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SCANNED DEC 3 1 2013

Form **990**

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

| | | ue Service | ► The organization may have to use a copy of this return to satisfy state r | eporting requir | ements | Inspection | | | |
|---------------------------|-------------|--------------|---|---------------------------------------|---------------------------------------|--------------------------------|--|--|--|
| Α | For the | 2012 cale | ndar year, or tax year beginning , 2012, and endu | ng | | , 20 | | | |
| В | Check if | applicable | C Name of organization CORNERSTONE MINISTRIES INTERNATIONAL | | D Employ | er identification number | | | |
| | Address | change | Doing Business As | | 91-1550156 | | | | |
| | Name ch | nange | Number and street (or P O box if mail is not delivered to street address) Room/si | uite | E Telephone number | | | | |
| | Initial ret | um | PO BOX 4002 | | | 714-484-0042 | | | |
| | Termina | ted | City, town or post office, state, and ZIP code | | | | | | |
| | Amende | d return | TUSTIN, CA 92781-4002 | | G Gross re | eceipts \$ | | | |
| | Applicat | ion pending | F Name and address of principal officer | H(a) Is this a | group return | for affiliates? Yes Vo | | | |
| | | | | | | ncluded? Yes No | | | |
| 1 | Tax-exe | mpt status | √ 501(c)(3) | If "N | lo," attach a list (see instructions) | | | | |
| J | Website | · - | | H(c) Group | exemption | number > | | | |
| K | Form of | organization | ✓ Corporation Trust Association Other ► L Year of forma | ation 1992 | M State | of legal domicile WA | | | |
| P | art I | Summ | ary | | | | | | |
| | 1 | Briefly de | scribe the organization's mission or most significant activities PROP | OGATING TH | E GOSPE | L OF JESUS CHRIST | | | |
| d) | | | OSPEL RESTRICTED NATIONS BY DELIVERING BIBLES, RAISING UP LO | | | | | | |
| Š | 1 | OUT MISS | IONARIES, PLANTING CHURCHES, CARRYOUT EVANGELISM, AND PRO | VIDING HUMA | NITARIA | N ASSISTANCES | | | |
| r. | l | TO PESE | CUTED BELIEVERS, CHURCHES, AND NEEDY PEOPLE | | | | | | |
| Activities & Governance | 2 | Check th | s box ▶☐ if the organization discontinued its operations or disposed | of more than | 25% of | its net assets | | | |
| ত | 3 | Number (| of voting members of the governing body (Part VI, line 1a) | | 3 | 6 | | | |
| es | 4 | Number (| of independent voting members of the governing body (Part VI, line 1b |) | 4 | 4 | | | |
| Ϋ́ | 5 | Total nur | nber of individuals employed in calendar year 2012 (Part V, line 2a) | • | 5 | 11 | | | |
| 큣 | 6 | Total nur | nber of volunteers (estimate if necessary) | | _6 | 40 | | | |
| ` | 7a | Total unr | elated business revenue from Part VIII, column (C), line 12 | | 7a | 0 | | | |
| | b | Net unrel | 7b | 0 | | | | | |
| | 1 | | | Prior Ye | ar | Current Year | | | |
| 9 | 8 | Contribut | ions and grants (Part VIII, line 1h) . | 1 | ,33 <u>1,</u> 794 | 1,224,493 | | | |
| en. | 9 | • | service revenue (Part VIII, line 2g) | | | | | | |
| Revenue | 10 | | nt income (Part VIII, column (A), lines 3, 4, and 7d) | | | | | | |
| | 11 | | enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 1,256 | 800 | | | |
| _ | 12 | | nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1 | ,333,050 | 1,225,293 | | | |
| | 13 | | nd similar amounts paid (Part IX, column (A), lines 1-3) | | 595,938 | 600,873 | | | |
| | 14 | | oald to or for members (Part IX, column (A), line 4) | | | | | | |
| ΘS | 15 | | other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 359 <u>,461</u> | 376,164 | | | |
| Expenses | 16a | | nal fundraising fees (Part IX, column (A), line 11e) | | | | | | |
| X | _b | | draising expenses (Part IX, column (D), line 25) | | | | | | |
| ш | 17 | Other exp | penses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 145,906 | 204,179 | | | |
| | 18 | 1 otal exp | enses Add lines 13–17 (must equal Part IX, column (A) line 25). less expenses. Subtract line 18 from line 12 | 1 | ,101,305 | 1,181,216 | | | |
| | 19 | Revenue | less expenses. Subtract line 18 from line 12 | 1 10 | 231,745 | 44,077 | | | |
| S or | | | 9 191 40 | Bèginning of Cu | | End of Year | | | |
| Sse | 20 | | ets (Part X, line 16) 8 NOV. 2 5 2013 | 어 | 773,796 | 817,521 | | | |
| Net Assets Fund Baland | 21 | | lities (Part X, line 26) | တ် သ | 57,252 | 56,900 | | | |
| | | | | ₽; | 716,544 | 760,621 | | | |
| | art II | | | | | | | | |
| | | | ry, I declare that I have examined this return, including accompanying schedules and state ete. Declaration of preparer (other than officer) is based on all information of which prepare | | | my knowledge and belief, it is | | | |
| _ | | T N | teter Der | , , , , , , , , , , , , , , , , , , , | 1 1 | 12.12 | | | |
| Sig | n | Sign | ature of officer | Da | te / | pr 1,013_ | | | |
| He | _ | l' Jan | PETER LEE, EXECUTIVE DIRECTOR | 50 | ~ / | , | | | |
| ••• | | Type | of print name and title | | | | | | |
| _ | | Print/Tv | | Date | T.:- | PTIN | | | |
| | iid | | | - | Check self-em | □ " | | | |
| | epare | 1 | ama Þ | | | | | | |
| US | e Onl | עי . | ddress ► | | 's EIN ▶ | | | | |
| Ma | v the IF | | adress F s this return with the preparer shown above? (see instructions) | Pho | ne no _ | ☐ Yes ☐ No | | | |
| | - | | | No. 11282V | <u> </u> | Form 990 (2012) | | | |
| | . aper | | Cat. | No 11282Y | | 101111 000 (2012) | | | |

| Form 99 | 0 (2012) | age 2 |
|---------|---|-------|
| Part | · · · · · · · · · · · · · · · · · · · | |
| | Check if Schedule O contains a response to any question in this Part III | |
| 1 | Briefly describe the organization's mission: TO SEEK THE LOST OF SHEEPS OF GOD AND COMFORT THEM, MAKE DISCIPLES OF JESUS CHRIST, AND TO WORK TOGETHI IN HOLY SPIRIT, TO BUILD THE KINGDOM OF GOD IN THE GOSPEL RESTRICTED NATIONS WHERE CHRISTIANS ARE BEING PERSECUTED BECAUSE OF THEIR FAITH | ER |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O | No |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O | No No |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot the total expenses, and revenue, if any, for each program service reported. | |
| 4a | (Code | VER |
| | | |
| 4b | (Code) (Expenses \$ 208,545 including grants of \$ 139,989) (Revenue \$) RAISE UP LEADERS IN THE RESTRICTED NATIONS FOR THEM TO MINISTER AND TO PROPOGATING THE GOSPEL OF JESUS CHRIST BY HAVING BIBLE SCHOOL, SEMINARIES, AND CONFERENCES ALONG WITH THE OTHER MINISTRIES, MISSIONARIES AND ORGANIZATIONS EQUIP POTENTIAL LEADERS AMONG KOREAN LIVING IN KOREA AND LIVING AROUND THE WORLD TO ENTER INTO THE RESTRICTED MISSION FIELDS DISTRIBUTE NEWSLETTERS AND PRAYER LETTERS TO INFORM THE NEEDS OF SUPPORTING LEADERS AND CURRENT SITUATION OF THE PERSECUTED CHURCH IN THE RESTRICTED NATIONS 136 MINISTERS AND PROFESSORS TAUGHT A TOTAL OF 5,023 HOURS TO 441 STUDENTS IN 9 DIFFERENT COURSES WE ALS COOPERATE WITH A SEMINARY IN INDIA TO RAISE UP PASTORS | |
| 4c | (Code) (Expenses \$ 232,548 including grants of \$ 88,112) (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 WE HELD TWO MISSION CONFERENCES IN THIS YEAR AND OVER 787 PARTICIPANTS ATTENDED. 12 WEEK LONG COURSES ARE PROVIDED TO THOSE WHO CANNOT SPEND EXCLUSIVELY AT THE TRAINING CENTER: A COMBINED TOTAL OF 178 PARTICIPANTS ATTENDED. FIELD TRAININGS WERE PROVIDED TO THOSE WHO COMPLETE THE TRAINING COURSED AND 95 PEOPLE AND 12 TEAMS TOOK TRIP TO VARIOUS AREA TO EXPERIENCING THE NATURE OF MISSION. |) |
| 4d | Other program services (Describe in Schedule O) (Expenses \$ 245,304 including grants of \$ 165,839) (Revenue \$) | |
| 40 | Total program service avenuese | |

| Part I | 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 (see instructions)? | 2 | \ | <u> </u> |
| 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 | | 1 |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . | 4 | | 1 |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, | | | |
| | Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | 1 |
| 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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | 1 |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | 1 |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | 1 | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . | 11b | | |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | 1 | |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | |
| | 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 | 11e | | |
| 12 a | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 11f | | 1 |
| h | Schedule D, Parts XI and XII | 12a | | <u> </u> |
| | the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | 1 |
| 13 | 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 | ✓ |
| 14 a b | Did the organization maintain an office, employees, or agents outside of the office States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate | 148 | <u> </u> | |
| 15 | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any | 14b | ✓ | |
| | organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | 1 | |
| 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, Parts III and IV | 16 | 1 | |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | 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 | 18 | | 1 |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | 1 |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | / |
| b_ | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | <u> </u> |
| | | Fon | ո 990 | (2012) |

| Part | Checklist of Required Schedules (continued) | | | |
|------|---|-----|----------------|----------------|
| _ | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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 | 1 | |
| 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 | | | |
| 240 | employees? If "Yes," complete Schedule J. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | 23 | - | ✓ |
| 24a | \$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 | | 1 |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | 1 |
| 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 | | 1 |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . | 24d | | 1 |
| 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? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | 1 |
| 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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 | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | 1 |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | 1 |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 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? If "Yes," complete Schedule M | 30 | | √ |
| 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, Part II, III, or IV, and Part V, line 1 | 34 | | 1 |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | _ | V |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. | 35b | | 1 |
| 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 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | 1 | |

Form **990** (2012)

| Part | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V | | | |
|--------|--|-------------|-----|--|
| | Check it Schedule O contains a response to any question in this Part V | | Yes | . L |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . 1b | 1 ! | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | 1 | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | ✓ | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | ✓ |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | ١, |
| | account)? . | 4a | | ✓ |
| b | If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| 5a | · · · · · · · · · · · · · · · · · · · | _ | | , |
| b | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5a | | ✓ |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5b 5c | | <u> </u> |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 30 | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | - Ju | | |
| | 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 | | | |
| | and services provided to the payor? | 7a | | ✓ |
| þ | If "Yes," did the organization notify the donor of the value of the goods or services provided? . | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | ✓ |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 1 1 | | |
| e | Did the organization 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 | | ✓ |
| g h | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7g | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | 7h | | |
| _ | 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 | i | 1 |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | _ |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter | | İ | |
| a | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 1.0 | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | 12a | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| - | Note. See the instructions for additional information the organization must report on Schedule O | 134 | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | | ŀ | |
| С | Enter the amount of reserves on hand | | ĺ | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | √ |
| h | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schodulo O | 4.45 | | |

| Fart | | | | |
|-------|---|----------|--------------|--|
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.S. | see ins | struct | ions |
| Canti | Check if Schedule O contains a response to any question in this Part VI | | <u>.</u> | <u> </u> |
| Secu | on A. Governing Body and Management | | Yes | No |
| 12 | Enter the number of voting members of the governing body at the end of the tax year 1a 6 | | 163 | |
| 10 | If there are material differences in voting rights among members of the governing body, or | 1 | | |
| | if the governing body delegated broad authority to an executive committee or similar | Ì | | |
| | committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 4 | , l | | ļ |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | 1 | | |
| | 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 governing documents since the prior Form 990 was filed? | 4 | | 1 |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | _5 | | 1 |
| 6 | Did the organization have members or stockholders? | 6 | _ | ✓ |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | l | | |
| | one or more members of the governing body? | 7a | | ✓ |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | | 1 |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | 7b | | <u> </u> |
| ٠ | the year by the following | 1 | l | |
| а | The governing body? | 8a | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | 1 | \vdash |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | 00 | <u> </u> | - |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | 1 |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Rever | iue C | ode.) |) |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | ✓ |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | 1 | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | 1 | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | ✓ | - |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | ✓ | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | 1 | |
| 13 | Did the organization have a written whistleblower policy? | 13 | 7 | - |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | - | ļ |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | H | - <u>`</u> - | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | İ |
| а | The organization's CEO, Executive Director, or top management official . | 15a | | 1 |
| b | Other officers or key employees of the organization | 15b | | 1 |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| | with a taxable entity during the year? | 16a | | ✓_ |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | | |
| Secti | on C. Disclosure | 16b | L | <u> </u> |
| 17 | List the states with which a copy of this Form 990 is required to be filed CALICOPAIA | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section | n 501/ | c)(3)s | only) |
| - | available for public inspection. Indicate how you made these available. Check all that apply | | -,,0,0 | ,/ |
| | ☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of | of inte | rest p | olicy, |
| | and financial statements available to the public during the tax year | | ٠ | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records | of the | ; | |
| | organization ► PETER LEE, 2660 W WOODLAND DR. #105, ANAHEIM, CA 92801 (714)484-0042 | | | |

| Part VII | Compensation of Officers, | Directors, Tru | stees, Key Empl | oyees, Highest (| Compensated Employ | ees, and |
|----------|---------------------------|----------------|-----------------|------------------|--------------------|----------|
| | Independent Contractors | | | | | |

| Check if Schedule O contains a response to any question in this Part VII | | | . ₹ |
|--|--|--|-----|
|--|--|--|-----|

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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 neither the organization no | r any relate | d org | anız | atic | n c | ompe | nsa | ated any currer | it officer, director | r, or trustee |
|---|-----------------------------|--------------------------------------|-----------------------|----------|----------|------------------------------|---------------|------------------|----------------------------------|--------------------------|
| | (C) | | | | | | | | | |
| (A) | (B) | Position (do not check more than one | | | | | | (D) | (E) | (F) |
| Name and Title | Average | | | | | than one is both | | Reportable | Reportable | Estimated |
| | hours per | | | | | or/trust | | compensation | compensation from | amount of |
| | week (list any hours for | 2.5 | 5 | 0 | Key | 東 エ | Ţ | from | related | other |
| | related | ₫× | State | Officer | ey e | 호호 | Former | the organization | organizations (W-2/1099-MISC) | compensation from the |
| | organizations | ecto | ē | * | employee | yee | º | (W-2/1099-MISC) | | organization |
| | below dotted | 7 = | ali | | οye | Ö | ļ | | | and related |
| | 111/6) | Individual trustee or director | Institutional trustee | | ď |) en | | | | organizations |
| | | 0 | 66 | | | Highest compensated employee | | | | |
| | | | | | 1 | - | H | | | |
| (1) ISAAC LEE | | | | | | | | | | |
| 2660 W WOODLAND DR #105 ANAHEIM, CA | 60 | | | 1 | | | l | 45,600 | o | 0 |
| (2) PETER LEE | | | | | | | Г | | | |
| 2660 W WOODLAND DR #105 ANAHEIM, CA | 60 | | | ✓ | L_ | | | 45,600 | 0 | 0 |
| (3) DUK YOUNG CHUN | ļ | | | | | | | | | |
| 2 MAIN ST HOPKINS, MA | 0 | ✓ | | L | L | <u></u> | _ | 0 | 0 | 0 |
| (4) Y I SONG | | | | | | | | | | |
| 2660 W WOODLAND DR. #105 ANAHEIM, CA | 0 | ✓ | | L_ | <u> </u> | | | 0 | 0 | 0 |
| (5) SEUNGHEE KOH | ļ <i></i> | | | ļ | | | | ţ | | l |
| 1717 OTTERBEIN AVE, ROWLAND HEIGHT, CA | 0 | ✓ | | _ | - | | _ | 0 | 0 | 0 |
| (6) C I KIM | | | | ĺ | | | | | | |
| 4395 DEOPAR DR YORBA LINDA, CA | 0 | ✓ | ļ., | <u> </u> | _ | | ļ | 0 | 0 | 0 |
| | | | | | | | | | | |
| (8) | <u> </u> | | | | - | | - | | | |
| | | | l | | | | | | | |
| (9) | | | | | | | | | | |
| | | | | | | | | | | |
| (10) | | | | | l | | İ | | | |
| | ļ | | | <u> </u> | _ | ļ | _ | | | |
| (11) | | | | | | | | | | |
| (12) | | | | ┢ | \vdash | | - | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| | ļi | | | <u> </u> | <u> </u> | | _ | | | |
| (14) | | | | | | | | | | |
| | <u> </u> | | | | | L | | | | |

| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | | | |
|---|--|--|--|-----------------------|-------------|--------------|--|----------------|--|------------------------------|--|------------------|---------------|-------------|
| | | | | | • | C) | | | | | | | | |
| | (A) (B) Position (do not check more | | | than c | nne | (D) | (E) | Ì | (F | 7) | | | | |
| | Name and title | Average | | | | | is both | | Reportable | Reportable | Į. | Estim | | |
| | | hours per week (list any | office | er and | dad | irect | or/trust | ee) | compensation from | compensation from related | ויי | amou oth | | |
| | | hours for | 우悥 | Ins | 잋 | ₹ e | g 등 E | ਨੂ | the | organizations | Cr | | nsation | a |
| | | related | divid | Ê | Officer | y er | ples | Former | organization | (W-2/1099-MISC | | from | | |
| | | organizations below dotted | 증필 | ğ | | npk | /e c | | (W-2/1099-MISC) | | | rgani: and re | zation | |
| | | line) | Individual trustee or director | al tr | | Key employee | ğ | | | | | | ations | 3 |
| | | | tee | Institutional trustee | |] " | Highest compensated employee | |] | | Ì | • | | |
| | | | | ď | | | i e | i | | | | | | |
| (15) | | | | T | | - | ļ | \vdash | | | | | | |
| 1 | | | i | | l | | | 1 | } | | 1 | | | |
| (16) | | | | ┢ | | \vdash | | \vdash | | | _ | | | |
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| (17) | | | _ | ┞ | _ | | | - | | | + | | | |
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| (18) | | | | | - | ┢ | | | | | +- | | | |
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| (10) | | | | } | | | - | ┢ | | | + | | | |
| (19) | | | | | | | | | i | | | | | |
| (20) | | | | - | | ├ | | | | | | | | |
| (20) | | | 1 | | | | | 1 | 1 | | 1 | | | |
| (04) | | | | | \vdash | ├ | | ├ | | | | | | |
| <u>121)</u> | | | | | | | l | ļ | | | | | | |
| (20) | | | - | ⊢ | ⊢ | | | ├ | | | + | | | |
| (22) | | | | i | | İ | | ŀ | | | İ | | | |
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| (23) | | | l | Į | | | 1 | l | i | | į | | | |
| (0.4) | | | | - | ├ | - | - | ╁ | | | | | | |
| (24) | | | | ŀ | İ | l | | | | | | | | |
| (DE) | | | | <u> </u> | ⊢ | ┢ | - | ├ | | | +- | | | |
| (25) | | | i | i | | | | l | | | | | | |
| 1b | Sub-total | | <u> </u> | | Щ. | | <u> </u> | ┕ | 91,200 | | 0 | | | |
| C | Total from continuation sheets to Part | VII Sectio | nΔ | | | | | | 31,200 | | - | | | |
| ď | Total (add lines 1b and 1c) | | | | | | | | 91,200 | | 0 | | | |
| 2 | Total number of individuals (including but | | | | | ام ما | | <u> </u> | | · | | | | 0 |
| 2 | reportable compensation from the organi | | ı to tr | 1056 | i IISI | lea | above | 3) W | no receivea mi | ore than \$100, | JUU 01 | | | |
| | reportable compensation from the organi | 2011011 | | | | | | | | | | , | Yes | No |
| 3 | Did the organization list any former of | ficer direc | tor c | or tr | net | ۵۵ | kev e | mr | Novee or high | est compensa | ted [| | 163 | 140 |
| • | employee on line 1a? If "Yes," complete s | | | | | | | | | | | 3 | ļ | 1 |
| 4 | For any individual listed on line 1a, is the | | | | | | | 'n | and other comp | oneation from | | - + | \dashv | <u> </u> |
| 7 | organization and related organizations | | | | | | | | | | | | ļ | |
| | individual | greater tr | un ψ | 100, | ,000 | , . , | , , , | ٥, | complete och | coure o ror s | | ۱ ۵ | ŀ | , |
| 5 | Did any person listed on line 1a receive of | r accrite co | mne | ncai | tion | froi | m anı | Lun | related organiz | ation or individ | | 4 | \rightarrow | |
| 3 | for services rendered to the organization | | | | | | | | | | | 5 | 1 | , |
| Saction | on B. Independent Contractors | | ρ. | | | | | | <u> </u> | <u> </u> | · | <u> </u> | | |
| 1 | Complete this table for your five highest | compensat | ed in | den | ond | ont. | contr | act | ore that receive | d more than \$ | 100.000 | | | |
| • | compensation from the organization. Rep | • | | | | | | | | | | | n's ta | 1Y |
| | year | 3011 00111po | | | . ., | | u.01.10 | · | year criaing wit | | o, garnz | u | | |
| - | (A) | | | | | | | Г | (B) | | | (C) | | |
| | Name and business add | lress | | | | | | 1 | Description of s | ervices | Com | pensa | tion | |
| | | | | | | | | <u> </u> | | | | | | |
| | | | | | | - | | Г | | | | | | |
| | | | | | | | | Γ | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractor | | | | | | | o th | nose listed abo | ove) who | | | | |
| | received more than \$100,000 of compens | sation from | the o | rgar | nıza | tion | <u> </u> | | | | | _ | | |

| Part | VIII | Statement of Revenue | | | | | | | | | | |
|--|--------|---|---|--------------------|----------------------|--|--|---|--|--|--|--|
| | | Check if Schedule O contai | ns a respo | nse to any ques | | | <u> </u> | | | | | |
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | | | | |
| nts | 1a | Federated campaigns | 1a | | | | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues . | 1b | | | | | | | | | |
| ts, | С | Fundraising events | 1c | | 1 | | | | | | | |
| ia g | d | Related organizations | 1d | | | | | | | | | |
| Sins, | e | Government grants (contribution | | | | | | | | | | |
| utio ier | f | All other contributions, gifts, gra and similar amounts not included a | | | | | 1 | | | | | |
| of E | _ | Noncash contributions included in lir | | 1,224,493 | | | | | | | | |
| ig g | g h | Total. Add lines 1a–1f | les (a-11 à _ | | 1 224 402 | | | | | | | |
| - W | - " | Total. Add lines 1a-11 | | Business Code | 1,224,493 | | | | | | | |
| Program Service Revenue | 2a | | ŀ | | İ | | | | | | | |
| Re | b | | • | | | | | | | | | |
| <u>.</u> 2 | С | | | | | | | | | | | |
| Šez | d | | | | | | | | | | | |
| Ĕ | е | | | | | | | | | | | |
| ogra | f | All other program service re | | | | | | | | | | |
| <u> </u> | g | Total. Add lines 2a-2f | | | | | | | | | | |
| | 3 | Investment income (include | ling divide | ends, interest, l | | | | | | | | |
| | _ | and other similar amounts) | | | 719 | | | 719 | | | | |
| | 4 | Income from investment of tax | -exempt bo | nd proceeds | | | | | | | | |
| | 5 | Royalties . |) Real | (ii) Personal | | | | | | | | |
| | 6a | Gross rents . | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | () | | | | | | | | |
| | b | Less. rental expenses | | | | | | | | | | |
| | c | Rental income or (loss) | | | | | | | | | | |
| | d | Net rental income or (loss) | | • | | | | | | | | |
| | 7a | Gross amount from sales of (i) S | ecurities | (II) Other | | | | | | | | |
| | | assets other than inventory | | | | | | | | | | |
| | b | Less cost or other basis | | | | | | | | | | |
| | l | and sales expenses . | | | } | | | | | | | |
| | C | Gain or (loss) . | | | | | | | | | | |
| | d | Net gain or (loss) | ſ | . <u> </u> | | | | | | | | |
| venue | 8a | Gross income from fundrais events (not including \$ | | | | | | | | | | |
| Other Rev | | of contributions reported on I | | | | | } | | | | | |
| je. | ١. | See Part IV, line 18 | - | | | | | | | | | |
| δ | | Less direct expenses Net income or (loss) from fu | . b | events > | | | | | | | | |
| | | Gross income from gaming | | events - | | | | | | | | |
| | " | See Part IV, line 19 | | | | | | | | | | |
| | ь | Less direct expenses | ь | | | | | | | | | |
| | c | Net income or (loss) from g | - | vities > | | | | | | | | |
| | 10a | Gross sales of invento returns and allowances | ry, less a | | | | | | | | | |
| | ь | Less cost of goods sold . | b | | | | | | | | | |
| | С | Net income or (loss) from s | | | | | | | | | | |
| | | Miscellaneous Revenue | | Business Code | | | | | | | | |
| | 11a | Rebate | | | 81 | | <u> </u> | 81 | | | | |
| | b | | | | | | | <u> </u> | | | | |
| | C | All other revenue | | | | | | | | | | |
| | d e | All other revenue Total. Add lines 11a-11d | | | | | | | | | | |
| | 12 | Total revenue. See instruc | tions | | 1,225,293 | | | 1,225,293 | | | | |
| | L | | | | 1,223,233 | | | Form 990 (2012) | | | | |

Part IX Statement of Functional Expenses

| Sectio | n 501(c)(3) and 501(c)(4) organizations must com | | | s must complete colu | ımn (A). |
|------------------|--|-----------------------|------------------------------|-------------------------------------|--------------------------------|
| | Check if Schedule O contains a respon | | | · · · | <u> </u> |
| | nt include amounts reported on lines 6b, 7b, o, 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 United States See Part IV, line 21 | 64,840 | 64,840 | | _ |
| 2 | Grants and other assistance to individuals in the United States. See Part IV, line 22 | 61,800 | 61,800 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | 474,233 | 474,233 | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | 91,200 | 61,560 | 18,240 | 11,400 |
| 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 8 | Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 257,957 | 173,313 | 30,050 | 54,594 |
| 9 10 11 | Other employee benefits Payroll taxes Fees for services (non-employees) | 296 26,711 | 177 17,212 | 59 3,483 | 60 6,016 |
| a b | Management | | | | |
| c d e f | Accounting Lobbying Professional fundraising services See Part IV, line 17 Investment management fees | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . | 2,105 | 314 | 1,750 | 41 |
| 12 13 14 | Advertising and promotion Office expenses Information technology | 2,320 | 1,624 7,274 | 1,417 | 2,540 |
| 15 16 | Royalties . Occupancy | 21,889 | 17,742 | 1,382 | 2,765 |
| 17 18 | Travel Payments of travel or entertainment expenses for any federal, state, or local public officials | 33,081 | 31,427 | 992 | 662 |
| 19 20 | Conferences, conventions, and meetings Interest | 1,271 | 700 | 222 | 349 |
| 21 22 23 | Payments to affiliates Depreciation, depletion, and amortization Insurance | 9,578 62 | 6,705 37 | 958 12 | 1,915 |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a b c | Statement 1 | 122,642 | 87,291 | 11,199 | 24,152 |
| d e 25 | All other expenses Total functional expenses. Add lines 1 through 24e | 1,181,216 | 1,006,249 | 69,996 | 104,971 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720) | ., | .,500,240 | 20,000 | .0.,371 |

34

Total liabilities and net assets/fund balances

Form 990 (2012) **Balance Sheet** Part X Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing 311,197 351,937 2 Savings and temporary cash investments 2 102.912 400.000 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . 6 7 Notes and loans receivable, net 7 49,400 49,400 Inventories for sale or use . . . 8 9 Prepaid expenses and deferred charges 9 93 Land, buildings, and equipment cost or 10a other basis. Complete Part VI of Schedule D 10a 111,433 10b Less accumulated depreciation b 95,400 10c 16,033 11 Investments—publicly traded securities 11 Investments-other securities See Part IV, line 11 12 297,808 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 58 Total assets. Add lines 1 through 15 (must equal line 34) 817,521 16 773.796 16 17 Accounts payable and accrued expenses 17 352 18 Grants payable 18 56,900 56,900 Deferred revenue . . 19 19 20 Tax-exempt bond liabilities . . . 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 26 57,252 56,900 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 716,544 760,621 28 Temporarily restricted net assets 28 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . 30 31 Paid-in or capital surplus, or land, building, or equipment fund . 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 33 716,192 760,621

817,521

34

773,796

| Part | Reconciliation of Net Assets | | | | |
|------|--|----------|----------|-------|----------|
| | Check if Schedule O contains a response to any question in this Part XI | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 1,22 | 25,293 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 1,18 | 31,216 |
| 3 | Revenue less expenses Subtract line 2 from line 1 . | 3 | | . 4 | 14,077 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 71 | 6,544 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | 0 |
| 6 | Donated services and use of facilities | 6 | | | 0 |
| 7 | Investment expenses | 7 | | | 0 |
| 8 | Prior period adjustments | 8 | | | . 0 |
| 9 | Other changes in net assets or fund balances (explain in Schedule 0) | 9 | | | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | 10 | | . 76 | 0,621 |
| Part | XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | <u> </u> | <u> </u> | | |
| | | | | 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," ex Schedule O | piain ir | ' | | |
| • | | | | | , |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com | ماممانم | 2a | | ✓ |
| | reviewed on a separate basis, consolidated basis, or both | Jilea oi | ' | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| ь. | Were the organization's financial statements audited by an independent accountant? | | 2b | | , |
| b | If "Yes," check a box below to indicate whether the financial statements for the year were auditionally and the statements are statements. | ad on s | | | - |
| | separate basis, consolidated basis, or both | on e | ' | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or | versiah | . | | |
| • | of the audit, review, or compilation of its financial statements and selection of an independent account | _ | | | |
| | If the organization changed either its oversight process or selection process during the tax year, ex | | | | |
| | Schedule O. | • | | | |
| 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 | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not under | rgo the | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a | udıts | 3b | | |
| | | | Forn | n 990 | (2012) |

Page **12**

Form 990 (2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

0MB No 1545-0047

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

Add to the Form 000 or France 000 F7 to Consequent to the

Open to Public

| Internal Revenue Service | ► At | tach to Form 990 or Fo | rm 990-E | Z. ► See s | se <u>para</u> te i | nstructio | ns. | | Inspection - |
|--|--------------------------------------|--|---|---|-------------------------|--|--------------------------|--|-------------------------------------|
| Name of the organization | | | | | | E | mployer id | entification | number |
| CORNERSTONE MINIST | | | | | | | 110 | | 50156 |
| | | rity Status (All orga | | | | | | nstructio | ins. |
| The organization is not 1 A church, con | • | hes, or association of | | _ | | - | | ١ | |
| | | 170(b)(1)(A)(ii). (Attac | | | .0 III 3CQ | | יאריאני | ,. | |
| | | spital service organiza | | | section 1 | 70(b)(1)(| A)(iii). | | |
| 4 A medical res | | on operated in conjunc | | | | | |)(b)(1)(A) | (iii). Enter the |
| | on operated for to)(1)(A)(iv). (Comp | the benefit of a collegolete Part II) | ge or uni | versity ov | wned or | operated | by a go | vernment | al unit described in |
| 6 🗌 A federal, stat | e, or local govern | nment or government | al unit de | scribed in | section | 170(b)(1 |)(A)(v). | | |
| _ * | - | receives a substantia (A)(vi). (Complete Par | | its suppo | ort from a | a governr | nental ur | nit or fron | n the general public |
| 8 \[\sum A community | trust described in | n section 170(b)(1)(A) |)(vi). (Cor | nplete Pa | ırt 11) | | | • | |
| receipts from support from | activities related gross investme | receives (1) more that to its exempt funct income and unrelated June 30, 1975. Se | ions-sul lated bus | bject to d siness ta | certain ex xable inc | ceptions | s, and (2) ss section | no more | e than 331/3% of its |
| | | operated exclusively | | | | | | | |
| purposes of o | one or more pub | id operated exclusive flicly supported organ describes the type of | nizations | describe | d in sect | ion 509(a | a)(1) or se | ection 50 | 9(a)(2). See section |
| a 🗌 Typel | b 🔲 Туре | II c 🗌 Type II | l-Functio | nally inte | grated | d 🗆 | Type III-N | lon-funct | ionally integrated |
| | | that the organization | | | | | | | |
| other than fou or section 509 | | ers and other than one | e or more | e publicly | support | ed organ | izations d | described | in section 509(a)(1) |
| | ation received a check this box. | written determination | on from | the IRS | that it is | a Type | I, Type i | ll, or Typ | e III supporting |
| g Since August following pers | | ne organization accep | pted any | gift or co | ontributio | n from a | ny of the | • | |
| | | ndirectly controls, eitlody of the supported of | | | her with | persons | describe | d in (ii) ai | nd Yes No |
| (ii) A family m | nember of a perso | on described in (i) abo | ove? | | | | | | 11g(n) |
| | • | a person described in | | | | | | | 11g(iii) |
| | | on about the support | , | | | | | | L. v. |
| (i) Name of supported organization | (II) EIN | (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) | in col (i) li | organization sted in your document? | the organ | ou notify nization in of your port? | organizat (i) organi | is the tion in col zed in the S ? | (vii) Amount of monetary support |
| | | (see instructions) | Yes | No | Yes | No | Yes | No | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| | | | | | | | | | |

| | (Complete only if you checked the Part III If the organization fails to | | | | | | alify under |
|----------|---|-----------------|------------------|------------------|-------------------|----------------------------|----------------------------|
| Secti | on A. Public Support | | | | | | |
| Calen | dar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (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 | | | | PPLIC | BLE | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | 0 | PPLIC | | |
| 4 | Total. Add lines 1 through 3 | | | <i>p</i> | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | 1 | 6 | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 1 |
| | on B. Total Support | | | | | | |
| Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 7 | Amounts from line 4 | | | | <u> </u> | | <u> </u> |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | APPLI | CABLE | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | NO1 | APPL | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | 79 | | | |
| 11 12 | Total support. Add lines 7 through 10 Gross receipts from related activities, etc | (see instructi | ons) | | | 12 | |
| 13 | First five years. If the Form 990 is for the organization, check this box and stop he | - | n's first, secon | d, third, fourth | n, or fifth tax y | ear as a secti | on 501(c)(3) |
| Secti | on C. Computation of Public Suppor | | | | | | |
| 14 | Public support percentage for 2012 (line 6 | | - | 1, column (f)) | | 14 | |
| 15 | Public support percentage from 2011 Sch | | | | | 15 | 9 |
| 16a | 331/3% support test—2012. If the organization qua | | | | a line 14 is 33 | יאי or more, י | |
| b | 331/3% support test—2011. If the organ | | | - | The end line | . 15 to 221 - 0/ | ▶ [|
| J | check this box and stop here. The organ | | | | | 5 1J 18 JJ'/370 | ormore, ► [|
| 17a | 10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization" | ets the "facts- | and-circumsta | inces" test, ch | eck this box ai | nd <mark>stop here.</mark> | l line 14 is Explain in |
| b | 10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organization of Explain in Part IV how the organization of supported organization | tion meets the | e "facts-and-c | ircumstances" | test, check th | his box and s | top here a publicly |
| 18 | Private foundation. If the organization di instructions | id not check a | box on line 13 | , 16a, 16b, 17a | a, or 17b, chec | ck this box and | ▶ [disee ▶ f |

| | le A (Form 990 or 990-EZ) 2012 | | | | | | Page 3 |
|------------|--|------------------|------------------|--------------------|-------------------|----------------|--------------|
| Part | | | | | | | |
| | (Complete only if you checked th | | | | | | der Part II. |
| <u> </u> | If the organization fails to qualify | under the tes | sts listed belo | ow, please co | mplete Part | 11.) | |
| | on A. Public Support | (-) 0000 | (h) 2000 | (-) 0010 | (4) 0044 | (-) 0010 | |
| Calen 1 | dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| • | received (Do not include any "unusual grants") | | | | | 1 | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | / |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | <i>(</i> / | |
| 6 7a | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons . | | | | N/h | | |
| 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 | , | | | 20,0 | | |
| с 8 | Add lines 7a and 7b Public support (Subtract line 7c from line 6.) | | | N A | | | |
| Secti | on B. Total Support | <u> </u> | <u> </u> | ' / ' ' | <u> </u> | <u> </u> | |
| | dar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 9 | Amounts from line 6 . | | | | | | <u> </u> |
| 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 June 30, 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 organization, check this box and stop he | | n's first, secon | id, third, fourth | n, or fifth tax y | ear as a secti | on 501(c)(3) |
| Secti | ion C. Computation of Public Support | | e | | | | |
| 15 | Public support percentage for 2012 (line | B, column (f) di | ivided by line | 13, column (f)) | | 15 | % |
| 16 | Public support percentage from 2011 Sci | | | <u> </u> | <u> </u> | 16 | % |
| | ion D. Computation of Investment In | | | | | | |
| 17 | Investment income percentage for 2012 (| | | | mn (f)) | 17 | % |
| 18 | Investment income percentage from 201 | | | | | 18 | % |
| 19a | 331/3% support tests—2012. If the organ 17 is not more than 331/3%, check this box | | | | | | |
| b | 331/3% support tests—2011. If the organiz | | | | | - | |

line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization \blacktriangleright Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2012

Department of the Treasury Internal Revenue Service

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification nui Name of the organization CORNERSTONE MINISTRIES INTERNATIONAL 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 1 2 Aggregate contributions to (during year) 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 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? ☐ Yes ☐ No 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 education) Preservation of an historically important land area ☐ Preservation of a certified historic structure Protection of natural habitat 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/08, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released tinguished, or terminated by the organization during the 3 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? ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported an line 2(d) above satisfy the requirements of section 170(h)(4)(B) 8 (i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No In Part XIII, 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 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical feasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

| Schedule | n | (Earm | aanı | 2012 | |
|----------|---|-------|------|------|--|

Page 2

| .Part | U Organizations Maintaining Co | llections of Art, F | distorical I | reasures, | or Other Similar A | ssets (continued) |
|--------|--|--|----------------|----------------|--|---|
| 3 | Using the organization's acquisition, accelection items (check all that apply) | ession, and other re | cords, chec | k any of th | e following that are a | significant use of its |
| а | ☐ Public exhibition | (| d 🗌 Loan | or exchang | je programs | |
| b | ☐ Scholarly research | | e 🗌 Other | | | |
| | Preservation for future generations | | | ** | ······································ | -/ |
| 4 | Provide a description of the organization' XIII | s collections and ex | kplain how t | hey further | the organization's exe | mpt purpose in Part |
| 5 | During the year, did the organization soluassets to be sold to raise funds rather than | | | | | lar 🗌 Yes 🗍 No |
| Part | | | _ | anization | answered "Yes" to F | |
| | line 9, or reported an amount or | | | | | |
| 1a | Is the organization an agent, trustee, custincluded on Form 990, Part X? | stodian or other int | ermediary fo | or contribut | ions or other assets r | ot |
| b | If "Yes," explain the arrangement in Part X | (III and complete the | e following to | able / | | Amount |
| С | Beginning balance . | | | (1) | 1c | |
| ď | Additions during the year | • | | i y | 1d | |
| e | Distributions during the year | • | <i>S</i> | • | 1e - | |
| f | Ending balance | | · d' | | 1f | |
| 2a | Did the organization include an amount or | Form 000 Part V | lund 212 | • | <u> </u> | ☐ Yes ☐ No |
| | If "Yes," explain the arrangement in Part X | | | n hac boon | provided in Part VIII | |
| Pari | | if the organization | answered | "Yes" to F | orm 990 Part IV Jun | e 10 |
| | | |) Prior year | (c) Two year | | |
| 1a | Beginning of year balance | 7) \ | | \ | (-, | (1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1, |
| b | Contributions | - 1 1 1 · | | | | |
| C | Net investment earnings, gains, and | - | | - | | |
| C | losses . | | | ļ | | |
| | <u></u> | / | | | | |
| d | Grants or scholarships Other expenditures for facilities and | | | | | |
| е | programs Other experiorities and programs | | | | | |
| f | Administrative expenses T | | | | | |
| g | End of year balance . | | | | | |
| 2 | Provide the estimated percentage of the c | urrent year end bal | ance (line 1c | , column (a |)) held as | |
| а | Board designated or quasi-endowment | ' - ' | ` ` | , | ,, | |
| b | - ' ' / | % | | | | |
| С | Temporarily restricted endowment ▶ | % | | | | |
| | The percentages in lines 2a, 2b, and 2c sl | nould equal 100% | | | | |
| За | Are there endowment funds not in the po | | anization th | at are held | and administered for t | the |
| | organization by | ~ | • | | | Yes No |
| | (i) unrelated organizations | | | | | 3a(i) |
| | (ii) related organizations | • | • | | • | 3a(iı) |
| b | If "Yes" to 3a(ii), are the related organizati | one lieted as require | ed on Schad | lula B2 | • | 3b |
| 4 | Describe in Part XIII the intended uses of | the organization's e | ndowment f | iunde | | [30] |
| Pari | | | | | | |
| | Description of property | (a) Cost or other bas | | or other basis | (c) Accumulated | (d) Book value |
| | Description of property | (investment) | | other) | depreciation | (d) BOOK Value |
| 1a | Land . | | | | | |
| þ | Buildings | | | | | |
| С | Leasehold improvements | | | 9,000 | 7,916 | 1,084 |
| d | Equipment . | | | 102,433 | 87,484 | 14,949 |
| ее | Other | | | | | |
| Total. | Add lines 1a through 1e (Column (d) must | equal Form 990, P | art X, colum | n (B), line 10 | O(c)) - | 16,033 |

| Part VII | Investments - Other Securities | s. See Form 990, Part X | , line 12. | |
|-------------------|--|---|---|---------------------------------------|
| (a |) Description of security or category (including name of security) | (b) Book value | (c) Method of valu Cost or end-of-year m | |
| (1) Financial | | | | |
| | neld equity interests | | | |
| | | | | |
| (A) | | | | |
| (B) | | | | · · · · · · · · · · · · · · · · · · · |
| (C) | •••••• | | | |
| (D) (E) | | | | |
| (F) | | | | |
| (G) | | | | - |
| (H) | | | | |
| (I) | | · | - | |
| | (b) must equal Form 990, Part X, col (B) line 12) | | | _ - |
| Part VIII | Investments-Program Relate | | X. line 13 | |
| | (a) Description of investment type | (b) Book value | (c) Method of val | uation |
| | (-,, | (1, 11111111111111111111111111111111111 | Cost or end-of-year m | |
| _(1) | | | | |
| (2) | | | | |
| (3) | | | | · · · · · · · · · · · · · · · · · · · |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |
| - | (b) must equal Form 990, Part X, col (B) line 13) | | | |
| Part IX | Other Assets. See Form 990, P | | | (h) Destruction |
| | | (a) Description | | (b) Book value |
| | l Deposit | | | 57 |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| <u>(6)</u> (7) | | | | · · · · · · · · · · · · · · · · · · · |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |
| | mn (b) must equal Form 990, Part X, o | col. (B) line 15) | | |
| Part X | Other Liabilities. See Form 990 |), Part X, line 25. | | |
| 1. | (a) Description of liability | (b) Book value | | |
| (1) Federal | income taxes | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | _ | |
| (6) | | | _ | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | _ | |
| (10) | | | _ | |
| (11) Column | (h) must so al Form 200 Park (1701 CT) | | _ | |
| | (b) must equal Form 990, Part X, col (B) line 25) | | | |
| Liability for us | SC 740) Footnote In Part XIII, provide the neertain tax positions under FIN 48 (ASC | text of the foothote to the C | organization's financial statements that | reports the organization's |
| naumity for ur | icortain tax positions under Fire 40 (ASC | 1 TOJ. OHECK HEIE II THE TEXT | or the roothole has been provided in P | art XIII |

| Schedu | le D (Form 990) 2012 | | P | age |
|--------|--|------------------------|------------------------------------|-----|
| Pari | XI Reconciliation of Revenue per Audited Financial Staten | nents With Reve | enue per Return | |
| 1 | Total revenue, gains, and other support per audited financial statements | S | 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 . | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | |
| е | Add lines 2a through 2d . | | . 2e | |
| 3 | Subtract line 2e from line 1 | | . 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1. | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | | |
| С | Add lines 4a and 4b . | | . 4c | |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, lin | e 12) | 5 | |
| Part | XII Reconciliation of Expenses per Audited Financial State | ments With Exp | enses per Return | |
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | |
| а | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments . | 2b | | |
| С | Other losses | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | |
| е | Add lines 2a through 2d . | | . 2e | |
| 3 | Subtract line 2e from line 1 | | . 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| С | Add lines 4a and 4b | | 4c | |
| _5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I | ine 18) | . 5 | |
| Part | | | | |
| Comp | elete this part to provide the descriptions required for Part II, lines 3, 5, an | d 9, Part III, lines 1 | a and 4, Part IV, lines 1b and 2b; | , |
| Dart V | / line / Part X line 2: Part XI lines 2d and /h: and Part XII lines 2d and / | 1b Also complete | this part to provide any additions | .1 |

| Part V, line 4, Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information |
|--|
| |
| |
| |
| |
| |
| |

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

2012

Open to Public Inspection

Name of the organization

CORNERSTONE MINISTRIES INTERNATIONAL

Department of the Treasury Internal Revenue Service

Employer identification number 91-1550156

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

√ Yes □ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

| 3 Activities per Region (The fo | | | can be duplicated if addition | nal space is needed) | , |
|---|---|--|---|---|---|
| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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 and investments in region |
| (1) EAST ASIA | 2 | 2 | PROGRAM SERVICES | Bible Delivery | 137,497 |
| (2) | | | | Leadership Training | 92,412 |
| _(3) | | | | Missionary Training | 80,312 |
| (4) | | | | Church Planting | 51,517 |
| (5) | | | | Humanıtarıan Assistance | 102,745 |
| (6) SOUTH ASIA | | 22 | PROGRAM SERVICES | Leadership Training | 9,750 |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Sub-total b Total from continuation sheets to Part I | | | | | 474,233 |
| c Totals (add lines 3a and 3b) | | | | | 474,233 |

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

| | ي د ک | | | | | | | | | | | | | | | | |
|---|---|--------------|--------------|-------------|-------------|-----|---|---|-----|-----|------|----|------|------|------|------|------|
| | (i) Method of valuation (book, FMV, appraisal, other) | | | | | : | | | | | | | | | | | |
| needed. | (h) Description of non-cash assistance | | | | | | | | | | | | | | | | |
| dditional space is | (g) Amount of non-cash assistance | | | | | | | | | | | | | | | | |
| i pe dupilicated il a | (f) Manner of cash disbursement | WIRE | WIRE | 7,750 CHECK | 2,000 CHECK | | | | | | | | | | | | |
| oo, ooo. Far II car | (e) Amount of cash grant | 243.700 WIRE | 205,783 WIRE | 7,750 | 2,000 (| | | | | | | | | | | | |
| ratury, intens, totally tecipient who received findle trial \$5,000. Parting eduplicated it additional space is needed. | (d) Purpose of grant | Program | Program | Program | Program | | | | | | | | | | | | |
| y recipient wild re | (c) Region | EAST ASIA | EAST ASIA | SOUTH ASIA | SOUTH ASIA | | | | | | | | | | | | |
| 11 C 13, 10 a | (b) IRS code section and EIN (if applicable) | | | | | | | | | | | | | | | | |
| רמונ וע, | (a) Name of organization | | | | | | | | | | | | | | | | |
| | - | Ξ | Ñ | ල | <u> </u> | (2) | 9 | E | (8) | (6) | (10) | 11 | (12) | (13) | (14) | (15) | (16) |

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

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2012

Page 3

Schedule F (Form 990) 2012

| (a) Type of grant or assistance (b) Region (1) Support EAST ASIA (2) (4) (5) (6) (7) (7) (10) (10) | Simper of | | | | | |
|--|------------|--------------------------|---------------------------------------|---|--|--|
| Support | recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, apprasal, other) |
| (5) (5) (6) (7) (10) (11) | - | 13,000 WIRE | WIRE | | | |
| (3) (4) (5) (6) (7) (8) (10) | | | | | | |
| (4) (5) (6) (7) (8) (10) | | | | | | |
| (5) (6) (7) (8) (9) (10) | | | | | | |
| (6) (7) (8) (9) (10) | | | | | : | |
| (7) (8) (9) (10) | | | | | | |
| (9) (10) (11) | | | | | | |
| (10) | | | | | | |
| (10) | | | | | | |
| (11) | | | | | | |
| | | | | | | |
| (12) | | | | | | |
| (13) | | | | | | |
| (14) | | | | | | |
| (15) | | | | | | |
| (16) | | | | | | |
| (17) | | | | | | |
| (18) | | | | | | |
| | | | | | Sch | Schedule F (Form 990) 2012 |

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| art | W | Foreign Forms | | - tuge |
|------|----------------|---|-------|--------|
| an t | М | Totalgit Forms | | |
| 1 | the c | the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926) | ☐ Yes | ☑ No |
| 2 | may Rece | the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and eight of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a Owner (see Instructions for Forms 3520 and 3520-A) | ☐ Yes | √ No |
| 3 | the c | the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To ain Foreign Corporations (see Instructions for Form 5471) | ☐ Yes | ☑ No |
| 4 | quali Infor | the organization a direct or indirect shareholder of a passive foreign investment company or a fied electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, mation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing if (see Instructions for Form 8621) | Yes | ☑ No |
| 5 | the c | the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain ign Partnerships (see Instructions for Form 8865). | ☐ Yes | ☑ No |
| 6 | "Yes | the organization have any operations in or related to any boycotting countries during the tax year? If ," the organization may be required to file Form 5713, International Boycott Report (see Instructions orm 5713) | ☐ Yes | ☑ No |

Schedule F (Form 990) 2012

| Pа | rt | V | Γ |
|----|----|---|---|

Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region); Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions)

| We have dispatched missionaries after the internal training and each missionary is required to report the expensed on monthly basis |
|---|
| The missionary coordinator makes annual visitation to insure the accuracy and reliability of the record keeping. Also we review the |
| project for the reasonableness and for its documentation. All foreign operation requires to have an accountant and cashier separately |
| and it insure the mis-handling of the fund as well as the reporting the financial activities |
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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

OMB No 1545-0047

Open to Public Inspection 2012

Employer identification number

| CORNERSTONE MINISTRIES INTERNATIONAL Part General Information on Grants and Assistance | NATIONAL on on Grants and | Assistance | | | | | 91-1550156 |
|--|---|--------------------------------------|-----------------------------|---------------------------------------|---|---|---|
| 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and | itain records to sub | stantiate the amou | unt of the grants or | r assistance, the g | grantees' eligibility fo | or the grants or assistanc | |
| the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitori | o award tne grants anization's procedu | or assistance? res for monitorino | Issistance? | · betral I edt ar spa | States | | · Yes No |
| E | Assistance to Go | Pac ataomic or or | Ordenia di di | in the Helphad C | Ciarco Complete is | 44 | 1 - 4 H - 5 X H - 5 X H |
| 1 | any recipient that | received more th | han \$5,000. Part | Il can be duplication | tates. Complete in ated if additional s | tne organization answ space is needed. | Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| (1) CHINA HARVEST, PO BOX 12249 | | | | | | | |
| WITCHITA, KS 67277-2249 | 54-1852027 | 501(C)(3) | 18,250 | | | | LEADERSHIP DEVOPMEN |
| (2) I-Media, 9812 Falls Road | | | | | | | |
| #114-116, Potomac, MD 20854 | | | 38,590 | | | | |
| (5) | | | | | | | |
| (4) | <u> </u> | | | | | | |
| (5) | | | | | | | |
| (9) | | | | | | | |
| (2) | | | | | | | |
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| (8) | | | | | | | |
| (6) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | on 501(c)(3) and gov | ernment organiza | tions listed in the li | ne 1 table . | | - | _ |
| 3 Enter total number of other organizations listed in the line 1 table | organizations listed | In the line 1 table | | | | | 1 |
| For Paperwork Reduction Act Notice, see the Instructions for | , see the Instruction | s for Form 990. | | Ö | Cat No 50055P | | Schedule I (Form 990) (201 |

Schedule I (Form 990) (2012)

| Schedule I (Fo | Schedule I (Form 990) (2012) | المطهدة ماميدا | Catal Of the Catal | 1 4 31 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1 " XX" 1 - X - X - X - X - X - X - X - X - X - | Page 2 |
|----------------|---|--------------------------|--------------------------|--|---|--|
| | Part III can be duplicated if additional space is needed. | space is needed. | nied States. Com | piete it the organiz | ation answered "Yes" to | Form 990, Part IV, line 22. |
| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
| 1 Missio | 1 Missionary Support | 3 | 15,800 | | | |
| 2 Bible T | 2 Bible Translation | 1 | 54,000 | | | |
| က | | | | | | |
| 4 | | | | | | |
| ည | | | | | | |
| 9 | | | | | | |
| 7 | | | | | | |
| Part IV | Supplemental Information. Complete this information. | | nde the information | required in Part I, | line 2, Part III, column (b) | part to provide the information required in Part I, line 2, Part III, column (b), and any other additional |
| We receive | We receive reports from mission organization periodically and receive receipts for the fund transmit for radio project. Our field worker monitor radio output | and receive receipt | s for the fund transmit | for radio project. Ou | r field worker monitor radio o | utput |
| | | | | | | |
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| | | | | | | Schedule I (Form 990) (2012) |

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. Open to Publ Inspection

OMB No 1545-0047

2012

Open to Public Inspection

Employer identification number

| CORNERSTONE MINISTRIES INTER | NATIONAL | | 91-155056 | | | | | | |
|--|--------------------------|------------------------------------|--------------------------------|--|--|--|--|--|--|
| Line 4d, Part III Other Program Sen | vices, Form 990 | | | | | | | | |
| (Code) (Total Expenses: | 81,604) (Grants and A | Allocations: 63,094) | | | | | | | |
| WE HAVE NETWORKED WITH THE | EXISTING LOCAL LEADER: | S AND PASTORS OF THE PERSECUTED | CHURCH IN NORTH KOREA AND | | | | | | |
| TO ASSIST THEM FURTHERING IN | CHURCH PLANTING AND P | ASTORING CHURCHES IN THEIR SURR | OUNDING WE FACILITATE AND | | | | | | |
| ASSIST THOSE PASTORS WHO AR | E WILLING TO PLANT A CH | JURCH IN THEIR NEIGHBOOHOOD. WE | HAVE TRAINED 202 LEADERS AT 12 | | | | | | |
| TRAINING CENTERS TO RETURN A | ND TO PLANT THE UNDER | GROUND CHURCH IN NORTH KOREA. | | | | | | | |
| | | | | | | | | | |
| Line 4d, Part III Other Program Serv | vices, Form 990 | | | | | | | | |
| (Code) (Total Expenses: | 163,700) (Grants a | nd Allocations: 102,745) | | | | | | | |
| PROVIDING HUMANITARIAN ASSIS | TANCE TO PEOPLE IN NOF | RTH KOREA, REFUGEES OF NORTH KO | REA IN CHINA ALONG THE BORDER, | | | | | | |
| DEFECTORS OF NORTH KOREAN IN SOUTH KOREA, NORTH KOREAN ORPHANS IN CHINA, AND OTHER NATIONS THROUGH HUMANITA- | | | | | | | | | |
| RIAN ASSISTANCE WE SHARE THE LOVE OF JESUS CHRIST AND TO MEET THEIR IMMEDIATE SURVIVIAL NEEDS | | | | | | | | | |
| OFTEN THIS ASSISTANCE LEADS 1 | TO INTRODUCING THE GOS | SPEL, BUT HE OR SHE IS NOT REQUIRE | D TO RECEIVE THE AIDS. WE | | | | | | |
| ASSIST THE NEEDY PEOPLE IN TH | E GOSPEL RESTRICTED NA | ATIONS WITH FOODS, CLOTHES, MEDIC | CINES, OTHER NECESSITY | | | | | | |
| ITEMS. WE DELIVERED 20 TONS OF | F RICE, 660 SETS OF CLOT | HING, MEDICINE FOR 71 PEOPLE AND I | PROVIDED CHRISTMAS GIFTS | | | | | | |
| TO NORTH KOREAN ORPHANS IN O | CHINA AND NORTH KOREA | <u> </u> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Line 2, Part VI, Form 990 | | | | | | | | | |
| Name | Title | Relationship | | | | | | | |
| Isaac Lee | President | Brother | | | | | | | |
| Peter Lee | Executive Director | Brother | | | | | | | |
| · | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| Schedule O (Form 990 or 990-EZ) (2012) | Page 2 |
|--|--------------------------------|
| Name of the organization | Employer identification number |
| CORNERSTONE MINISTRIES INTERNATIONAL | 91-1550156 |
| Line 11a, Section B, Part VI, Form 990 | ······ |
| The executive committee of the board review the form 990 before its filing. | |
| | |
| Line 12c, Section B, Part VI, Form 990 | |
| Officers, directors, and other key employees are required to disclose immediately any conflicts which ma | ay arıse |
| | |
| Line 19, Section C, Part VI, Form 990: | |
| The organization's article of incorporation, by-laws, and financial statements are made available upon re- | quest |
| | |
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Cornerstone Ministries Int'l Other Expenses Year 2012

| | Total | Program | Admın | Fund Raising |
|----------------------|--------------|---------|----------------|--------------|
| Alarm | 360 | 252 | 36 | 72 |
| Bank Charges | 3,391 | 2,373 | 339 | 677 |
| Books | 199 | 199 | _ | _ |
| Consulting | 69,000 | 48,300 | 6,900 | 13,800 |
| Credit Card Fee | - | · – | _ | _ |
| Editing Fee | _ | _ | _ | _ |
| Flowers | - | _ | _ | _ |
| Franchise Tax | _ | - | - - | _ |
| Freight | 21 | 21 | _ | _ |
| Gasoline | 668 | 467 | 67 | 134 |
| Gift | 935 | _ | | 935 |
| Hotel | 908 | 908 | - | _ |
| Licenses | 15 | | 15 | _ |
| Meals | 9,019 | 5,812 | 1,176 | 2,031 |
| Medicine | - | _ | _ | _ |
| Meeting Exp | 1,248 | 874 | 125 | 250 |
| Membership | 245 | 172 | 25 | 49 |
| Miscellaneous | - | _ | _ | _ |
| Moving Exp | | | | |
| NSF Checks | 227 | _ | 227 | _ |
| Parking | 129 | 90 | 13 | 26 |
| Penalty and Late Fee | 187 | _ | 187 | _ |
| Photos | 681 | 681 | _ | _ |
| Post Box Fee | 181 | 127 | 18 | 36 |
| Postage-Pastoral | 11,258 | 11,258 | - | _ |
| Postage-Office | 1,833 | 1,283 | 183 | 367 |
| Property Tax | 143 | 100 | 14 | 29 |
| Rental Car | 736 | 736 | - | - |
| Rent Furniture | | _ | _ | - |
| Repair | 20 | _ | 20 | _ |
| Reimbursed Exp | 606 | 424 | 61 | 121 |
| Shipping | _ | - | _ | _ |
| Speakers | 1,000 | 700 | 100 | 200 |
| Storage | . | _ | _ | _ |
| Subscription | 164 | 115 | 16 | 33 |
| Supplies-Ministry | 641 | 641 | - | _ |
| Supplies-Office | 6,616 | 4,631 | 662 | 1,323 |
| Supplies-Pastoral | 2,035 | ~ | ~ | 2,035 |
| Supplies-Teaching | _ | - | _ | _ |
| Tax-Others | - 253 - | - 177 | - 25 | - 51 |
| Telephone | 4,428 | 3,099 | 443 | 886 |
| Transportation | _ | | _ | - |
| Training/Education | 6,000 | 4,200 | 600 | 1,200 |
| Wire Fee | 5 | 5 | _ | - |
| Round Up Adjustment | - 2 | 07.00 | - 2 | |
| | 122,642 | 87,291 | 11,199 | 24,152 |

| Statement 2 | | - | | |
|------------------------|-----------------|--------------|-----------|--------------|
| | Cornerstone Min | istries Intl | ··· | |
| | Recap of Expens | | | |
| | Year 2012 | 563 | | |
| | Teal 2012 | | | |
| | Total | Program | Admin | Fund Raising |
| Occupancy | | | | |
| Rent-Office | 13,824 | 9,677 | 1,382 | 2,765 |
| Rent-Conf/Meeting | 7,025 | 7,025 | | |
| Rental-Housing | 1,041 | 1,041 | | _ |
| | 21,890 | 17,742 | 1,382 | 2,765 |
| Contorner | <u> </u> | | | |
| Conference Exp | 040 | 470 | 100 | |
| Conference Exp | 946 | 473 | 189 | 284 |
| Exhibit Expenses | 1,271 | 228 700 | 33 222 | 65 349 |
| | | | | |
| Information Technology | | | | |
| Internet Service | 2,939 | 1,470 | 588 | 882 |
| Web Service | | | | |
| Computer Software | 460 | 322 | 46 | 92 |
| Supplies-Computer | 7,832 | 5,482 | 783 | 1,566 |
| | 11,231 | 7,274 | 1,417 | 2,540 |
| Fees for Service-Other | | | | |
| Custom Clearance Fee | 1,434 | | 1,434 | |
| Filing Fee | 10 | | 10 | _ |
| Fee and Permit | 190 | | 190 | _ |
| Notary Fee | 96 | | 96 | _ |
| Service Fee | 205 | 144 | 21 | 41 |
| Visa Fee | 170 | 170 | | |
| | 2,104 | 314 | 1,750 | 41 |
| Payroll Tax | | | | |
| FICA | 21,648 | 13,950 | 2,823 | 4,875 |
| Medicare | 5,063 | 3,262 | 660 | 1,140 |
| State | 26,711 | 17,212 | 3,483 | 6,015 |

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Statement 3

Cornerstone Ministries International Fixed Asset Schedule 2012

| Accumulated | Additional Depreciation Depreciation | 2012 2012 Balance | - 15,418 - | - 5,255 - | - 7.545 - | 124 3,825 - 0 | - 7.093 - | - 15,983 0 | - 7,722 | 256 10,070 0 | 11,608 | 4,821 | 2,286 3,634 3,224 | | 2.427 2.427 10.703 | |
|-------------|--------------------------------------|---|------------|-----------|-----------|---------------|-----------|------------|---------|--------------|--------|-------|-------------------|-------|--------------------|--------|
| ; | Additional | 2012 | | | | | | | | | | | | | 13,131 | |
| | | Balance | 1 | 0 | I | 124 | 1 | 0 | 1 | 256 | 3,705 | 3,485 | 5,510 | - 600 | | |
| Accumulated | Depreciation | 2011 | 15,418 | 5,255 | 7,545 | 3,701 | 7,093 | 15,983 | 7,722 | 9,814 | 8,987 | 2,958 | 1,348 | | I | |
| | | Total | 15,418 | 5,255 | 7,545 | 3,825 | 7,093 | 15,983 | 7,722 | 10,070 | 12,692 | 6,442 | 6,858 | 009 - | 13,131 | |
| Leasehold | Improve | ments | | | | | | | | | 000'6 | | 1 | | | |
| | Office | Equipment | 2,419 | 1,285 | ı | 1 | 2,567 | 4,231 | 1,831 | | | 372 | 1 | | | |
| | lelephone | Equipment | 1 | ı | ı | 1 | 1 | | 1,276 | 1,969 | | 367 | 1 | | 545 | |
| | | Camera | 1 | ı | 1 | ı | 1,373 | 350 | 355 | 1,774 | | 513 | 1 | | 2,429 | |
| | | Furniture | 1 | 1,758 | 1 | 1,040 | 1,282 | | ı | | | | ì | | | |
| | | Computer | 5,999 | 2,212 | 2,844 | 1,583 | 1,870 | 7,142 | 4,260 | 6,327 | 3,692 | 3,291 | 6,858 | - 600 | 9,417 | 000 |
| 9 | Kadio/Sound | Automobile Equipment Computer Furniture | 1 | 1 | 4,701 | 1,201 | 1 | 4,259 | | | | 1,900 | ı | | 740 | 100 01 |
| | | Automobile | 2,000 | ı | 1 | ı | ì | | | | | | 1 | | | 000 |
| | | Year | 2001 | 2002 | 2003 | 2004 | 2002 | 2006 | 2002 | 2008 | 2009 | 2010 | 2011 | ΑD | 2012 | |

Statement 4

Cornerstone Ministries Int'l 2012

| | Program | Delivery of The Word | Support of Ministries (Leadership) | Mobilazation & Preaching (Missionary) | Church Planting | Pre-Evangelism thru Humanitarian Assistance |
|-------------------|---------|-------------------------|--|---|--------------------|--|
| Project Expenses | 442,683 | 137,497 | 87,412 | 63,512 | 51,517 | 102.745 |
| Support | 65,600 | · – | 41,000 | 24,600 | , | , <u>-</u> |
| Bible Translation | 54,000 | 54,000 | · - | · - | _ | _ |
| Radio Program _ | 38,590 | 15,436 | 11,577 | | 11,577 | |
| Total | 600,873 | 206,933 | 139,989 | 88,112 | 63,094 | 102,745 |

| | Amount | Delivery of The Word | Support of Ministries (Leadership) | Mobilazation 8 Preaching (Missionary) | Church Planting | Pre-Evangelism thru Humanitarian |
|-------------------|---------|-------------------------|--|---|--------------------|--|
| US | | | | | | |
| Organizations | 64,840 | 15,436 | 37,827 | - | 11,577 | - |
| Individuals | 61,800 | 54,000 | - | 7,800 | - | _ |
| Foreign | | | | | | |
| Organizations | | | | | | |
| Canada | _ | _ | _ | _ | _ | |
| China | 243,700 | 69,220 | 45,485 | 37,285 | 24,240 | 67,470 |
| Korea | 205,783 | 68,277 | 46,927 | 28,027 | 27,277 | 35,275 |
| India | 7,750 | _ | 7,750 | · - | · - | _ |
| Pakistan | _2,000 | | 2,000 | | | |
| - | 459,233 | 137,497 | 102,162 | 65,312 | 51,517 | 102,745 |
| Foreign Individua | als | | | | | |
| China | 2,000 | _ | _ | 2,000 | _ | - |
| Korea | 13,000 | | | 13,000 | | |
| | 15,000 | | | 15,000 | | |
| Total Foreign | 474,233 | 137,497 | 102,162 | 80,312 | 51,517 | 102,745 |
| Total . | 600,873 | 206,933 | 139,989 | 88,112 | 63,094 | 102,745 |