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DLN: 93493138022060

Form **990** 

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008

Open to Public Inspection

A Fo	r the	2008 ca	alendar yea	r, or tax year beginning 08	3-01-2008 and ending 07-31-20	009		D Franksian ida	
		pplicable	Please	C Name of organization CORNERSTONE SCHOOLS OF	WASHINGTON DC				entification number
_	dress ch	_	use IRS label or	Doing Business As				52-208404 E Telephone nu	
	me cha	_	print or type. See					(202) 575-	0027
	ial retu		Specific Instruc-	Number and street (or P O 419 RIDGE ROAD SE	box if mail is not delivered to street add	dress) R	oom/suite	G Gross receip	
	minatio		tions.						
	ended			City or town, state or countr WASHINGTON, DC 20019	y, and ZIP + 4				
<b>J</b> Ap <sub>l</sub>	olication	pending							
				ne and address of Principa . COOPER	al Officer	H(a		s a group return	
			419 RI	DGE ROAD SE			affilia	tes/	⊤Yes ▼ No
		nt status		[NGTON,DC 20019 )(3) ◀(Insert no)	7/-\/1\ -= <b>- - - - - - - - - -</b>	<b>—</b> н(і	b) Are al	l affiliates include	ed?
		npt status				_			See instructions )
J W	eb sit	e: 🕨 WW	/W CORNE	RSTONE-SCHOOLS ORG		H(	c) Grou	p Exemption Nu	mber <b>F</b>
<b>К</b> Тур	e of org	janization	Corporat	cion trust association c	other 🕨	L	Year of Fo	rmation 1997 <b>M</b>	State of legal domicile DC
Pa	rt I	Sum	mary						
	1			e organization's mission o	r most significant activities				
æ		PRIVA	TE ELEMEN	NTARY SCHOOL					
ĕ									
Governance	,	Chack	this hay F	if the organization discont	inued its operations or disposed	d of mo	ra than 3	E94 of its asset	•
<u> </u>			,		body (Part VI, line 1a)				6
			_		ne governing body (Part VI, line			_	6
<u>se</u>				nployees (Part V , line 2a)		10, .	• •		50
Activities &	6			olunteers (estimate if nece		_	100		
ä	7a	Total g	ross unrela	ted business revenue fron			7a _	0	
	ь	Net unr	elated busi	ness taxable income from	Form 990-T, line 34			7b	0
						Pric	or Year	Current Year	
а.	8	Contri	butions and	d grants (Part VIII, line 1	h)			871,930	822,744
anue	9	,		revenue (Part VIII, line 2	_		356,086	468,363	
Reveni	10			me (Part VIII, column (A)	•		15	9	
	11		•		s 5, 6d, 8c, 9c, 10c, and 11e) st equal Part VIII, column (A), l	line –		39,390	102,952
	12	12)	revenue a	da iiiles o tiiioagii 11 (iiia	st equal rait vill, column (A), i			1,267,421	1,394,068
	13	Grants	and simila	ar amounts paid (Part IX, o	column (A), lines 1–3)				0
	14			or for members (Part IX, co					0
88	15	Saları 10)	es, other co	ompensation, employee be	nefits (Part IX, column (A), line	s 5-		898,755	928,144
Expenses	16a	•	sional fund	raising fees (Part IX, colu	mn (A), line 11e)				0
<u>ਵੇਂ</u>	ь	(Total f	undraising ex	penses, Part IX, column (D), line	e 25 66,324				
ш	17			(Part IX, column (A), lines	·			436,078	314,756
	18	Total	expenses—	-add lines 13–17 (must ed	qual Part IX, line 25, column (A)	)		1,334,833	1,242,900
	19	Reven	ue less exp	penses Subtract line 18 fr	om line 12			-67,412	151,168
90 Q							Beginni	ng of Year	End of Year
see!	20	Total	assets (Par	rt X, line 16)				217,733	383,330
Net Assets or Fund Balances	21	Totall	liabilities (F	Part X, line 26)				22,918	35,962
	22			d balances Subtract line	21 from line 20			194,815	347,368
Pai	rt II		ature Blo						
					mined this return, including accompany on of preparer (other than officer) is ba				
Please Sign Here		****			-02-03				
		Sign	ature of office	er		Date			
1161	<b>-</b>		RA COOPER P						
		<b>F</b> Type	e or print nam	ie and tide				T <sub>-</sub>	
		Preparer signature		S UBELHART	Date	Check self-		Preparer's PTIN	(See Gen Inst )
Paid	_ ul _		· •			empol	yed 🕨 🦵		
Use (	arer's Only	ıf self-er	ame (or yours nployed),	s SWART LALANDE & ASSOC	IATES PC			EIN Þ	
J36 (	Jilly	address,	and ZIP + 4	11166 FAIRFAX BOULEVAR	D SUITE 300			Phono no 🕨 🗁	(02) E01 7000
		<u> </u>		FAIRFAX, VA 220305017				Phone no 🕨 (7	
May	the IR	S discus	s this retu	rn with the preparer showr	n above? (See instructions)				▼ Yes

## Part III Statement of Program Service Accomplishments (See the instructions.)

services?  If "Yes," describe these changes on Schedule 0  Describe the exempt purpose achievements for each of the organization's three largest program Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amounthers, the total expenses, and revenue, if any, for each program service reported  (Code ) (Expenses \$ 926,921 including grants of \$ THE SCHOOL PROVIDES AN OPPORTUNITY FOR CHRISTIAN EDUCATION FOR LOW-INCOME CHILDREN DURING THE STUDENTS FROM THE METRO AREA  (Code ) (Expenses \$ including grants of \$ )  (Code ) (Expenses \$ including grants of \$ )	t listed on	
Did the organization cease conducting or make significant changes in how it conducts any prog- services?	, ,	
Describe the exempt purpose achievements for each of the organization's three largest prograt Section 501 (c)(3) and (4) organizations and 4947 (a)(1) trusts are required to report the amount of the total expenses, and revenue, if any, for each program service reported  4a (Code ) (Expenses \$ 926,921 including grants of \$ THE SCHOOL PROVIDES AN OPPORTUNITY FOR CHRISTIAN EDUCATION FOR LOW-INCOME CHILDREN DURING THE METRO AREA  4b (Code ) (Expenses \$ including grants of \$ including	gram <b>┌ Yes ┌ No</b>	
Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount others, the total expenses, and revenue, if any, for each program service reported  4a (Code ) (Expenses \$ 926,921 including grants of \$ THE SCHOOL PROVIDES AN OPPORTUNITY FOR CHRISTIAN EDUCATION FOR LOW-INCOME CHILDREN DURING THE STUDENTS FROM THE METRO AREA  4b (Code ) (Expenses \$ including grants of \$ )  4c (Code ) (Expenses \$ including grants of \$ )		
THE SCHOOL PROVIDES AN OPPORTUNITY FOR CHRISTIAN EDUCATION FOR LOW-INCOME CHILDREN DURING THE STUDENTS FROM THE METRO AREA  4b (Code ) (Expenses \$ including grants of \$ )  4c (Code ) (Expenses \$ including grants of \$ )		
4c (Code ) (Expenses \$ including grants of \$	) (Revenue \$ ) HE CURRENT YEAR, THE SCHOOL HAD 166	
	) (Revenue \$ )	
4d Other program services (Describe in Schedule O.)	) (Revenue \$	
4d Other program services (Describe in Schedule O.)		
(Expenses \$ including grants of \$ ) (Revenue  4e Total program service expenses \$ 926,921 Must equal Part IX, Line 25, column		

art IV	Chec	klist of	Required	Schedules
		KIISL OI	NC quii cu	Schodules

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		_
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		N o
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D. Part V	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

### Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	30		
		28a		Νo
Ь	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νο
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νo
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	e			
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal				
	of U.S. Information Returns. Enter -0- if not applicable				
		<b>1a</b> 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<b>1b</b> 0			
c	Did the organization comply with backup withholding rules for reportable payments to	vendors and reportable			
	gaming (gambling) winnings to prize winners?		<b>1</b> c	Yes	
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	<b>2a</b> 50			
b	If at least one is reported in 2a, did the organization file all required federal employm  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this		2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during				
	return?		3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sche		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signover, a financial account in a foreign country (such as a bank account, securities account)?		4a		No
b	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Rep Financial Accounts.	port of Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	g the tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited t	ax shelter transaction?	5b		No
_	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt</i>	Entity Regarding Prohibited			
•	Tax Shelter Transaction?	· · · ·	5с		
6a	Did the organization solicit any contributions that were not tax deductible?		6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	at such contributions or gifts	6b	Yes	
7	Organizations that may receive deductible contributions under section $170(c)$ .				
а	Did the organization provide goods or services in exchange for any quid pro quo cont more?	ribution of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services pro	ovided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal propert	ty for which it was required to			
	file Form 8282?	1	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay	premiums on a personal	7-		N.a.
	benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a perso		7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8		7g		No
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization fill required?	e a Form 1098-C as	7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds ar	nd section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a species business holdings at any time during the	ponsoring organization, have	8		No
	year?				
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		Νο
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	·	9b		Νο
10	Section 501(c)(7) organizations. Enter				
а		10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
	·	1		l	i e

10

11

Yes

Νo

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . . . . . . Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . . .

Se	ction A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
a	Enter the number of voting members of the governing body 1a 6			
b	Enter the number of voting members that are independent 1b 6			
!	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
1	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	. 3		No
•1	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
;	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
,	Does the organization have members or stockholders?	6		Νo
a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
}	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b		Νo
а	Does the organization have local chapters, branches, or affiliates?	9a		Νο
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14		Νo
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		Νo
b	Other officers or key employees of the organization?	15b		Νo
	Describe the process in Schedule O			
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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed DC
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available.

own website another's website upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

CANDICE SANTOMAURO 419 RIDGE ROAD SE WASHINGTON, DC 20019 (202) 585-0027

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- \* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any officer, director, trustee or key employee										
		(C) Position (check all that apply)								(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
JIM VANDEHEI , DIRECTOR	3 00	Х						0	0	0
GEOF GRADLER , DIRECTOR	3 00	Х						0	0	0
ERIN HOEKSTRA, DIRECTOR	3 00	Х						0	0	0
BRANDI LAPERRIERE , VICE PRESIDENT	3 00			Х				0	0	0
LAURA COOPER, SECRETARY	5 00			Х				0	0	0
DERRICK MAX , PRESIDENT	5 00			Х				0	0	0

### Part VII Continued

<b>(A)</b> Name and Title	(B) Average hours per week		on the Institutional Trustee	apply	y)	Highes employ	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			"			ڪ				
1b Total			<u>.                                    </u>	Щ 			<u>                                     </u>		0	0
2 Total number of individuals (including							n \$ 1	 00 000 in reportabl		1

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►0

			165	140
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	_		
	marviada	4		Νo
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo

### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

	(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation		
2	7. Total number of independent contractors (including those in 1) who received more than \$1.00,000 in compensation				

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
	1a	Federated campaigns 1a			Revenue		512, 513, or 514
\$ <b>\$</b>	ь	Membership dues					
충표		1b <sup>-</sup>					
s,g Ha	С	Fundraising events 1c -					
無意	d	Related organizations1d					
Contributions, gifts, grants and other similar amounts	e	Government grants (contributions) <b>1e</b>					
F S	f	All other contributions, gifts, grants, and	822,744	İ			
音楽		similar amounts not included above <b>1f</b>					
Ęĕ	g	Noncash contributions included in					
ပြွန်	h	lines 1a-1f \$ <b>Total (Add lines 1a-1f)</b>		822,744			
	-"		▶				
<u> 9</u>	2-	-	Business Code	426 205	436 305		
e E	2a	TUITION  OTHER STUDENT FEES	900,099	436,305			
æ	Ь	OTHER STUDENT FEES	900,099	32,058	32,058		
5	C						
<u> </u>	d						
Ē	e f	<del></del>					
Program Serwce Revenue	•	All other program service revenue					
Ě	g	Total. Add lines 2a-2f					
	3	► \$ 468,363  Investment income (including divid	ends interest				
		other similar amounts)	•	9			9
	_	Income from investment of tax-exempt bo	▶				
	4	income nom investment or tax-exempt bo	na proceeus				
	5	Royalties					
		(ı) Real	(II) Personal				
	6a b	Gross Rents Less rental					
		expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of					
		assets other than inventory					
	b	Less cost or other basis and					
		sales expenses					
	С .	Gain or (loss)					
	d	Net gain or (loss)	▶				
	8a	Gross income from fundraising					
A)		events (not including \$ 139,207					
Other Revenue		of contributions reported on line					
⊕ >-		1c) See Part IV, line 18 Attach Schedule G if total exceeds					
č		\$15,000 a					
<u>e</u>	ь	Less direct expensesb	36,255				
ō	С	Net income or (loss) from fundraisir	ng events	102,952	102,952		
	9a	Gross income from gaming					
		activities See part IV, line 19 Complete Schedule G if total					
		exceeds \$15,000					
		a   					
	b c	Less direct expensesb  Net income or (loss) from gaming a	ctivities				
		· · ·	<b>►</b>				
	10a	Gross sales of inventory, less returns and allowances					
		a					
	ь	Less cost of goods sold <b>b</b>					
	с	Net income or (loss) from sales of i	nventory				
		Miscellaneous Revenue	Business Code				
	11a						
	ь						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d					
	12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 8c,	4,5,6d,7d,	1,394,068	571,315	0	9
		9c, 10c, and 11e	. ▶				

## Part IX Statement of Functional Expenses

Do n	l other organizations must complete column (A) but are not re ot include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A)	(B)		
		Total expenses	Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
	Grants and other assistance to governments and organizations in the U S See Part IV, line 21		·		·
	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
	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	804,546	627,546		42,882
	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	56,384	42,119	10,296	3,969
10	Payroll taxes	67,214	52,427	11,204	3,583
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	19,200		19,200	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	181,500	135,579	33,143	12,778
17	Travel	1,223	1,223		
	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,799	5,826	1,424	549
23	Insurance	8,323	6,217	1,520	586
	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
	REPAIRS AND MAINTENANCE	19,406	14,496	3,544	1,366
	MATERIALS AND SUPPLIES	18,201	9,723	8,478	,
	UNIFORMS	11,324	11,324	·	
	COPIER LEASE	8,673	6,479	1,583	611
	FIELD TRIPS	8,151	8,151	_,	
	All other expenses	30,956	5,811	25,145	
	Total functional expenses. Add lines 1 through 24f	1,242,900	926,921	249,655	66,324
26	Joint Costs. Check Tiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	-1-12/300		213,000	33,321

Dart V	Balance	Shoot
Part X	Balance	Sheet

					(A) Beginning of year			<b>3)</b> fyear
	1	Cash—non-interest-bearing			40,792	1		119,401
	2	Savings and temporary cash investments			8,467	2		9,022
	3	Pledges and grants receivable, net		128,010	3		101,458	
	4	Accounts receivable, net			·	4		13,570
	5	Receivables from current and former officers, directors, trustees, other related parties Complete Part II of Schedule L		nployees or		5		· ·
	6	Receivables from other disqualified persons (as defined under sec persons described in section 4958(c)(3)(B) Complete Part II of So	tion 4			6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
so.	9	Prepaid expenses and deferred charges			8,179	9		39,200
et	10a				,			·
Assets		Land, buildings, and equipment cost basis	10a	32,135				
	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10b	19,756	11,618	10c		12,379
	11	Investments—publicly traded securities				11		
	12	Investments—other securities See Part IV, line 11 <i>Complete Part Schedule D</i>	t VII of	•	14,000	12		9,900
	13	Investments—program-related See Part IV, line 11 Complete Part of Schedule D.		13				
	14	Intangible assets			14			
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	6,667	15		78,400		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			217,733			383,330
	17	Accounts payable and accrued expenses .			18,668	17		20,962
	18	Grants payable	·	18		<u> </u>		
	19	Deferred revenue	4,250					
	20	Tax-exempt bond liabilities		·	20			
S.	21	Escrow account liability Complete Part IV of Schedule D			21			
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ē		persons Complete Part II of Schedule L		22		15,000		
_	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable		24				
	25	Other liabilities Complete Part X of Schedule D			25			
	26	Total liabilities. Add lines 17 through 25			22,918	26		35,962
		Organizations that follow SFAS 117, check here ▶ 🔽 and comple	te line	s 27				
		through 29, and lines 33 and 34.						
Balance	27	Unrestricted net assets			61,805	27		240,910
Ba	28	Temporarily restricted net assets			133,010	28		106,458
됟	29	Permanently restricted net assets				29		
r Fund		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	comple	ete				
s or	30	Capital stock or trust principal, or current funds				30		
šē	31	Paid-in or capital surplus, or land, building or equipment fund				31		
Assets	32	Retained earnings, endowment, accumulated income, or other fun-				32		
Net	33	Total net assets or fund balances			194,815	33		347,368
	34	Total liabilities and net assets/fund balances			217,733	34		383,330
Da	rt YI	Financial Statements and Reporting						
Pa	rt XI	rmancial Statements and Reporting					Yes	No

Deat VI	Financial Chatamanta and Banautine	_
Part XI	Financial Statements and Reporting	1

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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**Public Charity Status and Public Support** 

DLN: 93493138022060

OMB No 1545-0047

## SCHEDULE A

(Form 990 or 990EZ)

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)Department of the Treasury nonexempt charitable trusts. Attach to Form 990 or Form 990-F7. See separate instructions. Internal Revenue Service

Open to Public Inspection

Employer identification number Name of the organization CORNERSTONE SCHOOLS OF WASHINGTON DC 52-2084049 Reason for Public Charity Status (to be completed by all organizations) (See Instructions) The organization is not a private foundation because it is (Please check only **one** organization) 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) A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) 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) 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 organization that normally receives (1) more than 331/3% 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 331/3% 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) 10 An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions.) 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 that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c Type III - Functionally Integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11q(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11q(iii) Provide the following information about the organizations the organization supports h (i) Name of (ii) EIN (v) Did you notify (vi) Is the (vii) A mount of (iii) Type of organization (iv) Is the Supported (described on lines 1-9 organization in the organization organization in support? Organization above or IRC section col (i) listed in in col (i) of your col (i) organized support? in the US? (See Instructions)) your governing document? Yes Yes Yes No

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
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 The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)							
	Facts and Circumstances Test							

Schedule A (Form 990 or 990-EZ) 2008

#### **Additional Data**

Software ID: Software Version:

**EIN:** 52-2084049

Name: CORNERSTONE SCHOOLS OF WASHINGTON DC

#### Form 990, Part III, Line 1 - Briefly describe the organization's mission:

THE VISION OF CORNERSTONE SCHOOLS IS TO PROVIDE CHRIST-CENTERED, NURTURING AND ACADEMICALLY RIGOROUS EDUCATION FOR THE YOUNG PEOPLE OF WASHINGTON, D.C. OUR CAMPUS IS BUILT ON THE CORE PRINCIPALS OF SPIRITUAL GROWTH, ACADEMIC EXCELLENCE, DISCIPLINE, PERSONAL RESPONSIBILITY, AND COMMUNITY IMPROVEMENT. WE SEEK TO INSTILL IN GOD'S CHILDREN A LIFELONG JOY OF LEARNING AND TO EQUIP THEM WITH THE KNOWLEDGE, SKILLS AND VALUES NECESSARY TO BECOME LEADERS WHO SERVE OTHERS IN THE LIFE OF CHRIST AND HIS TRUTH. CONERSTONE SCHOOLS AIM TO REFLECT THE CULTURAL AND ECONIMC DIVERSITY OF THE COMMUNITIES THEY SERVE AND TO BECOME A CORNERSTONE OF HOPE THERE

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Employer identification number** Name of the organization CORNERSTONE SCHOOLS OF WASHINGTON DC 52-2084049 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

(a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year

Total number of conservation easements h Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a)

2a 2b 2c 2d d Number of conservation easements included in (c) acquired after 8/17/06

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨

Number of states where property subject to conservation easement is located

Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨

7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet 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) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

**►** \$

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Cat No 52283D

Part	<b>IIII</b> Organizations Maintaining Co	llections of Art,	His	tori	cal Treasur	es, or Othe	r Similar Asse	ts (co	ntınued)
3	Using the organization's accession and other items (check all that apply)	r records, check any	ofth	e foll	owing that are	a significant u	se of its collection		
а	Public exhibition		d	Γ	Loan or excha	ange programs			
b	Scholarly research		e	Γ	Other				
c	Preservation for future generations								
4	Provide a description of the organization's co Part XIV	ollections and explai	n how	they	further the or	ganızatıon's ex	empt purpose in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than t						ılar	Yes	Г No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an am	Arrangements.	Com	plete	if the organ		ered "Yes" to Fo	rm 99	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	dıary	for c	ontributions or	other assets r	not	Yes	Г No
b	If "Yes," explain why in Part XIV and comple	te the following table	e						
							A mou	nt	
C	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Γ,	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV								
Pai	t V Endowment Funds. Complete								
1_	Pagannang of woor balance	(a)Current Year	(b)	Prior Y	rear (c) Iwo	Years Back (d)	Three Years Back (e)	Four Ye	ars Back
1a b	Beginning of year balance								
_	Investment earnings or losses								
c d	Grants or scholarships								
e	Other expenditures for facilities								
-	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the year	r end balance held a	s						
а	Board designated or quasi-endowment								
ь	Permanent endowment								
С	Term endowment ▶								
3a	Are there endowment funds not in the posses organization by	ssion of the organiza	tion t	hat a	re held and ad	ministered for	the	Yes	No No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
b	If "Yes" to 3a(II), are the related organization						3b		
4	Describe in Part XIV the intended uses of the								
Par	t VI Investments—Land, Buildings	s, and Equipmer	1t. S			<u> </u>			
	Description of investment				i) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	( <b>d</b> ) Bo	
				+					ok value
1a	and								ok value
	and								ok value
Ь									ok value
<b>b</b>	Buildings					2,572	1,869		ook value
b   c   d   e (	Buildings		•			29,563	1,869 17,887		

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	.2.	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
O ther			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	( <b>b)</b> Book value	(c) Metho	d of valuation year market value
<b>Part IX</b> Other Assets. See Form 990, Part X, col (B) line 13 ) Part IX	ne 15		
(a) Descri			( <b>b</b> ) Book value
SECURITY DEPOSIT- ELY STREET			78,400
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line : <b>Part X</b> Other Liabilities. See Form 990, Part X			78,400
(a) Description of Liability	( <b>b)</b> A mount		
Federal Income Taxes		1	
		1	
		]	
		]	
		]	
		_	
		_	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )			

Par	XI Reconciliation of Cha	inge in Net Assets from Forn	ո 99	0 to F	inancial Stateme	nts	
1	Total revenue (Form 990, Part VI	II, column (A), line 12)				1	1,394,068
2	Total expenses (Form 990, Part I	2	1,242,900				
3	Excess or (deficit) for the year Su	3	151,168				
4	Net unrealized gains (losses) on i	4	-4,100				
5	Donated services and use of facili	ities				5	
6	Investment expenses					6	
7	Prior period adjustments					7	5,485
8	Other (Describe in Part XIV)					8	
9	Total adjustments (net) Add lines	s 4 - 8				9	1,385
10		r financial statements. Combine lines	: 3 an	4 9		10	152,553
		enue per Audited Financial			ts With Revenue r	er R	
1	Total revenue, gains, and other s	-					1,389,968
	statements					1	
2		not on Form 990, Part VIII, line 12	ı	ı			
а	Net unrealized gains on investme		.	2a	-4,100		
b	Donated services and use of faci		.	2b			
С	Recoveries of prior year grants		•	2c			
d	Other (Describe in Part XIV)		۱ ۰	2d			
e	Add lines <b>2a</b> through <b>2d</b> .		•			2e	-4,100
3	Subtract line <b>2e</b> from line <b>1</b>		•			3	1,394,068
4		Part VIII, line 12, but not on line 1	ı	_ 1			
a		ed on Form 990, Part VIII, line 7b	•	4a			
Ь	Other (Describe in Part XIV)			4b			
с _	Add lines 4a and 4b					4c	0
5		4c. (This should equal Form 990, Part penses per Audited Financial				5	1,394,068
СП U 1	Total expenses and losses per a			teme	ilis With Expenses	1	1,242,900
- 2	A mounts included on line 1 but n						2,2 , 2,5 0 0
- а	Donated services and use of faci			2a			
b	Prior year adjustments			2b			
c	•	art IX, line 25		2c			
d	Other (Describe in Part XIV)		· . ·	2d			
e	Add lines <b>2a</b> through <b>2d</b>		·			2e	0
3	Subtract line <b>2e</b> from line <b>1</b>					3	1,242,900
4		Part IX, line 25, but not on line 1:	_				
а		ed on Form 990, Part VIII, line 7b    .		4a			
ь	Other (Describe in Part XIV)			4b			
c	Add lines <b>4a</b> and <b>4b</b>					4c	0
5	Total expenses Add lines 3 and	4c. (This should equal Form 990, Par	t I, lı	ne 18 )		5	1,242,900
Par	Supplemental Infor	mation					
		riptions required for Part II, lines 3, 5 art XII, lines 2d and 4b, and Part XII				art XIV	, lines 1b and 2b,
	Ident if ier	Return Reference			Explanat	ion	

### OMB No 1545-0047

2008

Open to Public

### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

**Schools** 

Name of the organization CORNERSTONE SCHOOLS OF WASHINGTON DC Employer identification number

52-2084049 YES NO 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain 3 Yes WE HAVE AN ALMOST ENTIRELY MINORITY STUDENT BODY AND OUR STAFF IS MAJORITY MINORITY (2 of 3) GIVEN THIS RACIAL MAKE-UP, WE COMPLY WITH REV PROCED 75-50, 1975-2 CB 587 NOTICE OF NONDISCRIMINATORY POLICY TO STUDENTS SECT 2C Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Νo **b** Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either 6a or b, please explain using an attached statement 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

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OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

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						Ilispection									
Name of the organization	WA CHINGTON DC				Employer ider	ntification number									
CORNERSTONE SCHOOLS OF	WASHINGTON DC				52-2084049										
Part I Fundraising Act	tivities. Complet	e if the oi	rganizat	non answered "Yes"	to Form 990 Part IV	line 17									
<del>_</del>	<u> </u>		_		·	, iiiic 17.									
	nization raised funds	through ar	ny ortne		eck all that apply non-government grants										
<b>a</b>   Mail solicitations <b>b</b> Email solicitations				·	government grants										
c Phone solicitations				g   Special fundrais	-										
d In-person solicitations				g , openia lamaran	omy cromb										
<b>2a</b> Did the organization have a or key employees listed in			•	, ,	, ,	Γ Yes Γ No									
<b>b</b> If "Yes," list the ten highes to be compensated at leas															
	(iii) Dıd fundraiser b				(v) A mount paid to										
(i) Name of individual	(ii) Activity	custody or control of contributions?				custody or control of							(iv) Gross receipts	(or retained by)	(vi) A mount paid to (or retained by)
or entity (fundraiser)	(II) Activity				from activity			from activity	fundraiser listed in	organization					
				-	col (i)										
		165	140												
	1														
 Total	1		▶												
iotai															

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pai	t II	Fundraising Events. Comp more than \$15,000 on Form					report	ed
		• •	(a) Event #1	( <b>b</b> ) Event #2	(c) O ther Events	<b>(d)</b> To	tal Eve	
			CHRISTMAS AUCTION (event type)	GOLF TOURNAMENT (event type)	5 (total number)	(Add col	<b>(a)</b> thi	rough
₽	1	Gross receipts	51,276	43,158	44,773		139	9,207
Revenue	2	Less Charitable contributions						
_	3	Gross revenue (line 1 minus line 2)	51,276	43,158	44,773		139	9,207
	4	Cash Prizes						
Ses	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs						
വ ദ	7	Other direct expenses	7,574	14,289	14,392			5,255
Direct	8	Direct expense summary Add line	es 4 through 7 ın column	(d)	🛌		36	5,255
	9	Net income summary Combine lir						2,952
Par	t III	<b>Gaming.</b> Complete if the org \$15,000 on Form 990-EZ, lin		'Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e than	I
Revenue			<b>(a)</b> Bingo	( <b>b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
	1	Gross revenue						
s O	2	Cash prizes						
Expenses	3	Non-cash prizes						
ш ţ	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	┌ Yes <u>%</u> ┌ No	┌ Yes			
	7	Direct expense summary Add lines	s 2 through 5 in column (	d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	<u> ▶</u>		T., 7	<b></b>
9 a		er the state(s) in which the organiza he organization licensed to operate			<del></del> .	. 9a	Yes	No_
b	If "N	No," Explain						
10a b		re any of the organization's gaming li Yes," Explain	censes revoked, suspen	ded or terminated during	the tax year?	10a		
11 12	Is t	es the organization operate gaming a he organization a grantor, beneficiar	y or trustee of a trust or			11		

			 <del></del>
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

**Transactions with Interested Persons** 

Name of the organization CORNERSTONE SCHOOLS OF WASHINGTON DC								Employer identification number					
CORNERSTONE SCHOOLS OF WASHINGTON DC					52	2-208	34049	€					
Part I Excess Benefit Transa											401		
To be completed by organizat		nswered Yes	·	•		•		90-EZ		v, iine c) Corr			
1 (a) Name of disqualifi	ed person		<b>(b)</b> Desc	criptio	n of transa	ection			<u> `</u>	Yes	No		
2 Enter the amount of tax imposed o section 4958			gers or disqualified pers			ear ui	_	\$					
3 Enter the amount of tax, If any, on							_	\$ —— \$					
Part II Loans to and/or From	n Intere	sted Pers	ons										
To be completed by organiz	zations that	t answered "\	res" on Form 990, Part	IV, lın	e 26, or Fo	orm 9	90-E			38a T			
(a) Name of ordered and a second	(b) Loa from		(c)O riginal principal amount	(d)Balance due		1 ' '   ' '		Approved		(g)W	'rıtten		
<ul><li>(a) Name of interested person and purpose</li></ul>	organiz								or agreement?				
	То	From	-				No	Yes	No	Yes	No		
DERRICK MAX	.,							ļ.,			<b>1</b>		
PROVIDE OPERATING FUNDS	X		60,000		15,000		No	Yes			No		
											<u> </u>		
											$\vdash$		
Total			<b>&gt;</b> \$		15,000				<u> </u>				
Part III Grants or Assistance													
To be completed by orga			e <u>red "Yes" on Form 9</u> p between interested pei		art IV, lin T	ie 27							
(a) Name of Interested person	()		the organization	15011	<b>(c)</b> A m	ount o	of gra	nt or ty	pe of a	ıssısta	nce		
Part IV Business Transaction													

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
	organization			Yes	No	

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### SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

## **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

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Name of	t he	organizat	t io	n	
CORNERST	ONE	SCHOOLS (	ΟF	WASHINGTON	DC

Employer identification number

52-2084049

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 8b		THE ORGANIZATION HAS NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		THE BOARD OF DIRECTORS REVIEWS FORM 990 AND THE PRESIDENT SIGNS OFF ON THE FORM

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		THE ORGANIZATION REGULARLY REVIEWS COMPLIANCE WITH THE CONFLICT OF INTERST POLICY AT BOARD MEETINGS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		COMPENSATION FOR THE ORGANIZATIONS KEY EMPLOYEES ARE DISCUSSED, REVIEWED, AND APPROVED BY THE BOARD OF DIRECTORS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION MAKES GOVERNING DOCUMENTS AND CONFLICT INTEREST POLICY AVAILABLE UPON REQUEST FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATIONS WEBSITE

ldentifier	Return Reference	Explanation
		THE FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT, REVIEW, OR COMPILATION OF THEIR FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT THE COMMITTEE IS HEADED BY CORNERSTONE'S TREASURER GEOF GRADLER

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DLN: 93493138022060

OMB No 1545-0172

Department of the Treasury

Internal Revenue Service

**Depreciation and Amortization** (Including Information on Listed Property)

Attachment

See separate instructions. Attach to your tax return. Sequence No 67 Identifying number Name(s) shown on return Business or activity to which this form relates CORNERSTONE SCHOOLS OF WASHINGTON DC Form 990 Page 10 52-2084049 **Election To Expense Certain Property Under Section 179 Note:** If you have any listed property, complete Part V before you complete Part I. 250,000 **1** Maximum amount See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 800,000 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 8 **8** Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 **10** Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 **16** Other depreciation (including ACRS) 7,799 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2008 18 If you are electing to group any assets placed in service during the tax year into one or more Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (a)Depreciation year placed in (business/investment (e) Convention (f) Method property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property **c** 7 - year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs h Residential rental 27 5 yrs ММ S/L property 27 5 yrs ΜМ S/L i Nonresidential real 39 yrs ММ S/L property ΜМ S/L Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life **b** 12-year S/L S/L **c** 40-year **Summary** (See instructions) Part IV 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 7,799 and on the appropriate lines of your return Partnerships and S corporations—see instr 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period cost use only) percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . . **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? \_ . . . . . . 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or

#### amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44