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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)

2012

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements For the 2012 calendar year, or tax year beginning Aug 1 , 2012, and ending , 2013 В C Name of organization CORNERSTONE SCHOOLS OF WASHINGTON D.C., D Employer Identification Number Check if applicable INC. Address change Doing Business As 52-2084049 Number and street (or P O box if mail is not delivered to street addr) Telephone number Name change Initial return 3742 ELY PLACE SE (202) 575-0027 State ZIP code + 4 Terminated City, town or country G Gross receipts \$ 1,633,019 Amended return WASHINGTON DC 20019 F Name and address of principal officer H(a) Is this a group return for affiliates? X No Application pending Yes **H(b)** Are all affiliates included? If 'No,' attach a list (see instructions) Yes DC 20019 LAURA COOPER 3742 ELY PLACE, SE WASHINGTON 4947(a)(1) or 527 Tax-exempt status X 501(c)(3) 501(c) () **d** (insert no.) Website: ► H(c) Group exemption number www.cornerstone-schools.org κ M State of legal domicile DC Form of organization X Corporation Trust L Year of Formation 1997 Association Part I Summary Briefly describe the organization's mission or most significant activities: THROUGH A PARTNERSHIP OF FAMILY, SCHOOL AND COMMUNITY, CORNERSTONE PROVIDES A CHRIST-CENTERED, NUTURING, AND ACADEMICALLY RIGOROUS EDUCATION TO THE CHILDREN OF WASHINGTON DC, EQUIPPING THEM WITH THE KNOWLEDGE, SKILLS AND VALUES NECESSARY TO BECOME LEADERS WHO SERVE OTHERS IN LIGHT OF CHRIST AND HIS TRUTH. Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) SCANNED JUL Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 37 6 Total number of volunteers (estimate if necessary) 90 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 944,672 827,291. Program service revenue (Part VIII, line 2g) 668,330 773,731. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 66 62. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 26,605 10,352 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,639,673 1,611,436 12 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 14 1,230,019. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,008,790 15 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 72,370. Other expenses (Part IX, column (A), lines 11a-11d, 11(524e) 720,291 766,869. 17 Total expenses Add lines 13-17 (must equal Part X, column (A), line 729,081 1,996,888. Revenue less expenses. Subtract line 18 from line 12 19 -89,408 -385,452. End of Year JUN 2 & 2014 **Beginning of Current Year** က် 20 Total assets (Part X, line 16) 219,485 151,350. Total liabilities (Part X, line 26) 416,183 733,500. 21 Net assets or fund balances. Subtract line 21 from 120 N, 22 -196,698 -582,150 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign PRESIDENT, BOARD OF DIRECTORS Here Preparer's signature Print/Type preparer's name self-employed P00066528 Michael C. Davis, CPA Paid **Preparer** ANDERSON, DAVIS & ASSOCIATES, Use Only Firm's EIN > 52-1861549 1406 B SOUTH CRAIN HWY, **STE 204** Firm's address 21061-4099 GLEN BURNIE MD Phone no (410) 766-2645 Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

917-23

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Form 990 (2012

	990 (2012) CORNERSTONE SCHOOLS OF WA	SHINGTON D.C., INC.	52-2084	049 Page 2
Par		•		
	Check if Schedule O contains a response to a	ny question in this Part III		<u>.</u>
1	Briefly describe the organization's mission:			
	THROUGH A PARTNERSHIP OF FAMILY,	SCHOOL AND		. _
	COMMUNITY, CORNERSTONE PROVIDES	A CHRIST-CENTERED, NU	TURING, AND ACADEMIC	ALLY RIGOROUS
	See Form 990, Page 2, Part III, Line 1 (continued)			
2	Did the organization undertake any significant progra	m services during the year which	were not listed on the prior	
	Form 990 or 990-EZ?		[Yes X No
	If 'Yes,' describe these new services on Schedule O.			. <u> </u>
3	Did the organization cease conducting, or make signi	ficant changes in how it conducts,	any program services?	Yes X No
	If 'Yes,' describe these changes on Schedule O.			
4	Describe the organization's program service accompl	ishments for each of its three larg	est program services, as measure	ed by expenses
	Section 501(c)(3) and 501(c)(4) organizations and se others, the total expenses, and revenue, if any, for each	ction 4947(a)(1) trusts are require	d to report the amount of grants	and allocations to
	others, the total expenses, and revenue, if any, for ea	acti program service reported		
4 a		3. including grants of \$	0.) (Revenue \$	773,731.)
	THE SCHOOL PROVIDES AN OPPORTUNI			CHILDREN.
	DURING THE CURRENT YEAR THE SCHOOL	OL <u>HAD 181 STUDENTS F</u>	<u>ROM THE METRO AREA. </u>	
				-
41	(Code·) (Expenses \$	including grants of \$) (Revenue \$)
				_
		·		
10	(Code) (Expenses \$	including grants of \$) (Revenue \$	
40	(Code) (Expenses \$	including grants or \$		
				~
			 -	
	1011			
40	Other program services (Describe in Schedule O.)	rents of C) (Payonus É	
		rants of \$) (Revenue \$	
RAA		63,223.		Form 990 (2012)

Partive Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	-	x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III .	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V .	10	landari della di	Х
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.			
a	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
t	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	11 b	Х	!
(c 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	11 c		Х
	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	11 d	Х	
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
f	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	,	Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	Х	X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		
t	b 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 foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20 a	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
t	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2012) CORNERSTONE SCHOOLS OF WASHINGTON D.C., INC.

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
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		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and 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		х
ŧ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
ď	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		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ŀ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
26	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		Х
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		х
	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		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	25	 	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>	30		X
31		31	<u> </u>	
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
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		х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	olf '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		х
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		х
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA		Form	990	(2012)

Part V Statements Regarding Other IRS Filings and Tax Compliance			<u> </u>
Check if Schedule O contains a response to any question in this Part V			
•		Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a 7			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			j
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		ļ
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 37			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	<u>x</u>	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)	_==		\vdash
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i>	3 b		
· · · · · · · · · · · · · · · · · · ·	- 50		\vdash
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 account)?	4 a		X
b If 'Yes,' enter the name of the foreign country:			ł
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		<u> </u>
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a	х	
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	х	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	x	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
Form 8282?	7с		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d	<u> </u>		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
as required?	7 g		i
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9 a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12 . 10a]		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	`		i
11 Section 501(c)(12) organizations. Enter:			1
a Gross income from members or shareholders	·	•	r
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?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	$\neg \uparrow$		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	[ı
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	$\neg \neg$		
b Enter the amount of reserves the organization is required to maintain by the states in	ļ		
which the organization is licensed to issue qualified health plans	l		
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

Form 990 (2012) CORNERSTONE SCHOOLS OF WASHINGTON D.C., INC. 52-2084049 Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a` 'No' response to līne 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee or key employee? Х Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Х Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7 h Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8 a Х 86 **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No 10 a 10a Did the organization have local chapters, branches, or affiliates? . Х 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 ... 12 a Х b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b Х to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12c Х 13 X 13 Did the organization have a written whistleblower policy? 14 Х 14 Did the organization have a written document retention and destruction policy? . 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a Х 15b Х **b** Other officers of key employees of the organization . 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 16a Х taxable entity during the year? . 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply. Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization 3742 ELY PLACE, SE WASHINGTON (202) 575-0027

BAA

Form 990 (2012)	CORNERSTONE	SCHOOLS	OF WASHINGTON D.C.,	INC.

52-2084049

Page **7**

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, 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

- 1 a 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 nor any related organization compensated any current officer, director, or trustee Co	employees; and former such persons				·						,
Column C	Check this box if neither the organization	n nor any r	elated	org			n con	npen	sated any current offi	cer, director, or truste	<u>e</u>
Trained of the state of the s	(A) Name and Title	Average hours per	offic	n (do k, unl er an	not d	check	r/truste	e)	Reportable compensation from	Reportable compensation from	Estimated amount of other
_(1) LAURA COOPER		any hours for related organiza- tions below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related
(2) BRANDI LAPERRIERE		5.00									
VICE PRESIDENT			X		X				0.	0.	<u> </u>
(3) CHRISTIANE SHIPLEY		5.00	x		x				0.1	0.	0.
TREASURER		5.00									
SECRETARY			_x_		х				0.	0.	0.
(5) RON DURHAM 3.00	(4) NANCY RUIZ	5.00									
DIRECTOR	SECRETARY		_X		Х				0.	0.	0.
(6) ANIKA PRATHER	(5) RON DURHAM	3.00									
EXECUTIVE DIRECTOR X 18,261. 0. 0. 0.	DIRECTOR	<u> </u>							0.	0.	0.
(10) (11) (12) (13)		40.00			х				18,261.	0.	0.
(10) (11) (12) (13)							-				
(10) (11) (12) (13)	(8)										
(12) (13)	(9)								-		
	<u>(10)</u>										
<u>(13)</u>	(11)										
	(12)		**-				· -				
(14)	(13)								-		-
	(14)										

Part VII Section A. Officers, Directors, T	rustees, l	<u>Key</u>	Em	<u>ıplo</u>	oye	es,	and	d Highest Con	pensated Emp	loyees (cont)
	(B)			•	C)					
(A) Name and title	Average hours per	box,	, unie:	ss pe	rson direct	than is both or/trus	h an stee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza - tions below dotted line)	or director	_	_	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)		-								
(16)		-								
(17)						_				
(18)										
(19)		-				-				
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total		<u> </u>					▶	18,261.	0.	0
c Total from continuation sheets to Part VII, Sect	tion A .						>			
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not line)	nited to tho	se lis	sted	abo	ve) v	who	rece	18,261. eived more than \$	0 . 100,000 of reportab	0 le compensation
from the organization								_ 	 	Yes No
3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for such	ctor or trust ch ındıvıdua	ee, k <i>l</i>	ey e	empl	oye	e, or	hıgl	hest compensated	employee	3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations great such individual	of reportable ter than \$15	com 0,00	npen 0? <i>II</i>	satı f 'Ye	on a	ind o	thei lete	r compensation fro Schedule J for	om	4 X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Ye									dıvıdual	5 X
Section B. Independent Contractors	5, 0011,p.000						, , , , , , , , , , , , , , , , , , , 			
1 Complete this table for your five highest comper compensation from the organization. Report cor								ling with or within	the organization's t	ax year
(A) Name and business ad	dress							(B) Description o		(C) Compensation
					<u>-</u>					
2 Total number of independent contractors (include	-	limite	ed to	tho	se I	ısted	l ab	ove) who received	more than	« ··
\$100,000 in compensation from the organization									<u>_</u>	Farm 000 (2012

		Check if Schedule O contains	a resp	onse to any questio	n in this Part VIII			. 🔲
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above	1 a 1 b 1 c 1 d 1 e 1 f	30,997. 796,294.				
Š	g	Noncash contributions included in Ins 1a-	1f: \$_	9,186.	·			
<u>—</u>	<u>h</u>	Total. Add lines 1a-1f	i	<u> </u>	827,291.			
	2.		}	Business Code				
VICE RE	2a b c	TUITION	 	900099	773,731.	773,731.	0.	0.
55	d			· · · · · · · · · · · · · · · · · · ·		-		
ਡੀ	е							
8	f	All other program service revenu	e . [
	g	Total. Add lines 2a-2f		, >	773,731.			
	3	Investment income (including divother similar amounts) . Income from investment of tax-e		•	62.	0.	0.	62.
ĺ	5	Royalties		.				
		(ı) F	Real	(II) Personal				
	6 a	Gross rents .						
		Less: rental expenses						
1		Rental income or (loss)		<u> </u>				
İ	d	Net rental income or (loss)		•	- -			
		Gross amount from sales of assets other than inventory	urities	(II) Other				
		Less: cost or other basis and sales expenses Gain or (loss)						
		Net gain or (loss)		•				
		Gross income from fundraising e	vente					
OTHER REVENUE	va	(not including \$ 30, of contributions reported on line	997.					
8		See Part IV, line 18	;	31,935.				
悥		Less direct expenses	-	21,583.				
		Net income or (loss) from fundra Gross income from gaming activ See Part IV, line 19	-	vents	10,352.		0.	10,352.
		Less' direct expenses	i	<u></u>				
		Net income or (loss) from gamin	a actıvı	ties .				J
İ		Gross sales of inventory, less refand allowances	turns			-		
	b	Less cost of goods sold .						
ì		Net income or (loss) from sales	of inver	ntory ►		-		
		Miscellaneous Revenue		Business Code				
	11 a							
ĺ	þ		}					
	C	All ather severe						
		All other revenue	· [-		<u> </u>
		Total revenue. See instructions		` ` ` [1,611,436.	773,731.	0.	10,414.
				·	1,011,430.	<u> </u>	0.1	10,414.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII Program service Management and expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 60,516 30,258 21,181 9,077. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 993,743. 875,039 84,917 33,787. Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) 66,087 7,745 Other employee benefits . 76,961 3,129. Payroll taxes 98,799 84,839 9,943 4,017. Fees for services (non-employees): a Management **b** Legal c Accounting 19,037 0. 18,561 476. d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees Other (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O) Advertising and promotion 12 13 Office expenses 19,830 29,160 7,290 2,040 Information technology 14 15 Royalties 16 Occupancy 561,982 554,957 5,620 1,405. 17 Payments of travel or entertainment 18 expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 2,077 2,051 21 5. 23 20,096 19,845 201 50 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 BAD DEBT EXPENSE 18,614 18,614 0 0. 0_. b <u>INSTRUCTIONAL MATERIALS</u> 71,417 71,417 0 18,202. 18,202 0 FUNDRAISING EXPENSE d REPAIRS AND MAINTENANCE 15,107 153 15,298 38. e All other expenses 10,986 5,179 5,663 144. 25 Total functional expenses. Add lines 1 through 24e 996,888 763,223 161,295 72,370. 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)

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X **(B)** End of year (A) Beginning of year Cash - non-interest-bearing 1 35,723. 90,257 2 Savings and temporary cash investments 2 10,025 8,000. 3 Pledges and grants receivable, net . 3 0 0. Accounts receivable, net 4 18,078 15,931 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 Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 7,352 9 0 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 a 40,821 **b** Less: accumulated depreciation 10b 37.425 5,473 10 c 3,396. Investments - publicly traded securities 11 11 12 Investments - other securities See Part IV, line 11 9,900 12 9,900. Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 15 15 Other assets. See Part IV, line 11 78.400 78,400. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 <u>219,485</u> 151,350. Accounts payable and accrued expenses 17 17 <u>416,183</u> 655,834. 18 Grants payable 18 Deferred revenue 19 19 4,508. 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, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 73,158 26 26 416,183 733,500 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 -196,698 ~582,150. Temporarily restricted net assets 28 28 n Permanently restricted net assets 29 é Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. FUZD Capital stock or trust principal, or current funds 30 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 -196,698 -582,150 Total liabilities and net assets/fund balances 219,485 34 34 151,350

BAA

Form 990 (2012)

Forn	n 990 (2012) CORNERSTONE SCHOOLS OF WASHINGTON D.C., INC. 52-20)8 <u>4</u> 049		Pa	age 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI	•			П			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,6	11,	436.			
2	Total expenses (must equal Part IX, column (A), line 25)	2			888.			
3	Revenue less expenses. Subtract line 2 from line 1	3	3	85,4	452 <u>.</u>			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			698.			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses .	7						
8	Prior period adjustments .	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9]						
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	0	5	82,:	150.			
Pa	rt XII Financial Statements and Reporting	,						
	Check if Schedule O contains a response to any question in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990. Cash X Accrual Other		7					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O							
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?	-	2a		X			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on separate basis, consolidated basis, or both:	a	. 1					
	Separate basis Consolidated basis Both consolidated and separate basis							
1	b Were the organization's financial statements audited by an independent accountant?		2 b	Х	<u> </u>			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 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 oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	udit,	2 c	x				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
3	3 a 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?							
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3Ь		<u> </u>			
BAA			Form	990	(2012)			

TEEA0112 08/09/11

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

Schedule A (Form 990 or 990-EZ) 2012

			SCHOO								<u> </u>					08404			
Part										izations) See ı	nstruc	tions.		
The o	rgan	ızatıon	ıs not a pı	rıvate	found	ation be	cause	e it is:	: (For lır	es 1 throu	igh 11, d	check on	ly one t	oox.)					
1	_		-							ches desc		section	170(b)(1)(A)(i).					
2		A schoo	l describe	d in :	sectior	170(b)	(1)(A)	(ii). (/	Attach S	chedule E	.)								
3		A hospi	tal or a co	opera	ative h	ospital s	service	e orga	anızatıor	n describe	d ın sec	tion 170	(b)(1)(A)(iii).					
4	\square	A medic	al researd	ch org	ganızat	ion ope	rated	ın co	njunctio	n with a ho	ospital d	escribed	in sect	ion 170	(b)(1)(A)	(iii) Ent	ter the hosp	ıtal's	
			ity, and s																
5		An orga 170(b)(1	nızatıon o	perat (Com	ted for plete F	the ben Part II)	efit of	f a co	llege or	university	owned	or opera	ted by a	govern	mental u	init desc	cribed in sec	tion	
6	\square'	A federa	ai, state, c	or loc	al gove	ernment	or go	vernr	mental u	nıt describ	ed in se	ection 17	70(Ь) (1)(A)(v).					
7		An orga ın secti d	nızatıon tl on 170(b)(hat no (1)(A)	ormally (vi). ((receive Complet	es a si te Par	ubsta t II)	intial pai	rt of its su	pport fro	m a gov	ernmen	ital unit	or from t	the gene	eral public d	escrib	ed
8			-							(Complet		-							
9		related t unrelate	nization tha o its exem d business ete Part III	pt fur taxal	mally re nctions ble inco	eceives: — subje ome (les:	(1) mo ct to c s secti	ore tha ertair on 51	n 33-1/3 n excepti 1 tax) fro	% of its sup ons, and (2 im busines:	port fron 2) no mo ses acqu	n contribi re than 3 ired by th	utions, m 13-1/3% ne organi	nembers of its suj ization a	hip fees, a oport fror fter June	and gros n gross i 30, 1975	s receipts fro investment i See sectio	m acti ncome n 509(vities e and a)(2).
10	\Box	An orga	nization o	rganı	zed an	d opera	ited ex	xclusi	vely to t	est for pul	blic safe	ty See s	section	509(a)(4	l).				
11	ې لسا و	supporte	nızatıon org ed organız ng organı	ation:	s descr	ibed in s	section	n 509	(a)(1) or	section 50	to perfori)9(a)(2)	m the fun See sec	ctions of tion 509	f, or carr 9(a)(3). (y out the p Check the	purposes box tha	s of one or ma at describes	ore pu the ty	blicly pe of
	á	а 🏻 Ту	pe I	b	Птур	e II	С	П-	Type III	 Function 	nally inte	egrated		d 🗍 i	Type III -	– Non-fi	unctionally i	ntegra	ated
е	-	other th	king this t an founda 509(a)(2)	oox, l ition i	certify	that the	e orga other	anızat than	tion is no one or i	ot controlle more publi	ed direct	ly or ind orted or	irectly b ganizat	y one o ions des	r more d cribed in	lisqualifi section	ed persons n 509(a)(1)	or	
f	i		ganization	rece	erved a	written	deter	minai	tion fron	the IRS t	that is a	Type I,	Type II	or Type	III suppo	orting or	ganızatıon,		
g	5	Since A	ugust 17,	2006	, has t	he orga	nızatıc	on ac	cepted a	any gift or	contribi	ution fro	m any o	f the fol	lowing p	ersons?			
_																		Yes	No
	((i) A be	person whe g	no dir Joveri	ectly o	r indired ody of th	ctly co ne sup	ontrol: oporte	s, either ed organ	alone or t ization?	ogether	with per	sons de	scribed	ın (ıı) ar	nd (III)	11 g (i)		
	((ii) A	family me	mbei	r of a p	erson d	lescrib	oed in	(i) abov	ve?							11 g (ii)		1
	((iii) A	35% cont	rolled	entity	of a pe	rson c	descri	ibed in (ı) or (II) at	oove?						11 g (iii)		
h	F	Provide	the follow	ıng ı	nforma	tion abo	out the	e sup	ported o	rganızatıoı	n(s)								
			of supported nization			(ii) EIN		a	Type of o escribed or bove or IRG (see instru		organiz column (i your go	s the ation in i) listed in overning ment?	(v) Did yo the organ column (i sup	zation in	(vi) ls organiza colun organize	ation in	(vii) Amoun sup	t of mor	netary
											Yes	No	Yes	No	Yes_	No			
(4)																			
(A)				+				-			 	 	 	l					
(B)										- <u></u>									
(C)				\dashv							-	<u> </u>		<u> </u>					
(D)								ļ			<u> </u>								
(E)							١									0			
				\top							 								
Total								1			1]]		

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

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

(-)			- Mr Mrs Maria and All Mr Mr Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs M
(Complete only if you check	ed the how on line 5.7 or	9 of Part Lor of the organization	n failed to qualify under Part III If the
Coumbiere only in you oricen	cu the box off file 3, 7, or	o of fact of it the organization	i laned to quality dilicel i art iii ii the
organization fails to qualify	under the tests listed helou	w nlease complete Part III)	· •

Sec	tion A. Public Support		· · · · · · · · · · · · · · · · · · ·				
Cale	ndar year (or fiscal year nning 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						i
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4			<u> </u>			
Sec	tion B. Total Support			T		,	
	ndar year (or fiscal year nning 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						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activi	ties, etc (see inst	ructions)		•	12	
13	First five years. If the Form 990 organization, check this box and		ation's first, secon	d, third, fourth, or	fifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pul	olic Support F	Percentage				
	Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	e 11, column (f))	•	14	<u> %_</u>
15	Public support percentage from 2	011 Schedule A,	Part II, line 14.	•		15	
16 a	33-1/3% support test — 2012. If the and stop here. The organization of				d the line 14 is 33	-1/3% or more, che	eck this box
b	33-1/3% support test — 2011. If the and stop here. The organization of				i, and line 15 is 33	3-1/3% or more, ch	eck this box
17 a	10%-facts-and-circumstances te or more, and if the organization rethe organization meets the 'facts-	neets the 'facts-a	nď-circumstances	test, check this b	ox and stop here.	Explain in Part IV	
	10%-facts-and-circumstances te or more, and if the organization rorganization meets the 'facts-and	neets the 'facts-a I-circumstances' t	nd-circumstances est. The organiza	' test, check this b tion qualifies as a	ox and stop here. publicly supported	Explain in Part IV d organization	how the
18	Private foundation. If the organiz	ation did not che	ck a box on line 1	3, 16a, 16b, 17a, 6		box and see instru	

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	,
(Complete only if you checked the box on line 9 of Part I or if the	organization failed to qualify under Part II. If the organization fails
to the state of th	organization ranca to quality under 1 art ii. If the organization rans
to qualify under the tests listed below inlease complete Part II.)	

Sect	tion A. Public Support		<u></u>						
	lar year (or fiscal yr beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
	Gifts, grants, contributions and membership fees received. (Do not include any unusual grants.)								
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
	Gross receipts from activities that are not an unrelated trade or business under section 513								
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge								
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons								
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c	Add lines 7a and 7b .								
	Public support (Subtract line 7c from line 6)	r e e e e e e e e e e e e e e e e e e e	Contract of the contract of th	it to paying					
Sect	ion B. Total Support				,				
Calend	ar year (or fiscal yr beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
	Total support. (Add Ins 9, 10c, 11, and 12)								
	First five years. If the Form 990 is organization, check this box and			, third, fourth, or	fifth tax year as a	section 501(c)(3)	>		
	ion C. Computation of Pul								
	Public support percentage for 201		• •	13, column (f))		15			
	Public support percentage from 2					16	8		
	ion D. Computation of Inv								
	Investment income percentage for	•	• •	•	nn (f))	17			
	Investment income percentage fro	om 2011 Schedule	A, Part III, line 1		•	18	· 8		
	Investment income percentage from 2011 Schedule A, Part III, line 17								
19 a	33-1/3% support tests – 2012. If is not more than 33-1/3%, check	the organization of this box and stop	here. The organiz	ation qualifies as	a publicly support	ted organization	▶		
19 a b	33-1/3% support tests - 2012. If	the organization of this box and stop the organization of check this box ar	here. The organiz lid not check a boo nd stop here. The	ation qualifies as x on line 14 or lin organization qual	a publicly support ne 19a, and line 16 lifies as a publicly	ted organization is more than 33-1/ supported organiza	/3%. and —		

		A (Forn	1 990 or	990-EZ)	2012	CORN	ERSTO	NE SC	HOOLS	OF WA	SHING	GTON	D.C.	, INC	. 52-	-208	4049		Page 4
Pa	rt IV	Sup Part (See	plemer II, line instru	ntal Info e 17a or uctions).	rmatic	on. C and P	omple art III,	te this line 1	part to	o prov	vide the	e ex this j	plana part fo	tions r or any	equired addition	d by onal i	Part II, nforma	line 1 tion.	0;
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·	·						- -		 			 			- -	·			
								- -	-			-		-		- - -			
		 										 	. – – – . – – –	 		·		- 	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public Inspection
Employer identification number

CO	RNERSTONE SCHOOLS OF WASHINGTO	ON D.C., INC.		52-2084049	
Pa	rt Organizations Maintaining Dono	or Advised Funds or Other Sim	ilar Funds or Ac		
	the organization answered 'Yes'	to Form 990, Part IV, line 6.			
		(a) Donor advised funds	(b)	Funds and other accounts	
1	Total number at end of year			···	
2	Aggregate contributions to (during year)			=	
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and don are the organization's property, subject to the	or advisors in writing that the assets he organization's exclusive legal control?	eld in donor advised t	funds Yes No)
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing that gr of the donor or donor advisor, or for ar	ant funds can be use ny other purpose conf	ed only ferring Yes No)
Pa	Conservation Easements. Comp	olete if the organization answer	ed 'Yes' to Form	990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by	the organization (check all that apply)	=		
	Preservation of land for public use (e.g., re	ecreation or education) Prese	ervation of an historic	ally important land area	
	Protection of natural habitat	Prese	ervation of a certified	historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contrib	ution in the form of a	conservation easement on the	е
	last day of the tax year		5.5	Held at the End of the Tax Ye	ar
	a Total number of conservation easements		2 a		<u> </u>
	b Total acreage restricted by conservation easer	nents	2 b		
	c Number of conservation easements on a certif		2 c		
	d Number of conservation easements included in				
	structure listed in the National Register .	· · · · · · · · · · · · · · · · · · ·	. 2d		
3	Number of conservation easements modified, tax year ▶	transferred, released, extinguished, or t	erminated by the org	anization during the	
4	Number of states where property subject to co				
5	and enforcement of the conservation easemen				r
6	Staff and volunteer hours devoted to monitorin	g, inspecting, and enforcing conservati	on easements during	the year	
7	Amount of expenses incurred in monitoring, in ►\$	specting, and enforcing conservation ea	asements during the	year	
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requiremen	ts of section 170(h)(4	Yes No	
9	In Part XIII, describe how the organization rep- include, if applicable, the text of the footnote to conservation easements	orts conservation easements in its reve o the organization's financial statement	nue and expense sta is that describes the o	tement, and balance sheet, ar organization's accounting for	nd
Pa	Complete if the organization ans	ctions of Art, Historical Treasuwered 'Yes' to Form 990, Part I	ires, or Other Si V, line 8.	milar Assets.	
1	a If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIII, the text of the footnote to its finan	s held for public exhibition, education, o	r research in furthera	t and balance sheet works of ance of public service, provide	,
	b If the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items:	SFAS 116 (ASC 958), to report in its red for public exhibition, education, or res	evenue statement an search in furtherance	d balance sheet works of art, of public service, provide the	
	(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 an amounts required to be reported under SFAS	I16 (ASC 958) relating to these items:	assets for financial ga	ain, provide the following	
	a Revenues included in Form 990, Part VIII, line	1		▶ \$	
	b Assets included in Form 990, Part X			⊳ \$	

Schedule D	(Form 990) 2012 CORNE	ERSTONE S	CHOOL	S OF WASHI	NGTO	N D.C.,	INC.	52	-2084049	_	Page 2
Part III	Organizations Mainta	ining Colle	ections	of Art, Hist	orica	Treasu	res, or (Other Simila	r Assets (contini	ued)
3 Using items	the organization's acquisite (check all that apply)	on, accession	i, and otl	her records, ch	eck an	y of the foll	lowing tha	at are a signific	ant use of its	collection	on
a 🗌 Pı	ıblıc exhibition			d Loan	or exc	change prog	grams				
<u> </u>	cholarly research			e Othe	r						
c Pr	eservation for future genera	ations									
Part X				•			_	, ,	·		
5 During to be s	the year, did the organizated to raise funds rather the	tion solicit or ian to be maii	receive ontained a	donations of an	t, histo rganiza	rical treasu ation's colle	res, or ot	her similar ass	ets Ye		No
Part IV	Escrowand Custodial A reported an amount o	Arrangeme n Form 99(nts.Co), Part	mplete if the X, line 21.	orgar 	nization ai	nswered ———	Yes to Forn	n 990, Part 	IV, line	9, or
1 a Is the on For	organization an agent, trus m 990, Part X?	tee, custodiar	n, or oth	er intermediary	for co	ntributions	or other a	assets not inclu	ded Ye	s [No
b If 'Yes	,' explain the arrangement	ın Part XIII aı	nd comp	lete the followi	ng tabl	e.					
									Amou	nt	
_	ning balance .	•			•			1 c			
	ons during the year		•		•			1 d			
	utions during the year .				•	•		1 e			
	g balance		000 5			•		1 f	117		
	e organization include an a					, 	, 	n Dest VIII	Ŭ Ye	s [_ No
b If 'Yes	,' explain the arrangement	in Part XIII. C	check he	re if the explan	ition na	as been pro	ovided in i	Part XIII		L	
Dort Vert	Endowment Funds. C	omplete if	tho or	anization a	newo	rod 'Voc'	to Forn	n 990 Part I	V line 10		
Part VA II	Endowment Funds. C	(a) Curren		(b) Prior ye		(c) Two y		(d) Three year		Four year	ırs
1 a Reginn	ning of year balance .	(a) carren		(B) F Hor ye	ar	(0) (110)		(=)	(4)		
b Contrib	•							 			
						. —		 			
and lo								-			
	or scholarships			L _				 -			
	expenditures for facilities ograms			<u></u>	·						
f Admın	istrative expenses	ļ <u> </u>									
_	f year balance .	<u> </u>									
2 Provid	e the estimated percentage	of the currer	nt year e	nd balance (lın	e 1g, d	column (a))	held as:				
a Board	designated or quasi-endow	rment 🕨		 %							
	nent endowment 🕨	%	i								
•	prarily restricted endowmen			_ %							
The pe	ercentages in lines 2a, 2b,	and 2c should	dequal 1	00%.							
	ere endowment funds not ıı zatıon by:	n the possess	ion of th	e organization	that ar	e held and	administe	ered for the		Yes	No
(i) un	related organizations								3a(i)		
(ii) re	lated organizations .	,		• •					3a(ii)		
b If 'Yes	' to 3a(ıı), are the related o	rganizations l	listed as	required on Sc	hedule	R?		•	3b		
4 Descri	be in Part XIII the intended	uses of the o	organizat	tion's endowme	nt fund	ds.					
Part VI 1	Land, Buildings, and	Equipmen	t. See	Form 990, P	art X	<u>, line 10.</u>					
	Description of property			t or other basis evestment)	(b	Cost or ot basis (othe	her r)	(c) Accumulate depreciation		Book va	alue
1 a Land								<u>-</u>		_	
b Buildir	-	•									
	hold improvements	•									
d Equipi	ment	•	<u></u>				563.	27,9			<u>,662.</u>
e Other	······································	· · · · · · · · · · · · · · · · · · ·	<u> </u>		<u> </u>		258.l	9,5	24.		,734.
	nes 1a through 1e. (Column	n (d) must eq	ual Form	n 990, Part X, c	olumn	(B), line 10	D(c))		<u> </u>		<u>,396.</u>
BAA									Schedule D	Form 99	90) 2012

Part VII	Investments - Other Securities. See	Form 990, Part X,	, line 12.	
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value	
(1) Financ	ial derivatives .			
	y-held equity interests			
(3) Other				
(A) TIME	SHARE	9,900.	FMV	
$\frac{(B)}{(C)}$				
(C)				
(D)				
<u>(E)</u>		<u> </u>		
$\frac{(F)}{(G)}$				
(G) (H)				
(1)				
	nn (b) must equal Form 990, Part X, column (B) line 12.)	9,900.		
	Investments – Program Related. See		line 13.	
I GIL VIII	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or	
			end-of-year market value	
(1)				
(2)				
(3)				
(4)			 	
(5)		<u> </u>		
(6)				
(7) (8)				
(9)		 		
(10)				
	nn (b) must equal Form 990, Part X, column (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X,	line 15.		
<u> </u>		scription	(b) Book value	÷
(1) SEC	URITY DEPOSIT - ELY STREET		78,4	00.
(2)				
(3)				
(4)	·			
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	I and the second)) tro 15)	79 /	
	lumn (b) must equal Form 990, Part X, column (B		▶ 78,4	<u>00.</u>
Part X	Other Liabilities. See Form 990, Part (a) Description of liability	(b) Book value		
(1) Fede	ral income taxes	(B) BOOK Value	—	
	ROLL LIABILITIES	73,15		
(3)	NODD BINDIBITIES	73/13	<u></u>	
(4)				
(5)				
(6)			—	
(7)			_	
(8)			<u> </u>	
(9)			<u> </u>	
(10)				
(11)				
	nn (b) must equal Form 990, Part X, column (B) line 25.)	▶ 73,15		
2. FIN 48 (A	SC 740) Footnote in Part XIII, provide the text of the footnote to	the organization's financial s	tatements that reports the organization's liability for uncertain tax position	ns

		-2084049	Page 4
	Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn	
1 Total	revenue, gains, and other support per audited financial statements	1 1	,633,019.
	unts included on line 1 but not on Form 990, Part VIII, line 12:	į	
	inrealized gains on investments		
b Dona	ted services and use of facilities 2b	1	
	veries of prior year grants	1	
	r (Describe in Part XIII.)		
	ines 2a through 2d	2 e	21,583.
	ract line 2e from line 1	3 1	<u>,611,436.</u>
	unts included on Form 990, Part VIII, line 12, but not on line 1:	ı l	
	tment expenses not included on Form 990, Part VIII, line 7b	1	
	r (Describe in Part XIII.)		
	ines 4a and 4b	4 c	
	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		,611,436.
	Reconciliation of Expenses per Audited Financial Statements With Expenses per F		
	expenses and losses per audited financial statements	1 2	,018,471.
	unts included on line 1 but not on Form 990, Part IX, line 25:	1	
a Dona	ted services and use of facilities 2a		
b Prior	year adjustments 2b		
c Othe	r losses		
d Othe	r (Describe in Part XIII)		
e Add	ines 2a through 2d	2 e	
3 Subt	act line 2e from line 1	3 2	,018,471.
4 Amor	unts included on Form 990, Part IX, line 25, but not on line 1:		
a Inves	tment expenses not included on Form 990, Part VIII, line 7b . 4a		
b Othe	r (Describe in Part XIII)		
	ines 4a and 4b	4 c	-21,583.
$\overline{}$	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 1,	<u>,996,888.</u>
Part XIII	Supplemental Information		
Complete t	his part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lin	es 1b and 2b;	Part V,
line 4; Par	X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac	iditional inform	ation.
Pt XII	Line 4b DIRECT EXPENSES FROM FUNDRAISING EVENTS SHOWN ON PART	VIII,	
	LINE 8B ON 990		
Pt XI I	Line 2d DIRECT EXPENSES FROM FUNDRAISING EVENTS SHOWN ON PART	VIII,	
	LINE 8B ON 990		
Pt X L:	ine 2 The School is recognized by the Internal Revenue Servi	ce_as_a	·
	non-profit organization under Section 501(c)(3) of the		
BAA	S	chedule D (For	rm 990) 2012

Pant XIII Supplemen	tal Information (continued)
	Revenue Code as other than a private foundation. Therefore,
	_contributions_to_the_School_are_tax_deductible_under_Section_170
	of the Internal Revenue Code.
	The School follows the guidance of the Financial Accounting
	Standards Board Accounting Standards Codification 740-10,
	_Accounting for Uncertainty in Income Taxes which clarifies the
	_accounting for the recognition and measurement of the benefits
	of individual tax positions in the financial statements, including
	_those of non-profit organizations. Tax positions must meet a
	recognition threshold of more-likely-than-not in order for the
	benefit of those tax positions to be recognized in the financial
	_statements
	The School analyzes tax positions taken, including those related
	to the requirements set forth in IRC Sec. 501(c) to qualify as a
	tax exempt organization, activities performed by volunteers and
	board members, the reporting of unrelated business income, and
	its status as a tax-exempt organization under Washington, D.C.
	statute. The School does not know of any tax benefits arising
	from uncertain tax positions and there was no effect on the
	School's financial position or changes in net assets as a result of
	analyzing its tax positions. Fiscal years beginning after July
	31, 2009 remain subject to examination by federal and district
	_authorities

Schedule D (Form 990) 2012 CORNERSTONE SCHOOLS OF WASHINGTON D.C., INC.

52-2084049

Page 5

SCHEDULE E (Form 990 or 990-EZ)

Schools

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
 ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

CORNERSTONE SCHOOLS OF WASHINGTON D.C., INC.

Employer identification number

52-2084049

				
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs,			
	and scholarships?	2	X	
3	period of collectation for students, or during the registration period if it has no collectation program, in a way that makes			
	the policy known to all parts of the general community it serves? If 'Yes,' please describe. If 'No', please explain. If you need more space, use Part II	3	X	
	THE SCHOOL HAS AN ALMOST ENTIRELY MINORITY STUDENT BODY AND THE MAJORITY OF THE STAFF ARE MINORITIES.			r
4	Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff?	4.0		
		4 a	X	
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4 b	Х	
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4 c		
	d Copies of all material used by the organization or on its behalf to solicit contributions?	4 d	Х	
	If you answered 'No' to any of the above, please explain. If you need more space, use Part II	٠,	,	
5	Does the organization discriminate by race in any way with respect to:			
,	a Students' rights or privileges?	5 a		X
	b Admissions policies?	5 b		Х
	c Employment of faculty or administrative staff?	5 c		Х
	d Scholarships or other financial assistance?	5 d		X
	e Educational policies?	5 e		Х
	f Use of facilities?	5 f		х
	g Athletic programs?	5 g		Х
	h Other extracurricular activities? .	5 h		х
	If you answered 'Yes' to any of the above, please explain. If you need more space, use Part II			
				·
				١ .
		- 1	-	
6	a Does the organization receive any financial aid or assistance from a governmental agency?	6 a		
_	b Has the organization's right to such aid ever been revoked or suspended?	6 b		_ <u>^</u>
7	If you answered 'Yes' to either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections			
,	4 01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B 587, covering racial nondiscrimination? If			
	'No,' explain on Part II	7	X	

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization		_				Employer identification	ation number
CORNERSTONE SCHOOLS OF W	ASHINGTON	D.C.,	INC.			52-208404	9
Part I Fundraising Activities. Comp	olete if the organ	nization an	swered 'Y	es' to Form 990, Part I	V, line 17		
1 Indicate whether the organization	raised funds thr	ough any o	of the follo	wing activities. Check a	all that ap	pply.	
a Mail solicitations			е	Solicitation of non	-governm	ent grants	
b Internet and email solicitation	5		f	Solicitation of gove	ernment d	arants	
c Phone solicitations			g g	Special fundraising		•	
d In-person solicitations			9	opecial failaraising	gevents		
2 a Did the organization have a written employees listed in Form 990, Pai	n or oral agreen t VII) or entity i	nent with a	iny individi	ual (including officers, officers)	directors, services?	trustees or key	Yes No
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	dividuals or ent	ities (fundr					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in		(vi) Amount paid to (or retained by) organization
	 	Yes	No		CC	olumn (i)	
1		165	110				
1		-			ļ		
2				· · · · · · · · · · · · · · · · · · ·			
3							
4							
5							
6							
7							
8							
9							
10							
Total			. •			<u>-</u>	
Total	ation is register	ed or licen	sed to soli	cit contributions or has	been no	tified it is exem	pt from registration
							
					 -		
							.
			_ 				
					- 		
					_ _		

Sch	edule	G (Form 990 or 990-EZ) 2012 CORNERS	STONE SCHOOLS O	F WASHINGTON D.	.C., INC. 52-20	84049 Page 2
<u>Pă</u> ı	<u>≀'∥'</u>	Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts gro	event contribution	nswered 'Yes' to Fo s and gross income	orm 990, Part IV, Ii e on Form 990-EZ,	ne 18, or reported lines 1 and 6b.
RE			(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 NONE (event type)	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1	Gross receipts .	62,932.			62,932.
Ĕ	2	Less Charitable contributions .	30,997.			30,997.
	3	Gross income (line 1 minus line 2)	31,935.			31,935.
	4	Cash prizes .				
_	5	Noncash prizes				
D I RECT	6	Rent/facility costs	17,825.			17,825.
Č T	7	Food and beverages	3,758.			3,758.
E X P	8	Entertainment .				
EXPERSES	9	Other direct expenses				
š	10 11	Direct expense summary Add lines 4 thro Net income summary. Combine line 3, co	=	·	.	21,583. 10,352.
Pai	t-III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Yes	s' to Form 990, Par	t IV, line 19, or rep	oorted more than
REVENUE	1	Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
		Cash prizes				
D P E N C T	3	Non-cash prizes .				
C S T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes 8	Yes %	Yes %	The state of the s
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)		•	
	8	Net gaming income summary. Combine Ii	nes 1, column (d) and I	ine 7	-	<u> </u>
	als th	er the state(s) in which the organization op the organization licensed to operate gaming lo,' explain:	activities in each of the	ese states?		Yes No
		re any of the organization's gaming licenses	•	_	-	Yes No
BAA			TEEA3702 0	1/07/13	Schedule G (Fo	rm 990 or 990-EZ) 2012

20110	codic G (16th 990 of 990-12) 2012 CORNERSTONE SCHOOLS OF WASHINGTON D.C., INC. 52-2	08404	ŧ9	rage a
11	Does the organization operate gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	, [Yes	No
13	Indicate the percentage of gaming activity operated in:	1		
		3a		₽
	<u> </u>	3Ь		8
	Enter the name and address of the person who prepares the organization's gaming/special events books and recor	ds:		
	Name •			
	Address •			
15:	a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	1	Yes	No
	b If 'Yes,' enter the amount of gaming revenue received by the organization \(\brace \) \(\brace \) \(\brace \) and the ar			□•
	of gaming revenue retained by the third party > \$			
•	c If 'Yes,' enter name and address of the third party			
	Name •			-
	Address	- -		
16	Gaming manager information:			
	Name •			
	Gaming manager compensation \$			
	Description of services provided		- 	
	Director/officer Employee Independent contractor			
	Mandatory distributions			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	l	Yes	No
ŀ	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the		
	organization's own exempt activities during the tax year \$	<u> </u>		
Pa	Supplemental Information. Complete this part to provide the explanations required by columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicabl this part to provide any additional information (see instructions).	e. Als	, line 2 o comp	b, olete
				
				
_				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Employer identification number 52-2084049 CORNERSTONE SCHOOLS OF WASHINGTON D.C., Pt_VI, Line 8b THE SCHOOL HAS NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF ___OF THE GOVERNING BODY. Pt_VI, Line 11b _ THE FINANCE COMMITTEE REVIEWS THE FORM 990 AND THE FULL BOARD APPROVES IT _BEFORE FILING. Pt VI, Line 12c THE ORGANIZATION REGULARLY REVIEWS COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY AT BOARD MEETINGS. Pt_VI, Line 19 _ THE ORGANIZATION MAKES GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATIONS WEBSITE.

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

EDUCATION TO THE CHILDREN OF WASHINGTON DC, EQUIPPING THEM WITH THE KNOWLEDGE, SKILLS AND VALUES NECESSARY TO BECOME LEADERS WHO SERVE OTHERS IN LIGHT OF CHRIST AND HIS TRUTH.