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DECEMBER
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Form	990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Dep	artment of a	the Treasury			y numbers on this t 90 and its instructio					Inspect	ion					
A			ndar year, or tax year begi				nd ending	04/10/11/155		, 20 15						
В			C Name of organization COR						D Employ	er identification nu	ımber					
Ď.	Address		Doing business as	ILKS TONE W	MISTRIES HATERIA	THONA	<u> </u>		1	91-1550156						
\Box	Name ch	· ·	Number and street (or P O. b	ox if mail is not o	delivered to street addre	ss	Room/suite	,	E Telephone number							
Ħ	Initial retu	-	PO BXO 4002			,				714-484-0042						
\exists		n/terminated	City or town, state or province	e. country, and 2	ZIP or foreign postal coo	 le	L			714-404-0042						
\exists	Amended		G Gross re	eceints \$	1,643,637											
H			TUSTIN F Name and address of princip	al officer DE	TER LEE			H(a) is the a	4	subordinates? Yes						
_	Application		2660 W. WOODLAND DR.							s included? Yes						
$\overline{}$	Tax over	npt status			¶ (insert no) ☐ 4947(a)	1)(1) or	527			a list (see instructio						
<u>'</u>	Website:			301(c) ()	4 (IIISERT 110) L 4947(3	3)(1) 01	<u> </u>	-	exemption	·	•					
ĸ			✓ Corporation ☐ Trust ☐ A	Association C	Other ►	I Yea	r of formatio			of legal domicile	WA					
	art I	Summ			24101 -	1 - 100			- In Oldio	or regar desirione	- WA					
	_		scribe the organization's	mission or n	most significant act	ivities	PROPO	SATING TH	IF GOSPE	L OF JESUS CH	IRIST					
ø	1	-	OSPEL RESTRICTED NATI		=											
anc			ARIES, PLANTING CHURC								3.901					
Ë			is box ▶☐ if the organiz													
ŏ	1		of voting members of the		•		•	more than	. 3		6					
<u>ن</u> 8			of independent voting me	-	• •	•										
es			nber of individuals emplo					• • •	. 5		13					
Activities & Governance			nber of volunteers (estim	-	•	· •, III IC	. Lu, .		. 6		50					
Cti	1		elated business revenue		• •			• • •	. 7a		0					
•			ated business taxable in						. 7b		0					
_	 	1100 011101	ated basiness taxable in	001110 1131111	RECEIVED	7] 	Prior Y		Current Ye						
	8	Contribut	ions and grants (Part VII	1,415,062		1,643,636										
Revenue			service revenue (Part VII) 1		S	} ⊢		1,413,002		1,043,030					
Ver			nt income (Part VIII, colu		้ ฟก น่าซ ซี่เ 2การ์		SI : ⊢									
æ	11	Other rev	enue (Part VIII, column (/	1111 (77), 313 163	1 Sc Sc 10c and	110 0	il		100							
	1		enue—add lines 8 through				_		180		1,643,637					
_			nd similar amounts paid (15 12)		1,415,242							
			paid to or for members (F				" ⊢		646,164		858,203					
	1		other compensation, empl			· · ·	5_10\ H		105 106		534,691					
Expenses			nal fundraising fees (Par	-		,, iii ica ()		495,106		334,031					
Je.	1		draising expenses (Part I		· ·	• •	· · ·									
짚			penses (Part IX, column (194,089		192,871					
		•	enses. Add lines 13-17 (· ·	•	line 25	" 		1,335,359		1,585,765					
	1		less expenses. Subtract				" ' ├─		79,883		57,872					
- 4		. 10 7 01100	.oco onporioco, oubli dol			- : -	Be	ginning of C		End of Ye						
ets or	20	Total ass	ets (Part X, line 16) .				⊢ []		974,654		1,168,762					
Net Asse	21		ilities (Part X, line 26) .				· ·		123,763		260,000					
Set 1	22		ts or fund balances. Sub		from line 20		· · -		850,891		908,762					
	art II		ture Block	trade into 211		<u> </u>			030,03		300,702					
_			ry, I declare that I have examine	ed this return inc	cluding accompanying s	chedules	and statem	ents and to	the best of r	my knowledge, and	belief it is					
			ete. Declaration of preparer (oth							# # # # # # # # # # # # # # # # # # #	Conor, it is					
			- John I	Den		·		T	111	1,0/200	<u>, </u>					
Sig	an	Signa	ature of officer	<u> </u>				D	ate	18/200.	<i></i>					
He		1	PETER ISE	EXECU	TIVE DIRE	چسەر	0									
		Type	or print name and title	CALCA	IVE JEE	40										
_		14	pe preparer's name	Prepare	r's signature		Date	•	100 1	PTIN						
	id	1	· · ·		-		1		Check self-emp							
	epare		ame ▶					E	m's EIN ▶	·						
Us	se Onl	y ——	ddress >						one no							
Ma	v the IR		s this return with the prep	parer shown	above? (see instru	ctions)				Yes	. □ No					
_			ction Act Notice, see the s				Cat No	11282V			990 (2015)					

Part	90 (2015) Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Bnefly describe the organization's mission
-	TO SEEK THE LOST SHEEPS OF GOD AND COMFORT THEM, MAKE THE DISCIPLES OF JESUS CHRIST, AND TO WORK TOGETHER
	IN HOLY SPIRIT, TO BUILD THE KINGDOM OF GOD IN THE GOSPEL RESTRICTED NATIONS WHERE CHRISTIANS ARE BEING
	PERSECUTED BECAUSE OF THEIR FAITH IN JESUS CHRIST.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code 1) (Expenses \$ 312,641 including grants of \$ 164,357) (Revenue \$)
	DELIVERING BIBLES AND CHRISTIAN LITERATURES TO THE PERSECUTED CHURCH IN THE GOSPEL RESTRICTED NATIONS
	SUCH AS NORTH KOREA, CHINA, ISLAMIC NATIONS, AND ISRAEL WITH THE COMBINED EFFORT OF OTHER PARTNERING
	MINISTRIES, MISSION ORGANIZATIONS, AND INDIVIDUAL MISSIONARIES. WE ALSO BROADCASTING OVER SHORT WAVE AND
	APPS TO REACH BELIEVER AND CHRISTIAN LEADERS IN NORTH KOREA AND OVERSEAS. WE DISTRIBUTED 18,794 BIBLE TO
	NORTH KOREA. WE PRINTED ADDITIONAL 3,000 COPIES AND DELIVERED TO NORTH KOREAN BORDER. 3,106 COPIES OF
	CHILDREN BIBLES WERE ALSO DELIVERED TO NORTH KOREA. WE BROUGHT 47,973 COPIES OF BIBLE TO CHINA.
	OF THOSE 6,299 WERE COMMENTARY BIBLES. WE DELIVERED 7,010 COPIES OF VIETNAMESE BIBLES, 24 MONGOLIAN BIBLE, 3,410 UYGUR BIBLES. WE ALSO MADE AVAILABLE 2,000 COPIES OF TURKISH CHILDREN BIBLES.
	3,410 UTGUR DIDLES. WE ALSO MADE AVAILABLE 2,000 COPIES OF TURKISH CHILDREN DIDLES.
4b	(Code 2) (Expenses \$ 327,911 including grants of \$ 253,546) (Revenue \$)
	RAISE UP LEADERS IN THE RESTRICTED NATIONS FOR THEM TO MINISTER TO PROPOGATING THE GOSPEL OF JESUS
	CHRIST BY HAVING BIBLE SCHOOL, SEMINARIES, AND CONFERENCES ALONG WITH THE OTHER MINISTRIES, MISSIONARIES,
	AND ORGANIZATIONS. EQUIP POTENTIAL LEADERS AMONG KOREAN LIVING IN KOREA AND LIVING AROUND THE WORLD
	TO ENTER INTO THE RESTRICTED MISSION FIELDS. DISTRIBUTE NEWSLETTERS AND PRAYER LETTERS TO INFORM THE
	NEEDS OF SUPPORTING LEADERS AND CURRENT SITUATION OF THE PERSECUTED CHURCH IN THE RESTRICTED NATIONS. 413 STUDENTS STUDIED AND 140 PROFESSORS GAVE THEIR 5,219 HOURSTO TEACH IN CHINA. TEACHIN THROUGH
	DIGITAL MEAN HAS DEVELOPED AND PROVIDED TO 55 STUDENTS.
4c	(Code 3) (Expenses \$ 265,414 including grants of \$ 79,790) (Revenue \$)
	FACILITATING AND SUPPORTING OTHER MINISTRIES AND MISSIONARIES FOR NETWORKING AND PARTNERING IN DELIVERING
	AND TEACHING THE WORD OF GOD AND TRAINING PEOPLE TO BE MISSIONARIES IN THE RESTRICTED NATIONS. TWO MISSION
	CONFERENCES WERE HELD IN SOUTH KOREA AND OVER 724 PARTICIPANTS JOINED. 179 IN 18 TEAMS WENT ON SHORT TERM
	MISSION TRAINING IN TO CHINA. CHINESE MISSION TRAINING CENTER COMMENCED AND 14 BEGUN TO RECEIVE THE TRAINING.
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 443,431 including grants of \$ 360,510) (Revenue \$)

858,203

4e Total program service expenses ▶

Fairt	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	/ _	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	✓	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<i>'</i>
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,			
6	Part III	5		
J	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II .	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		√
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	√	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	1	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e 11f		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete Schedule D, Parts XI and XII</i>	12a		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓	ļ. —
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	✓	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	
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	<u> </u>	
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	<u>* </u>	1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1

Part	Checklist of Required Schedules (Continued)			_
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No.
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20a		<u> </u>
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	✓	
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		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√ √
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 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		√ √
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a 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		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		▼
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		√
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
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	35b		✓
^~	related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	1	

Form **990** (2015)

art	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>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	reportable gaming (gambling) winnings to prize winners?	1c		
2a		IC	-	
_u	Statements, filed for the calendar year ending with or within the year covered by this return 2a 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	/ /	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<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		1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			,
	account)?	4a_		 ✓
b	If "Yes," enter the name of the foreign country:			
	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		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		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			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			ł
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		ļ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	 		一
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	<u> </u>	ļ
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ	 —
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		
9	Sponsoring organizations maintaining donor advised funds.	۴	-	<u> </u>
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	L	<u> </u>
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	4		
11	Section 501(c)(12) organizations. Enter.	ŀ		l
a b	Gross income from members or shareholders	┨		
_	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	1
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	1		
_	the organization is licensed to issue qualified health plans	-{		
с 14а		14a	1	1
. ta	If "Non " has it filed a Form 700 to report these payments? If "No " provide an explanation in Schedule ()	14h	+-	Ť

Part	Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a 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			V					
Secti	on A. Governing Body and Management								
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.		Yes	No					
b 2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?								
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? .								
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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?	4 5 6 7a		√ √ √					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	<						
а b 9	b Each committee with authority to act on behalf of the governing body?								
Socti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. Ion B. Policies (This Section B requests information about policies not required by the Internal Reven	9	ode)	_					
Secti	on b. Policies (This Section B requests information about policies not required by the internal never	<u> </u>	Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓						
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1						
13	Did the organization have a written whistleblower policy?	13	✓	<u> </u>					
14 15	Did the organization have a written document retention and destruction policy?	14	√						
а	The organization's CEO, Executive Director, or top management official	15a		<u>/</u>					
b	Other officers or key employees of the organization	15b		✓					
16a	, , , , ,	16a		1					
	with a taxable entity during the year?								
	ion C. Disclosure								
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	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	policy	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, CA 92801 (714)484-0042	cords	>						

Part VII	Compensation of Officers,	Directors, T	rustees, l	Key Employees,	Highest	Compensated	Employees,	and
	Independent Contractors	ŕ	•		•	•	• • •	

Check if Schedule O contains a response or note to any line in this Part VII . . .

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

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

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

☐ Check this box if neither the organization no	r any relate	d orga	anız	atıo	n c	ompe	nsa	ated any currer	it officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per	box,	unles	Pos neck ss pe	rson	than o	an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Isaac Lee 2660 W. Woodland Dr. #105, Anaheim, CA	60			1				45,600		
(2) Peter Lee 2660 W. Woodland Dr #105, Anaheim, CA	60			1				45,600	0	0
(3) Y.I. Song 2660 W. Woodland Dr. #105, Anaheim, CA	0	1						0	0	0
(4) Seunghee Ko 1717 Otterbein Ave, Rowland Height, CA	0	1						0	0	0
(5) C.I. Kım 4395 Deopar Dr. Yorba Linda, CA	0	1						0	0	0
(6) Paul Jun 9836 Garden Grove Blvd	0	1						0	0	0
	<u> </u>									
(8)										
(10)										
(11)								_		
(12)										
(13)										
(14)	<u> </u>									

	(A) Name and title	(B) Average hours per week (list any	box,	Position o not check more than on x, unless person is both a ficer and a director/truste					(D) Reportable compensation from	(E) Reportable compensation froi				
		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)	composition from from from from from from from from	ensation the nization related	1
(15)											1			
(16)											<u> </u>			
		<u> </u>			 	-					+			
(19)								-			-			
											+-			
								-			+-			
					_						+			
(23)				-			ļ 				 			
			_	-		-		_			-			
						<u> </u>					┷			
(25)														
1b c	Sub-total	VII, Section	n A					>	91,200		0	_		0
d	Total (add lines 1b and 1c)	t not limited						e) w	91,200 ho received m		000 o	f		0
3	Did the organization list any former or employee on line 1a? If "Yes," complete	fficer, direc							oloyee, or high	nest compensa	ated	3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re	porta	ble	con	npe	nsatio	n a				4		
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or individual	dual	5		\ \strace{-}{-}
Section	on B. Independent Contractors												<u> </u>	
1	Complete this table for your five highest compensation from the organization. Reyear.													ax
	(A) Name and business add	dress							(B) Description of s	ervices	Co	(C) ompens		
											 -			
								├						
2	Total number of independent contractor received more than \$100,000 of compens							o th	nose listed ab	ove) who				

Part	VIII	Statement of Revenue		_			
		Check if Schedule O contains a resp	onse or note to	any line in this	Part VIII		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts its	1a	Federated campaigns 1a					
Grants	b	Membership dues 1b	-				
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events 1c					
	d	Related organizations 1d					
	е	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants,					
		and similar amounts not included above 1f	1,643,636	ľ			
d tr	g	Noncash contributions included in lines 1a-1f. \$					
	h	Total. Add lines 1a-1f		1,643,636	****		
Program Service Revenue			Business Code				
eve	2a						
e Ž	b						
Σ	C						
Se	d						
ram	e					<u> </u>	
rog	f	All other program service revenue .					
	3	Total. Add lines 2a-2f					
	"	and other similar amounts)					
	4	Income from investment of tax-exempt bor	L	1			1
	5	•					
		Royalties	(ii) Personal			 -	
	6a	Gross rents	(1)				
	b	Less: rental expenses					
	C	Rental income or (loss)					
	d	Not routel income or (leas)	>		-	:	
	7a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses .					
	С	Gain or (loss) .		1			
	d	Net gain or (loss)	▶				
venue	8a	Gross income from fundraising				-	
		events (not including \$ of contributions reported on line 1c).					
ē		See Part IV, line 18 a					
Other Re	b	Less direct expenses b					
	С	Net income or (loss) from fundraising e	vents . ►				
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a	l				1
	b	Less direct expenses b					
	С	Net income or (loss) from gaming activ	ities 🕨				
	10a	Gross sales of inventory, less					
		returns and allowances a					
		Less cost of goods sold b					
	С	Net income or (loss) from sales of inver	ntory ►				
		Miscellaneous Revenue	Business Code				
	11a				<u> </u>		
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d	▶ [
	12	Total revenue Securetructions	▶				

Page **10** Form 990 (2015) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D)** Fundraising (C) Management and (B) Program service Do not include amounts reported on lines 6b, 7b, (A) Total expenses 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . 196,039 196,039 2 Grants and other assistance to domestic individuals. See Part IV, line 22 70,300 70,300 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals, See Part IV, lines 15 and 16 . . . 591,864 591,864 Benefits paid to or for members Compensation of current officers, directors, 5 trustees, and key employees 61,560 18,240 11,400 91,200 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 108,036 Other salaries and wages 404,880 258,888 37,956 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 132 Other employee benefits 132 9 661 397 9,856 10 37,950 23,464 4,630 11 Fees for services (non-employees): а Management Legal Accounting Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 903 558 118 1,579 Advertising and promotion 3,479 2.435 348 696 12 1,174 4.033 662 13 Office expenses 5,869 1,355 2,6<u>03</u> 14 Information technology . 13,092 9,134 15 Royalties 6,367 Occupancy 34,117 24,566 3,184 16 45,281 1,430 953 47,664 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 30 45 19 Conferences, conventions, and meetings . 150 75 20 21 Payments to affiliates 3,029 22 Depreciation, depletion, and amortization . 15,143 10,600 1,514 698 699 23 3,489 2,092 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) 47,763 5,372 15,154 68,289 а Statement 1 b C d е All other expenses Total functional expenses. Add lines 1 through 24e 76,109 160,262 25 1,585,765 1,349,394 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

In the following SOP 98-2 (ASC 958-720)

In the following SOP 98-2 (

Form 990 (2015) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . (B) Beginning of year End of year Cash—non-interest-bearing 353,656 413,119 2 Savings and temporary cash investments 2 600,000 604,303 3 Pledges and grants receivable, net 3 4 4 1,000 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . 6 Assets 7 0 7 Inventories for sale or use 8 Prepaid expenses and deferred charges . . . 9 Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 286.483 10b Less accumulated depreciation 20,998 10c 136,143 150,340 Investments—publicly traded securities 11 11 12 Investments—other securities. See Part IV, line 11 . . . 12 13 Investments—program-related. See Part IV, line 11... 13 14 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 974,654 16 1,168,762 17 123,763 17 260,000 18 18 19 19 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, Liabilities 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 Unsecured notes and loans payable to unrelated third parties . . . 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 26 123,763 260,000 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 850,891 908,762 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. Capital stock or trust principal, or current funds Net Assets 30

Paid-in or capital surplus, or land, building, or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds .

31

32

33

908,763

31

32

33

850,891

974,654 34

Form 99	90 (2015)			Pa	ge 12
Par	XI Reconciliation of Net Assets			<u> </u>	
	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			3,637
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,58	5,765
3	Revenue less expenses. Subtract line 2 from line 1	3		5	7,872
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		85	0,891
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		90	8,763
Part	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>	<u> </u>	
				Yes	No
1	Accounting method used to prepare the Form 990				1
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
	Schedule O.		1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or	ļ		,
	reviewed on a separate basis, consolidated basis, or both:		-		i
	Separate basis Consolidated basis Both consolidated and separate basis			_	- - -
b	Were the organization's financial statements audited by an independent accountant?		2b		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	1		
	separate basis, consolidated basis, or both.				ł
	Separate basis Consolidated basis Both consolidated and separate basis			ļ	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o		}		
	of the audit, review, or compilation of its financial statements and selection of an independent accounts.		2c	L	
	If the organization changed either its oversight process or selection process during the tax year, ex	oplain in	1		
_	Schedule O.			<u> </u>	٠ -
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?		١.,]	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		L
			Forr	n 990	(2015)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

OMB No 1545-0047

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

Employer identification number Name of the organization CORNERSTONE MINISTRIES INTERNATIONAL 91-1550156 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 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 government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization (i) Name of supported organization (ii) EIN (III) Type of organization (v) Amount of monetan (vi) Amount of listed in your governing support (see other support (see (described on lines 1-9) instructions) instructions) above (see instructions)) No Yes (A) (B) (C) (D)

(E)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . Jot Applicable Tax revenues levied for organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Amounts from line 4 Gross income from interest, dividends. FOT PPLICABLE payments received on securities loans. rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) % 15 15 % 331/3% support test-2015. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

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

Sacti	on A. Public Support					,	
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(a) 2012	(4) 2014	(a) 201E	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(i) Total
•	received (Do not include any "unusual grants.")						/
2	Gross receipts from admissions, merchandise		-	· · · · · · · · · · · · · · · · · · ·			
_	sold or services performed, or facilities						
	furnished in any activity that is related to the]		·		
_	organization's tax-exempt purpose	ļ					
3	Gross receipts from activities that are not an						/
	unrelated trade or business under section 513						<u>/</u>
4	Tax revenues levied for the						
	organization's benefit and either paid]	./	1
	to or expended on its behalf					4.	
5	The value of services or facilities			-		1	
	furnished by a governmental unit to the						1
	organization without charge					/h ^v	
6	Total. Add lines 1 through 5				^	7	
	Amounts included on lines 1, 2, and 3		<u> </u>		<u> </u>		
	received from disqualified persons .				(' <i>}</i>		
b	Amounts included on lines 2 and 3				1 1V		
D	received from other than disqualified	1	[,\/		
	persons that exceed the greater of \$5,000	1			[(
	or 1% of the amount on line 13 for the year			^	k// \\		
_	· · · · · · · · · · · · · · · · · · ·	-		()	//		
	Add lines 7a and 7b			 	<u> </u>		
8	Public support. (Subtract line 7c from			ι .			
0	line 6.)	<u> </u>			L		
	on B. Total Support		T	_A	T		
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6			^			
10a	Gross income from interest, dividends,	1	'([]			
	payments received on securities loans, rents,	1	\ \ \ \ \ \ \	~			
	royalties and income from similar sources .		<u>""</u>				
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	1	/	i			
	acquired after June 30, 1975	1	/		1		1
С	Add lines 10a and 10b		7				
11	Net income from unrelated business		7				
-	activities not included in line 10b, whether	/					
	or not the business is regularly carried on	/	1				
12	Other income. Do not include gain or	/				-	
	loss from the sale of capital assets						
	(Explain in Part VI.)	/	1				
13	Total support. (Add lines 9, 10c, 11,	/	 				1
13	and 12.)	'			1		
14	•		a's first sees	المساطة المساطة	au fifth have to		F01/c\(0\)
14	First five years. If the Form 990 is for the	_			-		
	organization, check this box and stop he		<u></u>	· · · ·			P L
	on C. Computation of Public Suppo					-, -,	
15	Public support percentage for 2015 (line					15	%
16	Public support percentage from 2014 Sc				<u></u>	16	%
Secti	on D. Computation of Investment In						<u> </u>
17	Investment income percentage for 2015	(line 10c, colun	nn (f) divided b	y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2014	•		-		18	%
19a	331/3% support tests-2015. If the organ					ore than 331/3	%, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2014. If the organization		=	- ·		_	
~	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d				•		
		viivon u					

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 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 Part VI 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 Part VI 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		
b	Did the organization confirm that each supported organization qualified under section 501(a)(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 fetail 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	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	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 area nization's supported organizations? If "Yes," provide detail in Part VI.	6		
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 7? 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	Did one or plore disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9с		
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	10h		

Part	W Supporting Organizations (continued)			
Part	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	140
	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?	1118		
	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.	1 1c		
Secti	on B. Type I Supporting Organizations			
	/		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	1		
	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	Î		
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization			
Conti		2		L
Secti	on C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same pefsons that controlled or managed	ļ		
	the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations			
	\mathcal{A}		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	1		1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees wither (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		
3	By reason of the relationship described in (2), did the reason of the relationship described in (2), did the reason of the relationship described in (2), did the relation'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 year? If "Yes," describe in Part VI the role the organization's			1
	supported organizations played in this regard.	_ 3	<u>. </u>	l
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that he organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
а	The organization satisfied the Adtivities Test, Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
¢	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the grganization'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	İ	[
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		,	
b		2a	 	
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more 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.		 	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			ľ
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3h	1	

Schedule A (Form 990 or 990-EZ) 2015			Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin other Type III non-functionally integrated supporting organizations must contain the containing of the containing organization or the containing or the containing organization organization or the containing organization or the containing organization organization organization organization organization organization organi	g tru	st on Nov. 20, 1970. See ete Sections A through E	<u> </u>
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) 7 Other expenses (see instructions)	6		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	B		
a Average monthly value of securities) ia		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
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 1-1/2% 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	_		-
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions)	lly-ın	tegrated Type III suppor	ting organization (see

Par	Type III Non-Functionally Integrated 509(a)(3)	3) Supporting Organi	zations (continued)	rage /
Sec	tion D - Distributions	<u> </u>		Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe		rted	
	organizations, in excess of income from activity	• •		
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.	<u> </u>		
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	th the organization is res	ponsive	
9	(provide details in Part VI). See instructions.			
10	Distributable amount for 2015 from Section C, line 6		/	
	Line 8 amount divided by Line 9 amount			
s	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015	. 🗸	· · · · · · · · · · · · · · · · · · ·	
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015.			
a		Α 1/Λ .		
<u>b</u>		V'	·	
c	From 2010	111		
	From 2013	(V		
<u>e</u> f	Total of lines 3a through e) \		
<u>'</u> _	Applied to underdistributions of prior years	<u> </u>		
9 _	Applied to differentiation of prior years Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
:	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		· · · · · · · · · · · · · · · · · · ·	
4	Distributions for 2015 from Section			
7	D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
	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).			
6	Remaining underdistributions for 2015, Subtract lines 3h			
	and 4b from line 1 If amount greater than zero, see			
_	instructions).			
7	Excess distributions carryover to 2016 Add lines 3 _j and 4c.			
8	Breakdown of line 7			
а			·	
b				
С	Excess from 2013			
ď	Excess from 2014		_	
e	Excess from 2015			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

2015

Open to Public Inspection Employer identification number

CORNE	RSTONE MINISTRIES INTERNATIONAL			91-1550156
Part				counts.
	Complete if the organization answered			
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
	Aggregate value of contributions to (during year)			
	Aggregate value of grants from (during year) .			
4	Aggregate value at end of year		<u> </u>	
5	Did the organization inform all donors and donor	<u> </u>		
	funds are the organization's property, subject to the	ne organization's exclusive legal contr	ol?	· · /· 🔲 Yes 🗌 No
6	Did the organization inform all grantees, donors, a			
	only for charitable purposes and not for the bene		for any othe	er purpose
		<u> </u>	· · · /	· · · 🔲 Yes 🗎 No
Part				
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the	organization (check all that apply).		
	Preservation of land for public use (e.g., recrea	ation or education) 🔲 Preservation o	a historica	ally important land area
	☐ Protection of natural habitat	☐ Preservaty o n o	of a certified	I historic structure
	☐ Preservation of open space	, V		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation politributi	on in th <u>e fo</u>	rm of a conservation
	easement on the last day of the tax year.	cy .		Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easemen	its	2b	
c	Number of conservation easements on a certified	historic structure included in (a)	2c	
ď	Number of conservation easements included in	(c) acquired after/8/17/06, and not	on a	
	historic structure listed in the National Register .	. ()	· · 2d	
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or teri	minated by	the organization during the
	tax year ►	\mathcal{V}_I		
4	Number of states where property subject to conse	ervation easement is located >		
5	Does the organization have a written policy re	garding the periodic monitoring, ins	spection, h	andling of
	violations, and enforcement of the conservation ea	asements it holds?		· · 🗌 Yes 🗀 No
6	Staff and volunteer hours devoted to monitoring, in spec	ting, handling of violations, and enforcing	conservation	n easements during the year
	>)		
7	Amount of expenses incurred in monitoring, inspectii	ng, handling of violations, and enforcing	conservatio	on easements during the year
	▶ \$	•		
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements o	f section 17	'0(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)? /			· · · 🗌 Yes 🔲 No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	e and exper	nse statement, and
	balance sheet, and include, if applicable, the text	of the footnote to the organization's fir	nancial state	ements that describes the
	organization's accounting for conservation easem	ents.		
Part				milar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8		
1a	If the organization elected, as permitted under SF	AS 116 (ASC 958), not to report in its	s revenue s	tatement and balance shee
	works of art, historical treasures, or other simila	r assets held for public exhibition, e	ducation, o	r research in furtherance o
	public service, provide, in Part XIII, the text of the	footnote to its financial statements tha	at describes	s these items.
b	If the organization elected, as permitted under S	SFAS 116 (ASC 958), to report in its	revenue st	atement and balance shee
	works of any, historical treasures, or other simila			
	public service, provide the following amounts relat	ting to these items		
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art			
	following amounts required to be reported under S			<u> </u>
а	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·		> \$
	Assets included in Form 990, Part X			

Schedule	D	(Form	990)	2015
Cincula	0	(11110 1)	330)	2013

Part	Organizations Maintaining Co	ollections of A	rt, Hist	orical Treasur	es, or O	ther Similar A	ssets (continued)
3	Using the organization's acquisition, accollection items (check all that apply)						
а	☐ Public exhibition		d [Loan or excha	inge prog	rams	
b	☐ Scholarly research			Other			
С	Preservation for future generations		_				
4	Provide a description of the organization	's collections an	id expla	in how they furth	er the or	ganization's exe	mpt purpose in Part
	XIII.					3	
5	During the year, did the organization so	licit or receive di	onation	s of art historica	treasure	es or other simil	lar
•	assets to be sold to raise funds rather that						Yes No
Pari							163 1110
T CIT	Complete if the organization ar 990, Part X, line 21.	•	on Fori	m 990, Part IV,	ine 9, or	reported an ai	mount on Form
1a	Is the organization an agent, trustee, cuincluded on Form 990, Part X?					r other assets n	ot ☐ Yes ☐ No
b	If "Yes," explain the arrangement in Part						csc
~	in too, explain the artangement in tart	Alli dila compici	0 1110 101	nowing tubic			Amount
c	Beginning balance				. / 10		
d	Additions during the year				· /		
					/ -		
e f	Distributions during the year				10		
	Ending balance						-
2a	Did the organization include an amount of						
	If "Yes," explain the arrangement in Part t V Endowment Funds.	Alli. Check here	ii the ex	pianation vas be	en proviu	ed on Part XIII .	<u>····</u>
rai		anuarad "Vaa"	on For	$\sim 60^{\circ}$: 10		
	Complete if the organization ar	(a) Current year	(b) Pno		ears back	(d) Three years bac	ck (e) Four years back
4 -		(a) Current year	(0) 1710	(c) Two	ears back	(u) Three years bac	(e) Four years back
1a	Beginning of year balance	-	- +	1		}	
b	Contributions		$-\sqrt{V}$				
С	Net investment earnings, gains, and		V'				
	losses		<u> </u>				
d	Grants or scholarships						
е	Other expenditures for facilities and	ΔΥ		ì		1	
	programs						
f	Administrative expenses						
g	End of year balance	<u>/</u>				L	
2	Provide the estimated percentage of the		balanc	e (line 1g, columr	(a)) held	as:	
а	Board designated or quasi-endowmer Permanent endowment	-	%				
b	Permanent endowment ► \ \ \ \ \	%					
С	Temporarily restricted endowment	%					
	The percentages on lines 2a, 2b, and 2c	should equal 100	0%.				
3a	Are there endowment funds not in the p			zation that are he	ld and ac	dministered for t	he
	organization by						Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
b	If "Yes" on line 3a(y), are the related orga	nizations listed a	s requi	red on Schedule	 32		3b
4	Describe in Part XIII the intended uses of						
Part							
	Complete if the organization ar		on Fori	m 990 Part IV	ine 11a	See Form 990	Part X line 10
	Description of property	(a) Cost or other		(b) Cost or other bas		Accumulated	(d) Book value
	boomphon or property	(investmen		(other)	, , ,	depreciation	(a) Book value
1a	Lang	+		129,6	21		129,691
b	Buildings	 		129,0			
C.	Leasehold improvements	 			0	0 450	0
1	·			9,9		9,459	524
e	Other			146,8	שני	126,683	20,126
	Add lines 1a through 1e (Column (d) mus	t equal Form 990) Part V	Column (R) Inc	1001		150 241

Part VII	Investments—Other Securities.		222 5	441 0 5	000 8 17 1 10
	Complete if the organization answ		m 990, Part IV, li	ne 11b. See Forn	n 990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value		ethod of valuation d-of-year market value
(1) Financial	derivatives				
	eld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)				<u> </u>	
(F)					
(G)					
(H)					
Part VIII	o) must equal Form 990, Part X, coi (B) line 12) ➤ Investments—Program Related	<u>.</u>	l		
	Complete if the organization answ		rm 990. Part IV. li	ne 11c. See Forn	n 990. Part X. line 13.
	(a) Description of investment		(b) Book value		ethod of valuation
	.,		(,,		d-of-year market value
(1) LAND FO	OR TRAINING CENTER		129.69	1 COST	
(2)			720,00		
(3)					
(4)				<u> </u>	
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (I	b) must equal Form 990, Part X, col (B) line 13)		129,69	1	
Part IX	Other Assets.				
	Complete if the organization answ	wered "Yes" on Fo	rm 990, Part IV, li	ne 11d. See Forn	n 990, Part X, line 15.
	(a) Description			(b) Book value
<u>(1)</u>					
(2)					
_(3)					
					<u> </u>
(5)					<u> </u>
_(7)					<u> </u>
					ļ
(9)	(h)	-1 (D) !' 4.5.)			ļ
	mn (b) must equal Form 990, Part X, co	oi. (B) line 15) .	<u>· · · · · · · · · · · · · · · · · · · </u>	<u></u> ▶	L
Part X	Other Liabilities. Complete if the organization answline 25.	wered "Yes" on Fo	rm 990, Part IV, li	ne 11e or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value			
(1) Federal in					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col (B) line 25)				
	uncertain tax positions. In Part XIII, provi	de the text of the footn	ote to the organization	on's financial statem	ents that reports the
organization's	s liability for uncertain tax positions under	FIN 48 (ASC 740). Che	eck here if the text of	the footnote has be	en provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.					
	Complete if the organization answered "Yes" on Form 990,			_	
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:			1	
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c]	
d	Other (Describe in Part XIII.)	2d		1	
е	Add lines 2a through 2d			2e	<u> </u>
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1	
b	Other (Describe in Part XIII.)	4b		1	
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)		5	
Part	XII Reconciliation of Expenses per Audited Financial Staten	nents	With Expenses pe	er Re	turn.
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	1		
b	Prior year adjustments	2b		1	
С	Other losses	2c		1]
d	Other (Describe in Part XIII.)	2d		1	
е	Add lines 2a through 2d		<u> </u>	2e	
3	Subtract line 2e from line 1			3	†
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	İ	1	-	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		1	
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			5	-
Part	XIII Supplemental Information.		-		
Provid	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4; P	art IV, lines 1b and 2b	; Par	t V, line 4; Part X, line
2; Par	XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	to pro	ovide any additional in	nforma	ation.
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
THE M	INISTRY ACQUIRED A LOT OF LAND ON OCTOBER 30, 2015 FOR THE FUTUR	RE MIS	SIONARY TRAINING.		
					
				· 	
				·	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Name o	of the organization					Employer ide	entification n	umber
	ERSTONE MINISTRIES INTERNA	ATIONAL					-1550156	
Par			es Outside	the United States. Com	olete if the organi	zation ansv	vered "Yes	s" on
	Form 990, Part IV, line				 			
1	For grantmakers. Does the	organization	maintain reco	ords to substantiate the am	ount of its grants	and other		
	assistance, the grantees' eliginates or assistance?				criteria used to	award the	□v	
	grants or assistance:						∐Yes	∐No
2	For grantmakers. Describe	ın Part V t	the organizatio	on's procedures for monit	toring the use o	f its arants	and other	ρr
_	assistance outside the Unite		organizati	on a procedured for mon	toring the doc o	i no gram	dia ou	. ,
3	Activities per Region. (The fo	llowing Part	I, line 3 table o	can be duplicated if addition	nal space is need	ed.)		
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in	(e) If activity liste	d in (d) is	(f) Tota	
		offices in the region	employees, agents, and	region (by type) (e g , fundraising, program services,	a program se describe specific	rvice, c type of	expenditur and investi	
			independent contractors	investments, grants to recipients	service(s) in r		ın regio	
			in region	located in the region)				
_(1)	EAST ASIA	2	2	PROGRAM SERVICES	BIBLE DELIVERY			65,000
(0)								
(2)			<u> </u>		LEADERSHIP TR	AINING		16,863
(3)								
(0)					MISSIONARY TR	AINING		63,491
(4)					CHURCH PLANT	ING		345,510
					CHOKCH FLANT	iNO	`	343,510
(5)		}		İ	HUMANITARIAN	ASSISTANI		14,000
(6)	SOUTH ASIA		2		LEADERSHIP TR	AINING		8,000
_(7)					MISSIONARY TR	AINING		500
(0)								
(8)	NORTH AMERICA		11		LEADERSHIP TR	AINING		78,000
(9)								
19)								
(10)								
、,			-					
(11)				Ì				
(12)								
						ļ		
(13)					<u> </u>			
(4.4)								
(14)				<u> </u>				
(15)								
(10)					 			
(16)								
, ,		 -		<u> </u>				
(17)								
3a	Sub-total	2	5					591,864
b	Total from continuation							
	sheets to Part I			ļ				0
С	Totals (add lines 3a and 3b)	İ	1					591,864

Schedule F (Form 990) 2015

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

	(i) Method of valuation (book, FMV, appraisal, other)																
במסקם.	(h) Description of non-cash assistance																
dalita la space is	(g) Amount of non-cash assistance																
ו מם מחלוול שו ש	(f) Manner of cash disbursement	WIRE	WIRE	снеск													
by, oco. rail a cal	(e) Amount of cash grant	454.873 WIRE	8,000 WIRE	78,000 CHECK													
artiv, ille 19, 101 any recipient will received india 40,000. Fait il can de dupilicated il additional space is necessor.	(d) Purpose of grant	PROGRAM	PROGRAM	PROGRAM													
יא ימכוליסיו לי	(c) Region	EAST ASIA	SOUTH ASIA	NORTH AMERICA													
E 5, 5	(b) IRS code section and EIN (if applicable)								i			i					
י מורוע,	(a) Name of organization																
	-	Œ	(3)	(9)	<u>4</u>	(2)	9	E	<u> </u>	6	(10)	(11)	(12)	(13)	5	(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

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2015

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Page 3.

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. Schedule F (Form 990) 2015

Part III Grants al

Schedule	F /Form	aanı	2015

Page 4

Part	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).		☑ 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).		☑ 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

Part V	lague

Supp	lementa	l Inform	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 DISPATCHED MISSIONARIES AFTER THE INTERNAL TRANING AND EACH MISSIONARY IS REQUIRED TO REPORT THE
EXPENSE ON MONTHLY BASIS. THE MISSIONARY COORDINATOR MAKES ANNUAL VISITATION TO INSURE THE ACCURACY AND
RELIABLITY OF THE RECORD KEEPING. ALSO WE REVIEW THE PROJECT FOR THE REASONABLENESS AND FOR THE ITS
DOCUMENTATION. ALL FOREIGN OPERATION REQUIRES TO HAVE AN ACCOUNTANT AND CASHIER SEPARATELY AND IT INSURES
THE MIS-HANDLING OF THE FUNDS AS WELL AS THE REPORTING THE FINANCIAL ACTIVITIES.

SCHEDULE

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

► Attach to Form 990.

Open to Public Inspection 2015

Employer identification number

OMB No 1545-0047

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

° U EADERSHIP DEVELOP Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance □ Yes 91-1550156 RADIO Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (g) Description of non-cash assistance (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash 21,000 45,357 grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 501(C)(3) 54-1852027 (b) EIN CORNERSONE MINISTRIES INTERNATONAL (1) CHINA HARVEST, PO BOX 12249 1 (a) Name and address of organization (2) I-MEDIA, 9812 FALLS ROAD 3114-116, POTOMAC, MD 20854 WITCHITA, KS 67277 Part II Part

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Schedule I (Form 990) (2015)

Cat No. 50055P

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

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Schedule I (Form 990) (2015) Part III Grants a	n 990) (2015) Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	restic Individual	s. Complete if the	organization answ	ered "Yes" on Form 990,	Part IV, line 22.
	Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of	space is needed.	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
1 MISSION	1 MISSIONARY SUPPORT	2	16,300			
2 BIBLE TE	2 BIBLE TRANSLATION	-	54,000			
က				i		
4						
5						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line	ie information rec	quired in Part I, line	2, Part III, column (b),	(b), and any other additional information.	onal information.
E RECEIVE	WE RECEIVE THE REPORTS FROM MISSION ORGANIZATIONS PERIODICALLY AND RECEIVE RECEIPTS FOR THE FUND TRANSMIT FOR RADIO PROJECT.	ONS PERIODICALL	Y AND RECEIVE REC	EIPTS FOR THE FUND) TRANSMIT FOR RADIO PRC	JECT.
UR FIELD W	OUR FIELD WORKERS MONITOR RADIO OUTPUT.					
						Schedule I (Form 990) (2015)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Employer identification number

CORNERSTONE MINISTRIES INTERNATIONAL	91-1550156
Line 4d, Part III, Other Program Services, Form 990	
(Code 4) (Total Expenses: 371,321) (Grants and Allocations: 346,510)	
WE HAVE NETWORKED WITH THE EXISTING LOCAL LEADERS AND PASTORS OF THE PERSECUTE	D CHURCH IN NORTH KOREA AND
TO ASSIST THEM FURTHERING IN CHURCH PLANTING AND PASTORING CHURCHES IN THEIR SUR	ROUNDING. WE FACILITATED AND
ASSISTED THOSE PASTORS WHO ARE WILLING TO PLANT A CHURCH IN THEIR NEIGHBORHOOD.	WE HAVE TRAINED 131 NORTH
KOREAN LEADERS IN 11 DIFFERENT LOCATIONS 75 PASTORS WERE SUPPORTED IN 24 REGION:	S OF NORTH KOREA.
Line 4d, Part III, Other Program Services, Form 990	
(Code 5) (Total Expenses 72,110) (Grants and Allocations: 14,000)	
PROVIDING HUMANITARIAN ASSISTANCE TO NEEDY PEOPLE IN NORTH KOREA, REFUGEES OF N	ORTH KOREA IN CHINA ALONG
THE BORDER, DEFECTORS OF NORTH KOREA IN SOUTH KOREA, NORTH KOREAN ORPHANS AND	WIDOW IN CHINA, AND OTHER
NATIONS THROUGH HUMANITARIAN ASSISTANCE WE SHARE THE LOVE OF JESUS CHRIST AND T	O MEET THEIR IMMEDIATE SURVIVAL
NEEDS. WE ASSIST THE NEEDY PEOPLE IN THE GOSPEL RESTRICTED NATIONS WITH FOODS, CL	OTHES, MEDICINES, NECESSITY ITEMS
WE ALSO PARTNERING WITH OTHER MINISTRIES, NGO, MISSIONARIES, AND ORGANIZATIONS. FI	ROM JANUARY TO JULY, MORE THAN
600 ORPHANS WERE FED AND OVER 1,000 ORPHANS FROM JULY TO NOVEMBER IN A NORTH KO	REAN CITY. 29 TONS OF FLOUR
BROUGHT TO FEED THE HUNGERS THROUGH THE HOUSE OF HOPE. MORE THAN 50 TONS OF CO	AL WERE PROVIDED. THROUGH THE
HOPE PROJECT, WE WERE ABLE TO GIVE BREAD TO 2,500 CHILDREN EVERY MONTH IN NORTH K	OREA.
MORE THAN 75 NORTH KOREAN PASTORS WERE SUPPORTED.	
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Name of the organization	0.13,		Employer identification number
CORNERSTONE MINISTRIES	INTERNATIONAL		91-1550156
			1 31 1000100
Line 2, Part VI, Form 990			
Name	Title	Relationship	
Isaac Lee	President	Brother	
Peter Lee	Executive Director	Brother	
	Exact to Director		
Line 11a, Section B, Part VI, F	orm 990		
The executive committee of	the board reviews the form 990 before	the filing of the return.	
Line 12c, Section C, Part VI, F	orm 990		
Officers, directors, and other	er key employees are required to disclo	osed immediately any conflict	ts which it may arise.
	/***/**/***		·
Line 19, Section C, Part VI, Fo	rm 990		
The organization's article o	f incorporation, by-laws, and financial	statements are made availabl	e upon request.
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