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For Paperwork Reduction Act Notice, see the separate instructions.

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047 20**13**

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public

Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2013 calendar year, or tax year beginning 2013, and ending 20 D Employer identification number C Name of organization CORNERSTONE MINISTRIES INTERNATIONAL Check if applicable 91-1550156 Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 714-484-0042 Initial return City or town, state or province, country, and ZIP or foreign postal code Terminated G Gross receipts \$ Amended return TUSTIN, CA 92781-4002 1,188,149 F Name and address of principal officer PETER LEE H(a) is this a group return for subordinates? Yes No Application pending 2660 W WOODLAND DR #105 AHANEIM, CA 92801 H(b) Are all subordinates included? Tyes Do If "No," attach a list (see instructions) **✓** 501(c)(3) 501(c) (Tax-exempt status H(c) Group exemption number ▶ Website: ▶ Form of organization 🗸 Corporation 🗌 Trust Association ☐ Other ▶ L Year of formation M State of legal domicile WA Part I Summary Briefly describe the organization's mission or most significant activities: PROPOGATING THE GOSPEL OF JESUS CHRIST IN THE GOSPEL RESTRICTED NATIONS BY DELIVERING BIBLE, RAISING UP LOCAL LEADERS, TRAINING AND SENDING Activities & Governance OUT MISSIONARIES, PLANTING CHURCHES, CARRYOUT EVANGELISM, AND HUMANITARIAN ASSISTANCES. 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). 6 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 11 Total number of volunteers (estimate if necessary) 6 50 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 **Current Year** Contributions and grants (Part VIII, line 1h) . 8 1.224,493 1,188,108 9 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and voi) ににいた 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 800 41 Total revenue—add lines 8 through 11 (must equals Part VIII, column (A), line 123 12 1,225,293 1,188,149 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 600,873 511,799 Benefits paid to or for members (Part IX, column (A), line-4) 14 Salaries, other compensation, employee benefits (Part IX, column-(A), lines 5-10) 15 376,164 436,088 Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 204,179 229,874 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 1,181,216 1,177,761 19 Revenue less expenses. Subtract line 18 from line 12 44,077 10,388 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 817,521 771,009 21 Total liabilities (Part X, line 26) . 56.900 22 Net assets or fund balances. Subtract line 21 from line 20 760,621 771,009 Signature Block Under penalties of perjury, I declare that 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 Signature of officer YETER Here Type or print name and title Print/Type preparer's name Date Preparer's signature **Paid** Check | if self-employed Preparer Firm's EIN ▶ Firm's name Use Only

Cat No 11282Y

Form **990** (2013)

☐ Yes ☐ No

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	O SEEK THE LOST OF SHEEPS OF GOD AND COMFORT THEM, MAKE DISCIPLES OF JESUS CHRIS, AND TO WORK TOGETHER NHOLY SPORIT, TO BUILD THE KINGDOM OF GOD IN THE GOSPEL RESTRICTED NATIONS WHERE CHRISTIANS ARE BEING
	PERSECUTED BECAUSE OF THEIR FAITH.
	ERSECUTED BECAUSE OF THEIR FAITH.
2	Old the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	f "Yes," describe these new services on Schedule O.
3	Old the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	f "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured bexpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	he total expenses, and revenue, if any, for each program service reported.
4a	Code:) (Expenses \$279,048 including grants of \$149,591) (Revenue \$)
	DELIVERING BIBLES AND CHRISTIAN LITERATURES TO THE PERSECUTED CHURCH IN THE GOSPEL RESTRICTED NATIONS
	SUCH AS NORTH KOREA, CHINA, SOME ISLAMIC NATIONS, AND ISRAEL WITH THE COMBINED EFFORT OF OTHER PARTNERING
	MINISTRIES, MISSION ORGANIZATIONS, AND INDIVIDUAL MISSIONARIES. WE ARE ALSO BROADCASTED ONE HOUR A DAY OVER SHORT WAVE TO REACH BELIEVERS AND CHRISTIAN LEADERS IN NORTH KOREA. IN 2013, WE HAVE DISTRIBUTED 12,909
	NEW TESTAMENT BIBLES AND 27,264 MINI NEW TESTAMENTS, 7,257 COPIES OF COMIC BIBLES. IN ADDITION WE DISTRIBUTED
	5,228 POCKET DIARIES THAT INCLUDES THE FULL GOSPEL OF JOHN. 1331 BIBLES WERE PLACED IN THE HANDS OF KOREAN-
	CHINESE WHO RESIDE IN NORTH EAST CHINA. FOR THIS PROGRAM, MORE THAN 133 BELIEVERS PARTICIPATED TO SEND
	BALLOOMS ACROSS THE DMZ LINE. FOR CHINA, WE ONLY DELIVERED 6,828 BIBLES. HOWEVER WE WERE ABLE TO DELIVER
	14 MONGOLIAN BIBLES, 300 VIETNAMESE BIBLES AND 4,453 CHINESE CROSS COMMENTARY BIBLES
4b	Code: (Expenses \$ 177,694 including grants of \$ 98,781) (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.
	33 MINISTERS AND PROFESSORS TAUGHT 4,806 HOURS TO 784 STUDENTS IN 11 DIFFERENT COURSES.
	0. 1 (14) (Payanya C
4c	Code:) (Expenses \$ 258,389 including grants of \$ 91,614) (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 789 PARTICIPANTS ATTENDED. 12 WEEK LONG COURSES ARE PROVIDED
	TO THOSE WHO CANNOT SPEND EXCLUSIVELY AT THE TRAINING CENTER: A COMBINED TOTAL OF 222 PARTICIPANTS
	ATTENDED. FIELD TRAININGS WERE PROVIDED TO THOSE WHO COMPLETE THE TRAINING COURSED AND 95 PEOPLE
	AND 10 TEAMS TOOK TRIP FOR 81 PEOPLE TO VARIOUS AREA TO EXPERIENCING THE NATURE OF MISSION.
	Other program services (Describe in Schedule O.)
4d	Expenses \$ 249,261 including grants of \$ 171,813) (Revenue \$)
4e	Fotal program service expenses > 964.394

Part IV		d 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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see Instructions)?	2	<i>\</i>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
4	candidates for public office? If "Yes," complete Schedule C, Part I	3_		✓_
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		✓
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		√
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	_	✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		√
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		√
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		√
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	/	
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		<u>·</u>
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		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		-
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 .	11f		√
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓	
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			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	14b	✓	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	15	√	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16	✓	
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		✓
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓_
. •	If "Yes," complete Schedule G, Part III	19		./
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a	-+	<u>√</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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Part IV		of Required Sc	/	
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			163	140
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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 employees? If "Yes," complete Schedule J	23		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 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		√
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		√
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		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	-	√
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		<u>√</u>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		<u>√</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		<u>√</u>
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		<u>·</u> ✓
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		✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		√
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		✓
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? <i>If</i> "Yes," <i>complete Schedule R</i> , <i>Part VI</i>			-
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	37	1	
		Forn	1 990	(2013)

Part	o (2013) Statements Regarding Other IRS Filings and Tax Compliance			Page
Tart	Check if Schedule O contains a response or note to any line in this Part V			. г
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c		<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	ļ		
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a 11	ĺ		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			ļ
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" to line 3b, provide an explanation in Schedule O	3b		ـــــ
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		ĺ	١,
•	account)?	4a		1
b	If "Yes," enter the name of the foreign country: See instructions for filling requirements for Form TD 5 00 00 1 Beautiful Foreign Daylord Films			ĺ
-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_		١.
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ļ	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	ļ	✓
C 62	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	 	<u> </u>
6a				
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
7	gifts were not tax deductible?	6b		_
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-		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	76		
_	required to file Form 8282?	70		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7с		
ē	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		-
a a	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
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.		_	
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 . 10b	İ		
11	Section 501(c)(12) organizations. Enter:			
а	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.)	ĺ		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Note. See the instructions for additional information the organization must report on Schedule O. 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

Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

13b

13c

Form **990** (2013)

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI			ions. . [✓]
Section	on A. Governing Body and Management	<u> </u>	<u> </u>	· [¥]
	J. 7.1 GOVO	-	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	6	-	
	If there are material differences in voting rights among members of the governing body, or	1	l	
	if the governing body delegated broad authority to an executive committee or similar		İ	
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		ļ	
_	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	ļ	√
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	-	1/
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint	-		•
	one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		_	
	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			ŀ
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	١.		١,
Coot:	on B. Policies (This Section B requests information about policies not required by the Internal Rever	9	000	 ✓
Secu	bil b. Policies (This Section B requests information about policies not required by the internal Never	iue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1		<u> </u>
	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	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		ļ
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		
13	Did the organization have a written whistleblower policy?	13	∀	
14	Did the organization have a written document retention and destruction policy?	14	1	
15	Did the process for determining compensation of the following persons include a review and approval by		 `	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	1
b	Other officers or key employees of the organization	15b		✓
	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?			١,
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		✓
þ	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		İ
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► CALIFORNIA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	า 501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	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 int	erest	policy	, and
20	financial statements available to 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		
20	organization: ► PETER LEE 2660 W WOODLAND DR. #105 ANAHEIM. CA 92801 (714)484-0042	or the	ī	

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Part VII	Compensation of Officers, I	Directors, Trustees.	Key Employees.	Highest Compensate	d Employees, and
	Independent Contractors	,,	, , , , ,		u =p.o,000, unc

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	or any relate	d org	aniz	atic	on c	ompe	ensa	ited any currer	it officer, directo	r, or trustee.
					C)					
(A)	(B)	(do n	ot of		ition	e than o	000	(D)	(E)	(F)
Name and Title	Average					is both		Reportable	Reportable	Estimated
	hours per week (list any		_			or/trus		compensation from	compensation from related	amount of other
	hours for	or and	Inst	Officer	<u>&</u>	eng Hig	Former	the	organizations	compensation
	related organizations	Individual trustee or director	Institutional trustee	<u>8</u>	Key employee	nest Joye	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	or all	mal		탕	# C		1000 111100		and related
	line)	uste	trug		8	pen				organizations
		, to	tee			Highest compensated employee				
(1) ISAAC LEE										
2660 W WOODLAND DR. #105 ANAHEIM, CA	60			1				45 500	_	
(2) PETER LEE	80		\vdash	 •	1	-	-	45,600	0	
2660 W WOODLAND DR. #105 ANAHEIM, CA	60			/				45,600	o	
(3) DUK YOUNG CHUN	1 00			Ť		<u>.</u>	_	43,000		
2 MAIN ST. HOPKINS, MA	0	✓		l				О	o	
(4) Y. I. SONG	<u> </u>			-			H			
2660 W WOODLAND DR. #105 ANAHEIM, CA	0	1						o	o	
(5) SEUNGHEE KOH								<u>`</u>		
1717 OTTERBEIN AVE, ROWLAND HEIGHT, CA	0	✓		İ				o	o	
(6) C.I. KIM										
4395 DEOPAR DR. YORBA LINDA, CA	О	✓						o	0	(
(7)										
(8)				i						
	ļ				<u> </u>					
(9)										
(10)	-									
(11)										
(12)										
(13)	<u> </u>									
(14)	-				_					

Part	Section A. Officers, Directors, Trus	tees, Key E	mplo	yees	s, aı	nd F	lighe	st C	ompensated E	mployees	(continu	ued)		
					•	C)			1					
	(A)	(B)	l (do n	ot ch		ition more	e than e	one	(D)	(E)			(F)	
	Name and title	Average					is both		Reportable	Reportat			mated	
		hours per week (list any	office	er and	_	irect	or/trus	·	compensation	compensatio related			ount of ther	
		hours for	유	lns:	Officer	Se l	ᆲ풇	F	the	organizati			u ler ensatior	n
		related	dire i	<u> </u>	cer	en	ploy	Former	organization	(W-2/1099-I	VISC)	fro	m the	
		organizations below dotted	or La	Š		힣	8 6	ļ `	(W-2/1099-MISC)		ì	_	nization related	
		line)	Individual trustee or director	al tr		Key employee	픻		ļ	ļ			izations	ŝ
			tee .	Institutional trustee			Highest compensated employee					ŭ		
				Ö			ited							
(15)					<u> </u>									
		†	ì											
(16)											$\overline{}$			
1		 	ł	l	ł						[
(17)		 	<u> </u>		<u> </u>					<u> </u>	-+			
3]	ł			
(4.0)		+												
(18)														
(4.0)			-		<u> </u>			ļ						
(19)	·	 												
			ļ	_				<u> </u>						
(20)		1												
								_						
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					L					l				
(22)														
(23)														
		T												
(24)														
3		†												
(25)											-+			
3==2		†									ļ			
1b	Sub-total							—	91,200		0			- (
c	Total from continuation sheets to Part	 VII Sectio	 n Δ	•	•	•	•		31,200		- ' 			<u> </u>
d	Total (add the sold for	-		•	•	• •	•		91,200					
2		· · · · ·				<u></u>		<u>,, ,,,</u>		l	00 000) -f		0
2	Total number of individuals (including but		i to tri	ose	IISt	ea a	above	e) W	no received me	ore than \$1	00,000) OI		
	reportable compensation from the organi	Zation										-	V I	
3	Did the organization list any former of	ficer direct	tor o	- +-	uota		ا دما		Javaa ar biab			. —	Yes	No
3	employee on line 1a? If "Yes," complete							mp	noyee, or nigh	est compe	nsatec	- I		,
												3		<u>√</u>
4	For any individual listed on line 1a, is the													
	organization and related organizations	greater tha	an \$1	50,	UUU	? 11	"Ye	s, "	complete Sch	edule J to	r sucr		1	
	individual			•	:		•					4		<u> </u>
5	Did any person listed on line 1a receive of									ation or inc	lividua	մ <u> </u>		
	for services rendered to the organization	? If "Yes," c	ompl	ete .	Sch	edu	ile J f	or s	such person			5		✓_
Section	n B. Independent Contractors													
1	Complete this table for your five highest													
	compensation from the organization. Rep	ort compe	nsatic	n fo	or th	e c	alend	ar y	ear ending wit	h or within	the orç	ganizatio	n's ta	X
	year.													
	(A)								(B)			(C)	-	
	Name and business add	ress							Description of se	ervices		Compens	ation	
						•								
		_												
		•											-	
														
	Total number of independent contractor	rs (includin	a bu	t no	ot I	mit	ed to	th	nge listed ahr	ove) who				
-	received more than \$100,000 of compens	•	_					, ,,,,,		VE) WITO				
	received intore triain whoo, bob or compens	JAGOTT HOTT		guil			_		0	i				

	90 (201					Page 9
Par	VIII	Statement of Revenue Check if Schedule O contains a response or note to	o any line in this	Part VIII		
		Oncek ii Genedule o contains a response or note t	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b]			
	С	Fundraising events 1c				
ilar ilar	d	Related organizations 1d				
ons, Sir	e f	Government grants (contributions) 1e All other contributions, gifts, grants,				
a ti	'	and similar amounts not included about				
Contribution and Other	g	Noncash contributions included in lines 1a-1f. \$				
Cor	h	Total. Add lines 1a–1f ▶	1,188,108			
		Business Code	1,133,133			
Program Service Revenue	2a					
æ	b					
Ğ.	C					
S	ď					
ram	e	All all				
rog	l f	All other program service revenue . Total. Add lines 2a–2f				<u> </u>
	3	Investment income (including dividends, interest,				<u> </u>
		and other similar amounts)	1			1
	4	Income from investment of tax-exempt bond proceeds ▶	-			<u> </u>
	5	Royalties				
		(i) Real (ii) Personal				
	6a	Gross rents				
	b	Less: rental expenses			<u> </u>	
	C	Rental income or (loss)				
	d 7a	Net rental income or (loss)				
	'a	assets other than inventory	1			
	Ь	Less: cost or other basis	1			
	-	and sales expenses .	1			
	С	Gain or (loss)	1			
	r	Net gain or (loss)	i I		ł	
Jue	8a	Gross income from fundraising				
Other Revenue		events (not including \$ of contributions reported on line 1c).				
ē		See Part IV, line 18 a				
₹		Less: direct expenses b]			
		Net income or (loss) from fundraising events . ▶				
	9a	Gross income from gaming activities.				
		See Part IV, line 19 a				
	b	Less: direct expenses b Net income or (loss) from gaming activities b	1			<u> </u>
		Gross sales of inventory, less				
		returns and allowances a				İ
	ь	Less: cost of goods sold b	1			
	С	Net income or (loss) from sales of inventory ▶	1			
		Miscellaneous Revenue Business Code				
	11a	Rebate	40			40
	b					
	C	All sales				
	d	All other revenue				
	12	Total. Add lines 11a–11d	1,188,149			4 400 415
	–		1,100,149		ł	1,188,149

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	s must complete colu	ımn (A).	
Check if Schedule O contains a response or note to any line in this Part IX						
	t include amounts reported on lines 6b, 7b, , 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	70,887	70,887			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	59,800	59,800			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	381,112	381,112			
4 5	Benefits paid to or for members Compensation of current officers, directors,					
6	trustees, and key employees	91,200	61,560 205,917	18,240 37,620	11,400	
7 8	Other salaries and wages		233,000	37,020	30,700	
9	Other employee benefits	1,506	904	301	301	
10	Payroll taxes	31,145	20,070	4,061	7,014	
11	Fees for services (non-employees):					
а	Management					
b	Legal					
С	Accounting					
đ	Lobbying				-	
е	Professional fundraising services. See Part IV, line 17					
f	Investment management fees					
g	Other. (If line 11g amount exceeds 10% of line 25, column					
	(A) amount, list line 11g expenses on Schedule O.)	2,561	2,377	184	0	
12	Advertising and promotion	2,520	1,764	252	504	
13	Office expenses	_,,,_,				
14	Information technology	11,370	7,652	1,290	2,428	
15	Royalties	11,010	.,,0	1,250		
16	Occupancy	24,517	18,165	2,117	4,235	
17	Travel	60,841	57,799	1,825	1,217	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	00,041	37,733	1,023	1,217	
19	Conferences, conventions, and meetings .	2,654	1,327	531	796	
20	Interest					
21	Payments to affiliates					
22	Depreciation, depletion, and amortization .	13,200	9,240	1,320	2,640	
23	Insurance	31	19	6	6	
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.)					
а	Statement 1	112,180	65,802	12,517	33,861	
b				,		
C					· · · · · · · · · · · · · · · · · · ·	
d						
e	All other expenses					
25	Total functional expenses. Add lines 1 through 24e	1,177,761	964,295	80,264	133,102	
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)	,,,.	554,255	50,204	133,102	

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	tX		🗌
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	351,937	1	301,003
	2	Savings and temporary cash investments	400,000	2	400,000
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
its	6	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	
Assets	7	Notes and loans receivable, net	49,400	7	49,400
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	93	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 129,207			•
	b	Less: accumulated depreciation 10b 108,601	16,032	100	20,606
	11	Investments—publicly traded securities	10,032	11	20,000
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	58	15	<u> </u>
	16	Total assets. Add lines 1 through 15 (must equal line 34)	817,521		771,009
	17	Accounts payable and accrued expenses	0	_	0
	18	Grants payable	56,900		0
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties [23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	56,900	26	0
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	760,621	27	771,109
3al	28	Temporarily restricted net assets		28	
ַק	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.	į		
S	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	· · · · · · · · · · · · · · · · · · ·
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
let :	33	Total net assets or fund balances	760,621	33	771,109
~	34	Total liabilities and net assets/fund balances	817,521	34	771,009
			·· ·		Form 990 (2013)

Page	12

Form 990 (2013) '

Pari	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			38,149
2	Total expenses (must equal Part IX, column (A), line 25)	2			77,761
3	Revenue less expenses. Subtract line 2 from line 1	3		1	0,388
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) [4			
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))	10			
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other Hybrid				
	If the organization changed its method of accounting from a prior year or checked "Other," exp	lain in)		
_	Schedule O.				
2a					✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were compireviewed on a separate basis, consolidated basis, or both:	iea oi			
	·				
	Separate basis Consolidated basis Both consolidated and separate basis		٠,		,
b	Were the organization's financial statements audited by an independent accountant?		2b		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both:	on a			
					,
_	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	roight	.		
С	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, exp				
	Schedule O.	16311 111			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in			
Ja	the Single Audit Act and OMB Circular A-133?		За		
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	o the			
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3ь		
				990	(2013)
			. 0		,/

SCHEDULE A (Form 990 or 990-EZ)

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.

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

section 170(b)(1)(A)(iv). (Complete Part II.) 6	Name	of the organization							Employer i	dentification	on number
The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1	_				· · · · · ·						
1										instructi	ons.
2		<u> </u>		•		_	-	-	,		
3							ed in se d	ction 170	(b)(1)(A)(1).	
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5								470(1.)(4)	/ A \ /····\		
hospital's name, city, and state: 5										O/L\/4\/A	V:::\
Section 170(b)(1)(A)(iv). (Complete Part II.) 6 A rederal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part III.) 8 A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.) 9 An organization that normally receives: (1) more than 33/9/6 of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33/9/6 of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization and runs and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization and perated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11 to through 11h. a Type b Type C Type III-Functionally integrated d Type III-Functionally integrated d Type III-Functionally integrated organizations described in section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type II, or Type III supporting organization, check this box. g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (iii) A family member of a person described in (i) above? (iv) See No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes	4				Ction with	паповрп	iai uescii	Dea III Se	ection 17	O(D)(T)(A	/(iii). Enter the
An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)	5	An organization	on operated for	the benefit of a colle	ge or un	iversity o	wned or	operated	by a go	vernmen	ital unit described in
described in section 170(b)(1)(A)(w). (Complete Part II.) 8	6	☐ A federal, stat	e, or local gove	rnment or government	al unit de	escribed in	n sectio	170(b)(1)(A)(v).		
An organization that normally receives: (1) more than 331/5% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/5% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10	7					its suppo	ort from	a govern	mental u	nıt or froi	m the general public
receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3/6 of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10	8	☐ A community	trust described	in section 170(b)(1)(A)(vi). (Co	mplete Pa	art II.)				
11	9	receipts from support from	activities relate gross investme	ed to its exempt functions and unre	tions-su lated bu	bject to o	certain e xable ind	xception: come (le	s, and (2) ss section) no mor	e than 331/3% of its
purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a	10	☐ An organization	n organized and	d operated exclusively	to test for	or public :	safety. S	ee sectic	on 509(a)	(4).	
509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a	11										
a Type I b Type II c Type III c Type III c Type III Functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box											
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box								-			•
other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box			• •								
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box	е	other than fou	indation manag								
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (ii) A provide the following information about the supported organization(s). (ii) Name of supported organization (iii) Pipe of organization (iii) Type of organization (iv) Is the organization in coli (i) listed in your governing document? (iv) Is the organization in coli (i) of your olity the organization in coli (i) organized in the U.S.? Yes No Yes No Yes No (A) (B) (C) (D)	f	If the organiz	ation received				that it is	a Type	I, Type	II, or Typ	· · · · · · · · · · · · · · · · · · ·
(iii) A family member of a person described in (i) above?	g			the organization acce	pted any	gift or co	ontributio	on from a	any of the	Э	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). (i) Name of supported organization (described on lines 1-9) above or IRC section (see instructions)) (A) (B) (C) (D) (E) (iii) EIN (iii) Type of organization (diescribed on lines 1-9) above or IRC section (see instructions) (iv) Is the organization or col (i) of your support? (V) Did you notify the organization in col (i) organization in col (ii) organization in col (ii) organization in col (ii) organization in col (ii) organization in col (ii) organization in col (iii) organization in col (iii) organization in col (iii) organization in co											
h Provide the following information about the supported organization(s). (i) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (A) (B) (C) (D) (D) (Iii) EIN (Iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (A) (B) (C) (D) (D) (Iv) Is the organization in (v) Did you notify the organization in col (i) of your support? (V) Did you notify the organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (ii) organization in col (ii) organization in col (ii) organization in col (ii) organization in col (ii) organization in col (ii) organization in col (ii) organization in col (ii) organization in col (ii) organization in col (ii) organization in col (ii) organization in col (ii) organization in col (ii) organization in col (iii) organizati		(ii) A family m	ember of a pers	on described in (i) abo	ove?						11g(ii)
(ii) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (iii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Did you notify the organization in col (i) issted in your governing document? (vi) Did you notify the organization in col (i) organization in col (i) organization in col (i) organized in the US? Yes No Yes No (A) (B) (C) (D)		• •	•	•	., .,						11g(iii)
(described on lines 1–9 above or IRC section (see instructions)) (A) (B) (C) (D) (E)	h	Provide the fo	llowing informat	ion about the support	ed organ	ization(s).		<u> </u>			
(A) (B) (C) (D) (E)	(1)		(ii) EIN	(described on lines 1–9 above or IRC section	in col (i) li	sted in your	the orgai	nization in of your	organizat (i) organi	tion in col ized in the	
(B) (C) (D) (E) (E)	_				Yes	No	Yes	No	Yes	No	1
(C) (D) (E)	(A)	-									
(C) (D) (E)									-	<u> </u>	
(D) (E)	(B)										
(E)	(C)										
	(D)										
Total	(E)										
	Total										

Part II

_	(Complete only if you checked th						alify under
<u>C4</u>	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease compl	ete Part III.)	
	on A. Public Support	(-) 0000	(h) 0040	(-) 0044	(4) 0010	(-) 0040	(0 T ·)
Calen	dar year (or fiscal year beginning in) ► Gifts, grants, contributions, and	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
•	membership fees received. (Do not						
	ınclude any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid				1	1.6	
	to or expended on its behalf				1	100	
3	The value of services or facilities				PPL, CA!		
	furnished by a governmental unit to the				ngl'		
	organization without charge	.		l x	χ'		
4	Total. Add lines 1 through 3			1		ļ	
5	The portion of total contributions by		7	0			
	each person (other than a		1 7				
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)					1	
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support		·	l		·	
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,					NE	
	rents, royalties and income from similar				20		
	sources				PPLIEA		
9	Net income from unrelated business			P	Y r		
	activities, whether or not the business is regularly carried on		_	01			
10			 	0			
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 activities, etc.	(see instruction	ons)			12	
13	First five years. If the Form 990 is for th	-	•		n, or fifth tax y		n 501(c)(3)
	organization, check this box and stop her	re					▶ □
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2013 (line 6	. ,,	•	. ,,,		14	%
15	Public support percentage from 2012 Sch					15	%
16a	331/3% support test—2013. If the organization						
	box and stop here. The organization qual	•		•			
b	33 ¹ /3% support test—2012. If the organicheck this box and stop here. The organi					9 15 IS 331/3% 	or more,
17a	10%-facts-and-circumstances test—20						
	10% or more, and if the organization mee						
	Part IV how the organization meets the "fa	acis-anu-circi	mistances" tes	st. The organiz	ation qualifies	as a publicly si	· ·
_	organization						. ▶ 🗆
b	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organizate Explain in Part IV how the organization m						
	supported organization						
18	Private foundation. If the organization did				a, or 17b, chec	k this box and	. ► ∐
. •	instructions	u		, , , , , , , , , , , , , , , , , , , ,	.,	DON WIN	

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

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 qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support	dider the te	ists listed bei	ow, please co	omplete i art	11.,	
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2000	(2) 23 13	(0) 2011	(4) 2012	(6) 2010	(1) 10(a)
	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					ļ	
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an			l			 /
•	unrelated trade or business under section 513						Y
4	Tax revenues levied for the					 	
-	organization's benefit and either paid					/	
	to or expended on its behalf					/	İ
_	The value of services or facilities						
5	furnished by a governmental unit to the						
	organization without charge					11	
_	-					//	
6	Total. Add lines 1 through 5				\\		<u> </u>
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons .			ļ	(b)		
			-				
b	Amounts included on lines 2 and 3		1		(','		
	received from other than disqualified			į	1,7		ĺ
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				la v		
				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1		
_	Add lines 7a and 7b			<u>~~`</u>		<u> </u>	
8				I Y			
Cooti	on B. Total Support	<u></u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·			L
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(a) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	(a) 2009	(b) 2010	/(u) 2011	(u) 2012	(e) 2013	(i) Total
10a	Gross income from interest, dividends,			 			<u> </u>
iva	payments received on securities loans, rents,		l \				
	royalties and income from similar sources .		1 P				
h	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	/	1				
	(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	ne organization	n's first, secon	d, third, fourth	, or fifth tax ve	ear as a section	on 501(c)(3)
	organization, check this box and stop he	•			•		` ' ' '
Secti	on C. Computation of Public Suppor				 -		
15	Public support percentage for 2013 (line 8			3, column (f))		15	%
16	Public support percentage from 2012 Sch	• • • • • • • • • • • • • • • • • • • •	•			16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2013 (y line 13, colur	nn (f))	17	%
18	Investment income percentage from 2012					18	%
19a	331/3% support tests-2013. If the organ		•				
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2012. If the organiz						_
-	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	id not check a	box on line 14	, 19a, or 19b, c	heck this box	and see instru	

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► 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.
► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number CORNERSTONE MINISTRIES INTERNATIONAL 91-1550156 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year 1 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . Aggregate value at end of year 4 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 our pose Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or 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. Held at the End of the Tax Year Total number of conservation easements Total acreage restricted by conservation easements . 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, 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 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 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. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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 treasures, 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. 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: a /Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X .

Part					
3	Using the organization's acquisition, acceleoliection items (check all that apply):	ssion, and other rec	ords, check any of th	ne following that are a	a significant use of its
а	☐ Public exhibition	d	☐ Loan or exchang	ge programs	
b	☐ Scholarly research	е			
C	☐ Preservation for future generations				
4	Provide a description of the organization's XIII.	s collections and exp	lain how they further	the organization's ex	empt purpose in Part
5	During the year, did the organization solid assets to be sold to raise funds rather than				njkar · □ Yes □ No
Part	IV Escrow and Custodial Arrange	ments.	•		
	Complete if the organization ans	wered "Yes" to Fo	rm 990, Part IV, line	e 9, or reported an a	mount on Form
	990, Part X, line 21.			\ \\/	
1a	Is the organization an agent, trustee, cus	todian or other inter	mediary for contribu	tions or other assets	not
	included on Form 990, Part X?			. 19	☐ Yes ☐ No
b	If "Yes," explain the arrangement in Part XI	III and complete the t	following table:	χ Ψ	
			_ ^ Y	'\	Amount
С	Beginning balance			1c	
d	Beginning balance		1.//	1d	
e	Distributions during the year			1e	
f	Distributions during the year Ending balance		$(\mathcal{A}^{\mathcal{Y}})^{\mathcal{Y}}$	1f	
2a	Did the organization include an amount on			<u> </u>	
b	If "Yes," explain the arrangement in Part XI				
Par				provided in February	<u> </u>
	Complete if the organization ans	wered "Yes" to Fo	rm 990. Part IV. line	e 10.	
			rior year (c) Two yea		ack (e) Four years back
1a	Beginning of year balance				
b	Contributions	$\overline{}$			
C	Net investment earnings, gains, and	7			
_	losses	T			
đ	Grants or scholarships	•			
е	Other expenditures for facilities and				
_	programs				
f	Administrative expenses / .				
g	End of year balance/				
2	Provide the estimated percentage of the cu		ice (line 1g, column (a	a)) held as:	
а	Board designated or quasi-endowment ▶	_. %			
b	Permanent endowment ►%	6			
С	Temporarily restricted endowment ▶	<u>~~~~</u> %			
_	The percentages in lines 2a, 2b, and 2c sh				
За	Are there endowment funds not in the pos	ssession of the organ	nization that are held	and administered for	
	organization by:				Yes No
	(i) unrelated organizations				. 3a(i)
	(ii) related organizations				. 3a(ii)
b	If "Yes" to 3a(ii), are the related organization	•			. 3b
4	Describe in Part XIII the intended uses of the		lowment funds.		
Part			000 5 . 11 . 11		. =
	Complete if the organization ans	T-), Part X, line 10.
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	<u></u>			
b	Buildings				
С	Leasehold improvements		9,983	9,066	917
d	Equipment		119,224	99,535	19,689
e	Other				
Total.	Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, column (B), line 10	O(c)) ►	20,607

Part VII	Investments – Other Securities. Complete if the organization answ	vored "Vee" to Ear	m 000 Part IV line	11h Coo Form	OOO Dowl V line 10
	(a) Description of security or category	vered res to ron	(b) Book value		hod of valuation
	(including name of security)		(b) Book Value		of-year market value
(1) Financial	derivatives				
	neld equity interests				
(3) Other					
(A)		***************************************			
(B) (C)					
(D)					· · · · · · · · · · · · · · · · · · ·
(E)	·				
(F)					
(G)					
(H)		•		· · · · · ·	
	b) must equal Form 990, Part X, col. (B) line 12)				
Part VIII	Investments—Program Related				
	Complete if the organization answ	vered "Yes" to For			
	(a) Description of investment		(b) Book value		hod of valuation -of-year market value
(1)					
(2)					
(3)					·
(4)					
(5)					
(6)		,			
<u>(7)</u>					
(8)		-			
(9)	b) must equal Form 990, Part X, col. (B) line 13)				
Part IX	Other Assets.		<u> </u>		
	Complete if the organization answ	vered "Yes" to For	m 990, Part IV, line	11d. See Form	990. Part X. line 15.
		Description			(b) Book value
(1)					
(2)					
(3)					
(4)	· · · · · · · · · · · · · · · · · · ·				
(5)			<u> </u>		
(6) (7)					
(8)				·	
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, co	I. (B) line 15.)			· · · · · · · · · · · · · · · · · · ·
Part X	Other Liabilities.				
	Complete if the organization answ	vered "Yes" to For	m 990, Part IV, line	11e or 11f. See	Form 990, Part X,
	line 25.	 			
(1) Federal II	(a) Description of liability	(b) Book value			
(2)	icome taxes				
(3)					
(4)		· · · · · · · · · · · · · · · · · · ·			
(5)			_		
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col (B) line 25)				
2. Liability fo	r uncertain tax positions. In Part XIII, provid	le the text of the footn	ote to the organization	i's financial stateme	nts that reports the
organization	s liability for uncertain tax positions under	FIN 48 (ASC 740). Che	eck here if the text of the	ne tootnote has bee	n provided in Part XIII

Part			Return.
	Complete if the organization answered "Yes" to Form 990, P	Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
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, line	12.)	5
Part	XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses p	er Return.
	Complete if the organization answered "Yes" to Form 990, F	Part IV, line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	7
С	Other losses	2c	1
d	Other (Describe in Part XIII.)	2d	1
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	7
c	Add lines 4a and 4b		7 4c
	Add lines 4a and 4b		4c 5
с 5			
c 5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e 18.)	b; Part V, line 4; Part X, line

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

Open to Public

Department of the Treasury

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

	of the organization				-		ntification number
	ERSTONE MINISTRIES INTERN						1550156
Par	General Information Form 990, Part IV, line		es Outside	the United States. Com	plete if the organiz	ation answ	vered "Yes" on
1	For grantmakers. Does the assistance, the grantees' eli grants or assistance?	organization gibility for the	e grants or as	ssistance, and the selection			dyes □No
2	For grantmakers. Describe assistance outside the Unite		he organizati	on's procedures for moni	toring the use of	its grants	and other
3	Activities per Region. (The fo	ollowing Part I	l, line 3 table o	can be duplicated if addition	nal space is neede	:d.)	
-	(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 a program sen describe specific service(s) in re	rice, type of	(f) Total expenditures for and investments in region
(1)	East Asia	2	2	PROGRAM SERVICES	BIBLE DELIVERY		77,864
(2)					LEADERSHIP TRA	INING	55,076
(3)					MISSIONARY TRA	INING	85,814
(4)			-		CHURCH PLANTIN	1G	57,979
(5)		_			HUMANITARIAN A	SSISTAN	96,629
(6)	SOUTH ASIA		2	PROGRAM SERVICES	LEADERSHIP TRA	INING	7,750
(7)			·				
(8)			,				
(9)			<u> </u>				
(10)			_				
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
3a b	Sub-total Total from continuation sheets to Part I	2	4				381,112

c Totals (add lines 3a and 3b)

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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

8 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 0

Enter total number of other organizations or entities က

Schedule F (Form 990) 2013

Page 3

Schedule F (Form 990) 2013

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Part III

Schedule F (Form 990) 2013 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement 45,075 WIRE (d) Amount of cash grant (c) Number of recipients ~ (b) Region **EAST ASIA** (a) Type of grant or assistance (1) SUPPORT 8 ල <u>4</u> (5) 9 5 <u>®</u> 6 9 (11) (12) (13) 14 (15) (16) (17) (18)

Schedule	F	(Form	990)	2013	

Page 4

Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	☐ Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	☑ No

Schedule F (Form 990) 2013

Part	V ²
------	----------------

Supplemental Information

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 scoordinator makes annual visitation to insure the accuracy and reliability of the record keeping. Also we review the project for the resonableness 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.	
project for the reasonableness and for its documentation. All foreign operation requires to have an accountant and cashier separately	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
and it insure the mis-handling of the fund as well as the reporting the financial activities	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
	······································

SCHEDULEI (Form 990)

Grants and Other Assistance to Organizations,

OMB No 1545-0047

			4 40044	► Attach to Form 990	COO		Open to Public
Department of the Treasury Internal Revenue Service	▼ Infor	► Information about Schedule		d its instructions	Attach to Form 990. (Form 990) and its instructions is at www.irs.gov/form990.	n990.	Inspection
Name of the organization							Employer identification number
CORNERSTONE MINISTRIES INTERNATIONAL	ATIONAL						91-1550156
Part General Information on Grants and Assistance	on Grants and	Assistance					
1 Does the organization maintain records to substantiate the amount of the selection criteria used to award the grants or assistance?	ain records to subsaward the grants of	stantiate the amount assistance?		assistance, the g	grantees' eligibility fo	the grants or assistance, the grantees' eligibility for the grants or assistance, and	ce, and
2 Describe in Part IV the organization's procedures for monitoring the u	ization's procedur	es for monitoring	the use of grant fu	se of grant funds in the United States.	States.		
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	ssistance to Go	vernments and eceived more the	Organizations I	in the United Solice	tates. Complete if ated if additional s	the organization ansvipace is needed.	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
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	54-1852027	501(C)(3)	18.750				LEADERSHIP DEVOPMENT
(2) I-Media, 9812 Falls Road #114-116. Potomac. MD 20854			52.137				
(9)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations	1 501(c)(3) and gov	ernment organizat	tions listed in the line 1 table	ine 1 table			
Enter total	number of other organizations listed in the line 1 table	In the line 1 table					

d	art III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	Part III can be duplicated if additional space is needed.
m 990) (2013)	Grants and Other Assistan	Part III can be duplicated if a
Schedule I (Form 990) (2013)	Part III	

ook, (f) Description of non-cash assistance								additional information.	O PROJECT.							Schedule I (Form 990) (2013)
(e) Method of valuation (book, FMV, appraisal, other)								n (b), and any other a	D TRANSMIT FOR RADIO							
(d) Amount of non-cash assistance								e 2, Part III, colum	CEIPTS FOR THE FUN							
(c) Amount of cash grant	5,800	54,000						required in Part I, lir	LLY AND RECEIVE RE				; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;			
(b) Number of recipients	2	-						e the information	ATIONS PERIODICA							
(a) Type of grant or assistance	1 MISSIONARY SUPPORT	2 BIBLE TRANSLATION	3	4	5	9	7	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	WE RECEIVE THE REPORTS FROM MISSION ORGANIZATIONS PERIODICALLY AND RECEIVE RECEIPTS FOR THE FUND TRANSMIT FOR RADIO PROJECT.	OUR FIELD WORKERS MONITOR RADIO OUTPUT.						

SCHEDULE 0 ` (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization	Employer identification number
CORNERSTONE MINISTRIES INTERNATIONAL	91-1550156
Line 4d, Part III Other Program Services, Form 990	
(Code) (Total Expenses: 95,516) (Grants and Allocations: 75,184)	
WE HAVE NETWORKED WITH THE EXISTING LOCAL LEADERS AND PASTORS OF THE PERSECUTE	D CHURCH IN NORTH KOREA AND
TO ASSIST THEM FURTHERING IN CHURCH PLANTING AND PASTORING CHURCHES IN THEIR SUR	ROUNDING. WE FACILITATE AND
ASSIST THOSE PASTORS WHO ARE WILLING TO PLANT A CHURCH IN THEIR NEIGHBOOHOOD. W	E HAVE TRAINED 186 LEADERS AT 11
TRAINING CENTERS TO RETURN AND TO PLANT THE UNDERGROUND CHURCH IN NORTH KOREA	
Line 4d, Part III Other Program Services, Form 990	
(Code) (Total Expenses: 153,745) (Grants and Allocations: 96,629)	
PROVIDING HUMANITARIAN ASSISTANCE TO PEOPLE IN NORTH KOREA, REFUGEES OF NORTH K	OREA IN CHINA ALONG THE BORDER,
DEFECTORS OF NORTH KOREAN IN SOUTH KOREA, NORTH KOREAN ORPHANS IN CHINA, AND O	HER NATIONS. THROUGH HUMANITA-
RIAN ASSISTANCE WE SHARE THE LOVE OF JESUS CHRIST AND TO MEET THEIR IMMEDIATE SUR	VIVIAL NEEDS.
OFTEN THIS ASSISTANCE LEADS TO INTRODUCING THE GOSPEL, BUT HE OR SHE IS NOT REQUIR	ED TO RECEIVE THE AIDS. WE
ASSIST THE NEEDY PEOPLE IN THE GOSPEL RESTRICTED NATIONS WITH FOODS, CLOTHES, MED	ICINES, OTHER NECESSITY
ITEMS. WE DELIVERED 18 TONS OF FLOURS AND 6 TONS OF RICE, 660 SETS OF CLOTHING, MEDIC	INE
ARE PROVIDED CHRISTMAS GIFTS TO NORTH KOREAN ORPHANS IN CHINA AND NORTH KOREA.	

Schedule O (Form 990 or 990-E	2) (2010)		Page 2
Name of the organization	CC INTERNATION		Employer identification number
CORNERSTONE MINISTRI	ES INTERNATIONAL		91-1550156
Line 2, Part VI, Form 990			
Name	Title	Relationship	
Isaac Lee	President	Brother	
Peter Lee	Executive Director	Brother	
			·
Line 11s Costion D. Dont L	// Form 000.		
Line 11a, Section B, Part V	71, FORM 990:		
The executive committee	of the board review the form 990 b	efore its filing.	
			·
Line 12c, Section B, Part \	/I, Form 990:		
Officers, directors, and o	ther key employees are required to	disclose immediately a	ny conflicts which may arise.
			·
Line 19, Section C, Part VI	, Form 990:		
The organization's article	e of incorporation, by-laws, and fina	ancial statements are m	ade available upon request.
			<u></u>
			·····
	·····		
			······
		·	

Cornerstone Ministries Int'l Other Expenses Year 2013

Alarm Bank Charges Books Consulting Credit Card Fee Editing Fee	365 4,360 786 39,000	256 3,052 786	37 436	Fund Raising 73 871
Books Consulting Credit Card Fee	4,360 786	786	436	
Books Consulting Credit Card Fee	786	786		
Consulting Credit Card Fee	39,000		_	_
Credit Card Fee	_	11,700	7,800	19,500
		-	- ,,,,,,,	-
	1,500	_	_	1,500
Flowers	100	_	_	100
Franchise Tax	-	_	_	-
Freight	1,767	1,767	_	_
Gasoline	1,099	769	110	220
Gift	1,852	-	-	1,852
Hotel	1,609	1,609	_	1,002
Licenses	1,000	7,005		_
Meals	10,305	6,640	1,344	2,321
Medicine	10,303	0,040	1,344	2,321
	_	_	_	_
Meeting Exp	455	210	4.0	- 01
Membership	455	319	46	91
Miscellaneous	1	1	0	0
Moving Exp	400		400	
NSF Checks	420	_	420	_
Others	_			_
Parking	35	25	4	7
Penalty and Late Fee	250	-	250	=
Photos			_	_
Post Box Fee	279	195	28	56
Postage-Pastoral	11,845	11,845	-	_
Postage-Office	2,208	1,546	221	442
Printing	1,260	882	126	252
Property Tax	181	127	18	36
Rental Car	355	355	_	-
Rent Furniture	-	_	-	
Repair	160	-	160	-
Reimbursed Exp	-	-	-	-
Scholarship	11,431	11,431	_	_
Shipping	- 40 -	40	_	-
Speakers	_	_	_	_
Storage	-	=	_	-
Subscription	220	154	22	44
Supplies-Ministry	1,684	1,684	_	_
Supplies-Office	6,455	4,518	645	1,291
Supplies-Pastoral	3,503	· <u>-</u>	_	3,503
Supplies-Teaching	222	222	_	-,
Tax-Others			-	_
Telephone	5,341	3,739	534	1,068
Transportation	-	-	-	- ,500
Training/Education	3,172	2,220	317	634
Wire Fee	-	2,220	-	-
Round Up Adjustment				
Tiodila Op Adjustificili	112,180	65,802	12,517	33,861
-	112,100	00,002	12,017	30,001

Cornerstone Ministries Intl Recap of Expenses Year 2013

	Total	Program	Admin	Fund Raising
Occupancy				
Rent-Office	21,176	14,823	2,118	4,235
Rent-Conf/Meeting	2,855	2,855		
Rental-Housing	486	486	_	_
- -	24,517	18,165	2,118	4,235
Conference Exp				
Conference Exp	2,654	1,327	531	796
Exhibit Expenses		-	_	-
	2,654	1,327	531	796
Information Technology				
Internet Service	1,535	768	307	461
Web Service	_		-	_
Computer Software	4,000	2,800	400	800
Supplies-Computer _	5,835	4,084	583	1,167
<u>-</u>	11,370	7,652	1,291	2,428
Fees for Service-Other				
Custom Clearance Fee	_	-	_	_
Filing Fee	184		184	_
Fee and Permit	-	_	_	_
Notary Fee	-	_	_	_
Service Fee	_	_	_	-
Visa Fee	2,377	2,377	_	-
-	2,561	2,377	184	
Payroll Tax				
FICA	25,013	16,118	3,262	5,633
Medicare	5,850	3,770	763	1,317
State _	282	182	37	64
<u>-</u>	31,145	20,070	4,061	7,014

Cornerstone Ministries International Fixed Asset Schedule 2013

,	- 9 :			- -	į	Leasehold		Accumulated		:	Accumulated
Radio/Sound				Telephone	Office	Improve		Depreciation	_	Depreciation	Depreciation
Equipment Computer	Computer	Furniture	Camera	Equipment	Equipment	ments	Total	2012	Balance	2013	2013
666'9 -	666'5	1	1	Î	2,419		15,418	15,418	0	0	15,418
- 2,212	2,212	1,758	1	1	1,285		5,255	5,255	0	0	5,255
4,701 2,844	2,844	1	I	I	I		7,545	7,545	0	0	7,545
	1,583	1,040	1	l	ı		3,825	3,825	0	0	3,825
	1,870	1,282	1,373	I	2,567		7,093	7,093	0	0	7,093
4,259 7,142	7,142		350		4,231		15,983	15,983	0	0	15,983
4,260	4,260	1	355	1,276	1,831		7,722	7,722	0	0	7,722
6,327	6,327		1,774	1,969			10,070	10,070	0	0	10,070
3,692	3,692					000'6	12,692	11,608	1,083	1,083	12,692
1,900 3,291	3,291		513	367	372		6,442	4,821	1,621	1,094	5,915
- 6,858	6,858	ı	1	1	ı	1	6,858	3,634	3,224	2,285	5,919
009 –	009 -					•	- 600		009 -		
740 9,417	9,417		2,429	545			13,131	2,427	10,703	4,270	6,697
1,895 4,461	4,461		8,669		1,766	983	17,774	ŀ	1	4,467	4,467
14,696 59,357	59,357	4,080	15,464	4,157	14,471	9,983	129,207	95,400	16,032	13,200	108,600
13,096 51,243		2,796	8,122	3,850	13,427	990'6	108,600				

		Accullulated	
	Cost	Depreciation	Book Value
Equipments	119,224	99,535	19,689

Leasehold Improve ments

990'6 9,983

917

Cornerstone Ministries Int'l 2013

	Program	Delivery of The Word	Support of Ministries (Leadership)	Mobilazation & Preaching (Missionary)	Church Planting	Pre-Evangelism thru Humanitarian Assistance
Project Expenses	354,770	77,864	54,484	67,814	57,979	96,629
Support	50,892	_	27,092	23,800	· –	· –
Bible Translation	54,000	54,000	-	=	_	
Radio Program _	52,137	17,727	17,205	-	_17,205	_ _
Total	511,799	149,591	98,781	91,614	75,184	96,629

_	Amount	Delivery of The Word	Support of Ministries (Leadership)	Mobilazation & Preaching (Missionary)	Church Planting	Pre-Evangelism thru Humanitarian Assistance
US:						
Organizations	70,887	17,727	35,955	_	17,205	_
Individuals	59,800	54,000	-	5,800	_	-
Foreign:						
Organizations						
Canada	_	_	-	_	_	-
China	172,687	51,629	26,406	25,814	17,210	51,629
Korea	155,600	24,000	24,000	24,000	38,600	45,000
India _	7,750		7,750	-		
_	336,037	75,629	58,156	49,814	55,810	96,629
Foreign Individua	ls					
China	12,675	2,235	4,670	3,600	2,170	_
Korea _	32,400	_		32,400		
_	45,075	2,235	4,670	36,000	2,170	
Total Foreign _	381,112	77,864	62,826	85,814	57,979	96,629
Total _	511,799	149,591	98,781	91,614	75,184	96,629