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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)

OMB No 1545-0047

Open to Public

Department of the Treasury

Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection For the 2009 calendar year, or tax year beginning 2009, and ending 20 D Employer identification number C Name of organization CORNERSTONE MINISTRIES INTERNATIONAL Please B Check if applicable use IRS Doing Business As Address change 1550156 label or print or Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number ☐ Name change type. **PO BOX 4002** (714) 484-0042 Initial return Specific City or town, state or country, and ZIP + 4 Terminated Instruc tions TUSTIN, CA 92781-4002 G Gross receipts S 1,119,138 Amended return F Name and address of principal officer PETER LEE Application pending H(a) Is this a group return for affiliates? Yes 2660 W WOODLAND DR #105 ANAHEIM, CA 92801 H(b) Are all affiliates included? ☐Yes ☐ No Tax-exempt status √ 501(c) (3)

√ (insert no)

— 4947(a)(1) or If "No," attach a list (see instructions) Website: ▶ H(c) Group exemption number > Form of organization 🗹 Corporation 🗆 Trust 🗀 Association 🗀 Other 🕨 Year of formation M State of legal domicile WA Part I Summary Briefly describe the organization's mission or most significant activities: PROPOGATING THE GOSPEL OF JESUS CHRIST IN THE GOSPEL RESTRICTED NATIONS BY DELIVERING BIBLES, RAISING UP LOCAL LEADERS, TRAIN-Governance ING AND SENDING OUT MISSIONARIES, PLANTING CHURCHES, CARRYOUT EVANGELISM AND PROVIDING HUMANITARIAN ASSISTANCES TO PERSECUTED BELIEVERS, CHURCHES, AND NEEDY PEOPLE 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 6 Number of voting members of the governing body (Part VI, line 1a). Activities & 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 10 Total number of employees (Part V, line 2a) 6 25 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 7b 0 Prior Year **Current Year** 1,300,585 1,119,138 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 27.318 9,476 11 Total revenue - and the By From 11 (must equal Part VIII, column (A), line 12) 12 1,327,903 1,128,614 947,788 604,999 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 13 Benefit and for mempers (Par IX, column (A), line 4) . 14 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 364,788 361,776 16a Professional funding fees (Part Scolumn (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 196,743 159,816 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . 1,508,711 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25). 1,126,591 Revenue less expenses. Subtract line 18 from line 12 (180.808)2.023 et Assets or nd Balances Beginning of Current Year End of Year

조리 22	Net assets or fund balances. Subtract line 21	f from line 20			465,98	i 3	468,007
Part II	Signature Block						
Sign Here	Under penalties of perjurg, I declare that I have examine and belief, it is true, correct, and complete Declaration Signature of officer Type or print name and title				of which		
Paid	Preparer's signature	54.5	Check if self- employed	ı ► 🗆		r's identifying n tructions)	number
Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN Phone no	>	:	
May the	IRS discuss this return with the preparer sho	wn above? (see instructions)				🗇	Yes No

SCANNED DEC 2

559,032

91,025

Total assets (Part X, line 16) .

Total liabilities (Part X, line 26)

594,219

128,236

art	Statement of Program Service Accomplishments
-	briefly describe the organization's mission To seek the lost sheeps of God and comfort them, make disciples of Jesus Christ, and to work together in Holy Spirit To build the Kingdom of God in the Gospel restricted nations where Christians are being persecuted.
t	old the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? "Yes V No "Yes," describe these new services on Schedule O.
3 (old the organization cease conducting, or make significant changes in how it conducts, any program services?
4 ("Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
-	Code (Expenses 253,845 including grants of 139,343) (Revenue) Delivering bibles and Christian literatures to the persecuted church in the Gospel restricted nations such as North Korea, China, some Islamic nations, and Israel with the combined effort of other partnering ministries and missionaries. We also have broadcasted one hour a day over short wave to reach believers and leaders in North Korea. We have delivered 262,077 bibles. Currently North Korean bible is being translated into their native language.
	(Code:) (Expenses \$189,220 including grants of \$126,884) (Revenue \$) Raise up leaders in the restricte nations for them to be ministers and to propogate the Gospel of Jesus Christ by having bible school, seminaries, and conferences along with other ministers and missionaries. Equip potential leaders among Koreans living in Korea and living abround the world to enter into the restricted mission fields. Distribute newsletters and prayer letters to inform the needs of supporting leaders in the restricted nations. Total of 313 leaders were trained and 8,916 hours were spent by 35 teachers.
4c	(Code) (Expenses \$ 201,574 Including grants of \$ 60,525) (Revenue \$) Facilitating and supporting other ministries and missionaries for networking and partnering in delivering and teaching the Word of God and train people to be missionaries in the restricted nations. Over 451 people were involved in various training and conference sessions including field trainings, and have supported 4 organizations and 4 individuals. Seven missionaries are in the field to work with the local pastors and ministers.
	Other program services. (Describe in Schedule O) (Expenses \$ 349,455 including grants of \$ 278,247) (Revenue \$) Total program service expenses \$ 994,094

Par	t V 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_	√	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
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		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
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 similar funds or 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		✓
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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_		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	✓	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI	,		
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	*		
•	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48° If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		√
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13 14a	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?	13 14a	1	 ✓
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	14b	/	
15	business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> 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	V ✓	
16	organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II.</i> 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 Harted States? <i>If "Yes," complete Schedule F. Bart III.</i>		√	
17	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	Y	1
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		-	\ \ \
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.	18		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20		∀ ✓

Par	t IV. Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	✓	
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		✓_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		√
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		✓
	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		✓
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		1
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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1
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)			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		1
	Schedule L, Part IV	28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
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		1
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		√
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.		1	\ <u> </u>

Par	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
	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	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		ļ
	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			,
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country: ►			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	V
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	-	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7.		,
h	and services provided to the payor?	7a 7b	+	↓ ✓
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1.5		
	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7c	<u> </u>	/
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		/
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	1	1
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	+ -	
b	• • • • • • • • • • • • • • • • • • • •	9b	+-	
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter	1 '		
а	Gross income from members or shareholders	_	-	• •
b	Gross income from other sources (Do not net amounts due or paid to other sources against			-
40-	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	128	-	+-

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

<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body	``,		
b	Enter the number of voting members that are independent	.	ĺ	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	✓_	
3	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		✓_
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		√
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		√
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	1	
	Each committee with authority to act on behalf of the governing body?	8b	√	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		1
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte-			
	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		/
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	100		
D	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
''	form?	11		1
11Δ	Describe in Schedule O the process, if any, used by the organization to review this Form 990			<u> </u>
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	1	
			<u> </u>	<u> </u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	1	
13	Does the organization have a written whistleblower policy?	13	'	1
	Does the organization have a written document retention and destruction policy?	14	 	1
14 15	Did the process for determining compensation of the following persons include a review and approval by	<u> </u>	— —	+
13				
2	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a		1
		15b		1
b	Other officers or key employees of the organization	130	 	+-
160	·			
iva	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	.	1
		100	+	+ •
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			İ
	the organization's exempt status with respect to such arrangements?	16b		-
Sec	ction C. Disclosure	1100	ــــــــــــــــــــــــــــــــــــــ	
17				
	List the states with which a copy of this Form 990 is required to be filed CALIFORNIA		. ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501)	ပ)(၁)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
40	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	ot in	erest	
-00	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and reconganization ► PETER LEE, 2660 W WOODLAND DR #105 ANAHEIM, CA 92801 (TEL) 714-484-0042	ords (of the	1
	organization FILTENELE, 2000 W WOODLAND DN #103 ANAHEIW, CA 32001 (TEL) / 14-484-0042		· -	

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 Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not co		any c	urre	ent (offic	er, d	irect	tor, or trustee		
(A)	(B)			(0	>)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee	o Institutional trustee	Officer	Rey employee	Highest compensated employee	S Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Isaac Lee 2660 W Woodland Dr. #105 Anaheim, CA	60			1				44,400	0	0
Peter Lee 2660 W Woodland Dr. #105 Anaheim, CA	60			1				44,400	0	0
Duk Young Chun 2 Main St. Hopkins, MA	0	1						0	0	0
Yong In Song 121 Sandwood Dr. Vaughan, ONTARIO, Cana		1						0	0	0
Seunghee Koh 1717 Ottebein Ave, Rowland Height, CA		1						0	0	0
Cho-In Kim 4395 Deopar Dr. Yorba Linda, CA		1						0	0	0
	-									
	_									
	-									
	-									

(A)	(B)	(C) Position (check all that apply)						(D)	(E)	(F)	
Name and title	Average hours per week	individual trustee or director	nstitutional trustee	Officer	Mey employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	am comp fro orga and	imated ount of other ensation om the inization related inizations
	. =-										
					_						
	-										
1b Total .							>	88,800			
2 Total number of individuals (including but reportable compensation from the organiz			ose	list	ed	abov	e) w	nho received m	ore than \$100,0	000 in	
										_	Yes
Did the organization list any former office employee on line 1a? If "Yes," complete S							loye	ee, or highest	compensated	3	
For any individual listed on line 1a, is the the organization and related organizations individual.										4	
5 Did any person listed on line 1a receive services rendered to the organization? If	or accrue "Yes," com	com plete	per Sci	nsat hed	ion ule	 from <i>J for</i>	an suc	 y unrelated or <i>h person</i> .	-	5	
Section B. Independent Contractors											
Complete this table for your five highest of compensation from the organization	compensat	ed in	dep	end	ent	conti	ract	ors that receive	ed more than \$	100,000	O of
(A) Name and business ac	ddress							(B) Description of	services	(Compe	C) ensation
							Ŧ				
							\perp	<u>-</u> .			
							4				

Part	VIII	Statement of Revenue						
1 1	5			,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a		-	~		
ributions, gifts, grants other similar amounts		Membership dues	1b					`
ts,	С	Fundraising events	1c					
ig a	d	Related organizations	1d					
ns, sim	е	Government grants (contributions).	1e					
utio er :	f	All other contributions, gifts, grants,				ri.		•
oth (í	and similar amounts not included above	1f	1,119,138				
ont		Noncash contributions included in lines 1a-	If \$					
	h	Total. Add lines 1a-1f		P	1,119,138			
ηne				Business Code		-		
evel	2a							
Program Service Revenue	b						 	
2	С							
Se	d							
Jran	e	All other program service revenue					 	
oro.	1	Total. Add lines 2a–2f	-	•	<u> </u>			
	3 4 5	Investment income (including divother similar amounts) Income from investment of tax-exem Royalties		. >	9,292			9,292
		(i) Real		(II) Personal				
	6a	Gross Rents						
	1	Less rental expenses						
		Rental income or (loss)			_	-		
	d	Net rental income or (loss)		<u> </u>				
	7a	Gross amount from sales of assets other than inventory (i) Securit	ies	(ii) Other				
	b	Less cost or other basis and sales expenses						
		Gain or (loss) Net gain or (loss)		. >	-			
enne	8a	Gross income from fundrais events (not including \$						
Other Revenu		of contributions reported on line See Part IV, line 18	1c) - a			. , , ,		-
Othe		Less: direct expenses Net income or (loss) from fundra	. b Ising					
	9a	Gross income from gaming activities See Part IV, line 19	ies.		t			
	Ь	Less. direct expenses	•		1			
	C	Net income or (loss) from gamin	g actı	vities ▶				
	10a	Gross sales of inventory, I	ess					1
		returns and allowances		ı		4.9		
		Less: cost of goods sold		,		-		
	C	Net income or (loss) from sales of	inven		<u> </u>	 		<u> </u>
	<u> </u>	Miscellaneous Revenue		Business Code				
	11a	Rebate			184	1	-	184
	t	***************************************			 			
	1	·			 	+		
	- 1	d All other revenue				+		
	12	Total. Add lines 11a-11d Total revenue. See instructions		💺	1,128,614			9,476
	1.2	Total Tevenine, Oee Instructions	<u> </u>	<u> </u>	1,140,014	<u> </u>		9,4/0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	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 governments and organizations in the U.S. See Part IV, line 21	95,656	95,656		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	75,777	75,777		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	433,565	433,565		
4 5	Benefits paid to or for members	88,800	59,940	17,760	11,100
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	247,267	186,867	26,373	34,027
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes .	25,709	16,567	3,352	5,790
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other	1,816		864	
12	Advertising and promotion	1,380	966	138	276
13	Office expenses	2,589	1,812	259	518
14	Information technology	861	588	93	180
15	Royalties				
16	Occupancy	21,362		2,116	4,232
17	Travel	39,103	37,148	1,173	782
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	609	401	74	134
20	Interest	1,108	665	222	221
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,175	8,523	1,217	2,435
23	Insurance	323	194	64	65
24	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)	2011	221		
а		3,219			
t		10,520	 	4.0	
C	Dauli Charana	1,481		148	296
C	Casalina for Auto	3,078	· · · · · · · · · · · · · · · · · · ·	308	616
6		750		75	150
95		59,443		5,789	11,567
<u>25</u> 26	Total functional expenses. Add lines 1 through 24f Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	1,126,591	994,177	60,025	72,389

Part X **Balance Sheet** (B) (A) Beginning of year End of year 157,844 1 240,218 1 Cash—non-interest-bearing 2,825 2 2,825 2 Savings and temporary cash investments. 3 3 Pledges and grants receivable, net . 4 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L. 6 7 Assets Notes and loans receivable, net 8 Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges . Land, buildings, and equipment cost or 10a 85,602 10a other basis Complete Part VI of Schedule D 10b 66,202 18,883 10c 19,400 **b** Less: accumulated depreciation 11 11 Investments - publicly traded securities 410,767 12 292.189 12 Investments-other securities See Part IV, line 11 Investments-program-related See Part IV, line 11 13 13 14 14 Intangible assets . 15 Other assets See Part IV. line 11 3,900 15 4,400 Total assets. Add lines 1 through 15 (must equal line 34) 16 594,219 559,032 16 128.236 17 17 91.025 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities . . . 21 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors trustees, key 22 employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25. 128,236 26 91,025 Organizations that follow SFAS 117, check here > 17 and Balances complete lines 27 through 29, and lines 33 and 34. 35,193 37,217 Unrestricted net assets 27 27 430,790 430,790 28 28 Temporarily restricted net assets. . . . Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ ŏ and complete lines 30 through 34. 30 Assets 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds Net Total net assets or fund balances 465.983 33 468,007 33 Total liabilities and net assets/fund balances 594,219 34 559,032

Pai	TXI Financial Statements and Reporting							
		i	Yes	No				
1	Accounting method used to prepare the Form 990							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			,				
	Schedule O.	•						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a							
b	b Were the organization's financial statements audited by an independent accountant? 2b							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of							
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c						
	If the organization changed either its oversight process or selection process during the tax year, explain in							
	Schedule O							
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were							
	issued on a consolidated basis, separate basis, or both							
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis							
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		;	ĺ				
	the Single Audit Act and OMB Circular A-133?	3a						
b	if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the							
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b						

Form **990** (2009)

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. ▶ See separate instructions.

OMB No 1545-0047

2009
Open to Public
Inspection

Name of the organization

Employer identification number

CO	RNE	RSTONE MIN	ISTRIES INTER	NATIONAL					91 :	15	550156		
Pa	rt·1	Reason	for Public Cha	arity Status (All org	janizatio	ns must	comple	te this p	art) See	e instruc	tions.		
Γhe	orga	anization is no	t a private found	dation because it is. (I	For lines	1 through	n 11, che	ck only	one box)				
1	√	A church, cor	nvention of chur	ches, or association o	of church	es descri	ibed in s e	ection 17	'0(b)(1)(A)(i).			
2		A school des	cribed in <mark>sectio</mark> i	n 170(b)(1)(A)(ii) . (Atta	ach Sche	dule E.)							
3		A hospital or	a cooperative h	ospital service organi	zation de	escribed i	n <mark>sectio</mark> r	170(b)(1)(A)(iii).				
4			search organizat ne, city, and sta	ion operated in conjuite	unction w	ith a hos	pital des	cribed in	section	170(b)(1)	(A)(ıii). Enter the		
5			on operated for b)(1)(A)(iv). (Con	the benefit of a collect	ge or univ	ersity ow	ned or o	perated b	by a gove	rnmental	unit described in		
6		A federal, sta	ite, or local gove	ernment or governmer	ntal unit d	described	ın secti	on 170(b)(1)(A)(v).				
7			=	receives a substantia				-			he general public		
			lescribed in section 170(b)(1)(A)(vi). (Complete Part II)										
8		A community	trust described	in section 170(b)(1)(A)(vi). (C	omplete l	Part II)						
9	An organization that normally receives (1) more than 33% % 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% % 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.)									than 331/3 % of its			
10		An organizati	on organized ar	nd operated exclusive	ly to test	for publi	c safety	See sec	tion 509(a)(4).			
11		An organizat purposes of	ion organized a one or more pub	nd operated exclusive	ely for th	ne benefit described	t of, to p	erform tl on 509(a)	ne function (1) or sec	ons of, or tion 509(a)(2). See <mark>section</mark>		
				t describes the type of							-		
	_	a Type		• •	• •	e III-Fund	•	-			Type III-Other		
е		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)											
f		If the organi	or Type	III supporting									
		_	check this box	a minimum dotominian									
g	ı	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?											
			•	r indirectly controls, entire supports		-		h persor 	s describ	oed in (ii)	11g(i) Yes No		
		(ii) A family	member of a pe	rson described in (i) a	above?						11g(II)		
			-	of a person described							11g(m)		
<u> </u>	1	Provide the	following informa	ation about the suppo	orted orga	anızatıon((s).						
(i)		ne of supported ganization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))		sted in your	the organ	ou notify nization in of your port?	organizat	s the ion in col zed in the S ?	(vii) Amount of support		
					Yes	No	Yes	No	Yes	No	1		
					\					,			
		•											
									ļ				
							1						
				ļ	<u> </u>				ļ				
						1		1					
					 -	-		 		<u> </u>			

Total

Part II

Par	Support Schedule for Orga (Complete only if you check	anizations C	Described in	Sections 17	0(b)(1)(A)(iv)	and 170(b)(1)(A)(vi)
Sect	on A. Public Support	red the box	OIT III 16 3, 7, 1	or or arti.)		
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	'(c) 2007	(d) 2008	(e) 2009	(f) Total
Ou.	madi year (er needi year beginning iii,	(4) 2000	(5) 2000	(0) 2007	(4) 2000	(6) 2003	(1) 10101
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			NOT	·AG	E	
	The value of services or facilities furnished by a governmental unit to the organization without charge			ρ	ppl'		
4	Total. Add lines 1 through 3			No.			
	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) Public support. Subtract line 5 from line 4	/			-		
	ion B. Total Support			<u> </u>	<u> </u>	'	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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				CABLE		
9	Net income from unrelated business activities whether or not the business is regularly carried on			of pol	plicable		
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		7				
11	Total support. Add lines 7 through 10 .				<u> </u>		<u> </u>
12	Gross receipts from related activities, etc.	(see instructi	ons)		•	12	
13	First five years. If the Form 990 is for organization, check this box and stop he		on's first, seco	nd, third, fourt	h, or fifth tax	year as a secti	on 501(c)(3)
Sec	tion C. Computation of Public Su	pport Perce	entage				
14	Public support percentage for 2009 (line	6, column (f) d	livided by line 1	1, column (f))		14	%
15	Public support percentage from 2008 Sc	hedule A, Part	II, line 14			15	%
	33\% support test—2009. If the organization did not check the box on line 13, and line 14 is 33\% or more, check this box						
	and stop here . The organization qualifies as a publicly supported organization						
b							
17a	10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.						
b 18	10%-facts-and-circumstances test—200 more, and if the organization meets the "organization meets the "facts-and-circumst Private foundation. If the organization di	facts-and-circulations facts and facts and facts and facts and facts and facts are facts and facts and facts are facts and facts and facts are fac	mstances" test, e organization qi	check this box ualifies as a publ	and stop here licly supported o	. Explain in Par irganization .	t IV how the
.0	die realitation in the organization di	a not oncore a b	on mic 10, 1	oa, 100, 17a, 01	, or look tries	, DON WING SCOTT	5.,000,013 F L

Par	Complete only if you checked the box on line 9 of Part I.)							
Sec	ion A. Public Support	d the box of	i iiile 9 Oi Fa	11.1.1	·			
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")							
	sold or services performed, or facilities furnished in any activity that is related to the organization's lax-exempt purpose.							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge .						/	
6	Total. Add lines 1 through 5					1,		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				()	V		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				a vi cali			
С	Add lines 7a and 7b				0			
8	Public support (Subtract line 7c from line 6)				K,			
	tion B. Total Support							
C	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2\(07	(d) 2008	(e) 200	9 (f) Total	
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents royalties and income from similar sources			70				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c 11	Add lines 10a and 10b 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 organization, check this box and stop	here	<u> </u>			ear as a s	· · · · · -	
	ction C. Computation of Public Su				(0)	145		
15 16	Public support percentage for 2009 (In Public support percentage from 2008	Schedule A, F	art III, line 15		ı (f)) :	15 16	% %	
Sec	ction D. Computation of Investme	nt Income F	ercentage					
17	Investment income percentage for 200	•	• • •	•	,	17	%	
18	Investment income percentage from 2					18	%	
19a	33\% % support tests - 2009. If the org							
b	17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization ► 23½% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization ► 2							

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) 2009

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990. Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Internal Revenue Service

Department of the Treasury Name of the organization Employer identification number **CORNERSTONE MINISTRIES INTERNATIONAL** 1550156 91 : Parti 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 Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 900, 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 important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 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 Tax Year 2a Total number of conservation easements. 2b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after \$/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, the pecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(n)? . 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. 1a 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 b 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: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Lai	III Organizations Maintainin	ig Collections of	of Art, Hi	storical	Treasures,	or Ot	ner Similar As	ssets (co	<u>ontinue</u> d	<u> (</u> [
3	Using the organization's acquisition, collection items (check all that apply)	accession, and o	ther recor	rds, chec	ck any of the	followi	ng that are a si	gnıficant	use of ı	ts
а	Public exhibition		ď		an or exchar	nge pro	ograms		/	
b	Scholarly research		е					/		
С	Preservation for future generation	ons								
4	Provide a description of the organiza Part XIV	ition's collections	and exp	laın how	they further	the org	ganization's exe	mpt pur	pose in	
5	During the year, did the organization so assets to be sold to raise funds rather	olicit or receive do than to be mainta	onations of lined as pa	f art, histe art of the	orical treasure organization's	es, or o	ther similar	Ye	es 🔲 N	lo_
Par	Escrow and Custodial Ar IV, line 9, or reported an a					iswere	ed "Yes" to Fo	rm 990,	Part	
	Is the organization an agent, trustee included on Form 990, Part X?			-	. 1.	ns or o	other assets no		es 🗌 N	10
b	If "Yes," explain the arrangement in	Part XIV and con	nplete the	followin	g table i			mount		
	Decimals belongs				350	1c		mount		—
	Beginning balance			í	")X.	1d		-		
	Additions during the year Distributions during the year	•	•	ΔV_{i}		1e				—
e	Ending balance		0		-	1f				
и 2а	Did the organization include an amo	unt on Form 990	Dart V	() lino 212	-	L <u>!-</u> _	L	Πv	es 🗌 N	
	If "Yes," explain the arrangement in		, rait A	11116 217					25 I	•••
Pai			ganizatio	n answe	ered "Yes" t	o Fori	m 990, Part I\	/, line 10).	
		(a) Current year	(b) Prid	or year	(c) Two years	back ((d) Three years bac	k (e) Fou	r years bac	zk
1a	Beginning of year balance	, 0								
b	Contributions .	7							_	
С	Net investment earnings, gains, and losses									
d	Grants or scholarships	/								
	Other expenditures for facilities and programs									
	Administrative expenses . End of year balance .									
2	Provide the estimated percentage of	f the year end ba	lance hel	d as						
а	Board designated or quasi-endowm	•								
b	Permanent endowment ▶	. %								
C	Term endowment ► %)								
3а	Are there endowment funds not in thorganization by.	e possession of t	he organiz	zation tha	at are held and	d admi	nistered for the		Yes N	No
	(i) unrelated organizations							3a(ı)		_
	(ii) related organizations .							3a(ii)	 	_
b	If "Yes" to 3a(II), are the related orga							3b		
4	Describe in Part XIV the intended us	ses of the organi	zation's e	ndowme	nt funds					
Pa	rt VI Investments—Land, Bu	ildings, and Ed	quipmen	t. See F	orm 990, Pa	art X, I	ine 10			
	Description of investment	(a) Cost or o			st or other is (other)		ccumulated preciation	(d) Bo	ok value	
1a	Land									
b	Buildings									
¢	Leasehold improvements				9,000		2,025		6,9	<u>75</u>
d					76,602		64,177		12,4	<u>25</u>
<u>e</u> Tota	Other	must equal Form	990 Part \	Column	(B) line 10(c))	. •		40.4	00
				., 55.01111	12,,	, 			19,4	υU

Part VII Investments—Other Securities.	. 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	
Financial derivatives .	2,825	Cost	
Closely-held equity interests			
Other			
	<u> </u>		
			
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
	1 C F 000 D-+V	1	
······································		line 13	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Certificate Deposits	292,189	Cost	
T-1-1 (C-1 4)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ► Part IX Other Assets. See Form 990, Part	4 V 1 45		
	rt X, line 15.		
	(a) Daggeration		
	(a) Description	(b) Book	
Loan to employee	(a) Description	(b) Boo	
	(a) Description	(b) Boo	
	(a) Description	(b) Boo	
	(a) Description	(b) Boo	
	(a) Description	(b) Boo	
	(a) Description	(b) Boo	
	(a) Description	(b) Boo	
	(a) Description	(b) Boo	
	(a) Description	(b) Boo	
Loan to employee			
Total. (Column (b) must equal Form 990, Part X, col ((B) line 15)		
Total. (Column (b) must equal Form 990, Part X, col (Part X Other Liabilities. See Form 990,	(B) line 15)		
Total. (Column (b) must equal Form 990, Part X, col (Part X Other Liabilities. See Form 990, 1. (a) Description of liability	(B) line 15)		
Total. (Column (b) must equal Form 990, Part X, col (Part X Other Liabilities. See Form 990,	(B) line 15)		
Total. (Column (b) must equal Form 990, Part X, col (Part X Other Liabilities. See Form 990, 1. (a) Description of liability	(B) line 15)		
Total. (Column (b) must equal Form 990, Part X, col (Part X Other Liabilities. See Form 990, 1. (a) Description of liability	(B) line 15)		
Total. (Column (b) must equal Form 990, Part X, col (Part X Other Liabilities. See Form 990, 1. (a) Description of liability	(B) line 15)		
Total. (Column (b) must equal Form 990, Part X, col (Part X Other Liabilities. See Form 990, 1. (a) Description of liability	(B) line 15)		
Total. (Column (b) must equal Form 990, Part X, col (Part X Other Liabilities. See Form 990, 1. (a) Description of liability	(B) line 15)		
Total. (Column (b) must equal Form 990, Part X, col (Part X Other Liabilities. See Form 990, 1. (a) Description of liability	(B) line 15)		
Total. (Column (b) must equal Form 990, Part X, col (Part X Other Liabilities. See Form 990, 1. (a) Description of liability	(B) line 15)		
Total. (Column (b) must equal Form 990, Part X, col (Part X Other Liabilities. See Form 990, 1. (a) Description of liability	(B) line 15)		
Total. (Column (b) must equal Form 990, Part X, col (Part X Other Liabilities. See Form 990, 1. (a) Description of liability	(B) line 15)		4,400
Total. (Column (b) must equal Form 990, Part X, col (Part X Other Liabilities. See Form 990, 1. (a) Description of liability	(B) line 15)		

Page	4

	TXI Reconciliation of Change in Net Assets from Form 990 to Audited Financial	Statements	- Fage 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Pa	Reconciliation of Revenue per Audited Financial Statements With Reven	ue per Return	
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 on investments . 2a		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
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	· · · · · · · · · · · · · · · · · · ·		
b	(
C	•	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
ŀć	Reconciliation of Expenses per Audited Financial Statements With Expe	nses per Retur	<u>n</u>
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:		
a			
b	, ,		
C			
C	Other (Describe in Part XIV)		
ϵ	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:		
â	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
ł	Other (Describe in Part XIV)	-	
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	rt XIV Supplemental Information		
and	mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1ad 2b, Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d apart to provide any additional information		
	······································		

Schedule F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

CORNERSTONE MINISTRIES INTERNATIONAL

Employer identification number 91 : 1550156

Par	General Informa "Yes" to Form 990			e the United States.	Complete if the organiza	ation answered
	For grantmakers. Does assistance, the grants or assistance?	eligibility for the			_	
2	For grantmakers. Descri United States.	be in Part IV the	e organization'	s procedures for monit	oring the use of grant fur	nds outside the
3	Activities per Region. (Us	e Schedule F-1	(Form 990) if	additional space is nee	ded)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East	Asia	2	2	Program Services	Bible Delivery	53,500
					Leadership Training	70,500
					Missionary Training	48,700
					Church Planting	103,000
					Humanitarian Aid	151,365
Sou	th Asia		1	Program Services	Leadership Training	6,500
						<u> </u>
						<u></u>
Tot	tals	2	3		, , , , ,	433,565

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization Part IV, line 15, for any recipient who received more than \$5,000 Check this box if no one recipient received mo Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amour non-cas assistan
	, , , , , , , , , , , , , , , , , , ,	East Asia	Program	237,500	Wire	
	-	East Asia	Program	168,865	Wire	
	.,	South Asia	Program	6,500	Checks	
				·		
						-
	·					

² Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exem by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . .

3 Enter total number of other organizations or entities

Part IV	Supplemental Information Complete this part to provide the information required in Part I, line 2, and any additional information.					
We have dispatched missionaries after internal training on record keeping. Each missionary is required to report						
the expense	on monthly basis and annual visitation is made to insure the accuracy and reliability of the record					
by reviewin	g the project and documentation. All foreign operation requires to have an accountant and cashier separately					
and they als	so report.					
	······································					
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•••••						
	······					

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" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Name of the organization

CORNERSTONE MINISTRIES INTERNATIONAL

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 the selection 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 II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received Part IV and Schedule I-1 (Form 990) if additional space is needed.

	, ,	additional opa			•	
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) non-t
China Harvest, P.O Box 12249						
Wichita KS67277-2249	NOT KNOWN	501(C)(3)	15,500	0	Book	
I-Media, 9812 Falls Road						
#114-116, Potomac, MD 20854	NOT KNOWN		75,110	0	Book	
	-					

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Cat No 50055P

Schedule I (Form 990) 2009 Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Use Part IV and Schedule I-1 (Form 990) if additional space is needed (a) Type of grant or assistance (b) Number of recipients (c) Amount of cash grant (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance **Missionary Support** 3 11,825 0 Book Scholarship 2 9,952 0 Book Bible 54,000 1 0 Book Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other ac For line 2. We receive the receipts of the fund granted and continually in communication with works and radio broadcasting in the field

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CORNERSTONE MINISTRIES INTERNATIONAL

Employer identification number

91

1550156

Line 4d of Part III, Form 990: Total: Expenses:\$349,455 Grants and Allocation:\$278,247. Detail is followed:								
We have worked with the existing leaders and pastors of the persecuted church in North Korea and to assist them								
furthering in church planting and pastoring churches in their surrounding. We facilitate and assist those pastors who								
are willing to plant a chur	are willing to plant a church in their neighborhood.							
More than 120 people we	re trained to plant the	church and 76 churches in 28 areas were planted in this year.						
Expenses:\$144,070 Grai	nts and Allocation:\$12	26,882						
Line 4d of Part III, Form 99	0 (Continued)							
We provide humanitarian	assistances to people	e of North Korea, refugees of North Korea in China. Through humanitarian						
assistance we share and	demonstrate the love	of Christ and introduce the Gospel. We build relationship for an						
evangelism. We assist th	e needy people in Chi	na and North Korea with foods, clothes, medicines, other necessity items.						
More than 3,200 people r	eceived humanitarian	assistance in China and North Korea.						
We have provided foods	to 43 people in orpha	n houses. 301 people were trained for evangelism in 30 different						
centers.								
Expenses:\$205,385 Gra	nts and Allocation.\$1	51,365						
Line24f Pasrt IX, form 990	(Other Expenses): Se	ee attached Statement 1						
Line 2 of Part VI Form 990)							
Name	Title	Relationship						
Isaac Lee	President	Brother						
Peter Lee	Executive Director	Brother						

Name of the organization	Employer identification number					
CORNERSTONE MINISTRIES INTERNATIONAL	91 1550156					
Part VI-B, Line 11A The President of the organization who is a member of the board reviews the 990 before signing and						
sending to the IRS.						
Part VI-B, Line 13 The organization is in the process of adopting gift acceptance and whi	stleblower policies.					
Part VI-B, Line 14 The organization is in the process of adopting written documennt retention and destruction policy.						
Part VI-B, Line 12A Officers, directors and key employees are required to disclose immediately any conflicts which						
may arise						
Part VI-C, Line 19 The organization's Articles of Incorporation, By-laws, and Financial Sta	atements are made available					
upon request.						

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Form 990 or to provide any additional information. ► Attach to Form 990.

Employer identification number Name of the organization CORNERSTONE MINISTRIES INTERNATIONAL 1550156 Explanation for the late return: Our organization works with all foreign organization and individuals in South and East Asia. Obtaining the necessary data to complete the complicated tax return for 2009 has caused to delay to file the information as the information was not provided with sufficient time to prepare the accurate return.

Cornerstone Ministries Int'l Other Expenses Year 2009

	Total	Program	Admın	Fund Raising	
Alarm	390	273	39	78	
Books	528	528			
Consulting	36,000	25,200	3,600	7,200	
Editing Fee	500			500	
Flowers	100			100	
Franchise Tax	525		525		
Gift	684			684	
Hotel	209	209			
Licenses	29		29		
Meals	4,018	2,589	524	905	
Membership	245	172	25	49	
Miscellaneous	712	498	71	142	
Moving Exp	390	390			
Parking	100	70	10	20	
Post Box Fee	176	123	18	35	
Postage	2,332	1,633	233	466	
Property Tax	306	215	31	61	
Repair	21		21		
Subscription	154	107	15	31	
Supplies-Ministry	2,035	2,035			
Supplies-Pastoral	3,249	3,249			
Tax-Others	- 204	- 143	- 20	- 41	
Telephone	6,681	4,677	668	1,336	
Wire Fee	262	262			
	59,443	42,087	5,789	11,567	

'Statement 2

Cornerstone Ministries Intl Recap of Expenses Year 2008

_	Total	Program	Admin	Fund Raising
Occupancy				
Rent-Office	21,162	14,813	2,116	4,232
Rent-Campus	200	200		
-	21,362	15,013	2,116	4,232
Conference Exp				
Conference Exp	125	63	25	38
Training	484	339	48	97
-	609	401	73	134
Information Technology				
Internet Service	75	38	15	23
Web Service	786	550	79	157
	861	588	94	180
Fees for Service-Other				
Custom Clearance Fee	551	_	551	_
Filing Fee	170	_	170	_
Fee and Permit	117	_	117	_
Notary Fee	26	-	26	_
Visa Fee	952	952		
	1,816	952	864	-
Postage/Freight				
Postage	10,266	10,266	_	
Freight	254	254		
	10,520	10,520	_	
Payroll Exp-FICA	20,836	13,427	2,717	4,692
Payroll Exp-Medicare	4,873	3,140	635	1,097
	25,709	16,567	3,352	5,790

Cornerstone Ministries International Fixed Asset Schedule 2009

Depi eciation	<u>2009</u>	15,418	5,255	7,545	3,552	7,093	14,132	6,320	4,861	2,025	66.202
Depreciation	2009	I	66	ı	149	ı	4,191	2,466	3,245	2,025	12,175
Depreciation	<u>2008</u>	15,418	5,156	7,545	3,404	7,093	9,940	3,854	1,616		54,027
	<u>Total</u>	15,418	5,255	7,545	3,825	7,093	15,983	7,722	10,070	12,692	85,602
Leasehold	<u>Improvements</u>									000'6	000 6
Office	Equipment	2,419	1,285	I	I	2,567	4,231	1,831			12,333
Telephone	Equipment	ı	ı	I	I	ı		1,276	1,969		3,245
	Camera	ı	1	ì	I	1,373	350	355	1,774	,	3,853
	Furmiture	ı	1,758	l	1,040	1,282		ı			4.080
	Computer	5,999	2,212	2,844	1,583	1,870	7,142	4,260	6,327	3,692	35,930
Radio/Sound	Equipment	I	1	4,701	1,201	1	4,259				10.161
7	Automobile	7,000	1	1	I	ı					7.000
	Year	2001	2002	2003	2004	2005	2006	2007	2008	2009	
	<u>Telephone</u> Office <u>Leasehold</u> <u>Depreciation</u> Depreciation <u>I</u>	Radio/Sound Depreciation Depreciation Depreciation Depreciation Depreciation Depreciation Despreciation Despreciat	Radio/SoundRedio/SoundDeplectationDeplectationDeplectationDeplectationDeplectationDeplectationAutomobileEquipmentEquipmentImprovementsTotal20082009117,000-5,9992,41915,41815,418	Radio/Sound Telephone Office Leasehold Depreciation Depreciation	Radio/Sound Equipment Compute: Furniture Camera Equipment Improvements Total 2008 2009 31 7,000 - 5,999 - - - 2,419 15,418 15,418 - 32 - - 2,212 1,758 - - 1,285 5,255 5,156 99 33 - 4,701 2,844 - - - - 7,545 7,545 -	Radio/Sound Equipment Compute Furniture Camera Equipment Equipment Improvements Total 2008 2009 11 7,000 - 5,999 - - - 2,419 15,418 15,418 - - 12 - 2,212 1,758 - - 1,285 5,255 5,156 99 13 - 4,701 2,844 - - - - 7,545 7,545 - 14 - 1,201 1,583 1,040 - - - 3,825 3,404 149	Automobile Equipment Compute: Furniture Camera Equipment Equipment Improvements Total Deprecation Deprecation <td>Automobile Equipment Computer Furniture Camera Equipment Improvements Total Deprecation Deprecation<!--</td--><td>Automobile Equipment Compute Furnitute Camera Equipment Improvements Total Deprecation Deprecation<td>Automobile Equipment Computes Cameta Equipment Improvements Total Depreciation Deprecia</td><td>Automobile Equipment Telephone Office Leasehold Deprecation Deprecation 7,000 - 5,999 - - 2,419 15,418 15,418 2008 2009 12 - 2,212 1,758 - - 1,285 5,255 5,156 99 13 - 4,701 2,844 - - - 7,545 7,545 7,545 - 14 - 1,201 1,583 1,040 - - - - 7,545 7,545 7,545 - - 15 - 1,282 1,373 - - 2,567 7,093 7,093 - - 16 4,259 7,142 350 1,276 1,831 7,722 3,854 2,466 17 6,327 1,774 1,969 9,000 12,692 1,616 2,025</td></td></td>	Automobile Equipment Computer Furniture Camera Equipment Improvements Total Deprecation Deprecation </td <td>Automobile Equipment Compute Furnitute Camera Equipment Improvements Total Deprecation Deprecation<td>Automobile Equipment Computes Cameta Equipment Improvements Total Depreciation Deprecia</td><td>Automobile Equipment Telephone Office Leasehold Deprecation Deprecation 7,000 - 5,999 - - 2,419 15,418 15,418 2008 2009 12 - 2,212 1,758 - - 1,285 5,255 5,156 99 13 - 4,701 2,844 - - - 7,545 7,545 7,545 - 14 - 1,201 1,583 1,040 - - - - 7,545 7,545 7,545 - - 15 - 1,282 1,373 - - 2,567 7,093 7,093 - - 16 4,259 7,142 350 1,276 1,831 7,722 3,854 2,466 17 6,327 1,774 1,969 9,000 12,692 1,616 2,025</td></td>	Automobile Equipment Compute Furnitute Camera Equipment Improvements Total Deprecation Deprecation <td>Automobile Equipment Computes Cameta Equipment Improvements Total Depreciation Deprecia</td> <td>Automobile Equipment Telephone Office Leasehold Deprecation Deprecation 7,000 - 5,999 - - 2,419 15,418 15,418 2008 2009 12 - 2,212 1,758 - - 1,285 5,255 5,156 99 13 - 4,701 2,844 - - - 7,545 7,545 7,545 - 14 - 1,201 1,583 1,040 - - - - 7,545 7,545 7,545 - - 15 - 1,282 1,373 - - 2,567 7,093 7,093 - - 16 4,259 7,142 350 1,276 1,831 7,722 3,854 2,466 17 6,327 1,774 1,969 9,000 12,692 1,616 2,025</td>	Automobile Equipment Computes Cameta Equipment Improvements Total Depreciation Deprecia	Automobile Equipment Telephone Office Leasehold Deprecation Deprecation 7,000 - 5,999 - - 2,419 15,418 15,418 2008 2009 12 - 2,212 1,758 - - 1,285 5,255 5,156 99 13 - 4,701 2,844 - - - 7,545 7,545 7,545 - 14 - 1,201 1,583 1,040 - - - - 7,545 7,545 7,545 - - 15 - 1,282 1,373 - - 2,567 7,093 7,093 - - 16 4,259 7,142 350 1,276 1,831 7,722 3,854 2,466 17 6,327 1,774 1,969 9,000 12,692 1,616 2,025

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered Use Schedule F-1 (Form 990) if additional space is needed.

Use Schedule F-1 (Form 990) if additional space is needed.								
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount c non-cash assistance			
	East Asia	3	20,700	Checks	0			
					-			