

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Ca	99	O	Return of Org	anizat	tion Exempt Fro	m Inco	me Ta	X	OMB No 15	545-0047
FOIII				•	-				20•	14
			Under section 501(c), 527, or 4		of the internal Revenue Co numbers on this form as				: Open to	Public
Depa	rtment of	the Treasury se Service	1	-	and its instructions is at				inspec	
			dar year, or tax year beginning		·	nd ending	777707111333	•	, 20	
		applicable	Name of organization CORNERS	TONE MIN				D Employe	r identification	number
$\overline{}$	Address		Doing business as						91-1550156	
_	Name ch	-	Number and street (or P O box if m	ail is not de	livered to street address)	Room/suite		E Telephone number		
$\overline{}$	Initial ret	•	PO BOX 4002						714-484-0042	
		n/terminated	City or town, state or province, cou	ntry, and ZIF	P or foreign postal code					
$\overline{\Box}$	Amende		TUSTIN, CA 92781-4002					G Gross red	ceipts \$	1,415,242
	Applicati	on pending	F Name and address of principal office	er Peter	Lee		H(a) Is this a gi	roup return for s	ubordinates? 🔲 Ye	s 🗹 No
		,	2660 W Woodland Dr #105 Anat	neim, CA 9	2801		H(b) Are all	subordinates	included? Ye	es 🗌 No
	Tax-exe	mpt status	✓ 501(c)(3)	( ) ◀	(insert no ) 4947(a)(1) or	527	] If "N	o," attach a	list (see instruct	tions)
	Website						H(c) Group	exemption i	number 🕨	
K	Form of	organization	Corporation Trust Associ	ation 🔲 Ot	her ► L Yea	ar of formation	n 1992	M State	of legal domicile	WA
P	art I	Summ								
	1	Briefly de	scribe the organization's mis-	sion or m	ost significant activities				OF JESUS C	
e C	ł		OSPEL RESTRICTED NATIONS							
я			RIES, PLANTING CHURCHES, C							
Governance	2	Check th	s box ▶☐ if the organization	discontin	nued its operations or di	sposed of	more than	1 25% of i	its net assets	3
Ó	3	Number	of voting members of the gov	erning bo	ody (Part VI, line 1a)			3		6
৺	4	Number	of independent voting membe	ers of the	governing body (Part VI	, line 1b)		4		4
Activities	5	Total nui	nber of individuals employed	ın calend	ar year 2014 (Part V, line	e 2a)		5		12
ξ	6	Total nu	nber of volunteers (estimate if	necessa	ıry) .			6		50
Ac	7a		elated business revenue from					. 7a		0
	b	Net unre	ated business taxable incom-	e from Fo	rm 990 Thune 34 \.//	•		7b		0
							Prior Y		Current	
Ð	8	Contribu	tions and grants (Part VIII, line	e 1h)	8	· · · · · · · · · · · · · · · · · · ·		1,188,108		1,415,062
n n	9	Program	service revenue (Part VIII, line	e 2g) .	18 NOV 8 1 20					
Revenue	10	Investm	ent income (Part VIII, column (	A), lines 3	3, 4, and 7d)	<u> </u>				
ц.	11	Other re	renue (Part VIII, column (A), III	ies 5, 60,	loc, ac, loc, and lie			41		180
_	12		enue-add lines 8 through 11			ne 12)		1,188,149		1,415,242
	13		nd similar amounts paid (Part			<u> </u>		511,799		646,164
	14		paid to or for members (Part			⊢		100.000		105 100
es	15		other compensation, employee			5-10)		436,088		495,106
xpenses	16a		onal fundraising fees (Part IX,			_				
Š			draising expenses (Part IX, co					000.074		104.000
Ш	17		penses (Part IX, column (A), I			<u>,</u> ·  -		229,874		194,089
	18		penses Add lines 13-17 (mus			<sup>5)</sup>  -		1,177,761		1,335,359 79,883
_	19	Revenu	less expenses Subtract line	18 from	line 12	R	eginning of C		End of	
Net Assets or	S S	т., ,	nata (Dard V. lun - 40)			F		771,009		974,654
sset	E 20		sets (Part X, line 16) .		•	·  -		771,009		123,763
let A	21		oilities (Part X, line 26)	· ·	rom line 20	-		771,009		850,891
			ets or fund balances Subtrac		Tom line 20			771,000	1	000,001
	art II		ture Block				anta and to	the heat of	my knowledge	and ballof it in
tı	Inder per	natties of per ect, and com	ury, I declare that I have examined the elete Declaration of preparer (other th	s return, inc an officer) is	s based on all information of wh	es and staten nich preparer	has any knov	wledge	iny knowledge	and bener, it is
_		11		7			1	111	15/201	
S	ign	Sic	nature of officer		<b>₹</b>			Date	12/2013	
	ere		_	CYEA	MUE DIREC	TO				
• • •		Tv	e or print name and title	->C()	1110 C GIRCA	~ 01				<del></del>
_		_1./	ype preparer's name	Prepare	r's signature	Da	te	Charal	C , PTIN	
	aid	l l	·· · ·		-			Check self-em		
	repar		name Þ				F	rm's EIN ▶		
U	se O	עוו א	address >					hone no		
$\overline{N}$	lay the		ss this return with the prepare	r shown	above? (see instructions	3)		•		Yes No
			uction Act Notice, see the sepa				o 11282Y	<del></del>	For	m <b>990</b> (2014)

4

1,099,175

Total program service expenses >

Part IV .	Checklist	of Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	,	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	7	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		·
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 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		l	
	"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		V
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		٧
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		V
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		V
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	V	
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		v
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		V
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		V
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		V
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		~
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		V
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		V
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		V
14 a		14a	1	<u> </u>
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	ŧ		
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b	~	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	~	
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.	16	v	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		V
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III .	19		V
20 a		20a		V
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Eco	" aar	12014

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Part IV .	Checklist	of Req	uired S	Schedules (	(continued)

			Yes	NO
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	V	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	·	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		~
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		V
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), 501(c)(4), and 501(c)(29) 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		V
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		v
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 "Yes," complete Schedule L, Part II	26		v
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  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		V
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		,
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		V
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		V
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
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		V
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		V
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		V
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  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	35b		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	36	-	-
38	Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	37	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-
		1 30	1 000	<u>.                                    </u>

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Part	V . Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u> </u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1a 0			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	ļ		
_	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			ŀ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	ļ
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_		١.
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	~
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			1
		<u>4a</u>		-
b	If "Yes," enter the name of the foreign country:			ļ
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ļ	ļ	1
	organization solicit any contributions that were not tax deductible as charitable contributions? .	6a	<u></u>	~
р	If "Yes," did the organization include with every solicitation an express statement that such contributions or	}		1
	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	[		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	ļ	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year . 7d		T	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		]
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ —	ţ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u> </u>	<u> </u>
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .	9b	<u> </u>	<u> </u>
10	Section 501(c)(7) organizations. Enter	ļ	ł	1
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	· · · · · · · · · · · · · · · · · · ·	-	ľ	
11	Section 501(c)(12) organizations. Enter	1	1	
a		-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a b		12a	-	-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	1	1
а		13a	t	T
	Note. See the instructions for additional information the organization must report on Schedule O		T	1
b				1
	the organization is licensed to issue qualified health plans .   13b	1	1	1
С		1		
14a		14a		V
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	_	

Form 990 (2014)

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se Check if Schedule O contains a response or note to any line in this Part VI	e ins	or a truction	ons.
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent .   Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	~	i
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		V
6	Did the organization have members or stockholders?	6		~
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		v
р	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		v
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	~	İ
b	Each committee with authority to act on behalf of the governing body?	8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		V
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		~
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	V	<del> </del> -
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a	-	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	,	}
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	~	
13	Did the organization have a written whistleblower policy?	13	1	
14 15	Did the organization have a written document retention and destruction policy? 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?	14	~	
а	The organization's CEO, Executive Director, or top management official	15a		~
b	Other officers or key employees of the organization	15b		V
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	-5-2		
b	with a taxable entity during the year?	16a	_	V
J	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		
Sect	ion C. Disclosure	, .55	<del></del>	
17 18	List the states with which a copy of this Form 990 is required to be filed California  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply	า 501	(c)(3):	s only
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year	erest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Peter Lee, 2660 W Woodland Dr #105, Anaheim, CA 92801 (714)484-0042	cords	s. <b>&gt;</b>	

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- 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

Compensated employees, and former such pers										
☐ Check this box if neither the organization no	r any relate	d orga	anız			ompe	nsa	ted any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box, office	unles	s pe	rition more	than o	ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Isaac Lee										
2660 W Woodland Dr #105, Anaheim, CA	60	<u> </u>	L_	~			L	45,600	0.	0
(2) Peter Lee			İ							
2660 W Woodland Dr #105, Anaheim, CA	60		ļ	~			L	45,600	0	0
(3) Duk Young Chun				İ	ļ					
2 Main St. Hopkin, MA	0	~				<b> </b>	<u> </u>	0	0	0
(4) Y I Song				ļ		ļ	ļ			
2660 W Woodland Dr #105, Anaheim, CA	0	~	<u> </u>	<u> </u>	ļ		<u> </u>	0	0	0
(5) Seunghee Koh 1717 Otterbein Ave, Rowland Height, CA	0	~						0	0	0
(6) C   Kim	<u>.                                    </u>		1		1	1	}			
4395 Deopar Dr. Yorba Linda, CA	0	V	<u> </u>	L_	L.		<u> </u>	0	0	0
(7)										
(8)										
(9)			-			-				
(10)	<del> </del>		-							
(11)			-		-	-	$\vdash$			
(12)		-	-			-	-		1	
(13)			-		$\vdash$	-				
(14)		-	-		-	-	<del> </del>			

Part \	Section A. Officers, Directors, Trust	ees, Key E	mploy	ees	s, ar	ıd H	ighes	st C	ompensated E	mployees (c	ontinuec	1)		_
					_ (0	•								
	(A)	(B)	(do n	ot ch	Posi eck		than c	ne	(D)	(E)	(F)			
	Name and title	Average	box, ι	unles	s pe	rson	is both	an	Reportable	Reportable compensation from		Estim		
		hours per week (list any	ek (list anv			a director/truste			compensation from	related	170111	amou oth		
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Form	the	organization		compe		
		related organizations	rect	l tio	ę	em p	est o	₫	organization (W-2/1099-MISC)	(W-2/1099-MI	50)	from organı		
		below dotted	9 #	na a		oloye	eom	1			1	and re	elated	
		line)	stee	rust		ď	pens					organiz	zations	
				e		]	atec				]			
(15)				-	<del> </del> —	-	-	-		<del></del>				
1			1											
(16)			-			$\vdash$	-		<del>                                     </del>					
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(17)								Ť						
Z	**		1		1			ļ						
(18)								T						
			<u> </u>	L	L	_		<u> </u>						
(19)			]											
		ļ	<u> </u>	L	<u> </u>	_	<u> </u>	<u> </u>						
(20)		ļ		l		ļ	ļ							
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(21)		ļ		}	1		1	1		l	}			
		ļ	┝	╄	_	<del> </del>	<u> </u>	╄	<u> </u>		$-\bot$			
(22)		ļ		1	1		1	Ì			}			
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(23)		. <del> </del>												
(04)		<del></del>	<del> </del>	<del> </del>	╁	-	<b>├</b> ─	╁						
(24)		<b>+</b>					1							
(25)		<del> </del> -	<del>                                     </del>	+	$\vdash$	╁	<b>-</b>	+	<del> </del>	<b> </b>				
(20)		<del></del>	1	Į	į	ļ		l						
1b	Sub-total	<del></del>	ــــــــــــــــــــــــــــــــــــــ					- <u>-</u>	91,200	)	0			
c	Total from continuation sheets to Part	VII. Section	on A		-		•	<b>&gt;</b>			$\neg +$			
d	Total (add lines 1b and 1c) .							<b>&gt;</b>	91,200		0			0
2	Total number of individuals (including bu	it not limite	d to t	hos	e lıs	ted	abov	e) v	who received m	ore than \$10	00.000	of		
	reportable compensation from the organ							- /		··-··· <b>+</b> · ·	,			
													Yes	No
3	Did the organization list any former of							em	ployee, or high	iest compe	nsated			
	employee on line 1a? If "Yes," complete	Schedule .	J for s	uch	inc	livia	lual		•			3		~
4	For any individual listed on line 1a, is the													
	organization and related organizations	greater th	nan \$	150	,00	٥? .	If "Ye	9S, "	' complete Sci	nedule J fo	r such		1	
	ındıvıdual			•								4		~
5	Did any person listed on line 1a receive									zation or ind	ıvıdual		ļ	
	for services rendered to the organization	17 11 108,	comp	ne te	- 50	nea	uie J	IOI	such person			5		<u> </u>
	on B. Independent Contractors			_					<del> </del>	<del></del>				
1	Complete this table for your five highest compensation from the organization. Re	compensa	itea in	aep	enc	deni	CONT	rac	tors that receiv	ed more tha	n \$100,	000 of	مدمات	
	year	port compi	ensau	1011	101 1	iiie i	calen	uai	year ending wi	in or within i	ne orga	mzauc	n s ta	х
	<u></u>							7	(7)					
	(A) Name and business ac	dress							(B) Description of	services	С	(C) ompens	ation	
								+	<del></del>					
		· <del></del>						+						
								$\dagger$						
								$\top$						
						_		Ť						
2	Total number of independent contract	ors (includ	ing b	ut	not	lım	ited '	lo 1	those listed at	ove) who				
	received more than \$100,000 of compe	nsation fron	n the	orga	anız	atio	n 🕨		0	·				

Part	VIII	Statement of Revenue				<del></del>
		Check if Schedule O contains a response or note to	any line in this f	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
ts ts	1a	Federated campaigns 1a		function revenue	revenue	under sections 512-514
ra i	b	Membership dues 1b				
ا ق ت	C	Fundraising events 1c				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations . 1d	ŀ			
S,E	е	Government grants (contributions) 1e	į		ļ	
r S	f	All other contributions, gifts, grants,	İ			
the		and similar amounts not included above 1,415,062	į		Į.	
d O	g	Noncash contributions included in lines 1a-1f \$	1			
	h	Total. Add lines 1a-1f	1,415,062			
Program Service Revenue		Business Code				
ver	2a					
A.	b			·		
Š	С					
Ser	d					
ä	е					
og.	f	All other program service revenue			<u> </u>	<u> </u>
<u>o</u> _	9	Total. Add lines 2a-2f			<del>,</del>	<del></del>
	3	Investment income (including dividends, interest, and other similar amounts)				
		·	1		· <del>  -</del>	1
	4	Income from investment of tax-exempt bond proceeds	<del></del>	<del></del>	<del></del>	<del> </del>
	5	Royalties				<del></del>
	60	Gross rents .	[			
	6a	Less rental expenses	-			
	b	Rental income or (loss)	ł			
	d	Net rental income or (loss)				
	7a	Gross amount from sales of (i) Securities (ii) Other		<del></del>	<del> </del>	<del> </del>
	١.,	assets other than inventory				
	b	Less cost or other basis				
	~	and sales expenses				
	C	Gain or (loss)	1			
	d	Net gain or (loss)	1 ]		1	
	-	(455)			<del></del>	<del> </del>
enne	8a	Gross income from fundraising events (not including \$				
e e		of contributions reported on line 1c)				
Other Re		See Part IV, line 18 a	1		1	
粪	b	Less direct expenses b	]			
•	C	` '			<u>i.                                    </u>	
	9a	Gross income from gaming activities				
	]	See Part IV, line 19 a	] ]		ĺ	Ĭ
	b	Less direct expenses b	]			
	C	Net income or (loss) from gaming activities .				
	10a	Gross sales of inventory, less			1	
	Ì	returns and allowances a	_			
	b				ļ.	
	c					
	<del> </del>	Miscellaneous Revenue Business Code	\	ı		
	11a		179		+	179
	b		<del> </del>		<del></del>	<del></del>
	C				<del></del>	<del></del>
	d		179		<del></del>	<del> </del>
	12	Total revenue. See instructions .	1,415,242		+	1.415.242

Form 990 (2014)

	IX . Statement of Functional Expenses				
Section	n 501(c)(3) and 501(c)(4) organizations must com	<u> </u>	<del></del>	<del></del>	<del></del>
<u> </u>	Check if Schedule O contains a respons	se or note to any lir (A)			
8b, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	73,446	73,446		
2	Grants and other assistance to domestic individuals See Part IV, line 22	57,600	57,600		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
4	Individuals See Part IV, lines 15 and 16  Benefits paid to or for members	515,118	515,118		<del></del>
5	Compensation of current officers, directors, trustees, and key employees	91,200	61,560	18,240	11,400
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	368,180	222,468	37,816	107,896
9	Other employee benefits	583		116	117
10	Payroll taxes	35,143	21,729	4,287	9,127
11	Fees for services (non-employees)				
a	Management		-		
b	Legal	<del></del>	<del></del>	<del></del>	
C	Accounting			<del></del>	
d	Lobbying				
e f	Professional fundraising services See Part IV, line 17 Investment management fees			<del></del>	
g	Other (If line 11g amount exceeds 10% of line 25, column			<del></del>	
9	(A) amount, list line 11g expenses on Schedule O)	3,650	2,690	520	440
12	Advertising and promotion	2,520	<del></del>	252	504
13	Office expenses				
14	Information technology	12,238	7,554	1,730	2,954
15	Royalties				
16	Occupancy	33,043	24,226	2,939	5,878
17	Travel	50,784	48,245	1,523	1,016
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings . Interest	820	410	164	246
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	12,399	8,679	1,240	2,480
23	Insurance .	3,738		———— <del>—</del>	748
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	74,897	51,092	8,279	15,526
b	***************************************		ļ		
C		<u> </u>	ļ		
d		ļ	<del> </del>		
e 25	All other expenses  Total functional expenses. Add lines 1 through 24e	1,335,359	1,099,174	77,853	158,332
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)				

Part X . Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year Cash-non-interest-bearing . . . . . . 301,003 1 353,656 400.000 2 600,000 2 Savings and temporary cash investments . . . . 3 3 4 Accounts receivable, net . . . 4 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 6 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 49 400 7 Inventories for sale or use . . . . . . 8 R 9 Prepaid expenses and deferred charges 9 Land, buildings, and equipment cost or 10a other basis. Complete Part VI of Schedule D 10a 10b 120,999 Less, accumulated depreciation . . . . 20,606 10c 20.998 b 11 11 Investments—publicly traded securities . 12 Investments—other securities See Part IV, line 11 . . . . 12 13 13 Investments - program-related. See Part IV, line 11 . . . 14 14 15 Other assets See Part IV, line 11. 15 771,009 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 974,654 17 123,763 17 18 18 Grants payable 19 19 Deferred revenue 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . . . . . . 25 123,763 26 Total liabilities. Add lines 17 through 25 . 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 771,009 27 850,891 27 . . . 28 28 Temporarily restricted net assets . . 29 Permanently restricted net assets . . 29 Net Assets or Fund Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds . . . . 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 Retained earnings, endowment, accumulated income, or other funds 32 32 33 771,009 33 850,891 771,009 34 974,654 34 Total liabilities and net assets/fund balances .

orm 99	0 (2014)			Pa	ige <b>12</b>
Part	XI 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			5,242
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,33	35,359
3	Revenue less expenses. Subtract line 2 from line 1	3		7	79,883
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		77	1,009
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		85	50,892
<b>Part</b>	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	<u>.                                    </u>	
				Yes	No
1	Accounting method used to prepare the Form 990		_	ŀ	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ıı	າ		}
	Schedule O.				}
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		V_
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled o	r		
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	, ,		2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a		
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o			1	1
	of the audit, review, or compilation of its financial statements and selection of an independent according				
	If the organization changed either its oversight process or selection process during the tax year, ex	kplain i	n 🗀		
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth 1	n		
	the Single Audit Act and OMB Circular A-133?		3a	<u>.</u>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?		e		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b		

Form **990** (2014)

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

Na CC OMB No 1545-0047

2015

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

	of the organization		Employer identification						
	ERSTONE MINISTRIES INTERNATION		<del></del>	<del></del>	1	91-155			
Pari							<u>ns</u>		
	rganization is not a private foundat		•		-	•			
	A school described in section to								
	A medical research organization						iii). Enter the		
·	hospital's name, city, and state		,				,		
5	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)								
	A federal, state, or local govern	-							
7	An organization that normally a described in section 170(b)(1)(		• •	ort from	a goverr	nmental unit or from	the general public		
	A community trust described in			•					
9	An organization that normally receipts from activities related support from gross investment acquired by the organization af	to its exempt f nt income and	functions—subject to unrelated business t	certain ( axable ir	exceptior acome (le	ns, and (2) no more ess section 511 tax	than 331/3% of its		
10	An organization organized and	•							
11	An organization organized and one or more publicly supported the box in lines 11a through 11c	organizations de	escribed in section 50	9(a)(1) o	r section	509(a)(2). See secti	on 509(a)(3). Check		
а	□ Type I. A supporting organization(s) organization You must com	the power to re	gularly appoint or elec						
b	☐ Type II A supporting organize control or management of the organization(s) You must control to the control organization (s) You must co	e supporting org	anization vested in th						
С	Type III functionally integra its supported organization(s)						y integrated with,		
d	Type III non-functionally integrated that is not functionally integrated requirement (see instructions	ated. The organi	zation generally must	satisfy a	distributi	on requirement and			
е	Check this box if the organiz functionally integrated, or Ty						I, Type III		
f	Enter the number of supported of	organizations							
9	Provide the following information	about the supp	orted organization(s)						
	(i) Name of supported organization	(n) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))		organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No				
(A)									
(B)					ļ———				
(C)									
(D)									
(E)									
		<del> </del>	<del> </del>	<del> </del>	-				

Schedul	e A (Form 990 or 990-EZ) 2015						Page 2
Part		itions Descr	bed in Secti	ons 170(b)(1	)(A)(iv) and 1	170(b)(1)(A)(v	i)
	(Complete only if you checked th	ie box on line	5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	ete Part III.)	
	on A. Public Support				, ···		
	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and					1	
	membership fees received. (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					alk	
3	The value of services or facilities furnished by a governmental unit to the organization without charge .			12	PPLICA		
4	Total. Add lines 1 through 3 .						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		^	101			
6_	Public support. Subtract line 5 from line 4						
	ion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4			ļ	<u> </u>	ļ	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				11.01	ABLE -	
9	Net income from unrelated business activities, whether or not the business is regularly carried on			of F.	pplici		
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10					T	
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	ere .	<u></u>		n, or fifth tax y	ear as a secti	on 501(c)(3)
	ion C. Computation of Public Suppo					~	
14	Public support percentage for 2015 (line					14	%
15 16a	Public support percentage from 2014 Sc 331/3% support test—2015. If the organibox and stop here. The organization qua	ization did not	check the box	on line 13, an	id line 14 is 33	15   1/3% or more, (	
b		nization did n	ot check a bo	x on line 13 c	r 16a, and lin		or more,
17a		015. If the org	anization did n	ot check a bo ances" test, ch	- x on line 13, 16 leck this box a	nd stop here.	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ation meets the	e "facts-and-c	ircumstances'	test, check t	his box and s	a, and line top here.
18	Private foundation. If the organization d	lid not check a	box on line 13	3, 16a, 16b, 17	a, or 17b, che	ck this box and	d see

### 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)

Section	on A. Public Support		200 1000 201	, p. 0.000 0.0	mpioto i are	. /	
	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants.")		}		]		
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the		}			į	1
	organization's tax-exempt purpose		Į		l i		
3	Gross receipts from activities that are not an						/
	unrelated trade or business under section 513		]	1	}		
4	Tax revenues levied for the						
	organization's benefit and either paid			}			
	to or expended on its behalf			l		1/	
5	The value of services or facilities					. V	
	furnished by a governmental unit to the					$\Box A = \Box$	
	organization without charge		<u> </u>			(h) ~	
6	Total. Add lines 1 through 5					1'	
7a	Amounts included on lines 1, 2, and 3				۲۲	/	
	received from disqualified persons	<b> </b> -	<del> </del>		\\ <u>\</u>		
b	Amounts included on lines 2 and 3				$\int \int $		İ
	received from other than disqualified				1 1 V		Ì
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	1		į	λY		1
	·		<del>                                      </del>	<del> </del>	<del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>		
с 8	Add lines 7a and 7b	ļ	<del></del>	<del> (X</del>	·	<del></del>	<del></del>
Ū	line 6.)	Į	l	1 7.	<u>'</u>	l	
Secti	on B. Total Support	L	<u> </u>	1	_ <del></del>	<u> </u>	<del></del>
	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6				\	(,,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\ <u>\</u>
10a	Gross income from interest, dividends,			h			<del> </del>
	payments received on securities loans, rents,	l		W		{	ļ
	royalties and income from similar sources .			<u> </u>	<u> </u>		
b	Unrelated business taxable income (less	1	1/2		İ		
	section 511 taxes) from businesses		\ \ \				
	acquired after June 30, 1975		/		<u> </u>		
С	Add lines 10a and 10b		V	<u> </u>	<u> </u>		
11	Net income from unrelated business	/	1			ł	1
	activities not included in line 10b, whether		1			l	
	or not the business is regularly carried on		<del> </del>	<del></del>		ļ	<u> </u>
12	Other income Do not include gain or loss from the sale of capital assets			1			
	(Explain in Part VI)	/					
13	Total support. (Add lines 9, 10c, 11,	<b>-</b>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del></del>
10	and 12)						
14	First five years. If the Form 990 is for t	L he organizatio	n's first, seco	d third fourt	h or lifth tax v	ear as a sectu	on 501(c)(3)
• •	organization, check this box and stop he				in, or man tax y		on so (c,(s) ► □
Sect	ion C. Computation of Public Suppo						
15	Public support percentage for 2015 (line		<del></del>	13, column (f))	<del></del>	15	%
16	Public support percentage from 2014 Sc		•			16	%
Sect	ion D. Computation of Investment Ir	ncome Perce	entage				
17	Investment income percentage for 2015	(line 10c, colu	mn (f) dıvıded	by line 13, coli	umn (f))	17	%
18	Investment income percentage from 201					18	%
19a	331/3% support tests—2015. If the organ						
	17 is not more than 331/3%, check this box						
b							•
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization of	ла посспеска	a box on line 1	4, 19a, or 19b,	, uneck this box	cand see instri	uctions 🕨 🗍

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
р	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported Organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control?  Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	İ		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b	-	
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations		<u> </u>	
		/	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	 		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1		
	supervised, or controlled the supporting organization.	2		
Sect	on C. Type II Supporting Organizations			
	<i>k</i> <sub>1</sub> ,		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also y majority of the directors or trustees of each of the organization's supported organization(s)? If "No," pestimbe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		}	
	the supported organization(s).	1	ļ	
Sect	ion D. All Type III Supporting Organizations			
	1/		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of mptification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trusteds either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	}	}	
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2	<b>├</b>	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax vear? If "Yes," describe in Part VI the role the organization's	İ	[	
	supported organizations played in this regard	3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s)
а	☐ The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see in	structi	ons).
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,	l		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	- the same and the			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these	1		
	activities but for the organization's involvement.	2b		}
3	Parent of Supported Organizations Answer (a) and (b) below.	20	+-	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	L
b	1 71 9 7			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		L

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must correct the control of the c			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		/
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		_/_
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7	/	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		· <del></del>
Section B - Minimum Asset Amount		(M Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	6		
a Average monthly value of securities	114		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/29 of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to	T		
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ly-ır	ntegrated Type III supportin	g organization (see

Part	. Type III Non-Functionally integrated 509(a)(3)	Supporting Organia	zations (continued)					
Secti	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish e	xempt purposes						
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of suppo	rted					
	organizations, in excess of income from activity							
3_	Administrative expenses paid to accomplish exempt purposes of supported organizations							
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)	<del></del>						
6	Other distributions (describe in Part VI) See instructions.	<del></del>		/				
	Total annual distributions. Add lines 1 through 6	·		_/				
8 	Distributions to attentive supported organizations to which (provide details in <b>Part VI</b> ) See instructions	the organization is res	ponsive					
9	Distributable amount for 2015 from Section C, line 6			<del></del>				
10	Line 8 amount divided by Line 9 amount	· <del></del>						
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ij) Underdistributions Pre-2015	(iii) Distributable Amount for 2015				
_1_	Distributable amount for 2015 from Section C, line 6	<del></del>						
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)							
3	Excess distributions carryover, if any, to 2015:							
а		1/						
b								
С								
d	From 2013	0 (N)						
е	From 2014	11 )						
f	Total of lines 3a through e	V						
g	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2015 distributable amount							
<u>i</u> _	Carryover from 2010 not applied (see instructions)							
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 8f	<del></del>	<u> </u>	<del> </del>				
4	Distributions for 2015 from Section D, line 7							
a	Applied to underdistributions of prior years							
b	Applied to 2015 distributable amount			ļ				
c	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)							
	Remaining underdistributions for 2015 Subtract lines 3h	<del> </del>	<del> </del>					
6	and 4b from line 1 (if amount greater than zero, see instructions)							
7	Excess distributions carryover to 2016 Add lines 3j and 4c							
8	Breakdown of line 7		<u> </u>	<del> </del>				
a	<del></del>							
7	/	<del> </del>	1	<del> </del>				
/ c								
d		<del> </del>	<del> </del>	<del> </del>				
<u>e</u>		T	†					
		<del></del>	<del></del>	<del></del>				

#### SCHEDULE D' (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on 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

Name of	the or	ganization		Employe	er identification number
		ONE MINISTRIES INTERNATIONAL			91-1550156
Par		Organizations Maintaining Donor Adv Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.		Accounts.
			(a) Donor advised funds	<b>-</b>	(b) Funds and other accounts
1		number at end of year		<b>_</b>	
2		egate value of contributions to (during year)		-	
3		egate value of grants from (during year)		_	
4		egate value at end of year .			
5		the organization inform all donors and donors are the organization's property, subject to the			Yes No
6	only	he organization inform all grantees, donors, a for charitable purposes and not for the bene erring impermissible private benefit?			
Par	Ш	Conservation Easements.			
		Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.		
1		ose(s) of conservation easements held by the			,
		Preservation of land for public use (e.g., recrea		/	
	□ F	Protection of natural habitat	☐ Preservation of	of a certi	ified historic structure
	_	Preservation of open space		/	
2		plete lines 2a through 2d if the organization h	eld a qualified conservation contributi	on in th	,
		ement on the last day of the tax year.			Held at the End of the Tax Year
a		I number of conservation easements .			2a
b		If acreage restricted by conservation easement aber of conservation easements on a certified	\ \ /*	•	2b   2c
c d		ber of conservation easements and defined in		on a	20
u		oric structure listed in the National Register	(c) dequired after of \$7,000, and not	On a	2d
3		nber of conservation easements modified, tran	nsferred, released, extinguished, or ter	minated	L L
_		year ►	. 1		a by the organization bearing the
4	Num	nber of states where property subject to conse	ervation easement is located		
5	Doe	s the organization have a written policy reations, and enforcement of the conservation ear	egardigity the periodic monitoring, in	spection	n, handling of · · · ☐ Yes ☐ No
6	Staff	f and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	conserv	ration easements during the year
7	Δmo	 ount of expenses incurred in monitoring, inspecti	Non-transport violations, and enforcing	CONCAR	vation easements during the year
•	<b>▶</b> \$	diff of expenses incurred in morntoning, isspecia	ing, handling or violations, and emotoring	Conser	valion easements during the year
8	_	s each conservation easement reported on line	e 2(d) above satisfy the requirements of	of section	n 170(h)(4)(B)(i)
		section 170(h)(4)(B)(ii)? . \(\sum_{i}\)			·
9	bala	art XIII, describe how the organization reports ance sheet, and include, if applicable, the text anization's accounting for conservation easem	of the footnote to the organization's fi		xpense statement, and
Par	t III	Organizations Maintaining Collection Complete if the organization answered	"Yes" on Form 990, Part IV, line 8	3	
1a	wor	ie organization elected, as permitted under S ks of art, historical treasures, or other simila blic service, provide, in Part XIII, the text of the	ar assets held for public exhibition, e	educatio	on, or research in furtherance of
b	If th wor pub	ne organization elected, as permitted under iks of art historical treasures, or other simila blic senice, provide the following amounts rela	SFAS 116 (ASC 958), to report in its ar assets held for public exhibition, eating to these items.	revenu	ue statement and balance sheet
	(ı) f	Revenue included on Form 990, Part VIII, line	1		<b>&gt;</b> \$
	(ii) <i>i</i>	Assets included in Form 990, Part X			<b>▶</b> \$
2		ne organization received or held works of an owing amounts required to be reported under			ts for financial gain, provide the
a	Rev	venue included on Form 990, Part VIII, line 1	•		<b>▶</b> \$
b	Ass	sets included in Form 990, Part X			. ▶ \$

Schedule	D	/Form	9901	201	5

Page 2

<b>Part</b>					
3	Using the organization's acquisition, access collection items (check all that apply):	ion, and other record	s, check any of the	following that are a si	gnificant use of its
а	☐ Public exhibition	a [	Loan or exchange	programs	
b	☐ Scholarly research				
С	☐ Preservation for future generations				
4	Provide a description of the organization's city.	collections and explai	n how they further th	ne organization's exem الم	pt purpose in Part
5	During the year, did the organization solicit assets to be sold to raise funds rather than to				ar ☐ Yes ☐ No
Part	V Escrow and Custodial Arrangem	nents.			<del>- = - = -</del> -
-	Complete if the organization answ	ered "Yes" on Forn	n 990, Part IV, line	9, or reported an am	nount on Form
	990, Part X, line 21.				
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?	dian or other intermal.	ediary for contribution	ons or other assets no	Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table 🕠 🅢		
			XXVIII	A	mount
С	Beginning balance		~\V)· ·	1c	
d	Additions during the year	•	, <b>(X</b> '	1d	
е	Distributions during the year		\{ \( \sum_{\chi} \chi_{\chi} \cdot \cdot \chi_{\chi} \cdot \chi_{\chi} \cdot \chi_{\chi} \cdot \chi_{\chi} \cdot \chi_{\chi} \cdot \chi_{\chi} \cdot \chi_{\chi} \cdot \chi_{\chi} \cdot \chi_{\chi} \cdot \chi_{\chi} \chi_{	1e	
f	Ending balance	· - · ·	,1 ÷ · ·	1f	
2a	Did the organization include an amount on F	• • • • • • • • • • • • • • • • • • • •	_		√? ☐ Yes ☐ No
	If "Yes," explain the arrangement in Part XIII	Check here if the ex	planation has been p	provided on Part XIII	<u> </u>
Par			- 000 David IV Ivaa	40	
	Complete if the organization answ	Current year (b) Price			k (e) Four years back
4	Beginning of year balance	Jarrent year (b) The	(c) Two years	back (d) Three years back	(e) Four years back
1a b	Contributions	<del>/}</del>			<del></del>
c	Net investment earnings, gains, and losses				
ď	Grants or scholarships		<del></del>	<del></del>	
e	Other expenditures for facilities and	<del></del>		<del></del>	<del></del>
·	programs			l l	
f	Administrative expenses				<del> </del>
g	End of year balance				+
2	Provide the estimated percentage of the cur	rent vear end balanc	e (line 1g. column (a))	held as:	
а	Board designated or quasi-endowment ▶	%	(-//		
b	Permanent endowment ► %				
C	/	%			
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%			
3a	Are there endowment funds not in the poss		zation that are held a	and administered for the	ne
	organization by				Yes No
	(i) unrelated organizations				3a(i)
	(ii) related organizations				3a(ii)
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as requi	red on Schedule R?		3b
4	Describe in Part XIII the intended uses of the	e organization's endo	wment funds.		
Par	Land, Buildings, and Equipment Complete if the organization answ		m 990, Part IV, line	11a. See Form 990	Part X, line 10.
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
	Lond	(investment)	(other)	depreciation	
1a h	ŀ		<del></del>	<del></del>	
р	·		9,983	9,262	704
c C	Leasehold improvements		132,015		721 20,278
d e	· · · · · · · · · · · · · · · · · ·		132,015	111,736	20,278
	I. Add lines 1a through 1e (Column (d) must e	gual Form 990 Part	Column (B) June 10	G) •	20.999

Part VII	Investments - Other Securities				
	Complete if the organization ans				
	(a) Description of security or categor (including name of security)	y 	(b) Book value		od of valuation of-year market value
(1) Financial	derivatives				
	neld equity interests		<u> </u>		
(3) Other			}		<del></del>
(A)			<b></b>	<del></del>	
(B)					
(C) (D)			<del></del>		
(E)			<u> </u>	ļ	
(F)			<del> </del>		<del></del>
(G)			<del> </del>		
····(H)			<del> </del>		<del></del>
	b) must equal Form 990, Part X, col (B) line 12) 🕨				
Part VIII	Investments - Program Relate	ed.	<del></del>	<del></del>	<del></del>
	Complete if the organization ans		rm 990, Part IV, lin	e 11c See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Met	nod of valuation of-year market value
(1)					
(2)					
(3)				<del></del>	
(4)			<del> </del>	<del> </del>	
(5)			<del> </del>	<del> </del>	<del></del>
(6)			<del> </del>	<del> </del>	
(7)			<del> </del>	<del> </del>	
(8)			<del> </del>	<del> </del>	
	(b) must equal Form 990, Part X, col (B) line 13)	•	<del></del>	<del> </del>	<del></del>
Part IX	Other Assets.			<del></del>	
	Complete if the organization an	swered "Yes" on Fo	orm 990, Part IV, Iir	e 11d. See Form	990, Part X, line 15
		(a) Description			(b) Book value
(1)					
(2)			·		
_(3)					
(4)					
_(5)					
(6)					
(7)					
(8)		<del></del>			
	umn (b) must equal Form 990, Part X,	col (B) line 15 )		<b>-</b>	<del></del>
Part X	Other Liabilities. Complete if the organization an			ne 11e or 11f See	e Form 990. Part X.
	line 25		,		,
1.	(a) Description of liability	(b) Book value			<del></del>
	income taxes				
(2)					
(3)					
(4)					
(5)		<del></del>			
(6)					
(8)		<del></del>	<del></del>		
(9)		<del></del>			
	n (b) must equal Form 990, Part X, col (B) line 25)	<del></del>	<del></del>		
	or uncertain tax positions. In Part XIII, pre		tnote to the organizate	on's financial stateme	ents that reports the
	n's liability for uncertain tax positions und				

Part	Reconciliation of Revenue per Audited Financial Stateme		r Return.
	Complete if the organization answered "Yes" on Form 990,	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 (losses) on investments	2a	_}
b	Donated services and use of facilities	2b	_
С	Recoveries of prior year grants	2c	_
d	Other (Describe in Part XIII )	2d	_
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a	_
b	Other (Describe in Part XIII )	4b	_
C	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			per Return.
	Complete if the organization answered "Yes" on Form 990,	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:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	_
С	Other losses	2c	
d	Other (Describe in Part XIII )	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	→ 1
		1 41 1	1 1
b	Other (Describe in Part XIII )	4b	<b>⊣</b>
С	Add lines 4a and 4b		4c
с 5	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1)		4c 5
c 5 Part	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.	ne 18).	5
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 10 and	ne 18).	5 2b, Part V, line 4, Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.	ne 18).	5 2b, Part V, line 4, Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 10 and	ne 18).	5 2b, Part V, line 4, Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 10 and	ne 18).	5 2b, Part V, line 4, Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 10 and	ne 18).	5 2b, Part V, line 4, Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 10 and	ne 18).	5 2b, Part V, line 4, Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 10 and	ne 18).	5 2b, Part V, line 4, Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 10 and	ne 18).	5 2b, Part V, line 4, Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 10 and	ne 18).	5 2b, Part V, line 4, Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 10 and	ne 18).	5 2b, Part V, line 4, Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 10 and	ne 18).	5 2b, Part V, line 4, Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 10 and	ne 18).	5 2b, Part V, line 4, Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 10 and	ne 18).	5 2b, Part V, line 4, Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 10 and	ne 18).	5 2b, Part V, line 4, Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 10 and	ne 18).	5 2b, Part V, line 4, Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 10 and	ne 18).	5 2b, Part V, line 4, Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 10 and	ne 18).	5 2b, Part V, line 4, Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 10 and	ne 18).	5 2b, Part V, line 4, Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 10 and	ne 18).	5 2b, Part V, line 4, Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 10 and	ne 18).	5 2b, Part V, line 4, Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 10 and	ne 18).	5 2b, Part V, line 4, Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 10 and	ne 18).	5 2b, Part V, line 4, Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 10 and	ne 18).	5 2b, Part V, line 4, Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 10 and	ne 18).	5 2b, Part V, line 4, Part X, line
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 10 and	ne 18).	5 2b, Part V, line 4, Part X, line

#### SCHEDULE F (Form 990)

#### Statement of Activities Outside the United States

OMB No 1545-0047 2015

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ➤ Attach to Form 990. ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

vame of the of CORNERST	rganization ONE MINISTRIES INTERN	ATIONAL			' '	-1550156
Part I		on Activiti	es Outside t	the United States. Comp	olete if the organization ansv	
assi					ount of its grants and other criteria used to award the	☑Yes ☐No
	grantmakers. Describ stance outside the Unite		he organizati	on's procedures for monit	toring the use of its grant	s and other
3 Acti	vities per Region (The fo	ollowing Part	l, line 3 table o	can be duplicated if addition	nal space is needed )	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) East A	Asia	2	2	PROGRAM SERVICES	BIBLE DELIVERY	148,782
(2)					LEADERSHIP TRAINING	6,891
_(3)					MISSIONARY TRAINING	46,891
(4)					CHURCH PLANTING	228,586
(5)					HUMANITARIAN ASSISTANT	70,632
(6) South	n Asia	ļ	2		LEADERSHIP TRAINING	10,000
(7) North	America		1		BIBLE DELIVERY	3,336
(8)	··					
(9)						
(10)						<u> </u>
(11)			-			
(12)						
(13)		-				
(14)			ļ			
(15)		<del>,</del>				
(16)						
(17)	,					
3a Su	ib-total	2	5	1	i	515 118

Total from continuation

sheets to Part I c Totals (add lines 3a and 3b)

515,118

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 dublicated if additional space is needed. Part II

	, א ראבר אי	HIE 13, 101 A	iny recipient wild r	rail IV, IIIIE 19, 101 ally recipient wito received more than \$5,000. rail it can be duplicated if additional space is needed.	טיסים, חשרו בסטים	מיים בייוליטים סיי	משלה ושווטווים	needed.	
-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
Đ			EAST ASIA	PROGRAM	45,940 WIRE	VIRE			
(2)			EAST ASIA	PROGRAM	415,842 WIRE	ИРЕ			
<u>(6</u>			SOUTH ASIA	PROGRAM	6,000 WIRE	/IRE			
(4)			SOUTH ASIA	PROGRAM	4,000 WIRE	/IRE			
(2)			NORTH AMERICA	PROGRAM	3,336	3,336 CHECKS			
								-	
(2)									
(8)									
(6)									
(10)									
(11)									; ;
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities . . .

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015

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) 2015 (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 500 CHECK 39,500 WIRE (d) Amount of cash grant (c) Number of recipients N (b) Region **EAST ASIA** EAST ASIA (a) Type of grant or assistance (1) SUPPORT (2) SUPPORT <u>ල</u> <u>4</u> (2) 8 (10) (11) (12) (14) 9 6 6) (15) (18) (13) (16) (17)

Schedule	F	(Form	990)	201	5

Page 4

art	V , 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 separately 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, do not file with Form 990)	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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)		☑ No

Schedule F	(FO	mii 9	30)	201
Part V	Γ.	Su	pr	lei

	Supp	lemental	Informa	ation
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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 dispathed 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. Aso we review the
project for the reasonableness and for its documentation. All foreign operation requires to have an accountant and cashier separately
and it insure the mis-handling of the funds as well as the reporting the financial activities

# SCHEDULEI (Form 990)

Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States

► Attach to Form 990.

|--|

OMB No 1545-0047

Employer identification number

91-1550156

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

CORNERSTONE MINISTRIES INTERNATIONAL

Department of the Treasury Internal Revenue Service Name of the organization

% □ ✓ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Part | General Information on Grants and Assistance

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II

	990, Parliv, line 21, 101 any recipient that received more than \$5,000. Parlin can be duplicated in additional space is received	any recipient	ו וומו ופכפואפם וווי	ore man about	רמו המו הפים	משטווכמופח זו מחחיוור	ilai space is lieeded	
-	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	(1) CHINA HARVEST, PO BOX 12249 WITCHITA, KS 67277-2249	54-1852027	501(C)(3)	21,000				LEADERSHIP DEVELOPMENT
(2)	(2) I-MEDIA, 9812 Falls Road #114-116, Potomac, MD 20854			41,446				RADIO
(C)								
(4)								
(2)								
9								
(2)								
8								
6)								
(10)								
(11)								
(12)								
01 KD	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	01(c)(3) and gov anizations listed	vernment organization the line 1 table	ions listed in the lin	ne 1 table			

Schedule I (Form 990) (2015)

Cat No 50055P

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

Page 2

Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015) (f) Description of non-cash assistance. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. OUR FIELD WORKERS MONITOR RADIO OUTPUT WE RECEIVE THE REPORTS FROM MISSION ORGANIZATIONS PERIODICALLY AND RECEIVE RECEIPTS FOR THE FUND TRANSMIT FOR RADIO PROJECT (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 3,600 54,000 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance 1 MISSIONARY SUPPORT **2BIBLE TRANSLATION** Part III က Ŋ ဖ

# 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

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

CORNERSTONE MINISTRIES INTERNATIONAL	91-1550156				
Line 4d, Part III, Other Program Services, Form 990					
(Code ) (Total Expenses 263,610) (Grants and Allocations 242,263)					
WE HAVE NETWORKED WITH THE EXISTING LOCAL LEADERS AND PASTORS OF THE PERSECUTED CHURCH IN NORTH KOREA AND					
TO ASSIST THEM FURTHERING IN CHURCH PLANTING AND PASTORING CHURCHES IN THEIR SURROUNDING WE FACILITATED AND					
ASSISTED THOSE PASTORS WHO ARE WILLING TO PLANT A CHURCH IN THEIR NEIGHBORHOOD	WE HAVE TRAINED 185				
CHURCH LEADERS AT 14 DIFFERENT TRAINING FACILITIES					
Line 4d, Part III, Other Program Services, Form 990	·····				
(Code ) (Total Expenses 124,885) (Grants and Allocations 70,632)	,				
PROVIDING HUMANITARIAN ASSISTANCE TO NEEDY PEOPLE IN NORTH KOREA, REFUGEES OF NO	DRTH KOREA IN CHINA ALONG				
THE BORDER, DEFECTORS OF NORTH KOREAN IN SOUTH KOREA, NORTH KOREAN ORPHANS IN C	CHINA, AND OTHER NATIONS				
THROUGH HUMANITARIAN ASSISTANCE WE SHARE THE LOVE OF JESUS CHRIST AND TO MEET TI	HEIR IMMEDIATE SURVIVAL NEEDS				
WE ASSIST THE NEEDY PEOPLE IN THE GOSPEL RESTRICTED NATIONS WITH FOODS, CLOTHERS,	MEDICINES, OTHER NECESSITY ITEM				
WE ALSO PARTNERING WITH OTHER MINISTRIES, NGO, MISSIONARIES AND ORGANIZATIONS WE	HAVE PROVIDED BREADS TO OVER				
600 ORPHANS, SENT CHRISTMAS GIFTS TO 500 CHILDREN, 15 TONS OF FLOUR WERE GIVEN TO O	VER 400 PEOPLE IN TWO DIFFERENT				
LOCATIONS 50 TONS OF COALS AND FOODS WERE GIVEN TO AN ORPHANAGE					