(Rev. January 2020)

EXTENDED TO NOVEMBER 16, 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)

Open to Public Inspection

OMB No. 1545-0047

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.

| ΑF | or the | 2019 calendar year, or tax year beginning | and | ending | | | |
|--------------------------------|---------------------------------------|--|---------------------------------------|---------------|-----------------|----------------------|-------------------------------|
| В с | heck if | C Name of organization | | | D Employ | er identif | ication number |
| | Addres | cornerstones of care foundation | | | | | |
| | Name change | Doing business as | | | 43- | 1623792 | |
| | Initial return Final return/ | Number and street (or P.O. box if mail is not deli 300 EAST 36TH STREET | vered to street address) | Room/suite | E Telepho | ne numbe 508-3600 | |
| | termin- ated | City or town, state or province, country, and 2 | ZIP or foreign postal code | | G Gross rece | eipts\$ | 5,060,494. |
| | Ameno | , | | | H(a) Is this | | |
| F | Application | F Name and address of principal officer: CHELS | EY RYERSON | | 1 ' ' | bordinate | |
| | pendin | SAME AS C ABOVE | | | H(b) Are all s | | — |
| ΙT | ax-exe | empt status: X 501(c)(3) 501(c) () | ◀ (insert no.) | or 527 | 1 ` ´ | | a list. (see instructions) |
| | | e: WWW.CORNERSTONESOFCAREFOUNDATION. | | | 1 | | on number |
| | | | sociation Other > | L Year | of formation: | | M State of legal domicile; MO |
| | rt I | Summary | | 1 = : : ::: | | | |
| | 1 | Briefly describe the organization's mission or most | significant activities: CORNER | STONES OF | CARE FOU | NDATION | Ī |
| Governance | | WAS FORMED TO CONDUCT AND SUPPORT ACTI | | OF | | | |
| nar | 2 | Check this box if the organization discor | tinued its operations or dispos | sed of more | than 25% of | its net as | sets. |
| ķ | 3 | Number of voting members of the governing body (| Part VI, line 1a) | 7. | | 3 | 9 |
| မြ | | Number of independent voting members of the gov | erning body (Part VI, line 1b) | | | 4 | |
| - δ | | Total number of individuals employed in calendar ye | | | | | 0 |
| Ęį | | Total number of volunteers (estimate if necessary) | | | | | 9 |
| Activities | | Total unrelated business revenue from Part VIII, col | | | | | 0. |
| ۲ | | Net unrelated business taxable income from Form S | | | | | |
| | | | | | Prior Ye | | Current Year |
| | 8 | Contributions and grants (Part VIII, line 1h) | | | | 14,135. | 62,266. |
| a l | | | | | | 0. | 0. |
| Revenue | | Investment income (Part VIII, column (A), lines 3, 4, | | | 7 | 94,942. | 440,640. |
| ĕ | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, | | | | 0. | 0. |
| | | Total revenue - add lines 8 through 11 (must equal I | | | 8 | 309,077. | 502,906. |
| | | Grants and similar amounts paid (Part IX, column (A | | | 5 | 23,161. | 554,563. |
| | | Benefits paid to or for members (Part IX, column (A) | | | | 0. | 0. |
| g | | Salaries, other compensation, employee benefits (P | | | | 0. | 0. |
| Se | | Professional fundraising fees (Part IX, column (A), lii | | | | 0. | 0. |
| Expenses | | Total fundraising expenses (Part IX, column (D), line | | 0. | | | |
| ω̈́ | | Other expenses (Part IX, column (A), lines 11a-11d, | · · · · · · · · · · · · · · · · · · · | | | 30,384. | 29,240. |
| | | Total expenses. Add lines 13-17 (must equal Part IX | | | 5 | 53,545. | 583,803. |
| | | Revenue less expenses. Subtract line 18 from line 1 | | | 2 | 255,532. | -80,897. |
| Net Assets or Fund Balances | | | | Ве | ginning of Cu | rrent Year | End of Year |
| sets | 20 | Total assets (Part X, line 16) | | | 10,5 | 44,451. | 12,070,889. |
| ASSI | 21 | Total liabilities (Part X, line 26) | | | | 10,983. | 50. |
| | | Net assets or fund balances. Subtract line 21 from | ine 20 | | 10,5 | 33,468. | 12,070,839. |
| Pa | rt II | Signature Block | | | | | |
| Unde | er pena | ties of perjury, I declare that I have examined this return, | including accompanying schedules | and stateme | ents, and to th | e best of m | y knowledge and belief, it is |
| true, | correc | t, and complete. Declaration of preparer (other than office | r) is based on all information of wh | iich preparer | has any know | ledge. | |
| | | | | | | | |
| Sigr | ١ | Signature of officer | | | Dat | te | |
| Here | Э | CHELSEY RYERSON, TREASURER/CFO | | | | | |
| | | Type or print name and title | | | | | |
| | | Print/Type preparer's name | Preparer's signature | | Date | Check [| PTIN |
| Paid | | ED BARTAK | | 1 | 0/22/20 | self-emplo | • |
| Prep | arer | Firm's name RSM US LLP | | | Firr | n's EIN 🛌 | 42-0714325 |
| Use | Only | Firm's address > 4801 MAIN STREET, SUITE | 400 | | | | |
| | | KANSAS CITY, MO 64112 | | | Pho | one no.816 | 6-753-3000 |
| May | the IE | S discuss this return with the preparer shown about | (eac instructions) | | | | X Ves No |

43-1623792

| Га | Check if Schedule O contains | | | | | |
|----|---|------------------------|----------------------------|--------------------------------|---------------------|------------|
| 1 | Briefly describe the organization's m | | y iiile iii tilis Fait iii | | ····· | |
| - | CORNERSTONES OF CARE FOUNDA | | CONDUCT AND ST | UPPORT | | |
| | ACTIVITIES FOR THE BENEFIT | OF CORNERSTONES OF | CARE. | | | |
| | | | | | | |
| | Did the average time and article are a | .i | | | | |
| 2 | Did the organization undertake any sprior Form 990 or 990-EZ? | | | | | Yes X No |
| | If "Yes," describe these new services | | | | | 165140 |
| 3 | Did the organization cease conducting | | hanges in how it cor | nducts, any program services | s? | Yes X No |
| | If "Yes," describe these changes on | | | 7. 7. 6 | | |
| 4 | Describe the organization's program | service accomplishment | ts for each of its thre | ee largest program services, | as measured by e | xpenses. |
| | Section 501(c)(3) and 501(c)(4) organ | | report the amount of | f grants and allocations to ot | hers, the total exp | enses, and |
| | revenue, if any, for each program ser (Code:) (Expenses \$) | vice reported. | | 554 563 \ /a | |) |
| 4a | THE FOUNDATION SUPPORTS THE | ACTIVITIES OF COR | NERSTONES OF C. | | venue \$ | , |
| | 501(C)(3) ORGANIZATION. | | | <u> </u> | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 4b | (Code:) (Expenses \$ | inc | cluding grants of \$ |) (Re | evenue \$ |) |
| | | | | | | |
| | | | | | | |
| | | | · | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | _ | | | |
| | | | | | | |
| | | | | | | |
| 4- | 1- 1 | | | \ /- | | |
| 4c | (Code:) (Expenses \$ | inc | luding grants of \$ | | evenue \$ |) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | - | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 4d | Other program services (Describe on | Schedule O.) | | | | |
| | (Expenses \$ | including grants of \$ | |) (Revenue \$ | |) |
| 4e | Total program service expenses | 55 | 4,563. | | | - 000 (|
| | | | | | | |

Form 990 (2019) CORNERSTONES OF CARE FOUNDATION Part IV Checklist of Required Schedules

| | | | 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 | | Х |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | l |
| | 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, | | | l |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | Х | |
| 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, | l | | ,, |
| | 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 | l | | |
| | 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 | | | x |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | |
| a | 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 | | | x |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | Х | |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Λ | _ |
| f | | | х | |
| 10- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i> | 11f | Λ | _ |
| 1Za | | 400 | | x |
| h | Schedule D, Parts XI and XII | 12a | | |
| D | Was the organization included in consolidated, independent audited financial statements for the tax year? | 12b | х | |
| 13 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | х |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | , , , a | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | х |
| 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 | | Х |
| 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 | | Х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | Х | |

| Part IV Checklist of Required | Schedules (continued) |
|---------------------------------|-----------------------|
|---------------------------------|-----------------------|

CORNERSTONES OF CARE FOUNDATION

| | | | Yes | No |
|------|---|----------|-----|----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | Х | |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| ZTU | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | | 24a | | x |
| | Schedule K. If "No," go to line 25a | | | |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| | 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 | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | Х |
| 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% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 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 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | 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 | 29 | | 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 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i> | <u> </u> | | |
| UZ. | | 32 | | x |
| 33 | Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | UZ | | |
| 33 | | 33 | | x |
| 24 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 34 | х | |
| 2F.~ | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | х |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | Joa | | + |
| b | | 256 | | |
| 20 | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | \vdash |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | x |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| 00 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | 37 | |
| Par | Note: All Form 990 filers are required to complete Schedule O † V Statements Regarding Other IRS Filings and Tax Compliance | 38 | X | |
| rai | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | <u> </u> |
| | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | - | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | - | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | | |

43-1623792

Form 990 (2019) CORNERSTONES OF CARE FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | | | | Yes | No |
|-----|---|---------|------------------------|-----------|-----|--------|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a | | 0 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | ns? . | | 2b | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions | s) | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | 3a | | Х |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | 0 . | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | uthor | ity over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial a | ccour | nt)? | 4a | | Х |
| b | If "Yes," enter the name of the foreign country | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad | ccoun | ts (FBAR). | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | <u>5a</u> | - | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | | | 5b | | Х |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | | | x |
| | any contributions that were not tax deductible as charitable contributions? | | | 6a | | |
| D | If "Yes," did the organization include with every solicitation an express statement that such contributions are at the did that it is a | | _ | | | |
| 7 | were not tax deductible? Organizations that may receive deductible contributions under section 170(c). | | | 6b | | |
| 7 | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | vicae r | provided to the payor? | 7a | | х |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | uired | 1.5 | | |
| Ū | to file Form 8282? | .0 109 | anoa | 7c | | x |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co | ontrac | t? | 7e | | х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | | | 7f | | Х |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | rm 88 | 99 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | tion fi | le a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | by th | е | | | |
| | sponsoring organization have excess business holdings at any time during the year? | | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | |
| | 1 0 0 | | | 9a | | |
| | | | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | l | I | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | - | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | - | | |
| 11 | Section 501(c)(12) organizations. Enter: | 445 | | | | |
| a | Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against | 11a | | - | | |
| J | amounts due or received from them.) | 11b | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | ? | 12a | | |
| | 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. | | • | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | |
| | 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 | 13b | | | | |
| | Enter the amount of reserves on hand | 13c | | | | |
| | | | | 14a | | Х |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul | | | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner | | | | | |
| | excess parachute payment(s) during the year? | | | 15 | | Х |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | • | | | v |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment | incor | ne? | 16 | | X |
| | If "Yes," complete Form 4720, Schedule O. | | | | 990 | (0010) |

Form 990 (2019) CORNERSTONES OF CARE FOUNDATION 43-1623792 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below 1b bel 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 | | | Х | | | | | | |
|-----|---|----------|--------|-----|--|--|--|--|--|--|
| 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 | | | | | | | | | |
| | 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 | | | | | | | | | |
| 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? | | | | | | | | | |
| 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 | | х | | | | | | |
| 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 | Did the organization have members or stockholders? | 6 | Х | | | | | | | |
| 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 | х | | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | | | | | | | |
| 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 | | Х | | | | | | |
| | 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 | Х | | | | | | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | | | | | | | |
| 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 | | | | | | |
| | Other officers or key employees of the organization | 15b | | Х | | | | | | |
| | 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 | | х | | | | | | |
| 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 ▶ NONE | | | | | | | | | |
| 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) | s only) | availa | ble | | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | ,, | | | | | | | | |
| | Own website 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, and | d financ | 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 | | | | | | | | | |
| | CHELSEY RYERSON - 816-508-1713 | | | | | | | | | |
| | 300 E 36TH STREET, KANSAS CITY, MO 64111 | | | | | | | | | |

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

| (A) | (B) | (C) | | | | | | (D) | (E) | (F) |
|-------------------------------------|--|--------------------------------|-----------------------|---------|----------------|------------------------------|--------|--|--------------------------------------|--|
| Name and title | Average hours per week | box | not c , unle | ss pe | more rson i | than of s both or/trus | n an | Reportable compensation from | Reportable compensation from related | Estimated amount of other |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) KATE ALLEN | 2.00 | | | | | L | | | | |
| BOARD MEMBER | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (2) BUD BACON | 2.00 | | | | | | | | | |
| BOARD MEMBER | 0.00 | Х | _ | | | | | 0. | 0. | 0. |
| (3) DAN CRANSHAW | 2.00 | | | | | | | Y | | |
| BOARD MEMBER | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (4) PHIL FRERKER | 2.00 | | | | | | | | _ | _ |
| BOARD MEMBER/IMMEDIATE PAST CHAIR | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (5) KATHLEEN JACKSON | 2.00 | | | | | | | | | |
| BOARD MEMBER | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (6) STEVE LAWRENCE | 2.00 | | | | | | | | | • |
| BOARD MEMBER | 0.00 | Х | _ | | | | | 0. | 0. | 0. |
| (7) JOHNNY ORINDGREFF | 2.00 | ., | | x | | | | | _ | 0 |
| BOARD MEMBER/CHAIR (8) JOE PRIBULA | 2.00 | Х | | A | | | | 0. | 0. | 0. |
| BOARD MEMBER | 0.00 | Х | | | | | | 0. | 0. | 0 |
| (9) LATASHA WILSON | 2.00 | ^ | | | | | | 0. | ٠. | 0. |
| BOARD MEMBER | 0.00 | х | | | | | | 0. | 0. | 0. |
| (10) DENISE CROSS | 1.00 | | | | | | | 0. | 0. | 0. |
| PRESIDENT/CEO | 44.00 | | | x | | | | 0. | 187,310. | 13,023. |
| (11) RYAN DOWIS | 2.00 | | | | | | | · · · | 107,310. | 13,023. |
| SECRETARY/COO | 43.00 | | | х | | | | 0. | 162,801. | 2,828. |
| (12) ERIC GIOVANNI | 2.00 | | | | | | | | | |
| TREASURER/CFO | 43.00 | | | х | | | | 0. | 141,737. | 8,160. |
| | | | | | | | | | | 7 - 1 - 1 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | 1 | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

932007 01-20-20 Form **990** (2019)

| Form 990 (2019) CORNERSTONES | OF CARE FO | UND | ATI | ON | | | | | 43-162 | 3792 | | P | age 8 |
|--|--|--------------------------------|-----------------------|---------------------------------------|------------------------|---------------------------------|--------|--|--|--------|-------|--|-------|
| Part VII Section A. Officers, Directors, Trus | tees, Key Emp | oloye | ees, | and | Hiç | ghes | t C | ompensated Employee | s (continued) | | | | |
| (A) Name and title | (B) Average hours per week | box, | not c | Posi heck r ss pers nd a dir | tion nore son is | than o s both | an | (D) Reportable compensation from | (E) Reportable compensatior from related | 1 | am | (F) timate ount other | |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | anization (W-2/1099-MIS | | | compensation from the organization and related organizations | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | R | | | | | | |
| | | | | | | | | | | | | | |
| 1b Subtotal c Total from continuation sheets to Part VI | | | | | | | | 0. | 491,8 | 0. | | | 011. |
| d Total (add lines 1b and 1c) Total number of individuals (including but n | | | | | |) who | o re | 0. eceived more than \$100, | 491,8 000 of reportable | 48. | | 24, | 011. |
| compensation from the organization | | | Ť | | 7 | | | | | | | Yes | No |
| 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s | | | | | | | | | | [| 3 | | Х |
| 4 For any individual listed on line 1a, is the su and related organizations greater than \$150 | 0,000? If "Yes, | " coi | mple | ete S | Sche | dule | J f | for such individual | | | 4 | х | |
| 5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com | = | | | | - | | | - | | | 5 | | Х |
| Complete this table for your five highest co | mnensated ind | lenei | nder | nt co | ntrs | actor | e th | nat received more than \$ | \$100,000 of comp | neatio | n fro | m | |
| the organization. Report compensation for | • | - | | | | | | the organization's tax y | · · · · · · · · · · · · · · · · · · · | | | | |
| (A) Name and business address NONE Description of services | | | | | | | Coi | (C) Compensation | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 Total number of independent contractors (i \$100,000 of compensation from the organi | • | ot lin | nited | d to t | hos: | | ted | above) who received mo | ore than | | | | |

CORNERSTONES OF CARE FOUNDATION

Form 990 (2019) **Part VIII** Statement of Revenue

| | | Check if Schedule O | conta | ins a respon | se or note to any lin | e in this Part VIII | | | |
|--|------------------|--|---------------------------|---------------------------------------|------------------------|----------------------|--|--------------------------------------|---|
| | | | | • | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | i 0 0 1 | Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in | ibutio grants above | 1b 1c 1d 1e 1e 1f 1g \$ | 62,266. | 62,266. | | | |
| O g | | Total. Add lines 1a-1f | | | | 02,200. | | | |
| Program Service Revenue | 2 a | | | | | | | | |
| | | | | | _ | | | | |
| | 3 | Investment income (include other similar amounts) | ding d | lividends, int | erest, and d proceeds | 233,445. | | | 233,445. |
| | 5 | Royalties | | | | | 7 | | |
| | 6 a | | 6a 6b | (i) Real | (ii) Personal | | | | |
| | | | 6c | | | | | | |
| | | Net rental income or (loss) | | | | | | | |
| | | Gross amount from sales of assets other than inventory | 7a | (i) Securitie 4 , 764 , 78 | es (ii) Other | | | | |
| e | ŀ | Less: cost or other basis | 7b | 4,557,58 | 8. | | | | |
| ju | (| Gain or (loss) | | 207,19 | 5. | | | | |
| ₽ĕ | | Net gain or (loss) | | <u>.</u> | > | 207,195. | | | 207,195. |
| Other Revenue | 8 8 | Gross income from fundraising including \$ contributions reported on | line 1 | of | | | | | |
| | | Part IV, line 18 | | | 8a | | | | |
| | ŀ | Less: direct expenses | | | 8b | | | | |
| | | Net income or (loss) from | | · . | s | | | | |
| | | Gross income from gamin Part IV, line 19 | | | 9a | | | | |
| | | Less: direct expenses | | | 9b | | | | |
| | | Net income or (loss) from Gross sales of inventory, I | | · | _ | | | | |
| | 10 6 | and allowances | | | 10a | | | | |
| | ŀ | Less: cost of goods sold | | | 10b | | | | |
| | | Net income or (loss) from | | _ | | | | | |
| v | | | | 1 | Business Code | | | | |
| Miscellaneous Revenue | 11 a | ı | | | _ | | | | |
| scellaneo <u>Revenue</u> | ı | · | | | _ | | | | |
| See | (| | | | _ | | | | |
| Σ | | All other revenue | | | | | | | |
| | 12 | Total Add lines 11a-11d | | | <u>P</u> | 502 906. | 0 | 0 | 440 640. |

| Pai | t IX Statement of Functional Expense | S | | | |
|-----------|---|---------------------------|------------------------------|-------------------------------------|---------------------------------------|
| Secti | on 501(c)(3) and 501(c)(4) organizations must compl | ete all columns. All othe | er organizations must con | nplete column (A). | |
| | Check if Schedule O contains a respons | | | | |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | 554,563. | 554,563. | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | | |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| С | Accounting | | | | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | 20 240 | | 20. 240 | |
| f | Investment management fees | 29,240. | | 29,240. | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A) amount, list line 11g expenses on Sch O.) | | · · | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 17 | Occupancy | | | | |
| 17 18 | Payments of travel or entertainment expenses | | | | |
| 10 | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | | | | |
| 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.) | | | | |
| a | | | | | |
| b | | | | | |
| C | | | | | |
| d | | | | | |
| | All other expenses | E02 0A2 | EE4 EC2 | 20 240 | ^ |
| <u>25</u> | Total functional expenses. Add lines 1 through 24e | 583,803. | 554,563. | 29,240. | 0. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |
| | EURCANONAL CANNAION AND HIRDIAISMU SONCIAMON I | | | I | |

if following SOP 98-2 (ASC 958-720)

Form 990 (2019) Part X Balance Sheet

| Cash - non-interest-bearing | | | Check if Schedule O contains a response or not | e to any line in this Part X | | | |
|--|-----------|----|--|------------------------------|-------------|-----|-------------|
| 2 Savings and temporary cash investments | | | One of the control of | o to dry mio m timo r dre // | (A) | | |
| 2 Savings and temporary cash investments | | 1 | Cash - non-interest-bearing | | | 1 | |
| 3 Pledges and grants receivable, net 3 4 4 4 4 4 4 4 4 4 | | 2 | | | 474,044. | 2 | 657,590. |
| 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 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f(1)), and persons described in section 4958(c)(3)(B) 6 CONDINE (1) COND | | 3 | | | | 3 | |
| 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 5 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) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 10b 10c 11 10 Investments - publicity traded securities 10a 10b 10c 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - other securities. See Part IV, line 11 13 14 Intangible assets 15 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 10,544,451, 16 12,070,889. 17 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 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 22 23 Secured mortsgapes and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties 24 26 Other liabilities not included on lines 17:24). Complete Part X of Schedule D 10,983, 25 50. Total liabilities. Add lines 17 through 25 50. Total liabilities not included on lines 17:24). Complete Part X of Schedule D 50. Total liabilities Not Nothing 17 through 25 50. | | 4 | | | | 4 | |
| 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(f)(1), and persons described in section 4958(c)(3)(E) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 11 Investments - publicly traded securities 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 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 17 Caccounts payable and accrued expenses 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 19 Deferred revenue 19 Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 20 Tax-exempt bond liability. Complete Part IV of Schedule D 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 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 22 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 26 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 30 Total liabilities. Add lines 17 through 25 31 Total liabilities. Add lines 17 through 25 32 Total liabilities. Add lines 17 through 25 33 Total liabilities. Add lines 17 through 25 34 Total liabilities. | | 5 | | | | | |
| controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(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 11 Investments - publicly traded securities 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. Sed Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 10 _544_451_1 | | | • | , , , | | | |
| Fig. | | | | | | 5 | |
| ## Under section 4958(f)(1)), and persons described in section 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 9 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10b 10c 11 Investments - publicity traded securities 10 ,070 ,407 . 11 11 ,413 ,299 . 12 Investments - program-related. See Part IV, line 11 13 10 ,070 ,407 . 11 11 ,413 ,299 . 13 Investments - program-related. See Part IV, line 11 13 14 11 ,414 15 15 16 Total assets. See Part IV, line 11 15 15 17 Accounts payable and accrued expenses 17 17 18 19 19 18 Grants payable and accrued expenses 17 18 19 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 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 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 23 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 10, 983 25 50 26 Total liabilities. Add lines 17 through 25 10, 983 26 50 | | 6 | | | | | |
| 7 Notes and loans receivable, net 7 8 1 1 1 1 1 1 1 1 1 | | | · | • | | 6 | |
| 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 11 Investments - publicly traded securities 10,070,407. 11 11,413,299. 12 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 10,544,451. 16 12,070,889. 17 Accounts payable and accrued expenses 17 18 Grants payable and accrued expenses 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 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 22 23 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans 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 or Schedule D 10, 983, 25 50. | w | 7 | | | | | |
| 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 10c 11. 11. 413, 299. 12. Investments - publicity traded securities 10,070,407. 11 11,413,299. 12. Investments - program-related. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 15 15 15 16 12,070,889. 17 Accounts payable and accrued expenses 17 Accounts payable and accrued expenses 17 Accounts payable and accrued expenses 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 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 22 23 24 Unsecured notes and loans payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payables to related third parties 24 Unsecured notes and loans payables to related 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 10,983, 25 50. 50. Croanizations that follow FASB ASC 958, check here X X X X X X X X X | set | _ | | | | | |
| 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b 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. See Part IV, line 11 17 Accounts payable and accrued expenses 17 Grants payable 18 Grants payable 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 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 22 Unsecured notes and loans payable to unrelated third parties 23 Secured mortgages and notes payables 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 27 Total liabilities. Add lines 17 through 25 28 Organizations that follow FASB ASC 958, check here 29 Total liabilities. | As | | | | | | |
| basis. Complete Part VI of Schedule D 10a 10b 10c 10c 10c 11c | | | | | | | |
| b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 10,070,407. 11 11,413,299. 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 10,544,451. 16 12,070,889. 17 Accounts payable and accrued expenses 17 Intra-exempt bond liabilities 15 Escrow or custodial account liabilities 20 15 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 22 Unsecured notes and loans payable to unrelated third parties 23 Unsecured notes and loans 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 10,983, 25 50. Total liabilities. Add lines 17 through 25 50. Organizations that follow FASB ASC 958, check here 10 | | | | 10a | | | |
| 11 Investments - publicly traded securities 10,070,407. 11 11,413,299. 12 13 Investments - other securities. See Part IV, line 11 13 14 Intangible assets 14 Intangible assets 15 Other assets. See Part IV, line 11 15 Intangible assets. Add lines 1 through 15 (must equal line 33) 10,544,451. 16 12,070,889. 17 Accounts payable and accrued expenses 17 Intangible assets. Add lines 1 through 15 (must equal line 33) 10,544,451. 16 12,070,889. 17 Accounts payable and accrued expenses 17 Intangible assets. Add lines 1 through 15 (must equal line 33) 10,544,451. 16 12,070,889. 17 Accounts payable and accrued expenses 17 Intangible assets. Add lines 1 through 15 (must equal line 33) 10,544,451. 16 12,070,889. 17 Accounts payable and accrued expenses 17 Intangible assets. 18 Intangible assets. 18 Intangible assets. 18 Intangible assets. 18 Intangible assets. 19 Intangible assets. 19 Intangible assets. 18 Intangible assets. 19 Intangible assets. 19 Intangible assets. 19 Intangible assets. 19 Intangible assets. 10,544,451. 16 12,070,889. 10,544,451. 10,544,451. 10,544,451. 10,544,451. 10,544,451. 10,544,451. 10,544,451. 10,544,451. 10,544,451. 10,544,451. 10,544,451. 10,544,451. 10 | | Ь | | | | 10c | |
| 12 Investments - other securities. See Part IV, line 11 13 13 14 Intangible assets 14 15 15 16 10,544,451. 16 12,070,889. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 19 19 19 19 19 19 1 | | | | | 10,070,407. | | 11,413,299. |
| 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) 10,544,451. 16 12,070,889. 17 Accounts payable and accrued expenses 17 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 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 27 Organizations that follow FASB ASC 958, check here 18 | | | | | | | |
| 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 10,544,451. 16 12,070,889. 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 22 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 10,983, 25 50. Organizations that follow FASB ASC 958, check here | | | | 7 . | | | |
| 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 10,544,451. 16 12,070,889. 17 Accounts payable and accrued expenses 17 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 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 22 Secured mortgages and notes payable to unrelated third parties 23 Secured notes and loans 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 10,983, 25 50. Organizations that follow FASB ASC 958, check here | | | | | | | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) 10,544,451. 16 12,070,889. 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 22 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 Corganizations that follow FASB ASC 958, check here | | | | | | | |
| 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 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 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 10,983. 25 50. 26 Total liabilities. Add lines 17 through 25 50. Organizations that follow FASB ASC 958, check here X | | | | | 10,544,451. | | 12,070,889. |
| 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 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 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 10,983. 25 50. 26 Total liabilities. Add lines 17 through 25 ∑ 10,983. 26 50. Organizations that follow FASB ASC 958, check here ∑ X | | | | | | | , , |
| 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 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 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 10,983. 25 50. 26 Total liabilities. Add lines 17 through 25 \ \text{10,983. 26} \ \text{50.} \ \text{50.} \ \text{Organizations that follow FASB ASC 958, check here} \times \text{X} | | | | | | | |
| Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 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 Corganizations that follow FASB ASC 958, check here | | | | | | | |
| Escrow or custodial account liability. Complete Part IV of Schedule D 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 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 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 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here | | | | | | | |
| 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 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 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 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here | | | | | | | |
| trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 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 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here | | | | | | | |
| 23 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 27 Organizations that follow FASB ASC 958, check here | ţį | | | | | | |
| 23 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 27 Organizations that follow FASB ASC 958, check here | Ē | | | | | 22 | |
| Unsecured notes and loans payable to unrelated third parties 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 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X 24 10,983. 25 10,983. 25 50. | <u>.e</u> | 23 | | to al their all and in a | | | |
| 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 10,983. 25 50. 26 Total liabilities. Add lines 17 through 25 10,983. 26 50. Organizations that follow FASB ASC 958, check here | | | . , | | | | |
| parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 10,983. 25 50. 26 Total liabilities. Add lines 17 through 25 0rganizations that follow FASB ASC 958, check here | | | | | | | |
| of Schedule D 10,983. 25 50. 26 Total liabilities. Add lines 17 through 25 10,983. 26 50. Organizations that follow FASB ASC 958, check here ▶ ☒ ☒ | | | - | | | | |
| 26 Total liabilities. Add lines 17 through 25 10,983. 26 50. Organizations that follow FASB ASC 958, check here | | | | | 10,983. | 25 | 50. |
| Organizations that follow FASB ASC 958, check here 🕨 🗓 | | 26 | | | 10,983. | 26 | 50. |
| | | | | ck here | · | | |
| 27 Net assets without donor restrictions 28 Net assets with donor restrictions 29 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 27,604,333. 27 8,874,204. 29 3,196,635. | es | | | | | | |
| 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds | Sign Sign | 27 | | | 7,604,333. | 27 | 8,874,204. |
| Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds | Bala | | | | 2,929,135. | | 3,196,635. |
| and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 | 둳 | | | | | | |
| 29 Capital stock or trust principal, or current funds | ᆵ | | | | | | |
| 90 | ō | 29 | | | | 29 | |
| 30 Paid-in or capital surplus, or land, building, or equipment fund | ets | | | | | | |
| 31 Retained earnings, endowment, accumulated income, or other funds 31 | Ass | | | | | | |
| 32 Total net assets or fund balances 10,533,468. 32 12,070,839. | let A | | | | 10,533,468. | | 12,070,839. |
| 33 Total liabilities and net assets/fund balances 10,544,451. 33 12,070,889. | | | | | 10,544,451. | | 12,070,889. |

Form **990** (2019)

| Pai | T XI Reconciliation of Net Assets | | | | | |
|-----|---|---------|-----|-----|------|------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 502, | 906. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 583, | 803. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | -80, | 897. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | 10, | 533, | 468. |
| 5 | Net unrealized gains (losses) on investments | 5 | | 1, | 618, | 268. |
| 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 | | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | |
| | column (B)) | 10 | | 12, | 070, | 839. |
| Pai | rt 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 | 0. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | Х |
| | 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 | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | | | | | |
| | consolidated basis, or both: | | | | | |
| | Separate basis X 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? | | L | 2c | Х | |
| | 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 | | | | | |
| | Act and OMB Circular A-133? | | I . | 3а | Х | |
| 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 | Х | |

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **Employer identification number** CORNERSTONES OF CARE FOUNDATION 43-1623792 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No Yes above (see instructions)) CORNERSTONES OF CARE 43-1689138 7 Х 554,563 554,563 0. Total

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.)

| Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization'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 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a | |
|---|--------------------|
| membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization'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 4 Total. Add lines 1 through 3 5 The portion of total contributions | 9 (f) Total |
| include any "unusual grants.") 2 Tax revenues levied for the organization'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 4 Total. Add lines 1 through 3 5 The portion of total contributions | |
| 2 Tax revenues levied for the organization'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 4 Total. Add lines 1 through 3 5 The portion of total contributions | |
| 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 4 Total. Add lines 1 through 3 5 The portion of total contributions | |
| or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions | |
| furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 | |
| the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions | |
| 4 Total. Add lines 1 through 3 | |
| 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, | |
| column (f) | |
| 6 Public support. Subtract line 5 from line 4. | |
| Section B. Total Support | |
| Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 | 9 (f) Total |
| 7 Amounts from line 4 | |
| 8 Gross income from interest, | |
| dividends, payments received on | |
| securities loans, rents, royalties, | |
| and income from similar sources | |
| 9 Net income from unrelated business | |
| 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.) | |
| 11 Total support. Add lines 7 through 10 | |
| 12 Gross receipts from related activities, etc. (see instructions) | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) | . \square |
| organization, check this box and stop here | _ |
| Section C. Computation of Public Support Percentage | |
| 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | <u>%</u> |
| 15 Public support percentage from 2018 Schedule A, Part II, line 14 | % |
| | . — |
| stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, che | |
| | |
| and stop here. The organization qualifies as a publicly supported organization | |
| and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the | |
| meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | |
| b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line | |
| more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI ho | |
| organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | > |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instru | uctions |

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.)

| Se | ction A. Public Support | siow, piease comp | nete Part II.) | | | | |
|------|--|---------------------|------------------------|------------------------|---------------------|-----------------------|-------------|
| | 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.") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | + | |
| 2 | merchandise sold or services per- formed, 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 bus- | | | | | | |
| | iness under section 513 | | | | | - | |
| 4 | Tax revenues levied for the organ- ization'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 | | | | | | |
| | Total. Add lines 1 through 5 | | | | | 1 | |
| 78 | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| t | 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 | | | | | | |
| ď | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Se | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| k | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| 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.) | | | | | | |
| | First five years. If the Form 990 is for | the organization's | s first, second, third | d, fourth, or fifth ta | ax year as a sectio | on 501(c)(3) organiza | ation, |
| | check this box and stop here | | | | | | > |
| Se | ction C. Computation of Publi | c Support Per | centage | | | | |
| 15 | Public support percentage for 2019 (li | ne 8, column (f), d | livided by line 13, c | olumn (f)) | | 15 | % |
| | Public support percentage from 2018 | | | | | 16 | % |
| Se | ction D. Computation of Inves | tment Income | Percentage | | | | |
| | Investment income percentage for 20 | | | | | 17 | % |
| | Investment income percentage from 2 | | | | | 18 | % |
| 198 | 33 1/3% support tests - 2019. If the | organization did n | not check the box o | on line 14, and line | e 15 is more than | 33 1/3%, and line 1 | 7 is not |
| | more than 33 1/3%, check this box ar | - | - | | · · · · · · | | ▶□ |
| k | 33 1/3% support tests - 2018. If the | | | | | | |
| | line 18 is not more than 33 1/3%, chec | | | | | | |
| 20 | Private foundation. If the organizatio | n did not check a | box on line 14, 19a | ı, or 19b, check th | ns box and see in | structions | ▶∟_ |

Page 4

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")? |f "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).
- 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 | Na |
|-----------|-------------|------|
| | Yes | No |
| | | |
| 1 | Х | |
| • | | |
| | | |
| 2 | | Х |
| | | |
| 3a | | Х |
| Ja | | |
| | | |
| 3b | | |
| O.D | | |
| 3c | | |
| | | |
| 4a | | Х |
| 70 | | |
| | | |
| 4b | | |
| -+10 | | |
| | | |
| | | |
| 40 | | |
| 4c | | |
| | | |
| | | |
| | | |
| | | х |
| 5a | | |
| - FI- | | |
| 5b | | |
| 5c | | |
| | | |
| | | |
| | | |
| 6 | | Х |
| 6 | | Λ |
| | | |
| 7 | | х |
| 7 | | |
| 8 | | Х |
| 8 | | |
| | | |
| 9a | | Х |
| Ja | | |
| 9b | | Х |
| 36 | | |
| 9c | | Х |
| 30 | | |
| | | |
| 10a | | х |
| iua | | |
| 10b | | |
| 990 or 99 | \∩_E7\ | 2010 |
| 250 OL 25 | , J _ L_(_) | 2013 |

| Pa | rt IV | Supporting Organizations (continued) | | | -g |
|------------|-----------|--|----------|-----|------|
| | | Continued) | | Yes | No |
| 11 | Hac th | he organization accepted a gift or contribution from any of the following persons? | | 103 | 140 |
| | | son who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| а | • | | 11a | | Х |
| L | | v, the governing body of a supported organization? | | | Х |
| | | nily member of a person described in (a) above? | 11b | | X |
| | | % controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. B. Type I Supporting Organizations | 11c | | 21 |
| 500 | , LIOIT L | b. Type I dupporting Organizations | | V | NI - |
| | D: 1 !! | | | Yes | No |
| 1 | | ne directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | - | arly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | | ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | contro | olled the organization's activities. If the organization had more than one supported organization, | | | |
| | | ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | • | izations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | Х | |
| 2 | | ne organization operate for the benefit of any supported organization other than the supported | | | |
| | organ | nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part \ | Now providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | super | vised, or controlled the supporting organization. | 2 | | Х |
| 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 trus | stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or ma | nagement of the supporting organization was vested in the same persons that controlled or managed | | | |
| | | upported organization(s). | 1 | | |
| <u>Sec</u> | tion [| D. All Type III Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | Did th | ne organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organ | nization'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 | | | |
| | | ization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | | any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | | nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | | rganization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | | ason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | - | icant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | - | ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | | orted organizations played in this regard. | 3 | | |
| Sec | | E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | | k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| 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> | | | |
| c | | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr | uctions) | | |
| 2 | | ties Test. Answer (a) and (b) below. | uctions) | Yes | No |
| – a | | ubstantially all of the organization's activities during the tax year directly further the exempt purposes of | | | 110 |
| u | | upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | | e supported organization and explain how these activities directly furthered their exempt purposes, | | | |
| | | | | | |
| | | the organization was responsive to those supported organizations, and how the organization determined | 2a | | |
| h | | hese activities constituted substantially all of its activities. ne activities described in (a) constitute activities that, but for the organization's involvement, one or more | Ła | | |
| D | | · · · · · · · · · · · · · · · · · · · | | | |
| | | e organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | | ns for the organization's position that its supported organization(s) would have engaged in these | OL | | |
| • | | ties but for the organization's involvement. | 2b | | |
| 3 | | nt of Supported Organizations. Answer (a) and (b) below. | | | |
| а | | ne organization have the power to regularly appoint or elect a majority of the officers, directors, or | 0- | | |
| | | ees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| b | | ne organization exercise a substantial degree of direction over the policies, programs, and activities of each | 01 | | |
| | of its : | supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard | 3b | i | ı |

| Par | t V Type III Non-Functionally Integrated 509(a)(3) Supporting | Orga | nizations | <u> </u> |
|-------|---|---------|-------------------------------|---------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying t | rust o | n Nov. 20, 1970 (explain in F | Part VI). See instructions. All |
| | other Type III non-functionally integrated supporting organizations must comp | olete S | Sections A through E. | |
| Secti | on 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 | | |
| Secti | on 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 | | |
| c | 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 | | |
| Secti | on 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-functionally in | integra | ted Type III supporting orga | anization (see |
| | instructions). | | | |

Schedule A (Form 990 or 990-EZ) 2019

| ı aı | Type in Non-Functionally integrated 509(| a)(3) Supporting Orga | ilizations (continued) | |
|-------|---|------------------------------|--|---|
| Secti | on D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | s of supported organizations | 3 | |
| 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 | e 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 | | | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) 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 | | | |
| а | From 2014 | | | |
| b | From 2015 | | | |
| С | From 2016 | | | |
| d | 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 | | | |
| i | Carryover from 2014 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2019 from Section D, | | | |
| | line 7: \$ | | | |
| а | 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 | | | |
| | Excess from 2016 | | | |
| | Excess from 2017 | | | |
| | Excess from 2018 | | | |
| | Evenes from 2010 | | | |

Schedule A (Form 990 or 990-EZ) 2019

| Dort VI | 1 age 0 |
|---------|---|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
| | Gee instructions.) |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CORNERSTONES OF CARE FOUNDATION

Employer identification number

43-1623792

| Pai | t I Organizations Maintaining Donor Advise | d Funds or Other Similar F | unds or Acco | ounts. Complete if the |
|-----|--|---|----------------------|---------------------------------|
| | organization answered "Yes" on Form 990, Part IV, lin | e 6. | | |
| | | (a) Donor advised funds | (b) | Funds and other accounts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisors in v | writing that the assets held in dono | r advised funds | |
| | are the organization's property, subject to the organization's | | | |
| 6 | Did the organization inform all grantees, donors, and donor a | dvisors in writing that grant funds o | an be used only | |
| | for charitable purposes and not for the benefit of the donor of | r donor advisor, or for any other pu | rpose conferring | |
| D : | | | | |
| Pai | To the first of th | | 990, Part IV, lin | e 7. |
| 1 | Purpose(s) of conservation easements held by the organization | | | |
| | Preservation of land for public use (for example, recrea | | | ally important land area |
| | Protection of natural habitat | Preserva | ation of a certified | d historic structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ied conservation contribution in the | e form of a conse | |
| | day of the tax year. | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | | 2a <u> </u> |
| b | | | | 26 |
| С | Number of conservation easements on a certified historic stru | | | 2c |
| d | Number of conservation easements included in (c) acquired a | | | |
| _ | listed in the National Register | | | 2d · |
| 3 | Number of conservation easements modified, transferred, release | eased, extinguished, or terminated | by the organizat | ion during the tax |
| 4 | Number of states where preparty subject to concernation and | oment is leasted | | |
| 4 | Number of states where property subject to conservation eas | | ing of | |
| 5 | Does the organization have a written policy regarding the per | halda0 | | Yes No |
| 6 | violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, | | | |
| U | Starr and volunteer riours devoted to morntoning, inspecting, | nanding of violations, and emorein | g conservation e | asements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | lling of violations, and enforcing co | nservation easen | nents during the year |
| • | S | illing of violations, and emoreing con | nscivation cascii | ichts during the year |
| 8 | Does each conservation easement reported on line 2(d) above | e satisfy the requirements of section | n 170(h)(4)(B)(i) | |
| Ū | and section 170(h)(4)(B)(ii)? | | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation | | | |
| _ | balance sheet, and include, if applicable, the text of the footn | | | |
| | organization's accounting for conservation easements. | | | |
| Pai | t III Organizations Maintaining Collections of | Art, Historical Treasures, | or Other Sim | ilar Assets. |
| | Complete if the organization answered "Yes" on Form | 990, Part IV, line 8. | | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | 8, not to report in its revenue state | ment and balanc | e sheet works |
| | of art, historical treasures, or other similar assets held for pub | olic exhibition, education, or research | ch in furtherance | of public |
| | service, provide in Part XIII the text of the footnote to its finar | ncial statements that describes the | se items. | |
| b | If the organization elected, as permitted under FASB ASC 95 | 8, to report in its revenue statemen | t and balance sh | eet works of |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or research | in furtherance of | public service, |
| | provide the following amounts relating to these items: | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | > \$ |
| | | | | > \$ |
| 2 | If the organization received or held works of art, historical trea | | | |
| | the following amounts required to be reported under FASB A | | • | |
| а | Revenue included on Form 990, Part VIII, line 1 | | | \$ |
| b | Assets included in Form 990, Part X | | | > \$ |

| | aalo B (1 01111 000) 2010 | ES OF CARE FOUND | | | | 3-162 | | P | age 2 |
|-----|--|-----------------------|------------------------|---------------------------------------|----------------|-----------|------------------|--------|-------|
| Par | t III Organizations Maintaining C | | | | | | (contir | nued) | |
| 3 | Using the organization's acquisition, accession | on, and other records | s, check any of the f | ollowing that make s | ignificant use | of its | | | |
| | collection items (check all that apply): | | | | | | | | |
| a | Public exhibition | d | | hange program | | | | | |
| b | Scholarly research | е | Other | | | | | | |
| C | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co | | | | | in Part 2 | XIII. | | |
| 5 | During the year, did the organization solicit o | | | | | | 7 | | ٦ |
| Dor | to be sold to raise funds rather than to be ma | | | | | | Yes | | No |
| Pai | t IV Escrow and Custodial Arranger reported an amount on Form 990, Par | | ete if the organizatio | n answered "Yes" or | 1 Form 990, P | art IV, I | ine 9, or | | |
| | Is the organization an agent, trustee, custodi | | iary for contributions | s or other assets not | included | | | | |
| | on Form 990, Part X? | | • | | | | Yes | | No |
| h | If "Yes," explain the arrangement in Part XIII | | | | | |] 103 | | _ 140 |
| | ii res, explain the arrangement iii art Alli i | and complete the for | lowing table. | | | | Amoun | + | |
| _ | Beginning balance | | | | 1c | | 7 (1110011 | | |
| | Additions during the year | | | | . – | | | | |
| | Distributions during the year | | | | | | | | |
| f | | | | | | | | | |
| | Ending balance | | | | | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | |] 100 | |] |
| Par | | | | | 10. | | | | |
| | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three year | rs hack | (e) Four | vears | hack |
| 1a | Beginning of year balance | 7,125,577. | 8,038,138. | 7,067,334. | 6,664 | | | 901, | |
| | Contributions | 232,071. | 7,430. | | · · · · · · | ,520. | | 144, | |
| | Net investment earnings, gains, and losses | 1,366,083. | -526,031. | 1,118,121. | | ,225. | | -35, | |
| | Grants or scholarships | | | | | , | | | |
| | Other expenditures for facilities | | | | | | | | |
| C | · | 591,153. | 384,706. | 306,156. | 100 | ,224. | | 337, | 737. |
| | and programs Administrative expenses | 9,442. | 9,254. | · · · · · · · · · · · · · · · · · · · | | ,092. | | | 295. |
| | | 8,123,136. | 7,125,577. | , | | | 6 | 664, | |
| 2 | Provide the estimated percentage of the curr | | | | ,, | , • | - , | , | |
| a | Board designated or quasi-endowment | 64.77 | % Column (a) | y ricid as. | | | | | |
| | Permanent endowment 29.32 | % | | | | | | | |
| | Term endowment 5.91 | | | | | | | | |
| · | The percentages on lines 2a, 2b, and 2c short | ,* - | | | | | | | |
| 32 | Are there endowment funds not in the posses | • | tion that are held ar | nd administered for th | ne organizatio | 'n | | | |
| Ja | by: | SSION OF THE Organiza | tion that are neid ar | id administered for ti | ie organizatio | ,,,, | ſ | Yes | No |
| | - | | | | | | 3a(i) | 163 | X |
| | | | | | | | 3a(ii) | | X |
| h | (ii) Related organizations | | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | SD | | |
| | t VI Land, Buildings, and Equipm | | willent lunus. | | | | | | |
| | Complete if the organization answered | | Part IV line 11a S | ee Form 990 Part X | line 10 | | | | |
| | Description of property | (a) Cost or o | | | Accumulated | | (d) Boo | k valu | |
| | Description of property | basis (investr | | 1 ' ' | preciation | | (u) D00 | n valu | C |
| 19 | Land | ` ` | -, 22010 | , , , , , , | | | | | |
| b | | | | | | | | | |
| | Buildings Leasehold improvements | | | | | | | | |
| | | | | | | | | | |
| d | Equipment | | | | | | | | |
| | Other Add lines 1a through 1e (Column (d) must o | | V salumn (D) line 1 | | | \vdash | | | 0. |

| Schedule D (Form 990) 2019 CORNERSTONES OF | CARE FOUNDATION | 43 | -1623792 | Page |
|--|-------------------------------|--|----------------|---------|
| Part VII Investments - Other Securities. | | | | - r ago |
| Complete if the organization answered "Yes | s" on Form 990, Part IV, line | e 11b. See Form 990, Part X, line 12. | | |
| (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) | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | • | | | |
| Part VIII Investments - Program Related. | | | | |
| Complete if the organization answered "Yes | s" on Form 990, Part IV, line | e 11c. 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) | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | • | | | |
| Part IX Other Assets. | | | | |
| Complete if the organization answered "Yes | s" on Form 990, Part IV, line | e 11d. See Form 990, Part X, line 15. | | |
| (8 | a) Description | | (b) Book v | √alue |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Column (b) must equal Form 990. Part X. col. (B) lii | ne 15.) | > | | |
| Part X Other Liabilities. | • | | | |
| Complete if the organization answered "Yes | s" on Form 990, Part IV, line | e 11e or 11f. See Form 990, Part X, line 25. | | |
| 1. (a) Description of liability | | | (b) Book v | value |
| (1) Federal income taxes | | | | |
| (2) DUE TO RELATED ORGANIZATIONS | <u> </u> | | | 5(|
| (3) | | | | |

(4) (5) (6) (7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

50.

| Pai | t XI Reconciliation of Revenue per Audited Financial Sta | itements With Revenue per Ro | eturn. |
|--|--|---|-----------------------------|
| | Complete if the organization answered "Yes" on Form 990, Part IV, li | ne 12a. | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 |
| 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 | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| 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 |
| _5_ | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 | _) | 5 |
| Pa | rt XII Reconciliation of Expenses per Audited Financial St | atements With Expenses per | Return. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, li | ne 12a. | |
| 1 | Total expenses and losses per audited financial statements | | 1 |
| 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 | | _ |
| С | Other losses | 2c | _ |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | - |
| b | Other (Describe in Part XIII.) | | |
| С | Add lines 4a and 4b | | 4c |
| | - · · | | _ |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 | (8.) | 5 |
| 5 Pa | rt XIII Supplemental Information. | | |
| 5 Pa Prov | rt XIII Supplemental Information. ide 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 | |
| 5 Pa Prov | rt XIII Supplemental Information. | 4; Part IV, lines 1b and 2b; Part V, line | |
| 5 Pa Prov | rt XIII Supplemental Information. ide 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 | |
| Provines | rt XIII Supplemental Information. ide 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 | |
| Provines | rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a | 4; Part IV, lines 1b and 2b; Part V, line | |
| Prov lines | rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a | 4; Part IV, lines 1b and 2b; Part V, line any additional information. | |
| Prov lines PART | rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a T. V., LINE 4: OWMENT FUNDS ARE RESTRICTED FOR VARIOUS PURPOSES INCLUDING | 4; Part IV, lines 1b and 2b; Part V, line any additional information. | |
| Prov lines PART | rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a T. V., LINE 4: OWMENT FUNDS ARE RESTRICTED FOR VARIOUS PURPOSES INCLUDING | 4; Part IV, lines 1b and 2b; Part V, line any additional information. | |
| Prov lines PART | rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a T. V., LINE 4: | 4; Part IV, lines 1b and 2b; Part V, line any additional information. | |
| Provinces PART | rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a T. V., LINE 4: OWMENT FUNDS ARE RESTRICTED FOR VARIOUS PURPOSES INCLUDING | 4; Part IV, lines 1b and 2b; Part V, line any additional information. | |
| Provinces PART | rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a P. V, LINE 4: OWMENT FUNDS ARE RESTRICTED FOR VARIOUS PURPOSES INCLUDING SRAM, CREATIVE ARTS, SPIRITUAL LIFE, SCHOLARSHIPS, HORTICE | 4; Part IV, lines 1b and 2b; Part V, line any additional information. | |
| Provinces PART | rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a P. V, LINE 4: OWMENT FUNDS ARE RESTRICTED FOR VARIOUS PURPOSES INCLUDING SRAM, CREATIVE ARTS, SPIRITUAL LIFE, SCHOLARSHIPS, HORTICE | 4; Part IV, lines 1b and 2b; Part V, line any additional information. | |
| PARTIENDO | rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a P. V., LINE 4: DWMENT FUNDS ARE RESTRICTED FOR VARIOUS PURPOSES INCLUDING GRAM, CREATIVE ARTS, SPIRITUAL LIFE, SCHOLARSHIPS, HORTICE REATION. | 4; Part IV, lines 1b and 2b; Part V, line any additional information. | |
| PARTIENDO | rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a P. V, LINE 4: OWMENT FUNDS ARE RESTRICTED FOR VARIOUS PURPOSES INCLUDING SRAM, CREATIVE ARTS, SPIRITUAL LIFE, SCHOLARSHIPS, HORTICE | 4; Part IV, lines 1b and 2b; Part V, line any additional information. | |
| PART ENDO PROCE PART | rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a P. V., LINE 4: DWMENT FUNDS ARE RESTRICTED FOR VARIOUS PURPOSES INCLUDING GRAM, CREATIVE ARTS, SPIRITUAL LIFE, SCHOLARSHIPS, HORTICE REATION. | 4; Part IV, lines 1b and 2b; Part V, line any additional information. G A WORK ULTURE AND | 4; Part X, line 2; Part XI, |
| PART ENDO PROCE PART | rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a P. V., LINE 4: DWMENT FUNDS ARE RESTRICTED FOR VARIOUS PURPOSES INCLUDING GRAM, CREATIVE ARTS, SPIRITUAL LIFE, SCHOLARSHIPS, HORTICE REATION. | 4; Part IV, lines 1b and 2b; Part V, line any additional information. G A WORK ULTURE AND | 4; Part X, line 2; Part XI, |
| PART ENDO PROCE PART THE | rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a P. V., LINE 4: DOWNENT FUNDS ARE RESTRICTED FOR VARIOUS PURPOSES INCLUDING GRAM, CREATIVE ARTS, SPIRITUAL LIFE, SCHOLARSHIPS, HORTICE REATION. P. X., LINE 2: ORGANIZATION HAS ADOPTED THE PROVISIONS OF ASC TOPIC 740- | 4; Part IV, lines 1b and 2b; Part V, line any additional information. G A WORK ULTURE AND | 4; Part X, line 2; Part XI, |
| PART ENDO PROCE PART THE | rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a P. V., LINE 4: DWMENT FUNDS ARE RESTRICTED FOR VARIOUS PURPOSES INCLUDING GRAM, CREATIVE ARTS, SPIRITUAL LIFE, SCHOLARSHIPS, HORTICE REATION. | 4; Part IV, lines 1b and 2b; Part V, line any additional information. G A WORK ULTURE AND | 4; Part X, line 2; Part XI, |
| PART ENDO PROCE PART THE ACCO | rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part III, lines 1a and 2d and 4b; and 9; Part III, lines 1a and 2d and 4b; and 9; Part III, lines 1a and 2d and 4b; and 9; Part III, lines 1a and 2d and 4b; and 9; Part III, lines 1a and 2d and 4b. Also complete this part III, lines 1a and 2d and 4b; and 9; Part III, lines 1a and 2d and 4b; and 9; Part III, lines 1a and 2d and 4b; and 9; Part III, lines 1a and 2d and 4b; and 9; Part III, lines 1a and 2d and 4b; and 9; Part III, lines 1a and 9; Part III | 4; Part IV, lines 1b and 2b; Part V, line any additional information. G A WORK ULTURE AND -10, IONS, IF ANY, | 4; Part X, line 2; Part XI, |
| PART ENDO PROCE PART THE ACCO | rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a P. V., LINE 4: DOWNENT FUNDS ARE RESTRICTED FOR VARIOUS PURPOSES INCLUDING GRAM, CREATIVE ARTS, SPIRITUAL LIFE, SCHOLARSHIPS, HORTICE REATION. P. X., LINE 2: ORGANIZATION HAS ADOPTED THE PROVISIONS OF ASC TOPIC 740- | 4; Part IV, lines 1b and 2b; Part V, line any additional information. G A WORK ULTURE AND -10, IONS, IF ANY, | 4; Part X, line 2; Part XI, |
| PART ENDO PROCE PART THE ACCCC | rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part III, lines 1a and 2d and 4b; and 9; Part III, lines 1a and 2d and 4b; and 9; Part III, lines 1a and 2d and 4b; and 9; Part III, lines 1a and 2d and 4b; and 9; Part III, lines 1a and 2d and 4b. Also complete this part III, lines 1a and 2d and 4b; and 9; Part III, lines 1a and 2d and 4b; and 9; Part III, lines 1a and 2d and 4b; and 9; Part III, lines 1a and 2d and 4b; and 9; Part III, lines 1a and 2d and 4b; and 9; Part III, lines 1a and 9; Part III | 4; Part IV, lines 1b and 2b; Part V, line any additional information. G A WORK ULTURE AND -10, IONS, IF ANY, | 4; Part X, line 2; Part XI, |
| PART ENDO PROCE PART THE ACCCC | Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a E. V., LINE 4: DOWNENT FUNDS ARE RESTRICTED FOR VARIOUS PURPOSES INCLUDING GRAM, CREATIVE ARTS, SPIRITUAL LIFE, SCHOLARSHIPS, HORTICAL REATION. E. X., LINE 2: ORGANIZATION HAS ADOPTED THE PROVISIONS OF ASC TOPIC 740-DUNTING FOR UNCERTAIN TAX POSITIONS. UNCERTAIN TAX POSITIONS RECORDED AS A LIABILITY IF A TAX POSITION TAKEN DOES NOT | 4; Part IV, lines 1b and 2b; Part V, line any additional information. G A WORK ULTURE AND -10, IONS, IF ANY, | 4; Part X, line 2; Part XI, |
| PART ENDO PROC RECF PART THE ACCC ARE | Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a E. V., LINE 4: DOWNENT FUNDS ARE RESTRICTED FOR VARIOUS PURPOSES INCLUDING GRAM, CREATIVE ARTS, SPIRITUAL LIFE, SCHOLARSHIPS, HORTICAL REATION. E. X., LINE 2: ORGANIZATION HAS ADOPTED THE PROVISIONS OF ASC TOPIC 740-DUNTING FOR UNCERTAIN TAX POSITIONS. UNCERTAIN TAX POSITIONS RECORDED AS A LIABILITY IF A TAX POSITION TAKEN DOES NOT | 4; Part IV, lines 1b and 2b; Part V, line my additional information. G A WORK ULTURE AND -10, IONS, IF ANY, MEET THE AINED UPON | 4; Part X, line 2; Part XI, |
| PART ENDO PROC RECF PART THE ACCC ARE | Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a 2d and 4b; and Part XIII, lines 1a and 2d and 4b; and Part XIII, lines 1a and 2d and 4b; and Part XIII, lines 1a and 2d and 4b; and Part XIII, lines 1a and 2d and 4b; and Part XIII, lines 1a and 2d and 4b. Also complete this part to provide a 2d and 4b; | 4; Part IV, lines 1b and 2b; Part V, line my additional information. G A WORK ULTURE AND -10, IONS, IF ANY, MEET THE AINED UPON | 4; Part X, line 2; Part XI, |

| Schedule D (Form 990) 2019 | CORNERSTONES OF CARE FOUNDATION | 43-1623792 | Page 5 |
|---|---------------------------------|------------|---------------|
| Schedule D (Form 990) 2019 Part XIII Supplemental Infor | mation _(continued) | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | _ | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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.

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) (2019)

| Part I General Information on Grants and Assistance 1 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 | | | | | | | Employer identification nun | nber |
|---|---|----------------------------------|---------------------|----------|----------------------------------|-----------------------|-----------------------------|------|
| 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? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. | | FOUNDATION | | | | | 43-1623792 | |
| criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. | Part I General Information on Grants and Assista | nce | | | | | | |
| 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. | | | | | | | | _ |
| 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. | criteria used to award the grants or assistance? | | | | | | Yes | No |
| Part II Cranto and Other Assistance to Demostic Organizations and Demostic Covernments. Complete if the organization enguered "Voc" on Form 000. Bort IV, line 21, for any | 2 Describe in Part IV the organization's procedures for | or monitoring the use of grant f | funds in the United | States. | | | | |
| diameter and the residence to be in both and be in | Grants and Care Acceptance to Bennesday | = | | | anization answered "Y | es" 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) Mothod of | T | 1 | |
| 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (h) Purpose of grant or assistance | ` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | | | non-cash | valuation (book, FMV, appraisal, | | | |
| CORNERSTONES OF CARE 300 EAST 36TH STREET SUPPORT CORNERSTONES O | | | | | | | SUPPORT CORNERSTONES | OF |
| KANSAS CITY, MO 64145 43-1689138 501C3 554,563. 0. CARE | NSAS CITY, MO 64145 43-16 | 89138 501C3 | 554,563. | 0. | | | CARE | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | 1. |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table | | | e line 1 table | | | | <u> </u> | |

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

| Schedule I (Form 990) (2019) CORNERSTONES OF CARE | FOUNDATION | | | | 43-1623792 | Page 2 |
|---|--------------------------|--------------------------|---------------------------------------|---|----------------------------|--------------|
| Part III Grants and Other Assistance to Domestic Individua Part III can be duplicated if additional space is needed | ls. Complete if the | e organization answe | ered "Yes" on Form 9 | 990, Part IV, line 22. | | |
| (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 noncast | h assistance |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Part IV Supplemental Information. Provide the information re | equired in Part I, lir | ne 2; Part III, column | (b); and any other ac | I Iditional information. | | |
| PART I, LINE 2: | , | | | | | |
| BASED ON THE GOVERNING DOCUMENTS, CORNERSTONES OF | CARE FOUNDATE | ION IS | | | | |
| STRUCTURED TO SUPPORT THE ACTIVITIES OF CORNERSTO | NES OF CARE AN | ND THEREFORE | | | | |
| EXCLUSIVELY SUPPORTS THAT ORGANIZATION. | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

► Attach to Form 990.

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

2019

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

CORNERSTONES OF CARE FOUNDATION

Employer identification number 43-1623792

| | | | Yes | No |
|------------|--|----|-----|----|
| 1 a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | |
| | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| | | | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | Compensation committee Written employment contract | | | |
| | Independent compensation consultant Compensation survey or study | | | |
| | Form 990 of other organizations Approval by the board or compensation committee | | | |
| | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | Х |
| | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | Х |
| | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | Х |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | | | |
| а | The organization? | 5a | | Х |
| | Any related organization? | 5b | | Х |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of: | | | |
| а | The organization? | 6a | | Х |
| | Any related organization? | 6b | | Х |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | |
| | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | Х |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | х |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53 4958.6(c)2 | a | | |

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

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| | | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns | (F) Compensation in column (B) |
|--------------------|------|--------------------------|-------------------------------------|---|-----------------------------------|-------------------------|----------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | Deneiits | (B)(i)-(D) | reported as deferred on prior Form 990 |
| (1) DENISE CROSS | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| PRESIDENT/CEO | (ii) | 180,361. | 0. | 6,949. | 2,838. | 10,185. | 200,333. | 0. |
| (2) RYAN DOWIS | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| SECRETARY/COO | (ii) | 159,201. | 0. | 3,600. | 2,458. | 370. | 165,629. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | <u> </u> | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

| Part III Supplemental Information |
|--|
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |
| PART I, LINE 3 |
| THE RELATED ORGANIZATION, CORNERSTONES OF CARE, USES INDEPENDENT |
| COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY AND APPROVAL BY |
| THE BOARD OF COMPENSATION COMMITTEE TO ESTABLISH THE COMPENSATION OF |
| CORNERSTONES OF CARE'S CEO. |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Name of the organization

CORNERSTONES OF CARE FOUNDATION

Inspection Employer identification number

| CORNERSTONES OF CARE FOUNDATION | 43-1023/92 |
|---|------------|
| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: | |
| CORNERSTONES OF CARE. | |
| | |
| FORM 990, PART VI, SECTION A, LINE 6: | |
| CORNERSTONES OF CARE IS THE SOLE MEMBER OF CORNERSTONES OF CARE FOUNDATION. | |
| THE BOARD OF DIRECTORS IS APPROVED BY CORNERSTONES OF CARE, WHICH ALSO | |
| PROVIDES MANAGEMENT OVERSIGHT. | |
| | |
| FORM 990, PART VI, SECTION A, LINE 7A: | |
| THE BOARD OF DIRECTORS IS APPROVED BY CORNERSTONES OF CARE. | |
| FORM 990, PART VI, SECTION A, LINE 7B: | |
| CORNERSTONES OF CARE MAY APPROVE THE DECISIONS OF THE BOARD OF DIRECTORS. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 11B: | |
| THE BOARD OF DIRECTORS OF THE AGENCY RETAINS FINAL RESPONSIBILITY FOR THE | |
| PREPARATION AND REVIEW OF THE AGENCY'S ANNUAL INFORMATION RETURN (FORM 990) | |
| FILED WITH THE INTERNAL REVENUE SERVICE. | |
| | |
| THE BOARD DELEGATES THE RESPONSIBILITY FOR THE PREPARATION OF THE FORM TO | |
| ITS ACCOUNTING FIRM AND THE BOARD, ALONG WITH APPROPRIATE FINANCIAL | |
| MANAGEMENT, REVIEW THE DRAFT OF THE FORM 990 PRIOR TO FILING. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 12C: | |
| AT THE TIME OF HIRE, THE CEO OR HIS/HER DESIGNEE SHALL PROVIDE TO EMPLOYEES | |
| A CODY OF THE CONFITCT OF INTERPRET DOLLCY. IN ADDITION ON AN ANNUAL | |

| Name of the organization CORNERSTONES OF CARE FOUNDATION | Employer identification number 43-1623792 |
|---|---|
| RECURRING BASIS, THE CEO OR HIS/HER DESIGNEE SHALL PROVIDE TO THE CORPORATE | |
| DIRECTORS AND ALL KEY EMPLOYEES (AS IDENTIFIED ON THE IRS FORM 990) | |
| APPLICABLE CONFLICT OF INTEREST DISCLOSURE FORMS AND QUESTIONNAIRES AND | |
| RELATED POLICY ACKNOWLEDGEMENTS, WHICH SHALL BE COMPLETED TO IDENTIFY ANY | |
| RELATIONSHIPS, POSITIONS, OR CIRCUMSTANCES RELATED TO ANY POTENTIAL | |
| CONFICTS OF INTEREST. THE CEO WILL COLLECT THE COMPLETED FORMS AND REVIEW | |
| WITH THE BOARD CHAIR AND CHIEF FINANCIAL OFFICER ANY RELATED PARTY | |
| TRANSACTIONS THAT WERE DISCLOSED, TO ASSESS FOR PRESENCE OF CONFLICT OF | |
| INTERESTS AND, IF SO, APPROPRIATE STEPS TO MITIGATE. | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND | |
| FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST DURING THE | |
| SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D). | |
| | |
| FORM 990, PART XII, LINE 2C | |
| CORNERSTONES OF CARE AUDIT COUNCIL ASSUMES RESPONSIBILITY FOR OVERSIGHT | |
| OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS AND THE SELECTION | |
| OF AN INDEPENDENT ACCOUNTANT. THE AUDIT COUNCIL REVIEWS THE PERFORMANCE | |
| OF THE AUDIT FIRM EVERY THREE TO FIVE YEARS. | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

CORNERSTONES OF CARE FOUNDATION

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

43-1623792

| (a) | (b) | (c) | (d) | (e) | | | (f) | |
|---|---|---|-------------------------------|---------------------------------------|---------|---------------------------------|------|--|
| Name, address, and EIN (if applicable) of disregarded entity | Primary activity | Legal domicile (state of foreign country) | | l l | | | | g |
| | | | | | | | | |
| | | | | | | | | |
| | | N | | | | | | |
| | | 2 | | | | | | |
| Part II Identification of Related Tax-Exempt Organ organizations during the tax year. | nizations. Complete if the organization a | answered "Yes" on Form 990 | 0, Part IV, line 34, t | pecause it had one | or more | related tax-exer | mpt | |
| (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) et controlling entity | cont | g) 512(b)(13) rolled tity? |
| | | | | 501(c)(3)) | 1 | | Yes | No |
| CORNERSTONES OF CARE - 43-1689138 300 EAST 36TH STREET | | | | | | | | |
| KANSAS CITY, MO 64111 | SOCIAL SERVICES | MISSOURI | 501(C)(3) | LINE 7 | N/A | | | Х |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | · | | |

Page 2

| | 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | "'' " " " 000 | D 1 11 / 11 O 1 1 | |
|---|---|--------------------|---------------------|------------------------------------|
| Identification of Related Organizations Taxable as a Partnership. | Complete if the organization answered | "Yes" on Form 990. | Part IV. line 34. I | because it had one or more related |
| | o o mproto mano organization ano more | | | |
| organizations treated as a partnership during the tax year. | | | | |
| organizations trouted do a partitioner in practing that take your | | | | |

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile | (d) Direct controlling | (e) Predominant income | (f) Share of total | (g) Share of | | h) ortionate | (i) Code V-UBI | (j) General d | (k) Percentage |
|--|----------------------|--------------------------|------------------------|--|------------------------------|-----------------------|-----|------------------------|---|----------------------|-------------------------|
| of related organization | | (state or foreign | entity | Predominant income (related, unrelated, excluded from tax under sections 512-514) | income | end-of-year assets | | tions? | Code V-UBI amount in box 20 of Schedule | managing partner? | Percentage ownership |
| | | country) | | sections 512-514) | | | Yes | No | K-1 (Form 1065) | Yes No | <u> </u> |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | 1 | | | | | | | | | | |
| | 1 | | | | | | | | | | |
| | | | | | | | | | | | |
| | 1 | | | | | | | | | | |
| | 1 | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | 1 | | | | | | | | | | |
| | 1 | | | | | | | | | | |
| | 1 | | | | | | | | | | |

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) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i | i) | |
|--|------------------|--|---------------------------|---|-----------------------|-----------------------------------|-------------------------|-----|-----------------------------------|--|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Type of entity (C corp, S corp, or trust) | Share of total income | Share of end-of-year assets | Percentage ownership | | tion b)(13) rolled tity? | |
| | | country) | | , | | | | Yes | No | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| |] | | | | | | | | | |
| | | | | | | | | | | |
| | 1 | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| |] | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | 1 | | | | | | | | | |
| | | | l . | ı. | | | | | | |

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

Yes No

| Part V T | Transactions With Related Organizations. | Complete if the or | rganization answered "` | Yes" on F | 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? | | | | | | | | |
|--|--|--|-----------------|-----------------------------------|-----------------|-------|------|--|--|
| | | eceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | | | | | |
| | ift, grant, or capital contribution to related organization(s) | | | | | | | | |
| С | Gift, grant, or capital contribution from related organization(s) | | | | | | | | |
| d | Loans or loan guarantees to or for related organization(s) | | | | | | | | |
| | Loans or loan guarantees by related organization(s) | | | | | | | | |
| - | | | | | 1e | | | | |
| f Dividends from related organization(s) | | | | | | | | | |
| | g Sale of assets to related organization(s) | | | | | | | | |
| | Purchase of assets from related organization(s) | | | | 1g 1h | | Х | | |
| i | Exchange of assets with related organization(s) | | | | 1i | | х | | |
| | Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j | | х | | |
| • | | | | | | | | | |
| k | C Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | | х | | |
| ī | Performance of services or membership or fundraising solicitations for related organization(s) | | | | 11 | | Х | | |
| m | n Performance of services or membership or fundraising solicitations by related organization(s) | | | | 1m | Х | | | |
| | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | 1n | Х | | | |
| | Sharing of paid employees with related organization(s) | | | | | Х | | | |
| | | | | | | | | | |
| р | p Reimbursement paid to related organization(s) for expenses | | | | | | х | | |
| a | Reimbursement paid by related organization(s) for expenses | | | | <u>1p</u> 1q | | Х | | |
| ٦ | , and a significant of the signi | | | | | | | | |
| r | Other transfer of cash or property to related organization(s) | | | | 1r | | х | | |
| | Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) | | | | | | | | |
| | | | | | 1s_ | | | | |
| | (a) (b) | | (c) | (d) | | | | | |
| | Name of related organization Transactio | on | Amount involved | Method of determining amount invo | lved | | | | |
| | type (a-s | s) | | | | | | | |
| | | | | | | | | | |
| 1) | | | | | | | | | |
| | | | | | | | | | |
| 2) | | | | | | | | | |
| | | | | | | | | | |
| 3) | | | | | | | | | |
| | | | | | | | | | |
| 4) | | | | | | | | | |
| | | | | | | | | | |
| 5) | | | | | | | | | |
| | | | | | | | | | |
| 6) | | | | | | | | | |
| 3216 | 63 09-10-19 | | | Schedule B | (Forr | n 990 | 2019 | | |

Schedule R (Form 990) 2019 CORNERSTONES OF CARE FOUNDATION 43-1623792 Page 4

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) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | | (i) | (| j) | (k) |
|----------------------------------|------------------|---|-------------------|---|----------|-----------------------------------|--------------------------------|-----------------|--|----------------------|--------------------------|-------------------------|
| Name, address, and EIN of entity | Primary activity | Legal domicile (state or foreign country) | | (e) Are all partners sec 501(c)(3) orgs.? | | Share of end-of-year assets | Disprop tional allocatio | or- e ns? | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene mana part | eral or aging ner? | Percentage ownership |
| | | Country) | Sections 512-514) | Yes No | lilicome | assets | Yes I | No | (Form 1065) | Yes | No | |
| | - | | | | | | | | | | | |
| | - | | | | | | | | | | | |
| | - | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | \sqcup | | | _ | | |
| | - | | | | | | | | | | | |
| | - | | | | | | | | | | | |
| | - | | \ | | | | | | | | | |
| | | | | | | | ++ | | | \vdash | \vdash | |
| | - | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | - | | | | | | | | | | | |
| | | | | | | | ++ | _ | | - | | |
| | - | | | | | | | | | | | |
| | - | | | | | | | | | | | |
| | - | | | | | | | | | | | |
| | | | | | | | T | | | t | Н | |
| | 1 | | | | | | | | | | | |
| |] | | | | | | | | | | | |
| | | | | | | | $\perp \perp$ | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | - | | | | | | | | | | | |
| | | | | | | | | | | | | |

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

| All corpor | rations required to file an income tax return other than | Form 990-T | (including 1120-C filers), part | tnerships, | REMICS | s, and trusts | | |
|---|--|-----------------|---------------------------------|----------------------|-----------|---------------|------------------|--|
| must use | Form 7004 to request an extension of time to file inco | ome tax retur | ns. | | | | | |
| Type or | e or Name of exempt organization or other filer, see instructions. | | | | | | n number (TIN) | |
| print | CORNERSTONES OF CARE FOUNDATION | | | | | | | |
| File by Abe | | | | | | | 3792 | |
| File by the due date for filing your return. See | Number, street, and room or suite no. If a P.O. box 300 EAST 36TH STREET | k, see instruct | tions. | | | | | |
| instructions. | City, town or post office, state, and ZIP code. For a KANSAS CITY, MO 64111 | a foreign add | ress, see instructions. | | | | | |
| Enter the | Return Code for the return that this application is for | (file a separa | te application for each return | 1) | | | 0 1 | |
| Applicati | on | Return | Application | | | | Return | |
| ls For | | Code | Is For | | | | Code | |
| Form 990 | or Form 990-EZ | 01 | Form 990-T (corporation) | | | | 07 | |
| Form 990 | -BL | 02 | Form 1041-A | | | | 08 | |
| Form 472 | 0 (individual) | 03 | Form 4720 (other than indi | her than individual) | | | | |
| Form 990 | -PF | 04 | Form 5227 | | | | 10 | |
| Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 | | | | | | | 11 | |
| Form 990-T (trust other than above) 06 Form 8870 | | | | | | 12 | | |
| | CHELSEY RYERSON | | | | | | | |
| | ooks are in the care of 300 E 36TH STREET - | KANSAS CI | TY, MO 64111 | | | | | |
| Teleph | none No. > 816-508-1713 | | Fax No. | | | | | |
| If the c | organization does not have an office or place of busine | ess in the Un | ited States, check this box | | | | ▶ □ | |
| If this i | s for a Group Return, enter the organization's four dig | git Group Exe | mption Number (GEN) | If ti | nis is fo | r the whole g | roup, check this | |
| box 🕨 [| . If it is for part of the group, check this box | and atta | ch a list with the names and | TINs of all | membe | ers the exten | sion is for. | |
| the | quest an automatic 6-month extension of time until organization named above. The extension is for the organization $\frac{X}{2019}$ or | | | , to file th | ne exem | npt organizat | ion return for | |
| | tax year beginning | , an | nd ending | | | _ · | | |
| 2 If th | ne tax year entered in line 1 is for less than 12 months Change in accounting period | s, check reaso | on: Initial return | Fir | al retur | n | | |
| 3a If th | nis application is for Forms 990-BL, 990-PF, 990-T, 472 | 20, or 6069, e | enter the tentative tax, less | | | | | |
| <u>any</u> | nonrefundable credits. See instructions. | | | | 3a | \$ | 0. | |
| b If th | nis application is for Forms 990-PF, 990-T, 4720, or 60 | 069, enter any | refundable credits and | | | | | |
| esti | mated tax payments made. Include any prior year over | erpayment all | owed as a credit. | | 3b | \$ | 0. | |
| c Bal | ance due. Subtract line 3b from line 3a. Include your | payment wit | h this form, if required, by | | | | | |
| usir | ng FFTPS (Flectronic Federal Tax Payment System), S | See instructio | ns. | | 3c | \$ | 0. | |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

instructions.

TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

FOR THE YEAR ENDING

December 31, 2019

Prepared For:

Chelsey Ryerson Cornerstones of Care Foundation 300 East 36th Street Kansas City, MO 64111

Prepared By:

RSM US LLP 4801 MAIN STREET, SUITE 400 KANSAS CITY, MO 64112

Amount of Tax:

Balance due of \$15

Make Check Payable To:

Illinois Charity Bureau Fund

Mail Tax Return To:

Office of the Attorney General Charitable Trust Bureau 100 West Randolph St., 11th Floor Chicago, IL 60601-3175

Return Must Be Mailed On Or Before:

Please mail as soon as possible.

Special Instructions:

The report should be signed and dated by an authorized individual(s).

| For Off | ice Use Only | ILLINOIS CHARITABLE ORGANIZATION ANNUAL | | Form AG990-II Revised 1/19 |
|-----------------|---|--|-------------------------|---------------------------------------|
| PMT | # | Attorney General KWAME RAOUL State of II | | |
| | | Charitable Trust Bureau, 100 West Rando 11th Floor, Chicago, Illinois 60601 | ibu CO | # 01-01056137 |
| | | , , | | Check all items attached: |
| AMT | | Report for the Fiscal Period: | X | Copy of IRS Return |
| | | Decimaling of the control | Make Checks | Audited Financial Statements |
| | | Beginning 01/01/2019 | Payable to the Illinois | Copy of Form IFC |
| INIT | | 9 Ending | Charity | \$15.00 Annual Report Filing Fee |
| | | & Ending 12/31/2019 | Bureau Fund | \$100.00 Late Report Filing Fee |
| | al ID# 43-1623792 | MO DAY YR | | MO DAY YR |
| Are co | ontributions to the organization t | ax deductible? X Yes No Date 0 | rganization was create | d: 01/01/1992 |
| | LEGAL | | Year-end | |
| | NAME CORNERSTONES OF | F CARE FOUNDATION | amounts | 10.000 |
| | MAIL | | A) ASSETS | A) \$ 12,070,889 |
| | DRESS 300 EAST 36TH | | B) LIABILITIES | B) \$ 50. |
| | ,STATE KANSAS CITY, M | 0 | C) NET ASSETS | C) \$ 12,070,839 |
| | P CODE 64111 | NEVENUE ITEMO BUDINO TUE VEAD | 252251174.05 | ***** |
| I. | | REVENUE ITEMS DURING THE YEAR: | PERCENTAGE | AMOUNT |
| | , | RIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.) | 12.381% | D) \$ 62,266. |
| | E) GOVERNMENT GRANTS & | MEMBERSHIP DUES | % | E) \$ |
| | F) OTHER REVENUES | | 87.619% | F) \$ 440,640. |
| | | | | |
| ١ | | E AND CONTRIBUTIONS RECEIVED (ADD D, E, & F) | 100 % | G) \$ 502,906. |
| II. | | EXPENDITURES DURING THE YEAR: | | |
| | H) OPERATING CHARITABLE | PROGRAM EXPENSE | % | H) \$ |
| | | | | |
| | I) EDUCATION PROGRAM S | ERVICE EXPENSE | % | I) \$ |
| | | | | |
| | J) TOTAL CHARITABLE PRO | GRAM SERVICE EXPENSE (ADD H & I) | % | J) \$ 0. |
| | | | | |
| | J1) JOINT COSTS ALLOCATED | TO PROGRAM SERVICES (INCLUDED IN J): | T | |
| | IO ODANTO TO OTHER OHAR | NITADI E ODGANIZATIONO | 04 001 0 | 10 Φ FF4 F62 |
| | K) GRANTS TO OTHER CHAR | TITABLE URGANIZATIONS | 94.991% | K) \$ 554,563 |
| | | | 94.991% | L) # EE4 E62 |
| | L) TOTAL CHARITABLE PRO | GRAM SERVICE EXPENDITURE (ADD J & K) | 94.991% | L) \$ 554,563. |
| | MAN MANNA OF MENT AND OF ME | DAL EVDENCE | 5.009% | M)\$ 29,240. |
| | M) MANAGEMENT AND GENE | HAL EXPENSE | 3.003% | M)\$ 29,240. |
| | NI) FUNDO MICINIO EVDENCE | | 0/ | NI\ & |
| | N) FUNDRAISING EXPENSE | | % | N) \$ |
| | 0) TOTAL EXPENDITURES TH | JIC DEDIOD (ADD I M & N) | 100 % | 0) \$ 583,803 |
| | , | | 100 /6 | σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ |
| III. | | AID FUNDRAISER AND CONSULTANT ACTIVITIES: | | |
| | , | t of Individual Fundraising Campaign- Form IFC. One for each PFR.) | | |
| | PROFESSIONAL FUNDRAISER P) TOTAL AMOUNT RAISED I | <u>3;</u> By Paid Professional fundraisers | 100 % | P) \$ 0. |
| | 1) TOTAL AWOUNT HAIGED | ST FAIR FROI EGGIONAL FUNDIANOLITO | 100 70 | Ι, , ψ |
| | Q) TOTAL FUNDRAISERS FEE | ES AND EXPENSES | % | Q) \$ |
| | a) TOTAL TONDITATOLITOTEL | TO AND EAL ENGLO | 70 | ω, ψ |
| | R) NET RECEIVED BY THE CH | HARITY (P MINUS O=R) | % | R) \$ |
| | , | , , , , , , , , , , , , , , , , , , , | 70 | |
| | PROFESSIONAL FUNDRAISING | <u>a Cunsultants;</u> Professional fundraising consultants | | S) \$ 0. |
| IV. | | THE (3) HIGHEST PAID PERSONS DURING THE YE | AR: | , , |
| | T) NAME, TITLE: | (-, | | T) \$ |
| | U) NAME, TITLE: | | | U) \$ |
| | V) NAME, TITLE: | | | V) \$ |
| \ <u>\</u> | | DAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDE | ED) | List on back side of instructions |
| V. | OHANHADLE PROGI | RAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDE CODE CATEGORIES | | CODE |
| -22-2 | W) DESCRIPTION: SUPPORT | S CORNERSTONES OF CARE, A 501(C)(3) ORG | | W)# 150 |
| 31 04 | X) DESCRIPTION: | , | | X) # |
| 998091 04-22-20 | Y) DESCRIPTION: | | | Y) # |
| | ., | | | 1 / |

| IF | THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION: | | YES | NO |
|-----|---|------|-----|----|
| 1. | WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? | 1. | | X |
| 2. | HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? | 2. | | Х |
| 3. | DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? | 3. | | х |
| 4. | HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? | 4. | | Х |
| 5. | IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? | 5. | | Х |
| 6. | DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) | 6. | | Х |
| 7a. | DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? | 7. | | Х |
| 7b. | IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ | | | |
| 8. | DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES? | . 8. | | Х |
| 9. | HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? | 9. | | Х |
| 10. | WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? | 10. | | Х |
| 11. | LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: | | | |
| | UMB, P.O. BOX 419226, KANSAS CITY, MO 64141 | | | |
| | | | | |
| 12. | NAME AND TELEPHONE NUMBER OF CONTACT PERSON: CHELSEY RYERSON - 816-508-1713 | | | |
| ALL | ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS | | | |

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

DENISE CROSS

| PRESIDENT or TRUSTEE (PRINT NAME) | SIGNATURE | DATE |
|-----------------------------------|-----------|------|
| CHELSEY RYERSON | | |
| TREASURER or TRUSTEE (PRINT NAME) | SIGNATURE | DATE |
| ED BARTAK | | |

998101 04-22-20