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

Return of Organization Exempt From Income Tax

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

_	For the	2017 calendar year, or tax year beginning January 1 , 20	17 and and	!:		20 15		
			17, and end		ber 31	, 20 17		
В		applicable C Name of organization CORNERSTONE MINISTRIES INTERNATI	ONAL		D Employ	er identification n	umber	
\sqcup	Address					91-1550156		
Ш	Name ch	ange Number and street (or P O, box if mail is not delivered to street address)	Room/s	suite	E Telepho	ne number		
	Initial retu	m PO BOX 4002				714-484-0042		
	Final return	n/terminated City or town, state or province, country, and ZIP or foreign postal code						
	Amended	retum TUSTIN, CA 92781			G Gross re	eceipts \$		
	Application	on pending F Name and address of principal officer PETER LEE		H(a) is this a gro	oup return for	subordinates? Yes	√ No	
		2660 W WOODLAND DR. SUITE 105, ANAHEIM, CA 92801	A	-,		s included? Tes		
	Tay-even	ppt status	or 1527	· · ·		list (see instruction		
<u> </u>	Website:			H(c) Group		•	•	
<u>K</u>			L Year of form			of legal domicile		
Î.	art I	Summary	L rear or tomi	ation 1992	W State	or legal domicile	<u>WA</u>	
	,			200471110 7115				
•	1	Briefly describe the organization's mission or most significant activit				- 		
Governance	1	IN THE GOSPEL RESTRICTED NATIONS BY DELIVERING BIBLE, RAISE					DUT	
Ŧ	_	MISSIONARIES, PLANTING CHURCHES, CARRYOUT EVANGELISM, AN						
ě	I .	Check this box $ ightharpoonup igsqcup$ if the organization discontinued its operations of		of more than	25% of	its net assets.		
ဗ္ဗ	3	Number of voting members of the governing body (Part VI, line 1a) .			3		6	
∞ 5	4	Number of independent voting members of the governing body (Par	t VI, line 1b)	4		4	
Activities &	5	Total number of individuals employed in calendar year 2017 (Part V,	line 2a)		5		17	
ξ	6	Total number of volunteers (estimate if necessary)			6	-	523	
ĕ	7a -	Total unrelated business revenue from Part VIII, column (C), line 12			7a		0	
	1	Net unrelated business taxable income from Form 990-T, line 34	7b	-				
		· · · · · · · · · · · · · · · · · · ·		Prior Yea	ar	Current Ye		
-	8 (Contributions and grants (Part VIII, line 1h)	744,816		,456,292			
Ę		Program service revenue (Part VIII, Ime 2)	• • •	<u></u>	744,010		1,430,232	
Revenue		nvestment income (Par RIE Omn A Ines 3, 4 and 7d)			+			
æ		Other revenue (Part Viti, column (A), lines 5, 6d (2d, 9c, 10c, and 11e			407			
		1701	•		497		21	
		Fotal revenue—addiffees 8 through 11 (must equal Part VIII, column (A			745,313 729,088		629,486	
			milar arrounts paid (Part IX, column (A), lines 1-3)					
		Benefits paid to or formembers (Part.IX, column (A), line 4)						
es	15 9	Salaries, other compensation is an isome benefits (Part IX, column (A), lin	nes 5-10)		718,161		710,466	
Expenses	16a	Professional fundrassing 1668 (Fart IX, column (A), line 11e)					0	
ă	b 1	Total fundraising expenses (Part IX, column (D), line 25) ▶						
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	[227,198		227,006	
	18 7	fotal expenses. Add lines 13–17 (must equal Part IX, column (A), line	⊋25) . [1,	674,447	1	,566,958	
	19 F	Revenue less expenses. Subtract line 18 from line 12	[70,866		-110,645	
ces		•		Beginning of Curr	ent Year	End of Yea	ar	
동등	20 T	otal assets (Part X, line 16)	[979,629		868,984	
₽Š		otal liabilities (Part X, line 26)					0	
Net Ass Fund Bal		Net assets or fund balances. Subtract line 21 from line 20	!		979,629	· —	868,984	
	rt II	Signature Block					000/00	
		es of perjury, I declare that I have examined this return, including accompanying sched	tules and state	ements and to the	hest of m	v knowledge and	helief it is	
true	e, correct,	and complete. Declaration of preparer (other than officer) is based on all information of	which prepare	er has any knowled	ige	y mornicage and	belier, it is	
_	1	1 / 1 / 1 / 20			11/	5/2-18		
Sig	n	Signature of officer		Date		SIADIN		
He			-0	Julio	•			
		PETER LEE, EXECUTIVE DIRECTIVE DIRECTIVE	JOK					
		Print/Type preparer's name Preparer's signature		ate		PTIN		
Pai	id	Lighter 2 Signature	0	aic	Check [_		
Pre	parer				self-empl	oyea		
Us	e Only	Firm's name •		Firm's	EIN ►			
		Firm's address ▶		Phone	no			
May	the IRS	discuss this return with the preparer shown above? (see instruction	ns)			· · 🗌 Yes	☐ No	
For	Paperwo	rk Reduction Act Notice, see the separate instructions.	Cat N	lo 11282Y		Form 9	90 (2017)	

Part	
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO SEEK THE LOST SHEEP OF GOD AND COMFORT THEM, MAKE THE DISCIPLES OF JESUS CHRIST, AND TO WORK TOGETHER
	IN HOLY SPIRIT, TO BUILD THE KINDOM OF GOD IN THE GOSPEL RESTRICTED NATIONS WHERE CHRISTIANS ARE BEING
	PERSECUTED BECAUSE OF THEIR FAITH IN JESUS CHRIST
2	Did the apparation undertake any configurat managers as made dismant the user which were not had as the
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
J	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
7	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 \$ 228,503 including grants of \$ 49,400) (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 BELIEVERS AND CHRISTIAN LEADERS IN NORTH KOREA AND OVERSEAS. WE DISTRIBUTED 30,032 BIBLE TO
	NORTH KOREA, 955 BIBLES FOR KOREAN CHINESE, 1,398 MANGA MESSIAH. WE ALSO FLOAT 11,219 BALLOONS WITH GOSPEL
	OF MARK AND BOOK OF ROMANS. WE DELIVERED 4,405 COPIES OF COMMENTARY BIBLES TO CHINA, 3,500 DVD,
	160 MP3 AND MP4 AND 600 SD CARDS FOR UYGUR IN CHINA. WE ALSO DELIVERED 13,119 ARABIC BIBLES TO TURKEY AND
	PALESTINE. IN ADDITION, WE WERE ABLE TO DISTRIBUTE 27,896 ARABIC MANGA BIBLES TO TURKEY, TUNISIA AND EGYPT.
	900 COPIES OF VIETNAMESE BIBLES AND 47 MONGOLIAN BIBLES WERE DELIVERED.
	BIBLE READING AND TEACHING PROGRAMS ARE RUNNING WITHIN 2 HOURS A DAY PROGRAM.
	· · · · · · · · · · · · · · · · · · ·
4b	(Code: 2) (Expenses \$ 308,768 including grants of \$ 214,650) (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 FIELD. DISTRIBUTE NEWSLETTERS AND PRAYER LETTERS TO INFORM THE
	NEEDS OF SUPPORTING LEADERS AND CUREENT SITUATION OF THE PERSECUTED CHURCH IN THE RESTRICTED NATIONS.
	184 LECTURERS ARE MOBILIZED TO TEACH 441 STUDENTS IN 6,410 HOURS AMONG CHINESE SEMINARY AND 49 STUDENTS
	GRADUATED FROM THE SEMINARY THIS YEAR. WE ALSO SUPPORT A SEMINARY IN INDIA WHERE 42 STUDETNS GRADUATED
	AND PLANTED CHURCHES, NORTH KOREANS ARE BEING TAUGHT BY E-LEARNING METHOD BY USING DIGITAL TOOLS, OVER
	183 UNITS WERE DELIVERED ALONG WITH 1,549 SD CARDS
	•
4c	(Code. 3) (Expenses \$ 325,612 including grants of \$ 90,436) (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 2017 AND TOTAL OF 961 PARTICIPANTS JOINED ALONG WITH 291 CHILDREN. AFTER THE
	CONFERENCE, 12 WEEK COURSES ARE OFFERED TO CONTINUE TO LEARN TO BE A MISSIONARY. WE ALSO HELD
	MISSION BIBLE STUDY SCHOOL, HEALING MINISTRY SCHOOL, LEADERSHIP TRAINING ALONG WITH DIASTER RESPONSE
	TRAINING (IDRN); TOTAL OF 1,262 STUDENTS ARE PARTICIPATED 636 STUDENTS WERE TRAINED IN KOREA, 71 IN CANADA
	401 WFPE TRAINED IN CHINA, 154 IN USA. 18 TEAMS OF THE SHORT TERM MISSIONS WERE ORGANIZED. IN INVTED 17 CHINESE
	HOUSE CHURCH LEADERS TO SOUTH KOREA TO TEACH THEM HOW TO INVOLVE IN GLOBAL MISSION.
4d	Other program services (Describe in Schedule O.)
4 -	(Expenses \$ 376,527 including grants of \$ 275,000) (Revenue \$)
4e	Total program service expenses



arı	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3_		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4_		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	\	
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
е		11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓	
b	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	✓	
5	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	✓	
6	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	✓	
7	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		✓
8	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		✓
9	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		✓
		Form	990	(2017)

Part	V Checklist of Required Schedules (continued)			
,			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		\Box
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	1	<u> </u>
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			١.
	employees? If "Yes," complete Schedule J	23		1
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		/
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		/
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			١,
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	051		1
		25b		-
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "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,	20		<u> </u>
21	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		✓
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV .	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			,
00	Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		✓
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33	-	
	or IV, and Part V, line 1	34		✓
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	-		<u> </u>
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b	i	✓
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		ĺ	
	Part VI	37		✓
	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** (2017)

Form 9	90 (2017)			Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
<u> </u>	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	<u>0</u>		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	의		,
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			<u> </u>
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	İ	l] ;
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	ļ	✓_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
þ	If "Yes," enter the name of the foreign country:			ì
	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		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
7	gifts were not tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			i
_	and services provided to the payor?	7a		7
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 required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	H. H		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		7
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		✓
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.			, _}
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		
10	Section 501(c)(7) organizations. Enter:		i	
a h	Initiation fees and capital contributions included on Part VIII, line 12		İ	
b 11	Section 501(c)(12) organizations. Enter			
''а	Gross income from members or shareholders	:		
b	Gross income from other sources (Do not net amounts due or paid to other sources			ĺ
	against amounts due or received from them.)		1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		1	
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			
C	Enter the amount of reserves on hand	4.4	\longrightarrow	
14a h	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14a 14b		<u>✓</u>
v	ni ilos, nas il nica a il cini i zo lo report triese paymenta! Il IVO, provide di explanation in Schedule O . 🔝	170		

Pari	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ın	struci	
Sect	on A. Governing Body and Management	<u> </u>	<u> </u>	<u>. v</u>
	on A. Governing body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u> </u>		
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C		
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u> </u>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-	;	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12b	√	
13	Did the organization have a written whistleblower policy?	12c	√	
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	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
b	with a taxable entity during the year?	16a		✓_
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		_
	on 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 integral statements available to the public during the tax year.	erest p	oolicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	ords.	>	

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

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

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

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

☐ Check this box if neither the organization no	r any relate	d org	anız	atio	n c	ompe	nsa	ted any currer	nt officer, director	r, or trustee.	_
(A) Name and Title	(B) Average hours per week (list any	anioci and a an obtain in detect					an tee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other	
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) ISAAC LEE	60										
2660 W WOODLAND DR. 3105, ANAHEIM, CA							<u> </u>	48,480	0		0
(2) PETER LEE	60										
2660 W WOODLAND DR. 3105, ANAHEIM, CA							<u>_</u>	48,480	0		0
(3) Y.I. SONG	0					İ					
2660 W WOODLAND DR. 3105, ANAHEIM, CA	ļ			<u> </u>				0	0		0
(4) SEOUNGHEE KO	0	Į									
1717 OTTENBEIN AVE, ROWLAND HEIGHT, CA		<u> </u>	_				<u> </u>		0		0
(5) C. I. KIM	0	ļ					ļ	_	_		_
4395 DEOPAR DR. YORBA LINDA, CA							-		0		0
(6) PAUL JUN	0	ł						1			_
9836 GARDEN GROVE, GARDEN GROVE, CA	 						╁	<u>c</u>	0		_0
(7)		ł					1				
(8)										-	_
(9)											
(10)											_
(11)											
(12)										,	
(13)											_
(14)	1										

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
•	(A) Name and title	(C) Position (do not check more than one hours per hours per week (list any) (D) (E) Reportable compensation compensation from related					on from	1						
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizal (W-2/1099-	tions	com fro orga and	pensation the anization trelate	ed
(15)														
(16)														
(17)							-						-	
(18)							-							
(19)														
(20)							_							
(21)	-													
(22)							·						•	
(23)							·							
(24)														
(25)														
1b c	Sub-total	VII, Sectio		•		I · ·		>	96,960			-		
2	Total (add lines 1b and 1c)	not limited						_	96,960 no received mo	ore than \$1	100,000) of		
3	Did the organization list any former off employee on line 1a? If "Yes," complete S	icer, direct							loyee, or high	est compe	ensated	3	Yes	No V
4	For any individual listed on line 1a, is the organization and related organizations individual	greater tha	ın \$1	50,0	000,	? If	"Yes	5," (complete Sch	edule J fo	or such	- 4		7
5	Did any person listed on line 1a receive or for services rendered to the organization?									ation or in	dividua	5		1
Section	on B. Independent Contractors	<u>-</u>							_			-		
1	Complete this table for your five highest compensation from the organization Representation Repr													ax
	(A) Name and business addr	ess							(B) Description of se	rvices		(C) Compens	ation	
NONE														
			•											
2	Total number of independent contractor received more than \$100,000 of compensa							thc	ose listed abo	ve) who				

Par	t VIII	Statement of Revenue				
		Check if Schedule O contains a response or note to	o any line in this (A) Total revenue	Part VIII (B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Arr, cunts	1a b	Federated campaigns 1a Membership dues 1b Fundraising events 1c		revenue		
iifts ar A	ď	Related organizations 1d	1			
inii.	е	Government grants (contributions) 1e		i	•	
tion er Si	f	All other contributions, gifts, grants,				
夏美	}	and similar amounts not included above 1f 1,456,292				
a de	g	Noncash contributions included in lines 1a-1f. \$				
	h	Total. Add lines 1a–1f	1,456,292			
Program Service Revenue	2a					
Æ	b					
2	C					
Šer	d					
Ë	e					
ogr	f	All other program service revenue .				
<u>~</u>	9	Total. Add lines 2a–2f ▶	0			,
	3	Investment income (including dividends, interest, and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds	21	21		
	5	Royalties				
		(i) Real (ii) Personal	·			
	6a	Gross rents				
	b	Less rental expenses				
	С	Rental income or (loss)				
	_d	Net rental income or (loss)				
	7a	Gross amount from sales of (i) Securities (ii) Other assets other than inventory		,		
	ь	Less cost or other basis				ĺ
	~	and sales expenses				
	С	Gain or (loss)				
	d	Net gain or (loss)				
eru	8a	Cross income from fundralsing	Brogorous a		* , , * <u>*</u>	
Other Reve		events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a				
the l	ь	Less: direct expenses b			•	
0		Net income or (loss) from fundraising events . ▶	·	ľ		أرسيسيسين ومصيبيسيا
	9a	Gross income from gaming activities. See Part IV, line 19				in the state of th
	b	Less: direct exponsos . b				
İ		Net income or (loss) from gaming activities ▶				
		Gross sales of inventory, less returns and allowances a				i
		Less cost of goods sold b				
}	С	Net income or (loss) from sales of inventory ▶ Miscellaneous Revenue Business Code				
}	11a		-	}		
	iia b					
	C			-		
	d	All other revenue				
1	е	Total. Add lines 11a–11d ▶	21			
	12	Total revenue. See instructions ▶	1 456 313	21		

PartiXi Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must con	mplete all columns A	ll other organization	ns must complete co	lumn (A).
	Check if Schedule O contains a respon			· · · · ·	· · · · · ·
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	43,000	43,000		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	108,869	108,869	, 1 .2 .	*
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	477,617	477,617	,	· ·
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	96,960	65,448	19,392	12,120
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	30,033		13/332	12,120
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	561,960	347,037	47,610	167,313
9	Other employee benefits	139	83	28	28
10	Payroll taxes	51,407	31,166	7,150	13,091
11 a b c	Fees for services (non-employees) Management				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,966	1,483	462	20
12	Advertising and promotion	3,400	2,380	463 340	20 680
13	Office expenses	7,007	4,928	693	1,386
14	Information technology	18,828	11,966	2,490	4,372
15	Royalties	,020		2,100	1,072
16	Occupancy	36,191	26,394	3,266	6,531
17	Travel	47,877	45,483	1,436	958
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 ⁻ 20	Conferences, conventions, and meetings . Interest	8,954	5,633	1,228	2,093
21	Payments to affiliates		•		
22 23	Depreciation, depletion, and amortization . Insurance	16,705	11,694	1,670	3,341
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column		·	1	
	(A) amount, list line 24e expenses on Schedule O.)			, -	
а	Statement 1	86,078	56,229	8,476	21,373
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,566,958	1,239,411	94,242	233,305
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720) If the only if the organization is line only if the organization is line only if the organization is line only if the organization is line only if the organization is line only if the organization is line only if the organization is line only if the organization is line only if the organization is line only if the organization reported in column (B) joint costs from a combined educational campaign and fundamental in the organization reported in column (B) joint costs from a combined educational campaign and fundamental in the organization reported in column (B) joint costs from a combined educational campaign and fundamental in the organization is likely in the organization reported in column (B) joint costs from a combined educational campaign and fundamental in the organization is likely in the organization is likely in the organization in the organization is likely in the organization in the organization is likely in the organization in the organization is likely in the organization in the organization is likely in the organization in the organization is likely in the organization in the organization is likely in the organization in the organization is likely in the organization in the organization is likely in the organization in the organization is likely in the organization in the organization is likely in the organization in the organization is likely in the organization in the organization is likely in the organization in the organization is likely in the organization in the organization is likely in the organization in the organization is likely in the organization in the organization is likely in the organization in the organization is likely in the organization in the organization is likely in the organization in the organization in the organization in the organization in the organization in th				

نك	'art X	Balance Sheet			
`		Check if Schedule O contains a response or note to any line in this Pai	<u>tX</u>	<u> </u>	<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	324,262	1	125,372
	2	Savings and temporary cash investments	494,606		591,992
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,874	4	1,000
	5	Loans and other receivables from current and former officers, directors,	•		
		trustees, key employees, and highest compensated employees.			
	İ	Complete Part II of Schedule L		5	- <u>-</u>
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
	1	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		1	
Ś		organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	<u></u>	9	
	10a	Land, buildings, and equipment cost or			
	ŀ	other basis. Complete Part VI of Schedule D 10a 320,703			•
	ь	Less: accumulated depreciation 10b 170,083	154,887	10c	150,620
	11	Investments—publicly traded securities	10 1/007	11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	· · · · · · · · · · · · · · · · · · ·
	16	Total assets. Add lines 1 through 15 (must equal line 34)	976,629	16	868,984
_	17	Accounts payable and accrued expenses	0		0
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	-	21	
S	22	Loans and other payables to current and former officers, directors,			ĺ
Liabilities		trustees, key employees, highest compensated employees, and			Ì
<u>ē</u>]	disqualified persons. Complete Part II of Schedule L		22	
<u>::</u>	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			l
Ses		complete lines 27 through 29, and lines 33 and 34.			
and	27	Unrestricted net assets	979,629	27	868,984
3al	28	Temporarily restricted net assets		28	·
ᅙ	29	Permanently restricted net assets	_	29	
ا ج		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and □			
Net Assets or Fund Balances		complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ğ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ē	33	Total net assets or fund balances	979,629	33	868,984
_	34	Total liabilities and net assets/fund balances	979,629	34	868,984

_	4	•
Page	- 1	4
, ugo	•	-

Par	Reconciliation of Net Assets			`	
	Check if Schedule O contains a response or note to any line in this Part XI	1 -	<u></u>		<u>. </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,4	<u>56,313</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,5	66,95 <u>8</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		-1	10,645
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9	79,629
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		8	68,98 <u>4</u>
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>, Џ</u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other HYBRID		_ '		1
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ı	n		1
	Schedule O.			.	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			 	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled o	r	,	
	reviewed on a separate basis, consolidated basis, or both.			1	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			.	البدا
b	Were the organization's financial statements audited by an independent accountant?		. 2b	ļ	✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	a	1	
	separate basis, consolidated basis, or both		İ		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
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 account				Ļ,
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ır	ר -		
	Schedule O.		ļ		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth ir	ן י		
	the Single Audit Act and OMB Circular A-133?		3a	ļ	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b	<u> </u>	<u> </u>
			For	m 99 0	(2017)

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.

OMB No 1545-0047 20**1**7

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization Employer identification number **CORNERSTONE MINISTRIES INTERNATIONAL** 91-1550156 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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) ď 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 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) (i) Name of supported organization (in) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

Par	Support Schedule for Organiza	ations Desci	ribed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	ri)		
•	(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.)								
$\overline{}$	ion A. Public Support		Г	T	 -				
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not include any "unusual grants")								
2	Tax revenues levied for the	<u> </u>			 	 			
2	organization's benefit and either paid								
	to or expended on its behalf		1	İ					
3	The value of services or facilities				111				
	furnished by a governmental unit to the		•		BUE				
	organization without charge			٠, ١	AIN	ļ			
4	Total. Add lines 1 through 3			apply					
5	The portion of total contributions by			pr/					
	each person (other than a		Not	'/	<u> </u>				
	governmental unit or publicly		1 70						
	supported organization) included on		↓ ′			ļ			
	line 1 that exceeds 2% of the amount shown on line 11, column (f)		_						
6	Public support. Subtract line 5 from line 4		/						
	on B. Total Support	<u> </u>	L/	l .					
	dar year (or fiscal year beginning in)	(a) 2013	(b) ,2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
7	Amounts from line 4	(-,			(-,	(-,			
8	Gross income from interest, dividends,								
	payments received on securities loans,								
	rents, royalties, and income from				~ B	LE			
	similar sources			Jot M	, cA				
9	Net income from unrelated business			B	PP.				
	activities, whether or not the business is regularly carried on			101	J				
10	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								
12	Gross receipts from related activities, etc					12			
13	First five years. If the Form 990 is for th	e organization	i's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)		
	organization, check this box, and stop her			<u></u>			▶ 🗆		
	on C. Computation of Public Suppor								
14	Public support percentage for 2017 (line 6					14	<u>%</u>		
15 16a	Public support percentage from 2016 Sch 331/3% support test—2017. If the organization			 . on line 13 an		15	chook this		
IVa	box and stop here. The organization qual						. D		
b	331/3% support/test - 2016. If the organiz				a. and line 15	ıs 33½% or me	ore. check		
	this box and stop here. The organization						▶ 🗀		
17a	10%-facts/and-circumstances test - 20	17. If the orga	anization did n	ot check a box	on line 13, 16	6a, or 16b, and	I line 14 is		
	10% or more, and if the organization me								
	Part VI now the organization meets the "f	acts-and-circi	umstances" te	st. The organiz	ation qualifies	as a publicly	supported		
	organization						> 🗆		
b	10%-facts-and-circumstances test - 20								
	15 is 10% or more, and if the organization								
/	Explain in Part VI how the organization m	eets the "fact	s-and-circums	stances" test	ne organization	on qualities as			
16	supported organization	· · · · · · · · · · · · · · · · · · ·	nov on line 12	 16a 16b 17a	or 17h check	this hovende	, , > []		
	instructions	i not check a t	Jox on line 13,	10a, 10b, 17a,	, or 170, check	tills box and s	. • 🗆		
		·					<u> </u>		

Part							
•	(Complete only if you checked the						nder Part II.
	If the organization fails to qualify	under the te	ests listed be	low, please c	omplete Part	11.)	
	ion A. Public Support	·	· · · · · · · · · · · · · · · · · · ·		, ,		
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 20,17	(f) Total
1	Gifts, grants, contributions, and membership fees						/
^	received (Do not include any "unusual grants.")		ļ	ļ		/	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	ļ					
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an	İ					/
	unrelated trade or business under section 513		1	l			
4	Tax revenues levied for the						1
	organization's benefit and either paid to						
	or expended on its behalf			/	1		
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	-					
7a	Amounts included on lines 1, 2, and 3			/	4	//	
	received from disqualified persons .		/	1			
b	Amounts included on lines 2 and 3				V		
	received from other than disqualified				car		
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	•			1.1		
С	Add lines 7a and 7b	·					
8	Public support. (Subtract line 7c from			a			
	line 6.)		l	M	1		
Secti	on B. Total Support						
Caler	dar year (or fiscal year beginning in) 🕨	(a) ∕2013	(b) 2014	(6) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,		l ,	(()			
	payments received on securities loans, rents,		,)				
	royalties, and income from similar sources		7	_			
b	Unrelated business taxable income (less		,				
	section 511 taxes) from businésses						
	acquired after June 30, 1975 . ,						
С	Add lines 10a and 10b		7				
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets				İ		
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.) ./	/			<u> l</u>		
14	First five years. If the Form 990 is for th		n's first, secon	d, third, fourth	, or fifth tax ye	ar as a sectio	n 501(c)(3)
	organization, check this box and stop her				<u> </u>	· · · · ·	. 🕨 🗆
<u>Secti</u>	on C. Computation of Public Suppor	t Percentag	e	<u>.</u>			
15	Public support percentage for 2017 (line 8		•	3, column (f))		15	%
16	Public support percentage from 2016 Sch			<u> </u>	<u> </u>	16	%
Secti	on D. Computation of Investment Inc						<u>.</u>
17/	Investment income percentage for 2017 (li					17	<u>%</u>
18	Investment income percentage from 2016					18	<u>%</u>
/19a	331/3% support tests—2017. If the organic						
	17 is not more than 331/3%, check this box a		_			-	
b	331/3% support tests—2016. If the organization						
	line 18 is not more than 331/3%, check this b		=			-	
20	Private foundation. If the organization did	d not check a l	box on line 14,	19a, or 19b, c	heck this box a	and see instru	ctions 🕨 🔲

Part IV. Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

CCI	ion 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	<u></u>		
	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	,	7	
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	L	l	
	organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	V		
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
-	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		·
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign/supported organization")? If			1
-	"Yes," and if you checked 12a or 12b 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	75		-
·	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,"			
Ja	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action;			1
	(iii) the authority under the organization's organizing of cument authorizing such action; and (iv) how the action		i	
	was accomplished (such as by amendment to the digranizing document)	5a		
h	Type I or Type II only. Was any added or substituted supported organization part of a class already			١
D	designated in the organization's organizing document?	5b		الــــــــــــــــــــــــــــــــــــ
_	· · · · · · · · · · · · · · · · · · ·	5c		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	50		
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 decanizations, or (iii) other supporting organizations that also support or			1
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.			لب
-		-		- (
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(6)), a family member of a substantial contributor, or a 35% controlled entity with			l l
	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?	-		í
0	If "Yes," complete Part of Schedule L (Form 990 or 990-EZ)			نـــــ
٥-		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	<i>:</i>	•	-
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.			
L	/ · · · · · · ·	9a		
b	Did one or more 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		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section	1		- 1
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	<u></u>		
·. 🗸		10a	, 	 ,
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			,
	determine whether the organization had excess business holdings)	10b	- 1	

Part	Supporting Organizations (continued)		<u> </u>	T
` 44	Use the example the appeared a gift or contribution from any of the fallowing paragraph	/	Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? 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	ļ	
	A family member of a person described in (a) above?	11b		-
	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. on B. Type I Supporting Organizations	11c	<u> </u>	<u></u>
3601	bir 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 organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization			
<u>Secti</u>	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 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 persons that controlled or managed the supported organization(s)			
Secti	on D. All Type III Supporting Organizations			
	//		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or furstees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2) old the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	-	
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below. 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 (so			
2	Activities Test. Answer (a) and (b) below.	٢	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	\dashv	, 55	1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	20		
b	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 activities but for the organization's involvement	2a		T
3 ^{`_} a	Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
./	trustees of each of the supported organizations? Provide details in Part VI.	3a		
<i>/</i> °	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	Зь	-	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	st on Nov. 20, 1970 (exp	aın ın Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	nızat	ions must complete Sect	ions A through E.
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	1		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	1/	1.	
instructions for short tax year or assets held for part of year).	1	<u>/</u>	
a Average monthly value of securities	ĮТа		
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-functionall	y int	egrated Type III supportir	ng organization (see
Instructions).			

Part	Va Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)	
<u>Sect</u>	ion D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers ex-			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp			
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.	·		
7	Total annual distributions. Add lines 1 through 6.			/
8	Distributions to attentive supported organizations to which	th the organization is res	sponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
<u>10</u>	Line 8 amount divided by line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ñ) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.	./		
3	Excess distributions carryover, if any, to 2017	4/		
а		h		
b	From 2013			
C	From 2014	ر م ار م	,	
d	From 2015	110		
е	From 2016	1 V.		
f	Total of lines 3a through e	<u> </u>		
g	Applied to underdistributions of prior years / 1	1		
h	Applied to 2017 distributable amount		··	·
i	Carryover from 2012 not applied (see instructions)			
<u>j</u>	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result			
6	greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in			!
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:	9		
a	Excess from 2013			
b	Excess from 2014			1
С	Æxcess from 2015			
ď	Excess from 2016			1
/e	Excess from 2017			i

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

CORN	ERSTONE MINISTRIES INTERNATIONAL		91-1550156
Pa	3.00		Is or Accounts.
	Complete if the organization answered "		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	•	/
	funds are the organization's property, subject to the	e organization's exclusive legal control	? · · · · · /· 🔲 Yes 🗌 No
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the benef		
		<u> </u>	· · / · · · 🗌 Yes 🗌 No
Par	t II Conservation Easements.		
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the		/ .
	Preservation of land for public use (e.g., recreat	· _	•
	☐ Protection of natural habitat	☐ Preservation of a	a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	ld a qualified conservation contribution	
	easement on the last day of the tax year.	. V	Held at the End of the Tax Year
а	Total number of conservation easements	· · · · · · · · · · · · · · · · · · ·	. 2a
b	Total acreage restricted by conservation easements	~ ·	. 2b
С	Number of conservation easements on a certified h		
đ	Number of conservation easements included in (c) acquired after 7/25/06, and not o	na
	historic structure listed in the National Register .		- 2d
3	Number of conservation easements modified, trans	ferred, rele t sed, extinguished, or termi	nated by the organization during the
	tax year ▶	\sim \sim \sim	
4	Number of states where property subject to conserv		
5	Does the organization have a written policy reg	arding the periodic monitoring, inspi	
	violations, and enforcement of the conservation eas		· · · · · Tes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspection	ng, handling of violations, and enforcing co	nservation easements during the year
_	-		
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing co	onservation easements during the year
_	\$	2(4) -1	
8	Does each conservation easement reported on line 2	2(d) above satisty the requirements of s	
_	and section 170(h)(4)(B)(ii)?		· · · · · · ∐ Yes ∐ No
9	In Part XIII, describe how the organization reports of		
	balance sheet, and include, if applicable, the text of organization's accounting for conservation easemer		iciai statements that describes the
Part			Athor Similar Accets
Fart	Organizations Maintaining Collections Complete if the organization answered "		ther Similar Assets.
4-	If the organization elected, as permitted under SFA		and belong about
ıa	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the fo		
_			
b	If the organization elected, as permitted under SF works of and, historical treasures, or other similar		
	public service, provide the following amounts relatin		cation, or research in furtherance of
		∀	b #
	(i) Revenue included on Form 990, Part VIII, line 1		
2	(iii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, following amounts required to be reported under SF		
	· · · · · · · · · · · · · · · · · · ·		
/a	Revenue included on Form 990, Part VIII, line 1 .		
D	Assets included in Form 990, Part X		> S

Pai	t III Organizations Maintaining	Collections of	Art, Hi	storical	Treasure	s, or Oth	er Similar	Assets (cont	inued)
. 3	Using the organization's acquisition,		ther rec	ords, che	ck any of	the follow	ing that are	a significant u	se of its
	collection items (check all that apply)			_					,
а	Public exhibition				or exchar				
b	☐ Scholarly research		е	☐ Othe	er				
C	Preservation for future generation							. /	.
4	Provide a description of the organiza XIII.	tion's collections	and exp	lain how	they furthe	er the orga	inization's ex	cempt purpose	in Pari
5	During the year, did the organization	solicit or receive	donatio	ns of art,	historical	treasures	or other sir	nılar	
	assets to be sold to raise funds rather	r than to be maint	ained as	part of th	ie organiza	ition's coll	ection? .	∕. ☐ Yes	☐ No
Par	t IV Escrow and Custodial Arra				·				
	Complete if the organization	answered "Yes	on Fo	rm 990,	Part IV, Iır	ne 9, or re	eported an	amount on Fo	orm
	990, Part X, line 21.						/		
1a	Is the organization an agent, trustee included on Form 990, Part X?						other assets	_	
_						/	/	· 🗌 Yes	∐ No
b	If "Yes," explain the arrangement in P	art XIII and compi	ete the i	ollowing t	able.			Amount	
С	Beginning balance					1c		711104111	
d	Additions during the year					144			
e	Distributions during the year					1e			
f	Ending balance				1,	1f		-	
2a	Did the organization include an amount	nt on Form 990, P	art X, lin	e 21, for e	escually or o	custodial a	account liabi	lity? 🗌 Yes	☐ No
	If "Yes," explain the arrangement in P	art XIII. Check her	e if the e	xplanatio	n(bas beer	n provided	on Part XIII	<u></u>	
Pai	t V Endowment Funds.			\/	<u>.</u>				
	Complete if the organization	(a) Current year					4) There		
10	Reginning of year belongs	(a) Current year	(6) P	ior(Veal	(c) Two yea	ars back (d) Three years b	ack (e) Four yea	rs back
1a b	Beginning of year balance			1.,,	 		**		
C	Net investment earnings, gains, and		- / -	-					
	losses	\ \	ho 1					l	
d	Grants or scholarships	4	V			.			
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance				L				
2	Provide the estimated percentage of t		nd baland	ce (line 1g	, column (a	a)) held as	:		
a b	Board designated or quasi-endowmer Permanent endowment ▶	/	%						
C	Temporarily restricted endowment	[%]							
·	The percentages on lines 2a, 2b, and		00%						
3a	Are there endowment funds pot in the			zation tha	at are held	and adm	inistered for	the	
	organization by	•						Yes	s No
	(i) unrelated organizations							. 3a(i)	
	(ii) related organizations	. .						. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related or					·		. 3b	<u></u>
4	Describe in Part XIII the intended uses		n's end	owment fu	ınds.		-		
Pari			' on For	000 F	Dort IV Ivo	a 11a Ca		O Don't V line	10
	Complete if the organization Description of property	(a) Cost or oti			r other basis				
	Description of property	(investme		, ,	ther)		cumulated eciation	(d) Book val	ue
1a	Land				129,691	र सहस्र्य	******		29,691
b	Buildings								
c	Leasehold improvements				16,563		12,416		4,147
gV	Equipment				174,449		157,667		16,782
e Fatal	Other		20. 5. 7.		(D) (11	2-)			
ota!.	Add lines 1a through 1e. (Column (d) m	ust equal Form 99	iu, Part)	k, column	(B), line 10	IC)	•	<u>1</u>	50,620

Part VII	Investments - Other Securities		000 P- + 11/4	111 0 5	- 000 D-+V 40
<u> </u>	Complete if the organization answ				
	(a) Description of security or category (including name of security)		(b) Book value	, ,	thod of valuation i-of-year market value
(1) Financia	derivatives				
(2) Closely-	held equity interests				
(3) Other			<u> </u>		
(A)					
(B)					
(C)					
(D)					
(E)					
(F)				 	
(G) (H)				<u> </u>	
	b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII	Investments—Program Related		C	<u> </u>	
Paris Anna	Complete if the organization answ		m 990 Part IV lin	e 11c. See Form	990 Part X line 13
	(a) Description of investment	10.00 100 0.1101	(b) Book value		thod of valuation
	(c) Total processing		(4) 5554 14165		-of-year market value
(1) LAND FO	OR TRAINING CENTER		129,691	COST	
(2)					
(3)				T	
(4)					
(5)					
(6)					
(7)					
(8)			-		
(9)					
	b) must equal Form 990, Part X, col (B) line 13)				
Part IX	Other Assets.	1 40/ 9 5	000 D+ IV I	- 44-l O F	000 David V Ivan 45
	Complete if the organization answ		m 990, Part IV, IIn	e 11a. See Form	(b) Book value
	(a)	Description			(b) BOOK Value
(1)					
(2)					<u> </u>
(3)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colui	mn (b) must equal Form 990, Part X, co.	l. (B) line 15) .		•	
Part X	Other Liabilities.	t			
	Complete if the organization answ line 25.	ered "Yes" on Forr	n 990, Part IV, line	e 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability	(b) Book value			
(1) Federal in	come taxes				
(2)					
(3)					
(4)					
(5)					
(6)				,	
(7)					ı
(8)					i
(9)	devict agreed Form 000. Part V and 701 top 05 1				. 1
	must equal Form 990, Part X, col (B) line 25)	a the text of the feetne	to to the organization	's financial statemen	ote that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part	Complete if the organization answered "Yes" on Form 990,	-	r neturn.
	otal revenue, gains, and other support per audited financial statements		1
	The state of the s		
	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	امما	
	let unrealized gains (losses) on investments	2a	- B
	Onated services and use of facilities	2b	_ [1.5]
	Recoveries of prior year grants	2c	_
	Other (Describe in Part XIII.)	2d	
	dd lines 2a through 2d		2e
1	Subtract line 2e from line 1	1 1	3
	mounts included on Form 990, Part VIII, line 12, but not on line 1.	_	
	nvestment expenses not included on Form 990, Part VIII, line 7b		-
	Other (Describe in Part XIII.)		
C A	dd lines 4a and 4b	10)	4c
			5
Part X	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990,		er Return.
1 T	otal expenses and losses per audited financial statements		11
	mounts included on line 1 but not on Form 990, Part IX, line 25		
	Ponated services and use of facilities	2a	
	rior year adjustments	2b	
	other losses	2c	-
	Other (Describe in Part XIII.)	2d	
	dd lines 2a through 2d		2e
	ubtract line 2e from line 1		3
	mounts included on Form 990, Part IX, line 25, but not on line 1		
	envestment expenses not included on Form 990, Part VIII, line 7b	4a	
	hther (Describe in Part XIII)	4b	-
	111		4c
	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		5
Part XI			
	I, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part STRY AQUIRED A LOT OF LAND ON OCTOBER 30,2015 FOR THE FUTURE	,	
•			•••••
•••••			
	······································		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

Employer identification number

Name of the organization 91-1550156 **CORNERSTONE MINISTRIES INTERNATIONAL** General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the ✓ Yes \[
☐ No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3 (b) Number of (c) Number of (e) If activity listed in (d) is (a) Region (d) Activities conducted in the (f) Total region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) employees, agents, and a program service, describe specific type of expenditures for and investments offices in the region ındependent service(s) in the region in the region contractors in the region (1) EAST ASIA PROGRAM SERVICES **BIBLE DELIVERY** 0 (2) LEADERSHIP TRAINING 128,450 (3)MISSIONARY TRAINING 66,167 (4) CHURCH PLANTING 70,000 (5) **HUMANITARIAN ASSIST** 105,000 (6) SOUTH ASIA 3 PROGRAM SERVICES LEADERSHIP TRAINING 6,000 (7) MISSIONARY TRAINING 2,000 (8)CHURCH PLANTING 100,000 (10)(11)(12)(13) (14)(15) (16)(17)Sub-total . . . За 477,617 Total from continuation sheets to Part I . . .

c Totals (add lines 3a and 3b)

477,617

Page 2

Schedule F (Form 990) 2017

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

,		-				income in additional in production	מי הסשלה שויים שיים	iconco.	
- [(a) Narrie of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(E)	^		EAST ASIA	PROGRAM	302 000 WIRE	WIRE			
(2)			SOUTH ASIA	PROGRAM	106,000 WIRE	WIRE			
(3)									
<u>4</u>									
(2)									
(9)									
.8									
<u>@</u>									
(6)	•								
(10)									
(11)									
(12)									
(13)	-								
(14)									
(15)									
(16)									

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

N

0 7 Enter total number of other organizations or entities

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017

. 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. (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement 67,617 WIRE 2,000 WIRE (d) Amount of cash grant (c) Number of recipients (b) Region SOUTH ASIA **EAST ASIA** (a) Type of grant or assistance (1) SUPPORT (2) SUPPORT Part III ල <u>4</u> 9 9 E 8 6

(10 (11) (13) (14) (15) (12) (16) (17) (18)

Schedule F (Form 990) 2017

Pź	ane	4

F (Form 990) 2017	F	Schodula	S

Part	V_	Foreign Forms		
1	the c	the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign foration (see Instructions for Form 926)	☐ Yes	☑ No
2	may Trusi	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to separately file Form 3520, Annual Return To Report Transactions With Foreign its and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign it With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	☑ No
3	the c	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To ain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	☑ No
4	qualı <i>Infori</i>	the organization a direct or indirect shareholder of a passive foreign investment company or a fied electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, mation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing (see Instructions for Form 8621)	☐ Yes	✓ No
5	the c	he organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain ign Partnerships (see Instructions for Form 8865)	☐ Yes	☑ No
6	"Yes,	he organization have any operations in or related to any boycotting countries during the tax year? If " the organization may be required to separately file Form 5713, International Boycott Report (see actions for Form 5713; don't file with Form 990)	☐ Yes	☑ No

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	 10.0

Supplemental Information

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

WE HAVE DISPATCHED MISSIONARIES AFTER THE INTERNAL TRAINING AND EACH MISSIONARY IS REQUIRED TO REPORT THE
EXPENSE ON MONTHLY BASIS. THE MISSIONARY COORDINATOR MAKES ANNUAL VISITATION TI INSURE THE ACCURACY AND
RELIABILITY OF THE RECORD KEEPING. ALSO WE REVIEW THE PROJECT FOR THE REASONABLENESS AND FOR THE ITS
DOCUMENTATION. ALL FOREIGN OPERATIONS REQUIRE 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 I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

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OMB No 1545-0047

► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.

Inspection

Name of the organization						Emplo	Employer identification number
RSTC	IATIONAL						91-1550156
Part General Information on Grants and Assistance	n on Grants and	Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ain records to subs	stantiate the amou	int of the grants or	assistance, the g	rantees' eligibility fo	r the grants or assistanc	l
	award the grants	or assistance?					✓ Yes □ No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	nization's procedur	es for monitoring	the use of grant fu	nds in the United	States.		
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization ans 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ssistance to Do for any recipient	mestic Organiz that received m	ations and Don ore than \$5,000.	iestic Governm Part II can be d	ients. Complete if uplicated if addition	rganizations and Domestic Governments. Complete if the organization answered ived more than \$5,000. Part II can be duplicated if additional space is needed.	wered "Yes" on Form
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHINA HARVEST, PO BOX 1224							
WITCHITA, KS 67277	54-1852027	501(C)(3)	21,000				LEADERSHIP DEVELOP
(Z) KGBC	33-0451487	501(C)(3)	12,000				LEADERSHIP DEVELOP
(3) NACSCF			000 5				
(4) CUMS			2000				
(5)							
(9)		•					
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	in 501(c)(3) and gov	vernment organiza	tions listed in the l	ine 1 table .			2
l g	, see the Instruction	s for Form 990.			Cat No 50055P		2 Schedule I (Form 990) (2017)

Page 2		ash assistance													Schedule I (Form 990) (2017)
	Part IV, line 22.	(f) Description of noncash assistance								onal information.	,				Schedu
	ered "Yes" on Form 990,	(e) Method of valuation (book, FMV, appraisal, other)								nation required in Part I, line 2; Part III, column (b); and any other additional information. IODICALLY AND RECEIVE RECEIPTS FOR THE FUND TRANSMIT FOR RADIO PROJECT.					
	organization answ	(d) Amount of noncash assistance								EIPTS FOR THE FUN					
	Is. Complete if the	(c) Amount of cash grant	108,869	49,400						equired in Part I, lin					
	omestic Individua al space is needed.	(b) Number of recipients	4	-						e the information re ATIONS PERIODICAL					
	Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance	1 MISSIONARY SUPPORT	2 BIBLE TRANSLATION	9	4	9	9	- 1	Randy Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional in WE RECEIVE THE REPORTS FROM MISSION ORGANIZATIONS PERIODICALLY AND RECEIVE RECEIPTS FOR THE FUND TRANSMIT FOR RADIO PROJECT.	OUR FIELD WORKERS MONITOR RADIO OUTPUT.				

Schedule O (Form 990 or 990-EZ) (2017)			Page 2
Name of the organization	TIONAL		Employer identification number
CORNERSTONE MINISTRIES INTERNA	HONAL		91-1550156
Line 2, Part VI, Form 990		•	
Name	Tıtle	Relationship	
ISAAC LEE	PRESIDENT	BROTHER	
PETER LEE	EXECUTIVE DIRECTOR	BROTHER	
Line 11a, Section B, Part VI, Form 990			
The executive committee of the boar	d reviews the form 990 before the filing o	of the return.	
Line 12c, Section C, Part VI, Form 990			
Officers, directors, and other key em	ployees are required to disclosed immed	diately any conflicts whic	h it may arises.
Line 19, Section C, Part VI, Form 990			
The organization's article of incorpo	ration, by-laws, and financial statements	are made available upon	request.
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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

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

CORNERSTONE MINISTRIES INTERNATIONAL	91-1550156
LINE 4d, Part III, Other Program Services, Form 990	
(Code 4) (Total Expenses: 199,774) (Grants and Allocations: 170,000	λ
WE HAVE NETWORKED WITH THE EXISTING LOCAL LEADERS AND PASTORS OF THE PERSECUTED	CHURCH IN NORTH KOREA AND
TO ASSIST THEM FURTHERING IN CHURCH PLANTING AND PASTORING CHURCHES IN THEIR COUN	MUNITIES, WE FACILITATED AND
ASSISTED THOSE PASTORS WHO ARE WILLING TO PLANT A CHURCH IN THEIR NEIGHBORHOOD.	GOD HAS ALLOWED TO TRAIN 98
UNDERGROUND CHURCH LEADERS FROM NORTH KOREA IN 10 DIFFERENT LOCATIONS. WE HAVE	SUPPORTED 77 PASTORS IN
24 REGIONS IN NORTH KOREA TO PLANT CHURCHES	
Line 4d, Part III, Other Program Services, Form 990	
(Code 5) (Total Expenses 176,753) (Grants and Allocations: 105,000)	
PROVIDING HUMANITARIAN ASSISTANCE TO NEEDY PEOPLE IN NORTH KOREA, REFUGEES OF NO	RTH KOREA IN CHINA ALONG
THE BORDER, DEFECTORS OF NORTH KOREA IN SOUTH KOREA, NORTH KOREAN ORPHANS AND V	VIDOW IN CHINA, AND OTHER
NATIONS THROUGH HUMANITARIAN ASSISTANCE WE SHARE THE LOVE OF JESUS CHRIST AND TO	MEET THEIR IMMEDIATE SURVIVAL
NEEDS. WE ASSIST THE NEEDY PEOPLE IN THE GOSPEL RESTRICTED NATIONS WITH FOODS, CLO	THERS, MEDICINES, NECESSITY ITEM
WE ALSO PARTNERING WITH OTHER MINISTRIES, NGO, MISSIONARIES, AND ORGANIZATION. WE PI	
RICE TO ORPHANS AND SENT CHRISTMAS GIFTSTO NORTH KOREAN CHILDREN. WE SENT 390 BO	KES OF CLOTHES FOR OVER
2,000 PEOPLE IN NORTH KOREA DURING HARSH WINTER.	