) **	
interested person	with organization	orioan	organiz	zation?	principal amount		dela	iuit?	comm	ittee?	agreer	Henr:
			То	From			Yes	No	Yes	No	Yes	No

Part III Grants or Assistance Benefiting Interested Persons.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
	The organization			

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

Schedule L (Form 990 or 990-EZ) 2019

Total

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

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

Cornerstone Community Outreach

Employer identification number 36-3670992

Pai	rt I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of dete	•	+-
		applicable		Form 990, Part VIII, line 1g	noncash contributi	on amoun	เร
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles			5.45.000			
19	Food inventory	X	1	547,230.	Value set by	<u>dono</u>	r
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organization completed Form 828		•				
	for which the organization completed Form 828	os, Part IV, L	Jonee Acknowledg	ement 29		Voc	No
202	During the year did the organization receive by	contributio	n any proporty ron	orted in Part I lines 1 throug	h 28 that it	res	INO
Sua	During the year, did the organization receive by must hold for at least three years from the date						
	exempt purposes for the entire holding period?		•	•		30a	х
h	If "Yes," describe the arrangement in Part II.					Jua	+**
31	Does the organization have a gift acceptance p	olicy that re	auires the review o	of any nonstandard contribut	ions?	31	X
	Does the organization hire or use third parties of				-	31	+
JEA			_	· · ·		32a	X
h	contributions? If "Yes," describe in Part II.					J_U	
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	for which column (a) is chec	ked		
	describe in Part II.	2.3 (0) 101	, po or proporty	.s. mion osianin (a) io onoc			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

932142 09-27-19

Schedule M (Form 990) 2019

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.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2019
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Cornerstone Community Outreach

Employer identification number 36-3670992

Form 990, Part III, Line 1, Description of Organization Mission:
resources & programs all to encourage growth, foster potential, & lay
foundations for stability. Our aim is not merely to help individuals
survive, but to thrive.
The three major shelters of Cornerstone Community Outreach are:
Hannah Interim - a 120 day shelter for women with children under 12.
Naomi Interim - a 120 day shelter for single women.
Sylvia Interim - a 120 day shelter for families.
All these programs have similar goals of assisting the client with
food, clothing, housing, casework and advocacy service, to help
transition the individual to permanent and independent living.
Form 990, Part III, Line 4a, Program Service Accomplishments:
Naomi Interim Housing - serves 145 single women & men, providing 24
hour shelter & casework services and the services mentioned above.
Sylvia Interim Housing - serves over 130 women with children, men with
children & couples with children & has been welcoming homeless families
since 2001. This program supports these family groups & gives them much
needed shelter & services.
Form 990, Part VI, Section B, line 11b:
The 990 was reviewed and approved by the Finance Committee and submitted to
the Board prior to filing.

Form 990, Part VI, Section B, Line 12c:

Officer, directors, and key employees regularly disclose to the board when

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization Cornerstone Community Outreach	Employer identification number 36-3670992
a relationship may cause a conflict of interest.	
Form 990, Part VI, Section B, Line 15:	
Executive Director and top management compensation is base	ed on research of
like positions in similar fields. Research and recommendat	ion presented to
the Board of Directors for approval.	
Form 990, Part VI, Section C, Line 19:	
The Organization makes its governing documents, conflict of	of interest policy
and financial statements available upon request.	
Form 990, Part XI, line 9, Changes in Net Assets:	
Misc rounding	2.
Form 990, Part XII, Line 2c:	
The process has not changed from the prior year.	
Amended 2019 990:	
The following items were amended on this 2019 990 to match	the audited
financial statements:	
Form 990, Page 1, Part I: Updated amounts per the audited	financials.
Form 990, Page 2, Part III: Updated amounts per the audit	ed
financials.	
Form 990, Page 9, Part VIII: Updated amounts per the audi	ted
financials.	
Form 990, Page 10, Part IX: Updated amounts per the audit	ed
financials.	
932212 09-06-19 Sche	dule O (Form 990 or 990-EZ) (2019)

Name of	the organ		orne	erst	one (Comm	unity	Out	reach				E		r identific 3670	cation nui	mber
Form	990,	Page	11,	Par	t X:	Upo	dated	amou	ınts j	per	the	audit	ed	fina	ncia	ls.	
Form	990,	Page	12,	Par	t XI:	: U <u>r</u>	odated	a mo	unts	per	aud	lited	aud	lited			
finar	ncials	s.															
Form	990,	Sched	ule	B:	Upda	ated	some	of t	he a	moun	ts.						
Form	990,	Sched	ule	D,	Part	XI:	Upda	ated	amou	nts	per	audit	ed	fina	ncia	ls.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Cornerstone Community Outreach

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

36-3670992

Part I Identification of Disregarded Entities. Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) or Total inco	me End-of-yea	r assets Direct	(f) controlling entity	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34,	pecause it had one	e or more related tax-ex	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
		,,		501(c)(3))		Yes	No
Jesus People USA Evangelical Covenant Church - 36-3279797, 939 W. Wilson, Chicago, IL 60640	Improve quality of life for disadvantaged and displaced people	Illinois	501(c)(3)	Line 1	Common Board of Directors		х

Part III 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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disproportion		onate Code V-UBI		Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
				1					1		

Part IV 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1a

Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capit	al contribution to related organization(s)				1b				
c Gift, grant, or capit	al contribution from related organization(s)				1c	X			
					1d	X			
e Loans or loan guar	antees by related organization(s)				1e	X			
f Dividends from rela	ated organization(s)				1f	X			
g Sale of assets to re	elated organization(s)				1g	X			
	from related organization(s)				1h	X			
i Exchange of asset	s with related organization(s)				1i	X			
j Lease of facilities,	equipment, or other assets to related organization(s)				1j	X			
	equipment, or other assets from related organization(s)				1k	X			
	vices or membership or fundraising solicitations for related of				11	X			
	vices or membership or fundraising solicitations by related o				1m	X			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
 Sharing of paid em 	ployees with related organization(s)				10	X			
p Reimbursement pa	id to related organization(s) for expenses				1p	X			
q Reimbursement pa	id by related organization(s) for expenses				1q	X			
						37			
	ash or property to related organization(s)				1r	X			
	ash or property from related organization(s)				1s	X			
2 If the answer to an	y of the above is "Yes," see the instructions for information o	on who must complete th	nis line, including covered rela I	tionships and transaction thresholds.					
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount in	volved				
		type (a-s)							
(1)									
(2)									
(0)									
(3)									
(4)									
(4)									
(5)									
(5)									
(6)									
932163 09-10-19		1		Schodule	R (Form 9	90) 2019			
002 100 00-10-10		2.0		Scriedule	(1 01111 3	00, 2019			

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

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									